June 29, 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 our concerns regarding reports that the Trump Administration has repeatedly sidelined the Centers for Disease Control and Prevention (CDC) during the coronavirus disease of 2019 (COVID-19) pandemic. While it is clear that there have been missteps in responding to COVID-19, the Administration’s repudiation of CDC’s expertise compromises our COVID-19 response efforts and threatens the nation’s health and safety. As new COVID-19 cases have accelerated in 33 states across the country over the past week, CDC’s vital role is all the more apparent.

For more than 70 years, CDC has provided an integral voice of science to address public health concerns and guide response efforts during times of acute health threats to the country. Alarmingly, as COVID-19 has spread across the United States, claiming more than 126,000 lives, CDC officials have reportedly stated that White House decisions—driven by politics instead of science—have constrained attempts to mount a coordinated response. A number of troubling Trump Administration actions appear to have suppressed CDC’s role during this pandemic.

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2 *Coronavirus Cases are Accelerating Across the U.S.*, Wall Street Journal (June 24, 2020).

1. The Administration Prevented CDC from Communicating Directly with the Public

In times of previous health threats to the nation, CDC has historically held regular media briefings to update the nation and provide public health guidance. During the COVID-19 pandemic, however, there were no CDC media briefings between March 10 and June 11, the three months that COVID-19 spread exponentially in the United States. According to press reports, the briefings were put on hiatus in early March, allegedly after CDC officials warned the American public that COVID-19 was not contained, contradicting statements from other Administration officials.

Further, according to press reports, all federal scientists’ public communications related to COVID-19 have been required to undergo a White House clearance since February 27. We are concerned that this has hindered CDC from disseminating critical and uncensored public health information directly to the American public in an efficient and timely manner without political interference. According to a CDC official, for instance, CDC guidance documents “have been watered down a lot” following White House review. These actions have reportedly made officials feel like the outbreak has been treated “as a public relations crisis as much as a public health crisis.” In fact, a CDC employee went so far to say, “[i]f the science that we are offering up contradicts a specific policy goal, then we are the problem.”

2. The Administration Obstructed CDC Reopening Guidance

On April 30, the White House shelved guidance CDC had drafted to help business owners, faith leaders, and education systems determine when and how to reopen. According to news reports, CDC experts spent weeks working on this guidance “only to see their work

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4 An interview with the CDC director on coronavirus, masks, and an agency gone quiet, STAT (Apr. 4, 2020).
5 CDC to hold first media briefing on coronavirus since March, Politico (June 12, 2020).
7 Id.
8 'We’ve been muzzled': CDC sources say White House putting politics ahead of science, CNN (May 20, 2020).
9 CDC, the top U.S. public health agency, is sidelined during coronavirus pandemic, Washington Post (Mar. 19, 2020).
10 'We've been muzzled': CDC sources say White House putting politics ahead of science, CNN (May 20, 2020).
11 Docs show top WH officials buried CDC report, Associated Press (May 9, 2020).
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quashed by political appointees with little explanation.”12 CDC officials reportedly made numerous requests to the White House for approval to publicly release these documents, but were repeatedly told the documents were not cleared for release and that the documents would “never see the light of day.”13 State leaders had long insisted that they “needed more detailed suggestions from the nation’s top infectious disease experts,”14 but the White House’s interference instead forced states to make critical public health and economic decisions without detailed federal guidance. Although the guidelines were eventually released on May 20, they were less detailed than the original draft and came weeks after many states had already begun lifting restrictions.15

Additionally, on May 23, the White House allegedly altered portions of CDC guidance to faith communities.16 Reports indicate the White House removed CDC recommendations to curb certain practices—such as choir singing, which CDC had recently identified as “superspreader” events—to prevent the transmission of COVID-19.17 Despite the evidence underlying CDC’s initial recommendations, the White House and some members of the White House Coronavirus Task Force were reportedly “resistant to establishing limits on religious institutions” and “did not want to alienate the evangelical community.”18 By altering the scope of CDC’s evidence-informed guidance, we are concerned the Administration may have endangered the health of faith communities.

3. The Administration Interfered with CDC Travel Recommendations

Having tracked the spread of the virus in Europe through February and early March, CDC developed a global travel alert that was expected to be posted on March 5, yet was

12 Id.
14 After delay, CDC releases new guidance on how states can safely reopen, ABC News (May 14, 2020).
15 CDC releases detailed guidelines for reopening, Politico (May 20, 2020); Centers for Disease Control and Prevention, CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again (May 20, 2020); Power Up: CDC’s delayed guidance leaves states and businesses making tough reopening decisions, Washington Post (May 15, 2020).
17 Id.
18 Id.
reportedly delayed by the White House with no explanation. While the travel advisory was reportedly announced six days later, reports indicate this delay allowed approximately 66,000 travelers from Europe to continue entering the United States every day, likely providing additional entry of COVID-19 throughout the country in the interim.

Then, on March 7, the White House reportedly overruled CDC officials who sought to recommend that the elderly and others more susceptible to the virus avoid flying on commercial flights during the pandemic. While the Administration has since suggested those more vulnerable to COVID-19 should consider not traveling, it stopped short of including the stricter guidance purportedly proposed by CDC. The Administration also reportedly quashed CDC’s cruise ship guidance, replacing CDC’s orders that ships be docked until August with new guidance that will allow them to sail sooner. The White House’s decisions in these instances to alter CDC travel guidance may have contributed to further spread of the coronavirus, and may lead to future transmission risks, particularly among vulnerable populations.

4. The Administration Openly Contradicted CDC Public Statements

President Trump and Administration officials have repeatedly contradicted CDC public health experts, resulting in the delivery of conflicting information about COVID-19 to the American people. For example, on February 25, Dr. Nancy Messonnier, the Director of the National Center for Immunization and Respiratory Diseases at CDC, warned the public of possible severe disruption to everyday life in the United States. However, the next day you testified before the Committee that the “immediate risk to the American public remains low,” a

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19 ‘We've been muzzled': CDC sources say White House putting politics ahead of science, CNN (May 20, 2020).

20 Id.


23 White House task force quietly softened cruise ship no-sail restrictions after months of industry deference, USA Today (Apr. 13, 2020).

24 The CDC Hasn’t Advised Cruise Lines Yet About When They Can Resume Travel, CNN (May 11, 2020).


sentiment President Trump would continue to echo.27 Dr. Messonnier’s forecast proved to be accurate, as 44 states and the District of Columbia implemented stay-at-home orders in the subsequent weeks to prevent further spread of the virus.28

In addition to being wrong, these contradictions also contributed to public fear, confusion, and distrust of the federal agencies and public health officials responsible for addressing the unfolding pandemic.29 In fact, reports indicate that public health officials around the country are receiving threats and facing attacks, leading to “an exodus of public health officials across the country who have been blamed by citizens and politicians for the disruptions caused by” COVID-19.30 One official noted that “[w]e’ve seen from the top down the federal government is pitting public health against freedom, and to set up that false dichotomy is really a disservice to the men and women who have dedicated their lives . . . to helping people.”31 Moreover, because President Trump reportedly “threatened to fire” Dr. Messonnier after her warning to the public,32 it likely resulted in a chilling effect among public health officials within the Administration.

Furthermore, according to press reports, “the entire episode effectively ended any efforts to persuade [President] Trump to take decisive action to mitigate the virus’ spread.”33 In fact, President Trump did not announce nationwide stay-at-home and social-distancing measures for three more weeks until March 16.34 According to modeling by Columbia University, had the federal government acted even a week earlier to recommend such measures, an estimated 36,000 lives could have been saved.35

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28 Kaiser Family Foundation, State Data and Policy Actions to Address Coronavirus (June 4, 2020).

29 Why America is scared and confused: Even the experts are getting it wrong, Politico (Mar. 31, 2020).

30 Amid threats and political pushback, public health officials are leaving their posts, Washington Post (June 22, 2020).

31 Id.

32 Trump reportedly threatened to fire a top doctor at the CDC for sounding the alarm about the coronavirus in February, Business Insider (Apr. 22, 2020).

33 Id.

34 Id.

This pattern of contradiction continued on April 3, when, in the same White House briefing announcing CDC’s recommendations for wearing cloth or fabric face coverings in public spaces, President Trump stated that he would not be wearing a mask. Indeed, in the months following CDC’s recommendation, not only has President Trump refused to be photographed wearing a face covering, he has claimed that some Americans are wearing masks as a way to “signal disapproval of him.” Importantly, these pronouncements have contributed to weeks of growing ideological divide over the use of face masks, overshadowing the public health evidence and benefits of CDC’s face mask recommendation. As recently as June 26, at the White House Coronavirus Task Force briefing, Vice President Pence failed to mention CDC’s guidance when asked if people should wear face masks, responding merely that they should take the advice of their local government officials.

In another White House briefing on April 22, CDC Director Robert Redfield confirmed a prior quote that the pandemic had “overwhelmed” the United States and that a second wave of the virus in the fall could be “difficult.” President Trump immediately followed with a contradictory statement, saying, “you may not even have corona coming back.” Testifying before Congress earlier this month, however, Dr. Redfield expressed concern that CDC’s public health messages were not “resonating” with the American public.

5. The Administration Undermined Established CDC Reporting Systems

The Administration has also created a new reporting process which appear to undermine CDC’s public health surveillance expertise and duplicate existing CDC reporting structures. By March 27, CDC had developed a COVID-19 module within the long-standing National Healthcare Safety Network (NHSN), which enabled hospitals to report patient impact and

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36 CDC Now Recommends Americans Consider Wearing Cloth Face Coverings In Public, NPR (Apr. 3, 2020).

37 Trump says he won’t wear a mask in front of camera, CNN (May 21, 2020); Trump Talks Juneteenth, John Bolton, Economy in WSJ Interview, Wall Street Journal (June 19, 2020).

38 Mask or no mask? Face coverings become tool in partisan combat., Washington Post (May 12, 2020).

39 Pence Tried to Promote the White House’s Coronavirus Success – but Instead Showed Where it Failed, Washington Post (June 26, 2020).

40 Where is the CDC? How Trump sidelined the public health agency in a pandemic, The Guardian (May 14, 2020).

41 Id.

42 CDC is worried Americans aren’t following its advice as the number of U.S. coronavirus cases continues to rise, CNBC (June 4, 2020).

hospital capacity information directly to CDC.\textsuperscript{44} Despite this, on April 6, the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response awarded TeleTracking Technologies Inc. $10.2 million in a non-competitive process to collect hospital capacity and utilization data.\textsuperscript{45} Given that CDC had adapted an existing reporting system—one that was already familiar to most hospitals—to accommodate for new COVID-19 response reporting needs, it is unclear why the Administration spent millions of dollars to develop a new hospital reporting system in addition to CDC’s NHSN or how this contract was awarded. The Administration’s introduction of a new and potentially redundant reporting mechanism may have resulted in unnecessary confusion and additional burden for hospitals in the midst of a pandemic.

In conclusion, it is clear that CDC is being positioned as a scapegoat for the Administration’s own COVID-19 pandemic response failures. Alarmingly, this is all the more evident by recent reports that White House officials are discussing “launching an in-depth evaluation of the agency,” narrowing its mission, and even “trying to embed more political appointees” within CDC.\textsuperscript{46} Furthermore, CDC’s involvement in the Administration’s COVID-19 response remains unclear, given that last week Dr. Redfield refused to tell the Committee when he last spoke with the President.\textsuperscript{47} We remain deeply troubled that the Administration’s efforts to scapegoat and sideline CDC may have had—and may continue to have—dangerous consequences on our nation’s health and efforts to fight the ongoing pandemic.

As Secretary of HHS, it is your duty to support the Department’s mission “to enhance the health and well-being of all Americans.”\textsuperscript{48} It is ultimately your responsibility to ensure CDC is not undermined for political purposes, but rather is empowered to help fulfill this mission, to contribute to the national COVID-19 response, and provide evidence-informed public health guidance to the nation. As COVID-19 case counts once again rise, and even hit new records for some states, it is clear the Administration’s treatment of CDC is detrimental to efforts to contain the virus and protect the nation’s health and well-being. Now more than ever, the American people need a robust and effective CDC that is not repeatedly undermined by others in the Administration, including the President and Vice President.

\textsuperscript{44} Letter from Mike Pence, Vice President of the United States, to Hospital Administrators (Mar. 29, 2020); Centers for Disease Control and Prevention, National Healthcare Safety Network (NHSN) (accessed June 29, 2020) (www.cdc.gov/nhsn/index.html).

\textsuperscript{45} Growing friction between White House, CDC hobbles pandemic response, Washington Post (May 15, 2020).

\textsuperscript{46} Trump team weighs a CDC scrubbing to deflect mounting criticism, Politico (June 23, 2020).


In order to help ensure that CDC’s scientific and public health expertise remains at the forefront of the nation’s COVID-19 response, the Committee requests responses to the following by July 15, 2020.

1. How is HHS ensuring that the Administration’s COVID-19 response and actions of the White House Coronavirus Task Force are grounded in the best available scientific evidence, in a manner that recognizes the mission of HHS and CDC, supports pandemic response efforts, and strengthens the scientific integrity of both HHS and CDC?

2. What, if any, criteria or review processes are in place to ensure that CDC guidance remains scientifically sound and evidence-driven when revised by offices within HHS, the White House Coronavirus Task Force, and other federal agencies? Please explain whether CDC has had the opportunity to confirm the scientific accuracy of COVID-19 public health guidance issued to date and after any revisions by these entities, as well as provide the specific departments, agencies, offices, or other individuals that are responsible for reviewing CDC guidance before it is released publicly.

3. On February 10, nearly two weeks after the formation of the White House Coronavirus Task Force, the President released his Fiscal Year 2021 Budget, which included a proposed reduction of $708 million to CDC discretionary funding, more than a nine percent cut.\(^{49}\) Does CDC have the resources and capacity it needs to fulfill its mission in the face of the current pandemic and or in anticipation of future public health emergencies? Please provide any analyses HHS has conducted regarding the adequacy of existing CDC funding and staffing levels. To the extent that the need for additional resources has been identified in order for CDC to meet the demands of its mission, please provide comprehensive information identifying the additional funding or authorities CDC needs to meet the demands of its mission.

Thank you for your prompt attention to our request. For any questions, please contact Jesseca Boyer, Manmeet Dhindsa, and Jon Monger of the Committee staff at (202) 225-2927.

Sincerely,

Frank Pallone, Jr.
Chairman

Diana DeGette
Chair
Subcommittee on Oversight and Investigations

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\(^{49}\) Centers for Disease Prevention and Control, *FY 2021 President’s Budget Detail Table* (Feb. 10, 2020).