

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

April 30, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

We write to express serious concerns regarding the Trump Administration's lack of a coordinated and comprehensive plan to increase the nation's contact tracing capacity in response to the coronavirus disease 2019 (COVID-19).

To stop the spread of the virus and safely reopen America's communities and economy, government officials and public health experts have stressed the need to dramatically increase COVID-19 contact tracing resources.¹ The "Blueprint for Testing Plans and Rapid Response Programs" released by the White House on April 27 indicates that the Administration also recognizes the importance of contact tracing to prevent and contain the virus. While the blueprint touts that technical assistance will be provided to states—which the guidelines suggest should stand up their own "Rapid Response Programs"—and alludes to a new nationwide program of "community protection teams" operated by the Centers for Disease Control and Prevention (CDC), it is a far cry from a nationwide strategy with a centralized coordinator to integrate these contact tracing efforts within the Trump Administration's COVID-19 response.

State and local health agencies in the United States have used contact tracing as a core infectious disease control measure for decades.² Unfortunately, due in part to a 28 percent decrease in public funding over the past 15 years, the size of the nation's local public health

¹ National Governor's Association and the Association of State and Territorial Health Officials, *Roadmap to Recovery: A Public Health Guide for Governors* (Apr. 21, 2020).

² Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19) Principles of Contact Tracing* (accessed Apr. 29, 2020) (www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html).

department workforce has decreased by nearly a quarter since 2008³—a loss of more than 40,000 jobs.⁴ In fact, prior to the COVID-19 outbreak, state and local health departments in the United States had fewer than 2,000 contact tracers nationwide.⁵

Experts caution that such a limited workforce will not be enough to contain COVID-19. According to former U.S. Food and Drug Administration Commissioner Scott Gottlieb, former Acting Administrator of the Centers for Medicare & Medicaid Services Andy Slavitt, and former Surgeon General of the United States Vivek Murthy, “The existing public health system is currently capable of providing only a fraction of the contact tracing and voluntary self-isolation capacity required to meet the COVID-19 challenge.”⁶ They estimate that the workforce needs to be expanded by 180,000 new contact tracers until a safe and effective vaccine is on the market.⁷

This aligns with the recent estimate from researchers at Johns Hopkins University and state and territorial health officials that, in addition to other mitigation efforts, a minimum of an additional 100,000 contact tracers are needed in the United States to contain the virus.⁸ In an interview last week, CDC Director Robert Redfield agreed that more contact tracers will be necessary, stating, “We need to begin to define that number of public health contact tracers we need across this nation.”⁹

To help meet this increased demand, CDC has provided general guidance and embedded over 600 staff in state and local health departments for their COVID-19 response activities, including contact tracing.¹⁰ Dr. Redfield also recently announced \$45 million in new funding for the CDC Foundation to hire 650 new staff for one-year positions, and stated he had reached out

³ Johns Hopkins Center for Health Security and the Association of State and Territorial Health Officials, *A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US* (Apr. 10, 2020).

⁴ *NACCHO Voice, The word on local health departments* (Nov. 2019) (blog).

⁵ *Tracking the virus may require 300,000 workers. We're nowhere close*, Politico (Apr. 21, 2020).

⁶ *Ex-Officials Call for \$46 Billion for Tracing, Isolating in Next Coronavirus Package*, NPR (Apr. 27, 2020).

⁷ *Id.*

⁸ Johns Hopkins Center for Health Security and the Association of State and Territorial Health Officials, *A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US* (Apr. 10, 2020).

⁹ *CDC to fund 650 Health Experts to Help States Trace, Stop COVID-19*, NPR (Apr. 21, 2020).

¹⁰ Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19) Contact Tracing* (accessed Apr. 29, 2020) (www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing.html); *CDC to fund 650 Health Experts to Help States Trace, Stop COVID-19*, NPR (Apr. 21, 2020).

to the Census Bureau, Peace Corps, and AmeriCorps for potential workers.¹¹ Further, CDC made multiple awards to state and local jurisdictions from funds available through the Coronavirus Preparedness and Response Supplemental Funding, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and the Paycheck Protection Program and Health Care Enhancement Act, some of which can support contact tracing workers and related activities.¹²

Despite these ramped-up efforts to provide contact tracing workforce support, today, three days after the White House’s release of the testing blueprint, CDC’s website still claims “detailed guidance for health departments and potential contact tracers is forthcoming.”¹³ While CDC will be sending 10–12 people to each state to assist in contact tracing efforts, a senior HHS official recently told the Committee that thousands more will be necessary to control the spread of COVID-19.

In the meantime, state and local governments are trying to fill the Trump Administration’s leadership void, developing plans for expanding their health departments’ workforces and deploying novel digital contact tracing tools.¹⁴ The absence of a comprehensive and fully-coordinated national strategy to increase the country’s contact tracing capacity jeopardizes the success of ongoing COVID-19 response efforts, does not fully leverage capabilities across all of the states, and could result unintentionally in duplicative or redundant workstreams among state and local public health departments at a time when resources are already limited. Further, the lack of a unified national strategy also risks creating confusion and inefficiencies, and raises potential privacy concerns as technology is increasingly used in contact tracing without federal coordination and oversight.¹⁵

As communities start to reopen portions of their economies, it is critical that the Trump Administration bring all the necessary tools, resources, and coordination capabilities together to

¹¹ *CDC to fund 650 Health Experts to Help States Trace, Stop COVID-19*, NPR (Apr. 21, 2020).

¹² U.S. Department of Health and Human Services, *HHS Announces Upcoming Funding Action to Provide \$186 Million for COVID-19 Response* (Apr. 6, 2020), *HHS Announces CARES Act Funding Distribution to States and Localities in Support of COVID-19 Response* (Apr. 23, 2020) (press releases); *see also* Paycheck Protection Program and Health Care Enhancement Act (2020) Pub. L. 116–139.

¹³ Centers for Disease Control and Prevention, *Coronavirus Disease 2019 Contact Tracing* (accessed Apr. 29, 2020) (www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html).

¹⁴ National Governor’s Association and the Association of State and Territorial Health Officials, *Roadmap to Recovery: A Public Health Guide for Governors* (Apr. 21, 2020); *Showdown looms between Silicon Valley, U.S. states over contact tracing apps*, Reuters (Apr. 24, 2020).

¹⁵ *Showdown looms between Silicon Valley, U.S. states over contact tracing apps*, Reuters (Apr. 24, 2020).

articulate and manage a national contact tracing strategy. Further, given the challenges and confusion we have seen over the past several months with the Administration's overall approach to this unfolding pandemic, it is also essential that the Administration designate a qualified senior coordinator to oversee its execution.

Given the time sensitivities and needs referenced above, we request responses to the following questions no later than May 14, 2020.

1. Is any member of the White House Coronavirus Task Force charged with coordinating national COVID-19 surveillance efforts, including contact tracing? If so, who?
2. Has the U.S. Department of Health and Human Services (HHS) identified any goals with regard to expanding COVID-19 contact tracing capacity in the United States? If so, please detail the goals and any assessments that informed their development. If not, please provide an expected timeline by which these goals will be developed.
3. How is HHS coordinating among federal departments and with state, local, territorial, and tribal health departments to expand the capability and capacity of public health workforces and their contact tracing efforts? Please provide the following:
 - a. The status and progress of coordination across the federal government, including among HHS agencies, as well as with the Department of Defense, Environmental Protection Agency, Department of Labor, Department of State, and Department of Veterans Affairs;
 - b. The coordination and role of CDC's community protection teams, including itemization of the number, professional expertise and specialization type, and geographic locations of each CDC or CDC Foundation staff member serving on such teams;
 - c. The timeline and strategy for hiring, training, and deploying additional federal workers to serve as contact tracers;
 - d. How efforts will target workforce needs for marginalized communities disproportionately affected by COVID-19;
 - e. What support will be provided to ensure that newly hired contact tracers are appropriately trained and adhere to best practices in promoting patient health, cultural competency, and protecting patient privacy; and
 - f. Any steps HHS or another agency has taken to advise on how to safely and effectively develop, procure, and implement any digital contact tracing tools.
4. Is HHS or another agency considering using or recommending any digital contact tracing tools or other technology, such as smartphone applications that use location data or

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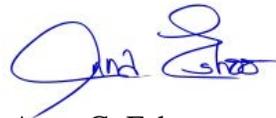
Bluetooth signaling, to assist in COVID-19 contact tracing efforts? If so, please identify which tools, provide the content of any assessments or evaluations that have been conducted, including any assessment related to privacy protection and data security, and note the rate of adoption at which digital contact tracing applications may be effective if identified. If not, please provide the rationale for this decision.

Thank you for your prompt attention to this matter. If you have any questions about this request, please contact Jesseca Boyer and Kevin Barstow of the Majority staff at (202) 225-2927.

Sincerely,



Frank Pallone, Jr.
Chairman



Anna G. Eshoo
Chairwoman
Subcommittee on Health



Diana DeGette
Chair
Subcommittee on Oversight
and Investigations