

**THE URGENT NEED FOR A  
NATIONAL PLAN TO CONTAIN  
THE CORONAVIRUS**

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**HEARING**

BEFORE THE  
SELECT SUBCOMMITTEE ON THE CORONAVIRUS  
CRISIS  
OF THE

COMMITTEE ON OVERSIGHT AND  
REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

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- \* Admiral Giroir Correction Letter.
- \* Letter from the Association of American Medical Colleges to Chairman Clyburn and Ranking Member Scalise; submitted by Select Subcommittee Chairman Clyburn.
- \* "Dr. Anthony Fauci says large protests taking place across the country are 'a perfect set-up' for spreading COVID-19", article; submitted by Rep. Jordan.
- \* "Dr. Fauci voices concerns about coronavirus spreading amid nationwide protests", article; submitted by Rep. Jordan.
- \* "Researchers Say Protests Didn't Increase Covid-19 Spread-But Republicans Are Still Blaming Them", article; submitted by Committee Chairwoman Maloney.
- \* NBER Report, "Black Lives Matter Protests, Social Distancing, and COVID-19"; submitted by Committee Chairwoman Maloney.
- \* Questions for the Record: to Dr. Fauci; submitted by Rep. Raskin.
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# **THE URGENT NEED FOR A NATIONAL PLAN TO CONTAIN THE CORONAVIRUS**

**Friday, July 31, 2020**

HOUSE OF REPRESENTATIVES  
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS  
COMMITTEE ON OVERSIGHT AND REFORM  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 9:11 a.m., in room 2154, Rayburn House Office Building, Hon. James E. Clyburn (chairman of the subcommittee) presiding.

Present: Representatives Clyburn, Waters, Maloney, Velázquez, Foster, Raskin, Scalise, Jordan, Luetkemeyer, Walorski, and Green.

Mr. CLYBURN. Good morning. Let me welcome everybody.

Today our select subcommittee is holding a hybrid hearing where some members will appear in person and others will appear remotely via Webex.

Since some members are appearing in person, let me first remind everyone, pursuant to the latest guidelines from the House Attending Physician, all individuals attending this hearing in person must wear a face covering. Members who are not wearing a face covering are not permitted to remain in the hearing room and will not be recognized to speak.

Let me also make a few reminders about hybrid hearings.

For those members appearing in person, you will be able to see members appearing remotely on the two monitors in front of you. On one monitor you will see all the members appearing remotely at once in what is known as Webex grid view mode. On the other monitor you will see each person speaking during the hearing when they are speaking, including members who are appearing remotely.

For those members appearing remotely, you can also see each person speaking during the hearing, whether they are in person or remote, as long as you have your Webex set to active speaker mode.

If you have any questions about this, please contact committee staff immediately.

Let me also remind everyone of the House procedures that apply to hybrid hearings. For members appearing in person, a timer is visible in the room directly in front of you. For those who may be remote, we have a timer that should be visible on your screen when you are in the active speaker with thumbnail mode and you have the timer pinned.

For members who may be appearing remotely, a few other reminders. The House rules require that we see you. So, please have your cameras turned on at all times, not just when you are speaking. Members who are not recognized should remain muted to minimize background noise and feedback.

I will recognize members verbally, and members retain the right to seek recognition verbally. In regular order, members will be recognized in seniority order for questions.

If you are remote and want to be recognized outside of regular order, you may identify that in several ways. You may use the chat function to send a request. You may send an email to the majority staff. Or you may unmute your mic to seek recognition.

Obviously, we do not want people talking over each other. So, my preference is that members use the chat function or email to facilitate formal verbal recognition. Committee staff will ensure that I am made aware of the request, and I will recognize you.

As members of the committee are likely aware, we expect votes to be called in the middle of this hearing. Out of respect for members' and witnesses' time, and because of the long duration of each vote during this public health emergency, I do not plan to recess the hearing at any time.

Committee members, including those who are recognized for questions while the vote is ongoing, will have sufficient time to step out of the hearing, cast their vote, and return to the hearing.

We will begin this hearing in just a moment when they tell me they are ready to begin the livestream.

[Pause.]

Chairman CLYBURN. We are having some audio problems with the livestream and we're trying to get that straightened out before we begin.

[Pause.]

Chairman CLYBURN. Good morning. I think we've gotten it straightened out.

Ladies and gentlemen, our Nation is in the midst of a public health catastrophe. As of this week, more than 150,000 Americans are dead from the coronavirus, by far the most of any country in the world.

As the virus is still spreading rapidly across our country, it took nearly three months for the United States to go from one infection to 1 million. Now we are at more than 4 million, with at least a million Americans infected in just the last two weeks.

Hospitalizations and deaths are unacceptably high. Hospitals in some states are at risk of running out of beds, and some hospitals have reported that they may be forced to choose which patients to treat and which to send home to die. On our current course, experts predict another 150,000 Americans could lose their lives from the coronavirus by the end of this year.

My goal today is simple: to hear from our Nation's top public health experts on what steps we need to take to stop the unnecessary deaths of more Americans.

To improve our response, we need to identify and correct past failures, especially those that are ongoing.

Regrettably, nearly six months after this virus claimed its first American life, the Federal Government has still not yet developed

and implemented a national strategy to protect the American people.

The administration has failed on testing. While they were given warnings, including from this committee, that millions more tests were needed, at least 11 states, including my home state of South Carolina, are currently conducting less than 30 percent of the tests they need to control the virus.

The state cases are surging. States now face severe testing shortages, wait time results are a week or longer in many places, and some states have been forced to ration scarce tests, limiting them to only the sickest patients.

Without widely available rapid testing, it is nearly impossible to control the spread of the virus and safely reopen our economy.

Yesterday it was reported that back in April the administration considered implementing a national strategy to coordinate the distribution of test kits and contact tracing infrastructure, but it decided not to do so because at the time the virus was primarily spreading in blue states.

Since the earliest days of this crisis, the Trump administration has also refused to call on Americans to take simple steps to stay safe, like wearing a mask and social distancing. Instead, the President has downplayed the severity of the crisis, claiming the virus will disappear, sidelining government experts who disagree, and seek to legitimize discredited remedies.

When the public health agencies contradict the White House's political message, for example, when the CDC warned that fully reopening schools presented the highest risk for spreading the coronavirus, the White House pressured the agency to change their advice.

The result of these decisions is that the virus has continued to rage out of control and our Nation's economic misery has continued.

That brings us to today's hearing. It is clear that the administration's approach of deferring to the states, sidelining the experts, and rushing to reopen has prolonged this virus and led to thousands of preventable deaths. In fact, the United States' response stands out as among the worst of any country in the world.

My question is, where should we go from here? Today I am calling for the administration to finally give America a comprehensive national plan that prioritizes science over politics. That plan should include buying and distributing enough tests and protective gear for every American who needs them, and it should include clear public health guidance to every American to help curb the spread of the virus.

I am looking forward to hearing from our panel what common-sense steps we can take as a country to control this virus and how the administration plans to accomplish this goal.

Today's witnesses have long, distinguished careers under both Republican and Democratic Presidents. Public health is not a partisan issue, and I hope that all members of the committee will join me in seeking the best health advice for the American people, not fighting partisan political battles.

We do not need to lose another 150,000 American lives. But if we do not make drastic changes now, this tragic outcome is well within the realm of possibility.

The chair now recognizes the distinguished ranking member for his opening statement.

Mr. SCALISE. Thank you, Mr. Chairman, and thank our witnesses for being here.

Before I open, I do want to mention, Mr. Chairman, this is our first meeting that we've had since the passing of our dear friend and colleague, John Lewis. I know you personally were friends with him for roughly 60 years. And we all feel that loss. Very fitting tributes yesterday.

He was a dear colleague, but he was also a key, important part of the movement that has made America an even greater Nation. It's very fitting that our country has been paying such great tribute to a dear friend and an icon in the civil rights movement, our friend, John Lewis.

Thank you again, Mr. Chairman, too, for having this hearing.

I want to thank the witnesses. And I also want to thank your teams, because you represent what is on the front lines of President Trump's plan to combat the coronavirus crisis.

For anybody to suggest that there's not a plan—in fact, when you look at the title of today's hearing, "Urgent Need for a Plan," that's not the title of a hearing. That's a political narrative, and a false political narrative at that.

You wouldn't even be here today if there wasn't a plan, because you are the people tasked with carrying out the plan. In fact, if you were sidelined, you wouldn't be here either. And I know some people want to suggest that, but maybe they haven't spent time reading different components of the plan.

These are just a few, by the way, a few of the documents that your agencies have published to show states how to safely reopen, to show schools how to safely reopen, to show nursing homes how to care for their patients—which, by the way, if all Governors would have followed those guidelines, thousands more seniors in nursing homes would be alive today, if just five Governors would have followed your plan that was developed by President Trump and is being carried out by you and your teams effectively every day.

So, again, let me thank you on behalf of the millions of American people who are alive today that wouldn't be alive if you weren't carrying out President Trump's effective plan to keep Americans safe as we learn about this virus, as we work to get a cure for this virus.

And, by the way, the cure, Operation Warp Speed, is part of President Trump's national plan. I think we've all seen just how close we are to a vaccine, which is revolutionary, revolutionary in modern time to be this close to a vaccine. We wouldn't be here that close to a vaccine without President Trump's leadership and without the work of you and your teams to carry out that plan.

So, again, I appreciate the work that you continue to do. Every day we learn more about a plan. Like any plan, whether it's a military plan or a football plan, you start the first play with a plan,

and then the plan has to change as things change along the way, and we're seeing that play out daily.

When you look at the work that's been done, I think we talk about different parts of the guidance. We've not always been in agreement on each part of them, but we've had a number of hearings where we've talked through how to improve testing. In fact, one of the first hearings we had in this committee on testing was back when America was maybe conducting less than 200,000 tests a day.

Today, because of the work that you all have been doing and because of the President's plan, we're at over 800,000 tests per day, and that number continues to grow.

Nobody is stopping. Nobody is resting on their laurels. But when you look at that trajectory, again, going from a virus that no one even knew about just six months, that China lied about during that period, where we could have learned a lot more, where we could have saved more lives while China was lying—I wish we would have hearings on that, because that is a real fact. That's not a political talking point.

We all know not only did China lie, they corrupted the World Health Organization, and they were perpetuating that as well, and it made it harder for us.

I remember being in a meeting at the White House with Dr. Fauci months ago, before it was a global pandemic, and we were talking about the desire to get some of our medical experts into China to find out what was really going on, and they wouldn't let you in. The Chinese Communist Party wouldn't let you in when President Trump wanted to send medical experts into China before it spread into the United States, and that cost lives.

Why aren't we having a hearing about that?

Clearly, we talk about some of the other different things that were done to stop the spread. This President actually did develop an early plan called "15 Days to Stop the Spread." It was one of the first real organized plans to encourage states to pull back.

It wasn't an easy plan for the President to have to issue, but it was necessary. In fact, there were meetings in the White House. I think Dr. Fauci and Dr. Birx were there as that plan was being carried out that you determined maybe we need to go longer, to go 30 more days, and, in fact, by going 30 more days, you could save 1 million, maybe 2 million more lives. Then President Trump announced that plan and did save those lives.

The Trump administration then released a plan called "Guidelines: Opening Up America Again" on how states could safely reopen. It's this part of the plan, by the way. Maybe some people are so busy reading tweets that they haven't actually read the plan. It's really good guidance issued by some of the most recognized international experts on disease prevention. Some of you here today represent parts of this plan.

So, in "Opening Up America Again" it showed how states could safely reopen. The plan was developed by public health experts. Some complain that President Trump didn't have the power to force states to reopen. So, the administration actually released guidelines so that states had discretion.

Each state, we all understand how the Tenth Amendment works, each Governor is in charge of their state. Nursing homes are actually regulated by the states, not by the Federal Government. But we give guidance, and it's been really good guidance. In fact, that guidance has saved lives.

We hear cities, we hear people talking about the cries of the need for testing. So, let's talk about what HHS has done to lead on testing. Zero tests—again, go back a few months ago—zero tests to now over 800,000 tests a day. In a matter of just months, over 52 million tests have been conducted nationally.

Again, nobody is slowing down. We are actually increasing that number. We will be over a million tests a day. Maybe we will have a hearing on how much progress we've made there, and we want to continue to make progress.

I know Dr. Giroir was in Baton Rouge with me just a few weeks ago with the Vice President talking about what we're doing to increase testing, even to limit the number of days as a goal to get below seven days for anybody to get results.

And that number has narrowed dramatically. Now more than half of America—half of Americans who get tested get their results in less than 24 hours because of the rapid work that this team has done carrying out the President's plan.

Testing is not just about numbers. It's about targeting testing to the right people at the right time.

To that point, the Trump administration has begun distribution of rapid point-of-care tests to nursing homes. I've talked to nursing home heads recently who said that decision by the Trump administration, to purchase an actual testing kit for every single nursing home in America, over 15,000 nursing homes, each of them will have their own 15-minute test, that will save lives. That's part of this plan.

On May 15, 2020, President Trump announced Operation Warp Speed, again, part of a very direct and national plan to combat this deadly virus. Operation Warp Speed is a public-private partnership between several Federal agencies to accelerate the development, manufacturing, and distribution of a COVID-19 vaccine, as well as therapies, diagnostics, other things to direct the specific goal of delivering 300 million doses of a safe, effective, FDA-proven vaccine for COVID-19 by January 2021.

And we're seeing that happen at remarkable speed. In fact, we're not just going to wait for FDA approval. They are mass producing those vials right now so that if there is one of those vaccines approved by the FDA, it's ready to go. We don't start manufacturing at that point and cost us more weeks, we're actually ready to go.

By the way, some of that money was money that we passed in the CARES Act that President Trump has used effectively to be ready as the vaccines are being developed in testing phases.

Dr. Fauci, I look forward to learning more of the stunning progress that we've seen researchers make on cures and vaccines. I know you've been involved in researching some of the most awful deadly viruses that we've known in the history of the world, HIV, Ebola, of course now corona. We still don't have a vaccine for HIV. There has been over 10 years of work.

You have done remarkable work to at least give therapy so that people can extend their lives. But not a proven vaccine for so many of these diseases years and years later. And here we are six months into corona, and we are this close to a vaccine.

So, you look at where we have seen the Chinese Government. We hopefully will get into conversations about how costly it was, how many lives were lost because the Chinese Communist Party lied to the world, not just the United States, but the world, getting the World Health Organization to give false information in those critical early days.

But why don't we now talk about moving into August. A lot of work is being done to talk about how to safely reopen schools. In fact, more guidance was just given as part of this plan by CDC to safely reopen schools.

We saw, of course, the American Academy of Pediatrics gave great guidance on how to safely reopen schools and went further and talked about the damage to children when you don't reopen schools. So, much damage being done to our children in those systems where they are talking about not reopening.

Hopefully we can shine some light and show those other school systems how they can safely reopen and serve those children, millions and millions of children who are counting on us to get it right. Those school systems have to get it right.

There's money, by the way, still available at every state for sanitizer, for masks, for all the things you would need to safely reopen. It's not about money. It's about the will, the desire to do it.

We have the will. You've had the will. You have been carrying out the President's plan. Every day we will learn more. Every day we will continue to strive to address the new challenges. But let's not forget the things that have already been done as part of this plan that have saved millions of lives.

We mourn every loss. But let's also recognize the lives that would have been lost if you weren't on the job carrying out President Trump's plan to contain this, to find a vaccine, which we're on the brink of, and to help safely reopen our economy, safely reopen our schools, so that we can get back to our way of life as we combat this deadly virus.

With that, I will look forward to hearing from our witnesses.

Thank you, Mr. Chairman. I yield back.

Chairman CLYBURN. Thank you, Mr. Ranking Member.

I would now like to introduce our witnesses.

Today the select committee is pleased to welcome Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Disease at the National Institutes of Health.

We welcome back Admiral Brett Giroir, the Assistant Secretary for Health at the Department of Health and Human Services.

And, finally, we welcome Dr. Robert Redfield, Director of the Centers for Disease Control and Prevention.

Thank you to all of our witnesses for being here today.

Will the witnesses please stand so I may swear them in?

Please raise your right hands.

Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

You may be seated.

Let the record show that the witnesses all answered in the affirmative.

Without objection, your written statements will be made part of the record.

Dr. Fauci, you are recognized for your opening statement.

**STATEMENT OF ANTHONY S. FAUCI, M.D., DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH**

Dr. FAUCI. Thank you very much, Mr. Chairman, Ranking Member Scalise, members of the committee. Thank you for giving me the opportunity to discuss with you today the role of the National Institutes of Health in a research endeavor to address COVID-19.

Our strategic plan, which we put together several months ago, embarks on four separate points.

The first is to improve fundamental knowledge of the virus and the biology of the virus and the response to the virus. This has led to a delineation of the Cryo-EM structure of the famous now spike protein, which is the target of virtually all of the vaccines that are being produced today.

In addition, to delineate the nature of the receptor in the body to which the virus binds, very important in understanding the pathophysiology and pathogenesis.

In addition, a number of natural history studies, including a study that was started in May to understand better the role of infection in children and what role they play in spreading the virus.

In addition, we've been involved in the second component, which is the development of diagnostics and assays, one of which, I will point out to you, is the NIH Rapid Acceleration of Diagnostics, referred to as RADx, including that that is deemed aimed at underserved populations, with a very large investment of money to develop point-of-care diagnostics to facilitate even more our diagnostic capability.

Next is the characterization and testing of therapeutics. It is well known now that over the past several weeks there have been two therapeutics that have passed randomized placebo-controlled trials for individuals late in the course of disease.

One of these is Remdesivir, a trial run by the NIH, which showed a statistically significant improvement in the time to survival in individuals who were hospitalized with pulmonary disease. That has now been part of the standard of care in individuals with moderate to advanced disease.

In addition, a placebo-controlled randomized trial of Dexamethasone showed an improvement in death rate in a highly significant manner in individuals on respirators, as well as those requiring oxygen.

Then, finally, the development and testing of effective vaccines.

Several months ago we put together what we call a strategic approach to COVID-19 vaccine research and development. And the reason we did this is because there are multiple candidate vaccines that are moving along at a very rapid pace, and we wanted to make sure that they learned from each other.

So, we made standardized protocols, common data and safety monitoring boards, common primary and secondary end points, and common individual laboratory tests.

There are three separate platforms that are being pursued with government help, nucleic acid, including the mRNA of Moderna, viral vectors, such as adeno vectors and VSV, and protein subunits.

One of these is a trial that started last Monday, this past Monday, the 27th, the beginning of a Phase 3 trial. It's a trial that will go over several months involving 30,000 individuals. We hope that at the time we get into the late fall and early winter we will have, in fact, a vaccine that we can say would be safe and effective.

One can never guarantee the safety or effectiveness unless you do the trial, but we are cautiously optimistic that this will be successful, because in the early studies in humans, the Phase 1 study, it clearly showed that individuals who were vaccinated mounted a neutralizing antibody response that was at least comparable and, in many respects, better than what we see in convalescent serum from individuals who have recovered from COVID-19.

As I mentioned, the Phase 3 trial has already started; 30,000 individuals we're already starting to enroll.

I might also conclude, members of the committee, to point out that there is a website called [CoronavirusPreventionNetwork.org](http://CoronavirusPreventionNetwork.org), where individuals can actually indicate their willingness to participate in the clinical trials and to make sure that we have a diverse representation. Already, as of last night, there have been over 250,000 individuals who have registered their interest in being in these trials.

And I just want to use my last couple of seconds to urge anyone who is listening who wants to participate to please go to that website and register so that you can be part of the solution of this terrible scourge.

Thank you, Mr. Chairman.

Chairman CLYBURN. Thank you very much, Dr. Fauci.

We will now hear from Dr. Giroir—or Admiral Giroir.

**STATEMENT OF BRETT P. GIRIOR, M.D., ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Mr. GIROIR. Both are fine.

Chairman Clyburn, Ranking Member Scalise, and distinguished members of the committee, it is good to see all of you again.

Testing is an essential component of America's public health response to COVID-19. Testing enables clinical decisionmaking. It heralds impending outbreaks. It informs resource allocation. And it assists in minimizing economic and social disruption.

But we cannot test our way out of this or any other pandemic. Testing does not replace personal responsibility. It does not substitute for avoiding crowded indoor spaces or washing hands or wearing a mask.

A negative test does not mean that you won't be positive tomorrow. A negative test does not substitute for avoiding crowds or wearing a mask or protecting the vulnerable with your actions.

All of that being said, as of this morning, the Nation has performed over 59 million COVID-19 tests, now averaging over

820,000 tests per day, up from 550,000 tests per day when I appeared before this committee just earlier this month. Since March 12, we have increased our daily testing over 32,000 percent.

Half of these tests are done in either point-of-care technologies, with results in 15 minutes or less, or at local hospitals, for which the turnaround time is generally within 24 hours.

Because of unprecedented demand, large commercial labs that do approximately half of the Nation's testing have become strained. But because of expanded capacity and newly authorized techniques, like pooling and novel extraction methods, turnaround times are definitely improving. This week LabCorp announced turnaround times of two to three days.

But numbers don't tell the complete story, because this is not only about numbers. It is about getting the right test, at the right time, to the right person, with timely and actionable results.

So, we will continue to execute in accordance with our national testing plan. This plan was initially outlined in the testing blueprint "Opening Up America Again" and the addendum to that blueprint. It was operationalized in the Federal requirements for each state's testing plan. Our plan was further detailed in the administration's testing strategy report provided to Congress on May 23.

In short, we are, one, identifying newly emergent outbreaks early to facilitate swift community action; two, diagnosing COVID-19 rapidly in hospitalized patients to accelerate receipt of those proven treatments; three, protecting the vulnerable, both the elderly and high-risk racial, ethnic, and socioeconomic minorities; four, enabling identification and isolation of those who are infectious, coupled with contact tracing; five, advancing state testing plans to achieve overall national objectives, as well as state-specific goals; and, six, supporting safe reopening of schools and businesses through surveillance testing that does not impinge upon the clinical diagnostic system.

With the limited time I have remaining I want to highlight two of these objectives.

Protecting the elderly has been, is, and will continue to be a foremost priority for this administration. So, on July 14 we announced that every single nursing home in the Nation would receive a point-of-care instrument and enough tests for their residents and staff to be tested.

We are delivering on this promise. By the end of this week, we will have delivered, according to schedule, nearly 1 million point-of-care tests to 1,019 of the highest risk nursing homes, with another 664 nursing homes scheduled for next week.

My next point is about surveillance testing. We should separate the clinical diagnostic system from the public health surveillance system. Diagnostics are for those who are hospitalized, symptomatic, or with high-risk exposures.

Surveillance testing can be for college students, or potentially students in K through 12, or workers in environments that are not high risk, or other similar situations.

This type of surveillance can occur in non-CLIA labs, like university research labs or veterinary diagnostic labs, outside of the FDA authorization system at low cost and very high throughput. We are

working closely with states and universities to implement this type of system, and many of them, like LSU, already have.

We have all of the tools, the supplies, and the regulatory framework to enable a robust surveillance system throughout the Nation.

In closing, we know how to flatten the curve, slow the spread, and save lives. Wear a mask. Practice physical distancing. Avoid crowded indoor spaces. Practice good hygiene by washing your hands frequently. If you feel sick, stay at home. And protect the elderly and vulnerable populations of all ages through your actions.

I look forward to your questions and thank you for the opportunity to provide these remarks.

Chairman CLYBURN. Thank you, Admiral Dr. Giroir.

Dr. REDFIELD.

**STATEMENT OF ROBERT R. REDFIELD, M.D., DIRECTOR,  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Dr. REDFIELD. Good morning, Chairman Clyburn, Ranking Member Scalise, and members of the subcommittee. Thank you for the opportunity to be here today with my interagency colleagues.

On behalf of CDC, I want to extend our deepest sympathies for the loss of our Nation's esteemed Georgia Congressman and your colleague, John Lewis. Our Nation will remember him for his courage, his conviction, his patriotism, and his commitment to equity for all.

CDC also remembers him as a fierce advocate for public health. Working together, we are positioned to honor his lifelong commitment to social justice by advancing health equity and mitigating the negative impacts of racism on public health in our Nation.

The three of us here today are united in delivery of critical initiatives to stop the spread of COVID-19, to gain the upper hand on this pandemic in the United States, and to protect all Americans, while dedicating even greater attention to overcoming the health disparities experienced by populations at increased risk for this disease.

We are seven months into this global pandemic, and it is with great humility that I share with you this is the most complex public health response this Nation has undertaken in more than a century.

This virus is indiscriminate regarding whom and when it strikes. We continue to learn its characteristics, its behavior, and its effect on Americans across the socioeconomic spectrum. We are operating in a highly dynamic environment. We are adapting evidence-based strategies and pushing for innovative solutions to confront this unprecedented public health crisis.

While I am optimistic and look forward to discussing the promise of the COVID-19 vaccine, I want to strongly emphasize that we are not defenseless now. We have powerful tools. And if all of us, not just some of us, but all of us embrace these tools, we will get a handle on this pandemic.

I am appealing to all Americans to be part of the public health solution. Wearing a simple mask properly, it's critical to limiting the transmission. Be smart about social distancing and being in crowded spaces. Stay six feet apart from others if possible. And be

vigilant about hand hygiene. Together, we can turn the tide of this pandemic.

With emergency funding, CDC has distributed more than \$12 billion to the state, tribal, local, and territorial health departments to begin building the public health infrastructure this Nation needs—but, more importantly, that our Nation deserves. This system has been underinvested in for decades and needs to be put on a path for sustained funding now.

Data monitorization is underway to ensure real-time actual data and data analytics and to include predictive data analysis. Public health labs are restructuring, instituting the necessary resilience to rapidly respond to emergencies. Public health talent is being hired to enhance lab capacity, deploy cutting-edge technology solutions, and conduct effective community-based contact tracing.

A legion of public healthcare workers are deployed on the front lines of this pandemic and working 24/7 to protect the health and safety of Americans. CDC staff are on the ground in communities across the Nation supporting public health partners with an array of technical expertise.

Our state and local partners are committed to advocating and educating about the needs to embrace public health strategies that best serve families in their communities, and essential workers, first responders and healthcare professionals are steadfast in their service, sacrifice, and commitment to save lives.

Please take note and please tend to them as they are attending to us. We cannot afford to do it without them.

As I recently told a group of CDC aspiring leaders this week, we are in the arena. We're dedicated and committed to doing our best. And I am confident that, united, we will emerge a better, stronger, and more resilient Nation.

Adversity requires all of us pushing harder, thinking differently, being innovative, and perhaps most importantly, always seeing the possible of what we can accomplish when we unite and work together.

This pandemic has challenged us with its persistence, its uncertainty, and its unpredictability. And yet I am confident that, together, we will prevail over this virus. But we must lead together in the best interests of our children, our grandchildren, our great-grandchildren, and our Nation's generations to come.

Thank you, and I look forward to your questions.

Chairman CLYBURN. Thank you very much, Dr. Redfield.

And thanks to all of you for your testimonies. And as I said earlier, you submitted to us full testimony and they all are entered into the record.

Now I will recognize myself for five minutes for questions.

On January 31, 2020, exactly six months ago today, the Secretary of Health and Human Services declared the coronavirus outbreak, and I quote, "a public health emergency for the entire United States." But rather than immediately bringing our Nation together to tackle the problem, the Trump administration downplayed the crisis, ignored scientific experts, and deferred to states and the private sector to lead the response.

Dr. Fauci, on March 11 of this year you testified before the Oversight Committee, saying, and I quote, "It's going to get worse." I regret to say you were right, it did get worse.

On March 11, the country had confirmed just over 1,200 cases and 31 deaths. Today, we have confirmed more than 4.4 million cases, and we have just reached 150,000 deaths.

There's a chart that I have up here. This chart compares the number of new daily coronavirus cases in the United States with those in Europe. It shows just how much worse the outbreak has been in the United States.

Here is Europe, the line here, the European Union; here the United States. And here is where we were on the way. We started going up while the European countries, European Union, plateaued and has gone down.

Dr. Fauci, can you help us understand why, while Europe has largely contained the virus, the United States has seen a continued rise in new cases?

Dr. FAUCI. Thank you very much, Mr. Chairman.

The answer to that question is really somewhat complex, but I will try maybe to very briefly go through what I believe are at least some of the factors that were involved.

If you look at what happened in Europe when they shut down or locked down or went to shelter in place, however you want to describe it, they really did it to the tune of about 95-plus percent of the country did that.

When you actually look at what we did, even though we shut down, even though it created a great deal of difficulty, we really functionally shut down only about 50 percent in the sense of the totality of the country, which means when we reached our peak as they did, they came down almost to a low baseline as you have shown very clearly. But take a look at what happened to our baseline. We came up, down, and then we plateaued at about 20,000 cases a day.

So, we started off with a very difficult baseline of transmission that was going on at the time that we tried to open up the country. And when we opened up the country, what we saw, particularly most recently in the southern states, was an increase of cases to 20, 30, 40, 50, and a couple of weeks ago it was up to 70,000 per day, and now it's down between 50 and 60.

The reasons for that are complex. There were some states that did it very well, and there were some states that did not. And when I say "did not," I mean, you know, we put out, as Ranking Member Scalise mentioned, the guidelines of a gateway Phase 1, Phase 2, Phase 3. Some were followed very carefully and some were not. In those situations in which you were not, that led to the surging that you are showing on your chart there.

And one of the reasons is not doing some of the things that Dr. Redfield mentioned in his opening statement: universal wearing of masks, avoiding crowds, physical distancing, et cetera, et cetera.

So, it's a complicated reason why those charts are that way. And, hopefully, as we're going forward, we can turn those around, and I do believe we can, Mr. Chairman, by doing some of the fundamental things that we're talking about, five easy things to do that were mentioned by Dr. Redfield.

Thank you.

Chairman CLYBURN. Thank you very much, sir.

At the risk of going over my time, because the vote is on, what I am going to do is yield to you, Mr. Ranking Member, for five minutes. When Ms. Waters gets back, I will let her get in the chair so we can go vote.

Mr. SCALISE. Thank you, Mr. Chairman.

And, again, I appreciate all of you being here.

I know when we talk about President Trump's team that he has been relying on to help put together this plan, and, like I said, this is just a small part of the plan, there are thousands and thousands of more pages online of various aspects of President Trump's plan to combat the coronavirus.

But we have, of course, Dr. Fauci, Dr. Giroir, Dr. Redfield, we see Dr. Birx. There's a whole array of doctors, medical experts, best in the world, that are helping work with President Trump to develop this plan.

Is that correct? If I could ask any of you all. Is that correct?

By the way, were any of you sidelined from coming here? I know some people try to use that term. I haven't heard of anybody sidelined. But if any of you were sidelined, please share it, because I haven't seen it. Good to see all of you here.

Dr. Fauci, let me ask you about some of the decisions that you worked with President Trump on and the whole team did. I know when you go back to the beginning of this, the China ban was very heavily discussed. Were you involved in working with President Trump on deciding to ban flights from China?

Dr. FAUCI. Yes, sir, I was.

Mr. SCALISE. Do you agree with that decision?

Dr. FAUCI. I do.

Mr. SCALISE. Do you think that decision saved lives, Dr. Fauci?

Dr. FAUCI. Yes, I do.

Mr. SCALISE. Do you agree with the decision, when ultimately we saw spread in Europe and then the President recommended that we extend that to Europe, did you participate in that discussion?

Dr. FAUCI. I was actively involved in that discussion, sir.

Mr. SCALISE. Do you agree with that decision?

Dr. FAUCI. Yes, I do.

Mr. SCALISE. Do you think that decision saved lives?

Dr. FAUCI. Yes, I do.

Mr. SCALISE. Eventually, then, we saw the United Kingdom have an outbreak, and there had to be a tough decision made, do we extend that to the United Kingdom? Were you part of that decision?

Dr. FAUCI. I was.

Mr. SCALISE. And do you agree with that decision as well?

Dr. FAUCI. I do.

Mr. SCALISE. Did that decision save lives?

Dr. FAUCI. Yes, it did.

Mr. SCALISE. When you look at the 15 days to slow the spread, initially it started at 15, were you part of the decision to implement that decision?

Dr. FAUCI. I was very much involved in that.

Mr. SCALISE. Did that decision save lives, Dr. Fauci?

Dr. FAUCI. I believe it did.

Mr. SCALISE. Then when President Trump met with you and Dr. Birx to extend that another 30 days, do you agree with that decision that President Trump made to extend that?

Dr. FAUCI. Yes, I was very much involved, and I agree with it.

Mr. SCALISE. Did that decision save lives, Dr. Fauci?

Dr. FAUCI. I believe it did.

Mr. SCALISE. So, I know we've heard a lot about disagreements. Clearly, there were many decisions made. In fact, there are many very respected international doctors that are involved in each of those decisions. Is that correct?

Mr. FAUCI. Yes.

Mr. SCALISE. By and large, would you say that you and President Trump have been in agreement on most of those decisions?

Mr. FAUCI. We were in agreement on virtually all of those.

Mr. SCALISE. I appreciate that.

Now I want to ask you, Dr. Giroir, Admiral Giroir, on the testing that you have been involved in to help carry out parts of President Trump's plan. You just talked about over a million testing machines, 15-minute machines, that will be brought into nursing homes across this country. I know ultimately it's going to be 15,000—I'm sorry, over a thousand machines that are going to be delivered already.

Is that plan in place and moving forward based on President Trump's guidance?

Mr. GIROIR. It is.

Mr. SCALISE. And that money in part was taken from the CARES Act, the bill that we worked with President Trump to pass in a bipartisan way through this Congress. Is that correct?

Mr. GIROIR. Yes, sir, that's correct.

Mr. SCALISE. And I've heard specifically from nursing home directors who have told me that this decision will save more lives in nursing homes. Have you heard the same?

Mr. GIROIR. There is no question. I don't think any single decision has had more positive feedback than that one.

Mr. SCALISE. And I know early on CMS put out guidelines back in March. These were just part of the many guidelines that CMS put out on guidance to prevent COVID spread in nursing homes. We know that 45 Governors followed this guidance.

Five Governors did not follow this guidance. And we saw in those states tens of thousands of seniors in nursing homes died who shouldn't have died.

If this guidance was followed by those Governors, do you think they would have saved more lives?

Mr. GIROIR. As I have testified here before, I think it's a very concerning practice to send an infectious person back to a nursing home.

Mr. SCALISE. Well, thank you. And I wish those Governors would have followed the guidance that President Trump's team put out as part of a major overall plan.

Now, Dr. Redfield, I want to talk to you about reopening schools. I know you have been very involved in this. CDC has put out multiple documents of guidance for safely reopening schools. Here, checklist for parents, checklist for teachers, guidance for K through 12 school administrators on the use of cloth face masks in schools.

I know some people want to make that controversial. This is part of President Trump's plan, part of his plan to safely reopening school, talked about the use of masks.

Here you have got school decisionmaking tool for parents, caregivers, and guardians.

Are these all parts of the President's plan to safely reopen schools?

Dr. REDFIELD. Yes.

Mr. SCALISE. Have you been involved in developing that with President Trump?

Dr. REDFIELD. Yes.

Mr. SCALISE. Do you think that schools should safely reopen this fall with in-person learning?

Dr. REDFIELD. Yes. I think it's important to realize that it's in the public health best interest of K through 12 students to get back in face-to-face learning. There's really very significant public health consequences of the school closure.

Mr. SCALISE. Well, for example, they lack the ability to detect child abuse that occurs and is detected often in schools. Do you know how much child abuse will not be detected if children aren't returning to the school?

Dr. REDFIELD. Clearly we're seeing less reporting of it, and, again, I think it's a direct consequence of the school closures. 7.1 million kids get their mental health service at schools. They get nutritional support, as we mentioned, from schools. We're seeing an increase in drug use disorder, as well as suicide in the adolescent individuals.

So, I do think it's really important to realize it's not public health versus the economy about school opening. It's public health versus public health of the K through 12 to get these schools open. We have got to do it safely, and we have got to be able to accommodate—

Mr. SCALISE. Well, I appreciate that, and I know we're out of time. I hope that these school systems follow President Trump and these great medical doctors' guidance and help those kids by safely reopening.

With that, I thank our witnesses.

And, Mr. Chairman, I yield back.

Chairman CLYBURN. I thank you the Ranking Member.

The chair now recognizes Mrs. Maloney for five minutes.

Mrs. MALONEY. Thank you, Mr. Chairman.

And thank you, Mr. Ranking Member.

And I want to thank all of our witnesses today, particularly Dr. Fauci, who was born in the great city of New York, in the beautiful borough of Brooklyn.

New Yorkers are very proud that you were a New York-raised, a New York doctor before you became America's doctor.

And I must say that, as the chairman mentioned, when we had our hearing on March 11, which I was privileged to chair, when I asked you how is it going to go, you said it's going to get worse and worse and worse. The next day everybody started closing down, sports clubs, museums, and treating it with the seriousness the disease had to be treated with.

And at that hearing, when asked about testing, you said, and I quote, “that we’re not really geared up to do what we need right now.” In fact, you said—and you called it failing.

Now it’s five months later. Where would you rate us now in our efforts? I know my city and other cities have worked diligently trying to respond. Where would you put us now with testing? What do we have to do to continue to get better?

Dr. FAUCI. Well, I think you can get a more detailed response from Admiral Giroir, but I’ll comment.

I think that things are considerably different and improved now than it was several months ago, both for the numbers of tests that have been improved, as well as for the efforts that are going into to expand our capability; in other words, to more prudently have screening testing done in one segment, as well as testing to determine diagnosis and followup on others.

But Dr. Giroir is much better qualified to give you the details of that.

Mrs. MALONEY. But I would like to now move to vaccines. That’s the challenge now. And I recall reading one of your reports on AIDS, and you said: I will never retire until we have a vaccine. We still don’t have a vaccine for AIDS. Ebola took five years.

How realistic is a vaccine? Is it dreaming, or is it a reality? Are the protocols as safe as they possibly could be, as we’ve always had for vaccines? Could you give us an honest assessment of where our country is in vaccine development?

Dr. FAUCI. Yes, it’s reality, Congresswoman Maloney. I believe it will occur. I think the difference between HIV and coronavirus is so different that I don’t think you can compare them because the body does not make a very good immune response against HIV, so it made vaccine development very difficult. Whereas the body does make a robust immune response against coronavirus, which tells us that I believe that we can get to that goal.

I know to some people this seems like it is so fast that there might be compromising of safety and in scientific integrity, and I can tell you that is absolutely not the case.

The rapidity with which we’re doing it is as a result of very different technologies, in getting from the time we recognized this pathogen in the beginning of January, to the time we were able to get into a Phase 1 trial, to the time we were able to do Phase 2, and then, as I mentioned, just this past Monday we started a Phase 3.

That was not reckless rushing. That was technology and doing things in a way that does not compromise any of the steps.

So, I believe it is realistic, as I mentioned in my opening statement, that the early data from the Phase 1 trial shows that this candidate—and I am sure other candidates will do it also. This is not the only vaccine. There are more than one. There are about a dozen, five or six that the Federal Government is actively involved with, is going into Phase 3 trials over the next few months, as I mentioned, one of which is already in.

The response that was induced was really quite favorable. And as I’ve said often, and I will repeat it for the record now, there’s never a guarantee that you are going to get a safe and effective vaccine. But from everything we’ve seen now, in the animal data

as well as the early human data, we feel cautiously optimistic that we will have a vaccine by the end of this year and as we go into 2021.

So, I don't think it's dreaming, Congresswoman. I believe it's a reality and will be shown to be a reality.

Mrs. MALONEY. That's very good news.

The second step is, how do we distribute it?

And also, reports are that China and Russia are involved in their tests and that they have advanced tests across the world. They are testing in Brazil, Indonesia for their vaccines.

Should they develop one earlier, would we manufacture it here?

When we develop it, how do we plan to distribute it?

We also have to think about the world, because if we don't cure it in the world, then we haven't cured it, too.

Dr. FAUCI. Right.

Mrs. MALONEY. So, the steps forward after the vaccine is developed.

Dr. FAUCI. Sure. There's a couple of questions there. I will try to answer them quickly, Congresswoman.

So, the first thing is I do hope that the Chinese and the Russians are actually testing the vaccine before they're administering the vaccine to anyone, because claims of having a vaccine ready to distribute before you do testing I think is problematic at best.

We are going very quickly. I do not believe that there will be vaccines so far ahead of us that we will have to depend on other countries to get us vaccines. I believe the program that is being sponsored by us right now and being directed and implemented by us is going at a very rapid speed, prudent but rapid.

Now, with regard to distribution, already right now there are plans, as was mentioned, I believe, by Ranking Member Scalise, that we're taking at risk, financial risk, not safety risk but financial risk, the development of doses of vaccine right now, as we speak, so that they will be ready by the time we do show safety and efficacy, we will be able to distribute it.

And it will be done by a number of mechanisms. The standard mechanism, working with the recommendation by the ACIP, together with the CDC, now being complemented by recommendations from the National Academy of Medicine, and in collaboration with the Department of Defense and the CDC working together. It will be distributed.

Mrs. MALONEY. Thank you. My time has expired.

Chairman CLYBURN. Thank you very much, Dr. Fauci.

The chair now recognizes Mrs. Walorski for five minutes.

Mrs. WALORSKI. Thank you, Mr. Chairman.

Gentlemen, thank you for your service. Thank you for being here today.

I think that, arguably, the most important thing the Federal Government is working on right now is ensuring—and I'm an optimist, and listening to you this morning, I'm still optimistic that we're going to use the term "when" and not "if" when it comes to getting a vaccine, shown through trials to be safe and effective, that we have manufacturing and distribution capabilities to go and get it across the Nation quickly. I believe that.

President Trump has already announced Operation Warp Speed to achieve the goal of delivering 300 million doses of an approved vaccine by January 2021. It's leveraging the full strength of the public and private sectors. The partnerships that are there and becoming partnerships is unprecedented in this country, and I salute that.

AstraZeneca told the Energy and Commerce Committee a few days ago that this deal with the Federal Government stipulates that it will sell 300 million doses to the government at no profit. Johnson & Johnson similarly said it will provide its vaccine at a not-for-profit price. Other companies working on vaccines have also promised low prices.

Dr. Fauci, between the promises for low prices and existing government programs that cover the cost of a vaccine, is it safe to say that every American will be able to get a vaccine once it's approved?

Dr. FAUCI. Given what you've mentioned, which I agree with, the promises of the company about hundreds of millions of doses, I believe ultimately, over a period of time in 2021, if we have—and I think we will have—a safe and effective vaccine, that Americans will be able to get it.

I don't think that we will have everybody getting it immediately in the beginning. It probably will be phased in. And that's the reason why we have the committees to do the prioritization of who should get it first.

But ultimately, within a reasonable period of time, the plans now allow for any American who needs a vaccine to get it within the year 2021.

Mrs. WALORSKI. Right. And that is the plan.

Dr. FAUCI. Right.

Mrs. WALORSKI. Staying on the topic of vaccines, Dr. Fauci, it's my understanding that Operation Warp Speed enabled clinical trials for the most promising vaccine candidates to be run simultaneously, which will get a vaccine to the market much faster than normal.

My understanding from listening to you just a few minutes ago, we have eliminated no safety steps in the vaccine approval process, correct?

Dr. FAUCI. That is correct.

Mrs. WALORSKI. Correct?

Dr. FAUCI. That is correct.

Mrs. WALORSKI. Again, just to be clear, so the folks that are watching this are hearing this clearly, concisely, and truthfully from you: The FDA is not compromising safety standards in order to speed up the vaccine process approval, correct?

Dr. FAUCI. Well, I would say it a different way.

Mrs. WALORSKI. OK.

Dr. FAUCI. We at the NIH are doing the vaccine studies with the companies. The FDA will look at that data and, on a science-based decision, will make a determination as to the safety and efficacy and whether or not it will be approved. So, the FDA is a science-based decisionmaker. We do the—

Mrs. WALORSKI. But as far as you know in that—I agree—the FDA is not compromising safety standards.

Dr. FAUCI. No.

Mrs. WALORSKI. No way, no how. No way, no how is the FDA compromising safety standards.

Dr. FAUCI. No.

Mrs. WALORSKI. And their answers and their approvals are based on science.

Dr. FAUCI. Yes. Historically, the FDA has based their decisions on science. They will do it this time also, I'm certain.

Mrs. WALORSKI. I appreciate it. Thanks for your assurances that we'll have a safe, affordable, and widely available vaccine for the American people.

All of America is praying that one of these promising candidates comes through. That's why I'm so disappointed that we've seen some on the other side of the aisle speculate aloud that the administration might rush an unsafe vaccine to the market before the election to help President Trump politically.

This irresponsible rhetoric only serves to plant irrational fears in the minds of Americans. I'm worried that enough of these types of attacks could result in people avoiding an approved vaccine when it does come to market, when it is available for Americans.

Dr. Fauci, can you address this once and for all? Would the administration approve a vaccine that's not safe? And do you share my concern about the danger of undermining faith in the vaccine development process?

Dr. FAUCI. The Commissioner of FDA, Dr. Stephen Hahn, has assured me and has spoken publicly that he would make sure any decision on the part of the FDA will be based on sound scientific data proving the safety and the efficacy. He's told me that, and he's been very public about that.

Given that, I think the American public should be assured that in the process of determining the safety and efficacy the proper steps have been taken to determine that, and when a vaccine becomes available it's important for their own health and for the health of the country to take that vaccine.

Mrs. WALORSKI. I appreciate that.

Thank you, gentlemen.

I can't let this moment pass without bringing to all of our attention, again, and to the chairman, that just last week the Justice Department indicted two Chinese nationals for hacking companies that are working on a vaccine. We sent a strong message to China this will not be tolerated.

I'm glad the administration took action by naming and shaming those involved, as well as closing down a Chinese consulate that was a hub for intellectual property and trade secret theft.

We must hold China accountable, Mr. Chairman. We have to.

Mr. Chairman, before I close, can you commit to holding a hearing on the threat of Chinese espionage on vaccine products—vaccine producers? Mr. Chairman, whoever is sitting in for Mr. Chairman?

Ms. WATERS.

[Presiding] The chairman—

Mrs. WALORSKI. Will you promise me that we will hold a hearing on the threat of Chinese espionage on vaccine producers?

Ms. WATERS. The chairman is not here to answer the question. You have a few seconds left. Your time has expired.

Mrs. WALORSKI. Mr. Chairman, this is a grave threat. For the record—

Ms. WATERS. Thank you.

Mrs. WALORSKI. Mr. Chairman, this is a grave threat to our country and the world of China's hacking our companies.

Ms. WATERS. The lady's time has expired.

Mrs. WALORSKI. I seriously hope the chairman will take my recommendation. I yield back.

Ms. WATERS. Thank you very much.

I will now recognize myself for five minutes.

On July 10, the Trump administration ordered hospitals to change how they reported hospitalization rates, testing numbers, and other data related to the coronavirus.

Instead of reporting to the CDC, which hospitals have done for more than a decade, they were instructed to start reporting the data to the Trump administration directly; specifically, the Department of Health and Human Services. They were given just two days to prepare for this drastic change.

Leading health groups warned that the changes in data reporting will, quote, "worsen our ability to mitigate, suppress, and recover from our national public health emergency," unquote.

Other experts are concerned that this decision may have been made so the Trump administration could control and hide data it finds politically inconvenient.

Dr. Redfield, when did you first learn that the administration planned to move the data from CDC to a different portal run by HHS?

Dr. REDFIELD. Well, Congresswoman, we weren't directly involved in the final decision. But what I can say is that CDC, then and now, continues to have access to all data, does all data analytics. So, there is no restriction of any of the data, and that data we continue to forward face to the American public.

Ms. WATERS. Dr. Redfield, when did you first learn? When were you first told?

Dr. REDFIELD. Again—

Ms. WATERS. When were you first notified?

Dr. REDFIELD. Again, as I mentioned, I wasn't involved in the decision.

Ms. WATERS. So, you were never—

Dr. REDFIELD. I don't remember the exact date.

Ms. WATERS. Am I to understand—reclaiming my time.

Dr. REDFIELD. I don't remember the exact date.

Ms. WATERS. Am I to understand that you were not told at all?

Dr. REDFIELD. Well, I was told actually once the Secretary's office made the decision that that was the decision, and we worked together—

Ms. WATERS. So, how long was that?

Dr. REDFIELD. I don't remember, but I can get back to you the exact date.

Ms. WATERS. OK.

Dr. REDFIELD. But we can work in cooperation—

Ms. WATERS. All right.

Dr. REDFIELD [continuing]. To help make sure that this was done in an effective way.

Ms. WATERS. Reclaiming my time.

Did you agree with this decision, Dr. Redfield?

Dr. REDFIELD. Again, I think it was an important decision in light of—

Ms. WATERS. Did you agree with the decision?

Dr. REDFIELD. Yes. I said it's an important decision—

Ms. WATERS. Thank you.

Did you discuss this change with Vice President Pence or with Secretary Azar?

Dr. REDFIELD. Not directly.

Ms. WATERS. Indirectly?

Dr. REDFIELD. I talked directly with the individuals responsible within the Secretary's office.

Ms. WATERS. So, did you discuss it with Vice President Pence?

Dr. REDFIELD. No.

Ms. WATERS. Did you discuss it with Secretary Azar?

Dr. REDFIELD. No.

Ms. WATERS. Who told you about the reasons for this change?

Dr. REDFIELD. Well, I think we collectively understood the reasons—if I can answer—is there were substantial advancements in therapeutics with Remdesivir, which made it really important to be able to understand who was newly hospitalized in real time that day so allocations of Remdesivir could get to that hospital—

Ms. WATERS. I thank you very much for that.

So, you developed the reasons, no one dictated the reasons or told you the reasons for the change? You came up with the reasons?

Dr. REDFIELD. Congresswoman, yes. I think it was important that we were able to, in real time, be able to know where Remdesivir needed to go. And the system that we had developed, the National Healthcare Safety Network, that we do for—

Ms. WATERS. So, were you told about the changes, why they were being done, or did you and others develop the changes? Who told you—

Dr. REDFIELD. We work together cooperative—

Ms. WATERS [continuing]. About the changes?

Dr. REDFIELD. We work cooperatively together, members of HHS and CDC, in recognizing the importance of these changes.

Ms. WATERS. OK. I only have so much time.

The Trump administration has threatened to cutoff the supplies of Remdesivir to hospitals that do not follow the new reporting mandates.

Dr. Redfield, this is the only drug known to successfully treat the coronavirus. Should a patient be denied access to a potentially life-saving drug like Remdesivir because a hospital was unable to comply with the sudden change in HHS reporting requirements?

Dr. REDFIELD. My understanding is we continue to do everything to make sure Remdesivir gets to all patients that would potentially benefit from it.

Ms. WATERS. But you do agree that they may not be able to get them to patients because of the way that the information was given and the timeframe that it was given in?

Dr. REDFIELD. Congresswoman, I would disagree. I think the reason the changes were made was to ensure that individuals could get access to Remdesivir in a timely fashion.

Ms. WATERS. Would you agree that we basically—well, this is the only drug known to successfully treat the coronavirus. Should a patient be denied access to a potentially life-saving drug like Remdesivir because a hospital was unable to comply with the sudden change in HHS reporting requirements?

Dr. REDFIELD. And, again, I'm trying to say I think the intent and the consequence of what was done was to ensure that patients aren't denied access to Remdesivir, to make sure we get timely distribution to the hospitals where these patients are.

Ms. WATERS. Thank you very much. I've exhausted my time.

Next, we will hear from Mr. Foster, I believe.

Mr. Luetkemeyer is next?

Thank you. You are recognized for five minutes, Mr. Luetkemeyer.

Mr. LUETKEMEYER. Thank you.

And thank the witnesses for being here today. I appreciate your testimony and your expertise.

Dr. Redfield, on Tuesday, July the 14, you stated that, right now, "We're seeing, sadly, far greater suicides than we are deaths from COVID. We're seeing far greater deaths from drug overdose that are above excess that we had as background than we are seeing deaths from COVID."

Since the pandemic began, alcohol sales have increased by more than 25 percent, and suspected drug overdoses have climbed 18 percent.

I've said this almost every hearing: We need to make sure we're looking at both sides of this healthcare issue. We're targeting our approach right now to take care of those with COVID, but we also need to make sure that we're looking at the severe unintended consequences, like substance abuse, domestic violence, child abuse, that are occurring due to the economic shutdowns that took place across the country, because these instances will likely be around far longer than the virus itself.

So, Dr. Redfield, do you believe that the blanket shutdowns happening throughout the country are contributing to the drastic increases in substance abuse and suicides, the lack of cancer screenings and treatments and operations and other things like that that we've sort of left out of the picture here as a result of our total focus on COVID?

Dr. REDFIELD. Congressman, I thank you for the question.

I think it is really important as we reopen America now that we're much more surgical about those situations that are curtailed.

So, as you mentioned, there clearly are consequences for the decrease in immunization in children. There were clearly consequences for the lack of cancer screening. There clearly were consequences for delayed surgeries that were elective that now are semi-elective. There clearly are consequences, substance abuse and mental health services.

So, it really is important as we reopen our Nation that we really ensure that there are not these unintended consequences that I think the reality is did occur during March, April, and May.

MR. Luetkemeyer. You know, there was an article that appeared in one of the local magazines with regards to trying to quantify that figure, and they did, and they came up with a figure of around 65,000 people per month that were dying because of the lack of healthcare that was either being postponed, denied, waived, whatever, versus our total focus on COVID.

Dr. Fauci, I have watched a number of your press conferences, and I have seen you articulate a lot about COVID, but I've never seen you talk about this other part of the healthcare spectrum that we need to be considering also.

Would you like to comment on that and give me your position on that, please?

Dr. FAUCI. Yes. I actually have commented on that when I've said, most recently talking about schools, that I think that a default position, despite the fact that we have to have flexibility, would be to try, as best as we possibly can in the context of the safety of the children and the teachers, to open the schools for the very reasons that I think you mentioned and that Dr. Redfield mentioned, because of the negative consequences on children from a psychological standpoint as well as the downstream unintended consequences on families.

Mr. LUETKEMEYER. You know, one of the things—one of the problems that we all have here on this committee is we're sitting here looking at the consequences of a problem that we have with COVID, we're looking at the consequences we have on not attending to the healthcare needs of the rest of society, and we have to sit here and figure out: How do we manage this? How do we look at both sides of this? How do we, from 30,000 feet, make sure everybody is taken care of?

In our position, what would you recommend, Dr. Redfield, on how we should approach this problem?

Dr. REDFIELD. Again, I just want to echo what Dr. Fauci said earlier. We think that, if you do five things, we can accomplish as much as we did shutting down this Nation. Wear a face covering—

Mr. LUETKEMEYER. All those things will be able to put us back—

Dr. REDFIELD. We can put us back.

Mr. LUETKEMEYER [continuing]. And we can address the other part of this as well, then?

Dr. REDFIELD. We can get back without these unintended consequences. The face masks, the social distancing, the hand hygiene, staying smart about gatherings, and staying out of crowded bars and crowded restaurants.

If we did those five things—we've done modeling data—we'd get the same bang for the buck as if we just shut the entire economy down.

Mr. LUETKEMEYER. OK. Now, you've commented quite a bit this morning already on the school openings, and your comment was it's not about the economy or public health, it's about public health versus public health.

I've got some grandkids, and I want them to go back to school. I think, for their own health, we need to be doing that. I think

you've made the comment you have grandchildren, you'd like to see that happen as well.

Would you like to comment on the other part of this, again, the unintended consequences of the problems with child abuse that's not being reported? Because most of it—a lot of it is reported by teachers. We've seen that go down. We've seen emergency cases in emergency rooms go up as a result of this. Can you comment on some of that, please?

Dr. REDFIELD. Congressman, thank you. I just want to reemphasize, because I don't think I can emphasize it enough, as the Director of the Centers for Disease Control, the leading public health agency in the world, it is in the public health interest of these K through 12 students to get these schools back open for face-to-face learning.

Mental health service, 7.1 million kids get it in school. Nutrition we talked about. Reporting of child abuse, sexual abuse, mandatory in schools. The isolation that these adolescents are feeling that now is associated with increased, as you mentioned, increased drug overdose deaths, and now increased suicides.

I think it is really important. As a grandfather, 11 grandkids, I want these kids back in school. I have one grandchild with cystic fibrosis. I want it done smartly, right? But I think we have to be honest that the public health interests of the students in this Nation right now is to get a quality education in face-to-face learning, and we need to get on with it.

Mr. LUETKEMEYER. And one of the words I always use—

Chairman CLYBURN. Thank you. The gentleman's time has expired.

The chair now recognizes for five minutes Ms. Velázquez.

Ms. VELÁZQUEZ. Thank you, Mr. Chairman and Ranking Member.

Gentlemen, it has been six months since this crisis began. Yet new infections are still climbing in many states, many hospitals are at capacity, and thousands of Americans are dying.

I am concerned about widespread delays in test results are contributing to this problem.

In Arizona, the test positivity rate is over 20 percent, but test results there have been delayed by up to 16 days.

In Florida, many hospitals in the state are near or at capacity, but results can take over a week.

In Georgia, some companies have reported average processing times of five to ten days.

Dr. Fauci, you said in a recent interview, and I quote, "If you're going to do contact tracing and the test comes back in five to seven days, you might as well not do contact tracing, because it's already too late."

Dr. Fauci, if a five-day testing delay is too long, then is it fair to say that a 16-day delay is absurd? What are the consequences from these delays?

Dr. FAUCI. I believe you can get a more detailed answer from Admiral Giroir. But as I said before, that is a delay that would interfere with the effective contact tracing, and we're trying to decrease that.

But the exact numbers of the delay, I believe that Admiral Giroir has more precise information on that.

Ms. VELÁZQUEZ. Yes, sir, Admiral? What are the consequences from these delays?

Mr. GIROIR. Yes. Thank you, ma'am.

So, as I talked about, about half the tests are done either at point-of-care or within hospitals, which are pretty rapid.

The current data we have from the large commercial labs are that 59 percent of all tests are reported within three days, 76 percent within five days. And I am sure there is an outlier at 12 to 16 days, because that happens, but that's very atypical. And in the cities you talked about—

Ms. VELÁZQUEZ. Sir, that is not what we are hearing from places like Arizona, Florida, and Georgia.

Mr. GIROIR. So, I get the data every single morning from every single state and can tell you specifically what that is. And we have surged testing. We have brought Federal resources to massively surge in Phoenix, and that's why it's totally going down; in Miami, totally going down; Jacksonville.

Ms. VELÁZQUEZ. Reclaiming my time.

Dr. Redfield, I would like to turn to you. Does the CDC have comprehensive information about the wait times for test results in all 50 states?

Dr. REDFIELD. I didn't quite hear you. I'm sorry.

Ms. VELÁZQUEZ. Does the CDC have comprehensive information about the wait times for test results in all 50 states?

Dr. REDFIELD. I would refer that question back to the Admiral.

Ms. VELÁZQUEZ. Sir?

Mr. GIROIR. Yes. We have comprehensive information on wait times in all 50 states from the large commercial labs.

Ms. VELÁZQUEZ. And do you publish this data?

Mr. GIROIR. We talk about it whenever—always. I mean, I was on—

Ms. VELÁZQUEZ. And you don't think that it would be important—

Mr. GIROIR. I was with 69 journalists yesterday, and we talk about that frequently. So, if you would like to see that, I'm very happy to do that.

Ms. VELÁZQUEZ. Well, it would be great so that those that are making decisions at the state and city level, we have access to that information—

Mr. GIROIR. They do.

Ms. VELÁZQUEZ [continuing]. Because it is important to understand the trend.

Mr. GIROIR. They do. They have that information. In fact, from the commercial labs, when they place an order, they're told exactly what the expected wait time is for that order.

Ms. VELÁZQUEZ. So, we cannot expect to reopen the economy safely if the virus is spreading unchecked. Testing, contact tracing, and isolation will be not be effective unless we cut the turnaround time for tests. And I don't want to talk about Puerto Rico. That's another story.

Chairman Powell said this week that the path of the economy is going to depend to a very high extent on the course of the virus

and on the measures that we take to keep it in check. He said also that the Fed will use its full range of tools to steer the economy out of recession.

Gentlemen, is the Federal Government using its full range of tools to get the virus under control like other countries have? Many states are reconsidering their reopening plans after experiencing a shocking increase in new cases and being unable to stop the spread.

Dr. Fauci, what roles does the lack of sufficient testing and contact tracing play in states' inability to control the virus?

Dr. FAUCI. Testing and contact tracing is one of a number of tools that I used to control the kind of surging we've seen.

But I would also like to point out, Congresswoman Velázquez, to reemphasize again what I said in my opening statement, that we could do a really good job of controlling it if we paid attention to five fundamental principles, one of which is what we're doing here—

Ms. VELÁZQUEZ. Right.

Dr. FAUCI [continuing]. With masks, crowds, distance, bars, washing hands. That is critical. Testing is absolutely an important part of it, an important part of—

Ms. VELÁZQUEZ. I understand that. But the largest and most important pulpit is the one on Pennsylvania Avenue. It doesn't matter what you say if you what you said is undermined by the President of the United States.

Chairman CLYBURN. The gentlelady's time has expired.

The chair now recognizes for five minutes Mr. Jordan.

Mr. JORDAN. Thank you, Mr. Chairman.

Dr. Fauci, do protests increase the spread of the virus?

Dr. FAUCI. Do protests increase the spread of the virus? I think I can make a general statement—

Mr. JORDAN. Well, half a million protesters on June 6 alone.

Dr. FAUCI. Yes.

Mr. JORDAN. I'm just asking, that number of people—

Dr. FAUCI. Yes.

Mr. JORDAN [continuing]. Does it increase the spread of the virus?

Dr. FAUCI. Crowding together, particularly when you're not wearing a mask, contributes to the spread of the virus.

Mr. JORDAN. Should we limit the protesting?

Dr. FAUCI. I'm not sure what you mean. Should—how do we say limit the protesting?

Mr. JORDAN. Should government limit the protesting?

Dr. FAUCI. I don't think that's relevant to—

Mr. JORDAN. Well, you just said if it increases the spread of the virus. I'm just asking, should we limit it?

Dr. FAUCI. Well, I'm not in a position to determine what the government can do in a forceful way.

Mr. JORDAN. Well, you make all kinds of recommendations. You've made comments on dating, on baseball, on everything you can imagine. I'm just asking—you just said—

Dr. FAUCI. Yes.

Mr. JORDAN [continuing]. That protests increase the spread. I'm just asking, should we try to limit the protests?

Dr. FAUCI. No, I think I would leave that to people who have more of a position to do that. I can tell you that—

Mr. JORDAN. Government is stopping people from going to church, Dr. Fauci.

Dr. FAUCI. Yes.

Mr. JORDAN. Last week, in the Calvary Chapel case, five liberals on the Supreme Court said it was OK for Nevada to limit church services. I mean, Justice Gorsuch said it best. He said there is no world in which the Constitution permits Nevada to favor Caesar's Palace over Calvary Chapel. I'm just asking, is there a world where the Constitution says you can favor one First Amendment liberty, protesting—

Dr. FAUCI. Right.

Mr. JORDAN [continuing]. Over another, practicing your faith?

Dr. FAUCI. I'm not favoring anybody over anybody. I'm just making a statement that's a broad statement that avoid crowds of any type, no matter where you are, because that leads to the acquisition and transmission.

And I don't judge one crowd versus another crowd. When you're in a crowd, particularly if you're not wearing a mask, that induces the spread.

Mr. JORDAN. But it's a simple question, Doctor. Should we limit the protests? Government is obviously limiting people going to church.

Dr. FAUCI. Yes.

Mr. JORDAN. And, look—

Dr. FAUCI. I'm not—

Mr. JORDAN [continuing]. There has been no violence that I can see at church. I haven't seen people during a church service go out and harm police officers or burn buildings. But we know that—I mean, for 63 days, nine weeks, it's been happening in Portland.

Dr. FAUCI. Right. Yes.

Mr. JORDAN. One night in Chicago, 49 officers were injured. But no limit to—no limits to protests, but, boy, you can't go to church on Sunday.

Dr. FAUCI. I don't know how many times I can answer that. I am not going to opine on limiting anything. I'm just going to tell you—

Mr. JORDAN. You've opined on a lot of things, Dr. Fauci.

Dr. FAUCI. Yes, but I've never said—

Mr. JORDAN. This is something that directly impacts the spread of the virus, and I'm asking your position on the protests.

Dr. FAUCI. Yes. I'm—well, I'm not going to opine on limiting anything. I'm telling what you it is, the danger. And you can make your own conclusion about that. You should stay away from crowds, no matter where the crowds are.

Mr. JORDAN. Government has stopped people from going to work. In fact, just in New Jersey, four days ago, Ian Smith and Frank Trumbetti were arrested for opening up—for trying to operate their business, their gym. They were arrested.

But my bet is, if these two individuals who owned this gym were outside just in front of their gym, and all the people who were working out in their gym were outside protesting, they'd have been

just fine, but because they were in the gym working out, actually running their business, they got arrested.

Do you think that's OK?

Dr. FAUCI. You know, I'm not going to opine on who gets arrested and who does not. I mean, I—you get where I'm going? I'm telling you, as a public health official, I say crowds—

Mr. JORDAN. Do you see the inconsistency, though, Dr. Fauci?

Dr. FAUCI. There's no inconsistency, Congressman.

Mr. JORDAN. There is no—so you're allowed to protest, millions of people on one day, in crowds, yelling, screaming, but you try to run your business, you get arrested, and, if you stood right outside of that same business and protested you wouldn't get arrested? You don't see any inconsistency there?

Dr. FAUCI. I don't understand what you're asking me as a public health official to opine on who should get arrested or not. That's not my position. You could ask—

Mr. JORDAN. So, you've advocated—

Dr. FAUCI [continuing]. As much as you want—

Mr. JORDAN. You've advocated for certain businesses—

Dr. FAUCI [continuing]. And I'm not going to answer it.

Mr. JORDAN. You've advocated for certain businesses to be shut down. I'm just asking you on your position on the protests.

I mean, I haven't seen one—we've heard a lot about hair salons. I haven't seen one hair stylist who between haircuts goes out and attacks police or sets something on fire. But we've seen all kinds of that stuff during protests, and we know that protests actually increase the spread of the virus. You've said that.

Dr. FAUCI. I said crowds. I didn't say, specifically, I didn't say protests do anything.

Mr. JORDAN. So, the protests don't increase the spread of the virus?

Dr. FAUCI. I didn't say that. You're putting words in my mouth.

Mr. JORDAN. No. I would—I just want an answer to the question. Do the protests increase the spread of the virus?

Dr. FAUCI. I don't have any scientific evidence of anything. I can tell you that crowds are known, particularly when you don't have a mask, to increase the acquisition and transmission, no matter what the crowd is.

Mr. JORDAN. So, you don't have a position on whether the protests increase the spread of the virus or don't increase the spread of the virus?

Dr. FAUCI. I'm saying that crowds, wherever the crowds are, can give you an increased probability that there is going to be acquisition and transmission—

Mr. JORDAN. But do you understand Americans' concern? Protesting, according to—particularly according to the Democrats—is just fine, but you can't go to work, you can't go to school, you can't go to church. There's limits placed on all three of those fundamental activities—

Chairman CLYBURN. The gentleman's—

Mr. JORDAN [continuing]. First Amendment activities, but protesting is just fine.

Dr. FAUCI. You know—

Chairman CLYBURN. The gentleman's time has expired, but I'll just ask the gentleman to just think about his question and put it in reference to crowds that gather in political—at political meetings, at fundraisers, without masks, on an oil rig in Texas, nobody wearing a mask, nobody social distancing, but a fundraiser. Would that be problematic?

With that, I'll yield five minutes to Mr. Foster.

Mr. FOSTER. Thank you. Thank you, Mr. Chairman.

Dr. Fauci and Dr. Redfield, I'm a scientist, as you are, and so you know how important it is that, when a great scientific breakthrough reaches the public, that the proper credit is given, not to just those who show up and claim credit at press conferences, but to the long list of federally funded researchers who have made these breakthroughs possible. And also, to the enlightened Federal employees and the politicians who funded that research.

I remember back when, a few years ago, when we had newspaper headlines about all the miraculous cures in cancer immunotherapy, where I gave a floor speech on the U.S. House saying, yes, this was great, but equally great were the decades of federally funded research and the researchers who made those clinical breakthroughs possible.

Also, frankly, that some of the credit goes to the Democratic and Republican Members of Congress who resisted the proposals for massive budget cuts to science that were proposed by Republicans for years in the Paul Ryan budgets and by the Trump and Mulvaney budget cuts since then.

Now, in the case of the mRNA vaccines that have been so much in the news this week, the story does not start with Operation Warp Speed. It does not even start with the historic 63-day sprint from the publication of the viral genome to the first patient injected by the mRNA test vaccines.

The sprint, I believe, began when President Trump—when President Trump—well, this sprint actually began when President Trump was still ridiculing the idea of the pandemic. The sprint actually started when dedicated employees at NIH and Moderna, who understood the danger of COVID-19 and began working day and night.

The story of Federal investments in mRNA vaccines actually starts, I believe, back in 2009, when President Obama, who was at the time unhappy with the speed of response to the H1N1 swine flu epidemic, convened his scientific advisory panel, PCAST, which they did back in those days, and famously asked them: If you guys are so smart, how come you still make vaccines with chicken eggs?

OK. So, one year later, in August 2010, PCAST put out a report on reengineering vaccine production for pandemics, which emphasized the potential of new technologies to make vaccines and therapeutics available far faster in a pandemic.

Heeding the advice of his scientific panel, which they did back in those days, in 2013 the Obama Administration awarded a \$25 million DARPA grant to a startup called Moderna to develop their mRNA vaccine platform for pandemic response.

This was followed in 2015 by a \$125 million investment by BARDA, so that by the end of the Obama Administration Moderna

had mRNA vaccines and therapeutics under test in both animals and humans.

So, why is it that the Obama Administration prioritized mRNA vaccines and therapeutics? Well, first off, it's their speed of development, which we saw realized in the 63-day sprint. It's the speed of manufacture, which has to do with the high yields of in vitro transcription reactions and their potency.

Scientifically, the exciting news of the last few months is that a potent human immune response can come from doses as low as 30 micrograms of mRNA vaccine.

So, 30 micrograms, what does that mean? What it means is that this 1 liter bottle, if it were full of mRNA vaccine, would contain over 30 million doses. This is enough to vaccinate every one of America's doctors and first responders, or all of its seniors over 75 years old.

That is why the Obama Administration invested in mRNA vaccines and therapeutics starting back in 2009. And without those investments, frankly, Project Warp Speed would not have squat.

Now, Dr. Fauci, would you agree that when there are great medical breakthroughs, that the public needs to be reminded about the long line of Federal R&D that's led to vaccine and therapeutic successes that we're anticipating?

Dr. FAUCI. Yes, Congressman, and it even goes beyond what you're saying. Everything you say is very well taken.

And I think maybe it's a good time to recognize the fact that the generosity of the Congress through multiple administrations, both Democratic and Republican, and whether or not the Congress was controlled by Democrats or Republicans, the support for biomedical research that goes back decades, leading to everything that you're talking about, but even before then, some of the monoclonal antibody work, some of the work that's being done with the molecules that are directly antiviral molecules.

I think we often forget that when we think of the product and often forget, as I think you have appropriately pointed out, that a lot of important things—

Mr. FOSTER. Well, what are the scientific investments we should be making now to ensure that we are better prepared for future pandemics? And how can we support those investments with the kind of science budget cuts that we are seeing proposed by the—in the Trump and Mulvaney budgets?

Dr. FAUCI. Well, I mean, I hope we don't get cuts. But, in fact, we have been very—

Mr. FOSTER. But they've been proposed. They've been proposed again and again.

Dr. FAUCI. Yes.

Mr. FOSTER. OK.

Dr. FAUCI. Yes.

Mr. FOSTER. Anyway, it looks like my time is up.

Mr. JORDAN. Mr. Chairman? Mr. Chairman, over here.

Chairman CLYBURN. I'll yield to the gentleman.

Mr. JORDAN. Yes. I ask unanimous consent to enter into the record a story from June 5, 2020, underscoring what Dr. Fauci wouldn't answer today.

Dr. Fauci says: Large protests taking place across the country are a perfect setup for spreading COVID-19.

So, he said that a month ago even though he wouldn't say it today. So, that's a story from Business Insider.

But I also ask unanimous consent to enter into the record a June 12 story. Dr. Fauci tells ABC's "Powerhouse Politics" that attending rallies, protests is risky even though today his position seems to have changed. Obviously, his position has changed on many things many times over the last several months.

But I'd ask to enter those two articles for the record.

Dr. FAUCI. But—

Chairman CLYBURN. I will yield to Dr. Fauci.

Dr. FAUCI. Like I said, any crowd—any crowd—whether it's a protest, but any crowd in which you have people close together, without masks, is a risk, and I'll stick by that statement. It's a public health statement. It's not a judgment on why you're there in the crowd. It's a statement related to the fact that you're in a crowd.

Chairman CLYBURN. Thank you, Dr. Fauci.

Mr. JORDAN. Mr. Chairman?

Chairman CLYBURN. And, without objection—

Mr. JORDAN. Mr. Chairman, I didn't ask him a question, and you let him respond. I was making a unanimous consent.

Chairman CLYBURN. And I'm going to run this meeting.

Mr. JORDAN. Well, but I would like a chance to respond to what he said.

Chairman CLYBURN. Just remember, I'm going to chair this meeting.

Mr. JORDAN. No, I understand you're the chair.

Chairman CLYBURN. Now, without objection—

Mr. JORDAN. That's why I said Mr. Chairman.

Chairman CLYBURN. Without objection, your statements, whatever you've got there, will be entered into the record.

Chairman CLYBURN. And, without objection, any gathering, whether you're protesting or whether you're politicking, any gathering would be risky. And that's what the man has said, and so—

Mr. JORDAN. Yes, but that's not—that's not what's happening. That's my point.

Chairman CLYBURN. Oh, well, you're telling me that a—

Mr. JORDAN. There are limits—people can't go to church, can't go to work, can't go to school.

Mr. RASKIN. Mr. Chairman, that gentleman is out of order.

Mr. JORDAN. But they can protest all they want.

Chairman CLYBURN. That goes for the Democrats and Republicans. I'll make the decision as to who is out of order. I'm going to be as gentlemanly as you would allow me to be, OK?

Mr. JORDAN. I appreciate it, Mr. Chairman.

Chairman CLYBURN. Well, thank you. And with that, I'll yield five minutes to Mr. Green.

Mr. GREEN. Thank you, Chairman, Ranking Member, and witnesses for your amazing service to our country. Thank you.

First, Dr. Fauci, there was a bit of an uproar about a picture of you at the Nationals game without your mask on. I think you were

seated with your wife. You had a close friend there with no one else nearby you. And that gentleman who was with you had his mask on. I think you have said in the press since you took it off to take a drink of water.

I just want to point out, according to an article in the New England Journal of Medicine, and I quote, “Significant exposure to COVID-19 means face-to-face contact within six feet with a patient with symptomatic COVID-19 that is sustained for at least a few minutes, and some say more than 10 minutes or even 30 minutes. The chance of catching COVID-19 from a passing interaction in a public space is therefore minimal,” end quote.

The science seems to be pretty clear. We should absolutely wear masks when we’re in close contact with those outside of our household. I think that was just the conclusion of that discussion. It’s not a crime to pull your mask off to take a drink of water in 100-degree temperature when you’re seated next to your wife and someone else is there.

I guess I make the point to show how the media has created all of this hype, which has led to some officials across the country making decisions that are not based on science, and there are real consequences to those. So, I mean, if people are hot, they shouldn’t get heatstroke and not take their mask off.

I’d like to move on to some other troubling actions that were done this week. This week, the chairman of the committee sent four letters, all to Republican Governors in red states, demanding extensive documents related to coronavirus response. The White House Coronavirus Task Force report has 21 states listed in the so-called red zone.

This isn’t about transparency. It’s about ridiculing four states, including my home state of Tennessee, and it distorts the truth. The letter signaled—or singled out—four GOP states. But what about the other 17 states? Why didn’t California get included in the letter? They’ve seen an explosion in positive cases. They’re in the spike. They’re in the 21 listed red zone states.

Targeting only Republican Governors when clearly 17 other states, many of whom are Democrat, are also experiencing the spikes and in the red zone shows this effort has nothing to do with getting answers and is, as the chairman has said in his opening comments, politics over science.

No scientist who wants the truth samples just Republicans. Honestly, it’s a laughable partisan strike.

It also compounds the insult to all Americans for the failure of this committee to look at the real culprit. As I said in previous testimony, a Columbia University study showed that 66 percent of American deaths could have been prevented if China had spoken up one week earlier. That’s thousands of American lives that could have been saved.

So, instead of addressing the cause of 66 percent of our casualties, the Select Committee on the Coronavirus picks on American businesses, the Trump administration, and now four state governors, all Republican, when we know other blue states are in the exact same situation.

This is the definition of partisanship. But I can hear it now. Didn’t the right send a letter to certain Governors? And, yes, we

did. We sent it to every single Governor who refused to follow the Trump plan—emphasis on plan—and sent COVID-positive patients back to nursing homes, killing patients. We didn't select just a few of those.

I applaud Congressman Foster, who approached me as a physician and asked me to join a bipartisan partnering with the administration to assist in the execution of Operation Warp Speed's plan. That's how we should be functioning, that kind of bipartisan action.

Finally, on a positive note, I wanted to mention the Swedish study and then ask Dr. Fauci some questions about that, because I think it really illuminates some of the exciting findings in science.

T cells are a type of white blood cell. They regulate immune response. The Swedish study found that many people with mild asymptomatic COVID demonstrate so-called T-cell immunity to the coronavirus. The study further found that twice as many who tested positive for antibodies had T cell immunity. So, we know there are tons of people out there with immunity that we aren't testing.

And I'd love for you, sir, if you could comment, educate America, educate all of us a little bit on T-cell immunity and what the ramifications are to the plans.

Thank you.

Dr. FAUCI. Thank you very much, sir. I'll very quickly try to answer that.

So, there are two limbs of the immune response. One is an antibody, which is a protein that is made by the cells of the body to bind to the virus, and is usually the hallmark of protection against infection.

There is another limb of the immune response called the cellular immune response of T cells, and those T cells have the capability of essentially suppressing or killing cells that are infected and preventing the cells that are infected from making new viruses.

So, there are two parts of it. Even though one is generally felt to be protecting against the initial infection, the other is an important complementary.

And you're right, the Swedes came out with a paper, and also a paper from NIH grantees from La Jolla just came out in the journal *Cell* showing the same thing; that, in individuals who were infected and recovered, they had T cell responses, but, importantly, there was T cell reactivity also detected in nonexposed individuals, which means that maybe there is some memory from other coronaviruses that are benign cold viruses that you were exposed to that might—and I say might—explain why some people, even children, might be protected, that they had exposure that's not measured in antibody, but measured by T cells.

This is work that we really need to pursue. We're just at the cusp of understanding the importance of this type of response in COVID-19.

Thank you.

Mr. GREEN. Thank you.

Chairman CLYBURN. The gentleman's time has expired.

And as I yield to Mr. Raskin for five minutes, may I address the letter, which I have responded to? You have an answer from me.

Mr. GREEN. Oh, I haven't seen it. Thank you.

Chairman CLYBURN. You have not seen the answer?

Mr. GREEN. No, sir. I'm sure it's in my office.

Chairman CLYBURN. OK. Well, just to be sure, since you put the letter on the record here, let me put my response on the record.

My response had to do with the four states that have refused to comply with the critical recommendations from the task force, and all four have Governors who have publicly stated that they do not plan to comply.

In contrast to that, we did not send the letter to those states that did indicate that they were—will comply with the task force, and that's—three of those states had Republican Governors, and they did not get a letter from us.

So, this has nothing to do with partisanship, but the political response, rather than responding to the science, and I responded to it.

With that, I yield to Mr. Raskin for five minutes.

Mr. RASKIN. Thank you, Mr. Chairman, for calling this hearing on the urgent need for a national plan.

A stack of paper is not a plan. A large and unwieldy stack of paper is not a plan. A plan is a comprehensive and coordinated strategy for victory, and we haven't seen anything like a plan. No one has shown us anything.

Blaming other countries is not a plan. Blaming China is not a plan. Blaming China is not even a good excuse for the lethal incompetence and disinformation of President Trump.

China's early cover-up of the disease only deepens the responsibility and complicity of President Trump who, on 37 different occasions, as I've demonstrated by submissions to this committee, defended and excused and praised the Chinese Government and President Xi.

A plan is a plan, and we haven't heard what the plan is, and this is what has bedeviled us from the beginning.

Mr. Chairman, we've got 4.4 million cases. We lead the world in case count. We lead the world in death count. More than 153,000 Americans are dead right now. Fifty-four million people filed for unemployment benefits. We've seen a one-third drop in GDP—a one-third drop, unprecedented in economic activity.

The chart behind me demonstrates the astonishing and terrifying growth of this disease. It took us 98 days to reach 1 million cases. It took us 44 days to reach 2 million cases. It took 26 days to reach 3 million cases. And it took us only 15 days to reach 4 million cases.

Director Redfield, when do you estimate we're going to get to 5 million cases? What's next?

Dr. REDFIELD. Thank you, Congressman.

I think one thing I've learned about this virus is it's not predictable.

I will say one thing that's important, that what happens next is really dependent upon if the American public fully embrace what we've asked. If they fully embrace those five steps, we'll get control of this pandemic.

Mr. RASKIN. Well, I thank you for that, and I thank both you and Dr. Fauci for restating the absolute imperative importance of everybody wearing their masks when they're out in public and every-

body maintaining social distance and following the other public health protocols.

But the public health officials have been subjected to harassment, and we've even seen some today, have been subjected to ridicule, and have been subjected to ludicrous, absurd contradiction.

So, I want to go through some of the propaganda and disinformation quickly just as a public service announcement, because America is watching you.

And, Dr. Fauci, why don't I start with you.

Are children almost immune to the disease? Just yes or no, because I've got a lot to get through, please. Are children almost immune to the disease?

Dr. FAUCI. I'm sorry. You really have to—be a little bit more precise. You mean almost immune. Do children get infected? Yes, they do.

Mr. RASKIN. Have hundreds of thousands of children been infected?

Dr. FAUCI. Yes.

Mr. RASKIN. Hundreds of thousands of children infected. So, children are not almost immune to the disease.

Is COVID-19 going to magically disappear, Dr. Fauci?

Dr. FAUCI. I do not believe it would disappear. Because it's such a highly transmissible virus, it is unlikely that it's going to disappear.

Mr. RASKIN. Does wearing a mask give people COVID-19?

Dr. FAUCI. Does wearing a mask give it? No.

Mr. RASKIN. OK.

Dr. FAUCI. Not to my knowledge.

Mr. RASKIN. All right. Is COVID-19 a hoax?

Dr. FAUCI. No.

Mr. RASKIN. Should people take hydroxychloroquine as a cure for COVID-19?

Dr. FAUCI. The overwhelming cumulative evidence of properly conducted randomized controlled trials indicate no therapeutic efficacy for hydroxychloroquine.

Mr. RASKIN. Can people cure themselves of COVID-19 by injecting themselves with disinfectant—

Dr. FAUCI. No.

Mr. RASKIN [continuing]. Or bleach? I'm sorry?

Dr. FAUCI. No.

Mr. RASKIN. Are you safe from the disease if you go to one of the aforementioned large assemblies, crowds, demonstrations without a mask on and not observing social distancing if you sign a waiver that you won't sue the sponsor of the event?

Dr. FAUCI. I'm not so sure those things are connected, but I'll repeat what I've said multiple times, that being in a crowd, particularly without a mask, is a risk for acquisition and transmission.

Mr. RASKIN. OK. But signing a waiver doesn't confer any kind of immunity on you from being infected by the disease?

Dr. FAUCI. No. Of course not.

Mr. RASKIN. OK. All right.

Dr. Fauci, the European governments are in a completely different place. They've got the disease on the run. In fact, the Asian countries have the disease on the run.

I saw some remarkable figures. Almost every other country on Earth is doing far, far better than the United States, except for Brazil, whose President has followed President Trump's policies.

But we have 153,000 dead. Canada, our next-door neighbor, has less than 9,000. We have 17 times the number of deaths from it. China, which of course is much larger than the United States, has lost 4,661 people. We've lost 153,000 people. Our rate of death is 36 times higher than China. And on and on.

Do we have the financial resources and the scientific expertise in America to do what other governments have done to bring the infection rate down to something manageable so the end is in sight of this nightmare?

Dr. FAUCI. I believe we do have the tools, and certainly there has been a considerable degree of financial investment.

Mr. RASKIN. So, what is the difference? Why are all of the other countries defeating the disease and we're not? Why do we not have a plan, a strategy for victory, to win, to beat COVID-19?

Dr. FAUCI. Well, I believe I addressed that in not only my opening statement, but also in response to the question of one of the Congressmen, and that is that, when you look at the comparison between Asia and Europe, as is shown by the chairman's poster up there, that when they shut down they shut down to the tune of about 95 percent, getting their baseline down to tens or hundreds of cases per day. Whereas, when we did it, we got it down, but, unfortunately, our baseline was 20,000 a day.

Mr. RASKIN. All right. So, we're getting somewhere. But would you agree with me that the critical difference is either the presence or the absence of social cohesion and political leadership to actually develop a plan, execute it, and stick to it?

Dr. FAUCI. I think there was such a diversity of response in this country from different states—

Mrs. MALONEY.

[Presiding] The gentleman's time is up.

Dr. FAUCI [continuing]. That we really did not have a unified bringing everything down.

Mr. RASKIN. Yes.

Mrs. MALONEY. The gentleman's time has expired. But, Dr. Fauci, if you'd like to add more to his question.

Dr. FAUCI. No, I think I just answered the question.

Mr. RASKIN. I mean, the end of it was essentially, do we need to stop these disgraceful attacks on public health officials?

Mrs. MALONEY. The gentleman's time has expired.

Mr. RASKIN. Thank you. I yield back.

Mrs. MALONEY. I now recognize Mr. Kim for five minutes.

Mr. KIM. All right. Thank you.

Thank you to the witnesses for coming out here today. I appreciate it.

I wanted to just start with a question, a quick question of the three of you, of yes, no, if you're able to. It's a question that comes from a constituent of mine, and the constituent asked me, and I wanted to ask you, and I'll start with you, Dr. Redfield, would you assess that our Federal Government, the CDC included, is doing everything possible to respond to the coronavirus crisis? Dr. Redfield?

Dr. REDFIELD. I think we do have a comprehensive response. The one comment I want to make is the complexity is, as I mentioned before, for over five decades we've underinvested in the core capabilities of public health. And hopefully we've seen now the consequence of that.

Mr. KIM. But with our capabilities right now, would you assess that the Federal Government is doing everything possible?

Dr. REDFIELD. Within the capabilities that we do have, but recognizing the core capabilities have not been invested in effectively over the last five decades.

Mr. KIM. OK.

Admiral, same question to you. Is our Federal Government doing everything possible to respond to the coronavirus crisis?

Mr. GIROIR. It's a very broad question. I do agree with Dr. Redfield. I think, within the capabilities we have, we are doing that.

Mr. KIM. Dr. Fauci, do you agree with your colleagues here? Within the capabilities of the Federal Government, are you doing everything possible to respond to the crisis?

Dr. FAUCI. Right. I can only speak very cogently about the agency that I'm responsible for, and I can tell you, absolutely, that the National Institutes of Health is really doing everything they possibly can.

And it's really an all-hands-on-deck approach not only for the institute that I direct, which is the National Institute of Allergy and Infectious Diseases, but the Director of NIH himself is spending most of his time right now on this even though he's responsible for a lot of other institutes.

So, I think we are doing about as much as we possibly can.

Mr. KIM. Well, I appreciate that, Dr. Fauci.

Admiral, I wanted to turn back to you. I just got a text message from a constituent today that follows up on this type of question. And she, Laura, says, "I got a COVID test 10 days ago at a drive-up testing site and still do not have the results."

I know you mentioned before that 76 percent of tests are coming back within five days, but that also means that about a quarter of tests in this country are taking more than five days to be able to get these results back.

So, I wanted to ask you, would it be possible for our Nation to have results for all COVID tests completed and returned within 48 and 72 hours? Is that a possible benchmark that we can achieve?

Mr. GIROIR. It is not a possible benchmark we can achieve today given the demand and the supply. It is absolutely a benchmark we can achieve moving forward.

Mr. KIM. Now, I guess a question. And so, as you said, the demand and the supply. Now, the demand is something that you don't have an ability to control, but in terms of the supply, when I asked you that question, are we doing everything possible to be able to address the needs of the coronavirus crisis, what would you say to Laura here? Is the Federal Government doing everything that they can possibly to be able to try to get that testing timeline down to 48 to 72 hours?

Mr. GIROIR. I do believe we are. We talked about just the raw numbers of things, but we're investing in a number of technologies

that will greatly expand point-of-care testing. And I think that's the future, to move more and more to point-of-care testing. We're doing that with existing technologies, with new EUAs.

Dr. Fauci talked about the NIH's efforts, and I think there will be a lot of announcements from them this morning as well.

So, that's where we're pointing, because point of care gives you a result in 10 minutes.

Mr. KIM. Well, I was really interested in what you said earlier in this hearing, which was about trying to get point-of-care testing to nursing homes and long-term care facilities. I agree with that greatly. And that feels like it's a place where the Federal Government is stepping up with additional resources, I'm guessing because the states have been unable to be able fulfill something of that nature. Is that correct?

Mr. GIROIR. We always wanted to do that, but we did not have the physical technologies that were available. With the recent approval of a second point-of-care instrument and the manufacturing, we were able to do that. We were not—and it's, literally, as soon as that happened, we put that into gear.

And I just wanted to correct—

Mr. KIM. Well, what interests me about that is that this is a situation, again, when it comes to testing I keep hearing that this is states' responsibility to kind of take the lead on this, but with the long-term care it seems like this is a place where the Federal Government is stepping in and trying to surge resources.

Mr. GIROIR. So, this has always been a collaborative relationship, right? So, the Federal Government buys all the swabs and tubes and media. We deliver that to the states. We buy 40 percent of Abbott ID NOWs, deliver those to the states. We make affirmative actions for nursing homes, because that's where 40 to 50 percent is.

And everything else is really a collaborative interaction. There is part state, there is part Federal. We really do work together on that. We do not defer everything to the state. If we did, I wouldn't be spending 24/7 with a team of 50 people since March 12.

Mr. KIM. Great. Thank you so much.

My time has expired. I yield back.

Mrs. MALONEY. Thank you.

Without objection, I would like to place two reports into the record. One is from Forbes, and it's entitled "Researchers Say Protests Did Not Increase COVID-19 Spread, but Republicans are Still Blaming Them." This is one report.

And I have in my hand here, I have a report and a study from the National Bureau of Economics Research that was published last month, and this study found that there was no connection between Black Lives Matter and protests in recent months and increased spread of the coronavirus.

So, without objection, I would like to place both of these studies into the record.

Mrs. MALONEY. We will now go to a second round of questioning. I'd like to ask the panelists, would you like a five-minute break before we begin the next line of questioning?

Yes. OK. So, we are taking a five-minute break, and we will be back in five minutes for more questioning.

Thank you.

[Recess.]

Chairman CLYBURN. The meeting will now come back to order. I understand that Admiral Giroir will have a hard stop at 11:45. That's only about 25 minutes from now. We will go into a second round of questionings, but we will recognize that you will have to leave, and we appreciate that.

Mr. GIROIR. Thank you, Mr. Chairman.

Chairman CLYBURN. I think that everybody got their first round in, and so I am going to begin the second round, referring to—well, I'll yield myself five minutes. OK. Thank you.

Now, President Trump has just tweeted out a statement that I'm going to quote. In reference to my chart about comparing these cases, he says that the United States has far more cases than Europe—and I'm quoting here—because we do much more testing than any other country in the world. If we had no testing or bad testing, we would show very few cases.

Now, Dr. Fauci, do you agree with the President's statement, or do you stand by your previous answer that the difference is caused by multiple factors, including the fact that some states did not do a good job of reopening?

Dr. FAUCI. I stand by my previous statement, that the increase in cases was due to a number of factors, one of which was that, in the attempt to reopen, that, in some situations, states did not abide strictly by the guidelines that the task force and the White House had put out, and others that even did abide by it, the people in the state actually were congregating in crowds and not wearing masks.

I might also just bring something that I thought about and mentioned to you before, Mr. Chairman, that, when we talk about crowds and masks, it's always better outdoors than indoors, and being in crowds indoors is always worse than crowds outdoors. That's the case because of the circulation of air. So, we should avoid crowds under any circumstances, but wearing a mask is the critical issue.

Chairman CLYBURN. I agree with that. And I think that I will go to restaurants who allow me to sit outdoors—

Dr. FAUCI. Right. Yes.

Chairman CLYBURN [continuing]. And not indoors. Because I've been following the science and I've been agreeing with all three of you as to how we ought to conduct ourselves.

But let me just say—and I feel very strongly about this—that the First Amendment to the United States Constitution means a whole lot to me. I'm sitting here as a result of a protest. We opened up this meeting today, many of you, Dr. Redfield most especially, and you, Mr. Ranking Member, talking about our great friend, John Lewis, with whom I enjoyed a 60-year relationship. We met protesting, trying to get off the back of the bus, trying to integrate schools, trying to be able to shop in a 5-and-10-cent store and not be arrested for trespassing. Fine for us to get school supplies out of that store, but you can't sit down and eat a hamburger. I'm glad the government did not limit our protests.

So, the First Amendment has constraints. The Supreme Court has told us that. You can't yell "fire" in a crowded theater. But you can peaceably assemble to redress your grievances. You can do that.

Mr. JORDAN. I agree with that, Mr. Chairman.

Chairman CLYBURN. Well, I don't think any of those people who were marching out here on this plaza that's now called Black Lives Matter Plaza—they were not carrying guns. They were not disturbing anybody. They were peaceful. They were peaceful.

When John Lewis went across that Edmund Pettus Bridge, nobody had any weapons. They were peaceful. They were met by weapons. I don't want us to get confused here.

So, I'm going to close out my five minutes here by asking whether or not this disconnect that seems to be between what the White House is saying publicly and what they are sending out to the states privately—and, as we mentioned early, in the letter, several of these states seem to be reacting to the public statements from the White House and not following the recommendations of the task force that's being sent to them privately.

Now, this week, a bleak White House Coronavirus Task Force report paints a very different picture. I've got the document here. This was sent out to the states and those states in the red zone are refusing to comply, as you heard from us.

So, I'm not being partisan here. We're trying to save lives. I started my professional career as a public school teacher. I have a daughter who's spent 25 years in a classroom, and she's telling me every day how concerned teachers are about returning to school without the safety precautions that so many school districts have asked us to do.

That is what my concern is. It's not about going back to school. I know the value of going to school. I know what it is to represent a school district where thousands and thousands of children do not have the internet and cannot receive online learning. I want them in a classroom. I want them to be educated. But I want them safe. That's what this is about.

And I'm not going to ask for an answer to that. I've gone over my time. But I'll yield back—I'll yield to the ranking member.

Mr. SCALISE. I thank the gentleman for yielding.

And I'll start my questions with where the gentleman from South Carolina ended, and that is with safely reopening schools.

I first want to point out that this is a report from the United States Department of Treasury. As of June 30, based on the CARES Act and the \$150 billion that we in Congress, working with President Trump, sent to the states for various COVID-19 recovery issues, every state still has billions of dollars remaining in those accounts.

And I would urge any school system—because we don't want any school system to open up without safety precautions. In fact, the American Academy of Pediatrics lays out really well how to safely reopen schools. The Centers for Disease Control lays out very clearly how to safely reopen schools. And that includes masks, sanitizers, other supplies.

Any local school system that wants to claim they don't have the ability to do that, go straight to your Governor. Your Governor has billions of dollars in their account that we appropriated, sitting there waiting for you to buy supplies. It's fully eligible. We don't need to change a law. Billions of dollars. Every state has money for supplies. If you run out, give us a call. But, right now, there is

money in your state's account to buy supplies, masks, sanitizers to safely reopen.

But now let's talk about why it's so important to safely reopen. And I'll ask you, Dr. Redfield, because I know you've done a lot of work in this.

We see, for example, the District of Columbia is currently saying that they're not going to reopen with in-school learning. There's not been a single death, not a single death, of anybody under the age of 19 in the District of Columbia. In fact, in Virginia—you're seeing northern Virginia take this same close-minded approach—not a single death in the entire state of Virginia of a person under the age of 19 from COVID-19.

But now let's talk about the danger, the detriment that this is doing to those children. I want to dig deeper into the studies I've seen on some of the things you talked about mental health, a lack of screening for child abuse.

I've seen maybe 14,000 cases of child abuse are reported in schools every year. That's not happening. And for those children that are in those home settings where the parents are abusing the children, nobody's getting reported because the children are sitting at home. They're not, right now, in many of these cases, going to be allowed to go into the school, where it can be detected.

And it is detected every year. I know we don't talk about it a lot. It's an unfortunate part of our country's society, but it happens. Children are abused. And, in so many cases, it's detected in the school. That's not going to happen if these schools don't open.

Can you talk about those numbers? Have you seen some of that data?

Dr. REDFIELD. Well, Congressman, I can just reemphasize what you've said. And it's obviously one of the more disturbing consequences of the lack, now, of that reporting, not just at schools, which have been so responsible for mandatory reporting child abuse, but the other place that sometimes it's recognized is obviously in the clinical setting. And, as we know, pediatric visits have been curtailed in a lot of clinical settings.

I mean, it is a highly significant situation now. And you can imagine what it must be like to be one of those currently abused children that has sort of lost their safety nets.

Mr. SCALISE. Well, thank—and I apologize. We're running low on time.

I would just urge any local school system that's making their decisions, go look at the CDC guidelines, go look at all of the data that's out there for teachers, for students, how to safely reopen. You can do it.

You owe it to those kids. Fifty-thousand kids in the District of Columbia, over 50 million children are counting on us to do this right. It can be done. You have to go do it. You owe it to those kids. They're being denied that opportunity. Don't deny them.

If you need money, there's billions of dollars sitting out there for the supplies to keep the schools safe. Go make it happen.

Dr. Fauci, I want to talk to you about Operation Warp Speed. And, first, I want to thank you for, in your opening statement, talking about that over 250,000 people have signed up for those clinical

trials. What's that website again if somebody in America wants to be a part of this trial?

Dr. FAUCI. [CoronavirusTreatmentPrevention.org](https://www.coronavirus-treatment-prevention.org).

Mr. SCALISE. Thank you.

Now, to ask about—and I know a lot of people don't really know the details—and, again, of all of these plans that are out there, these are plans—I know some people, including some people in this room, disagreed with President Trump's decision to stop flights from China, for example.

As you testified earlier, it was the right decision, and it saved lives. I guess they were OK if more lives would've been lost. But that decision saved lives. It was part of a plan. They might not agree with the plan, but the plan saved lives.

When we talk about Warp Speed, I do think it's real important to note—because some people are concerned that there might be some cutting of corners to get to a quicker vaccine. Clearly, that's not the case.

But what President Trump really has done is removed red tape so that agencies like the FDA can laser-focus on putting their efforts behind finding a vaccine. President Trump's worked, for example, to make sure that clinical trials can be run simultaneously on the most promising candidates—a very targeted plan to quickly find a vaccine that's safe.

So, if you want to talk about Operation Warp Speed, how safe it's been, and how that is helping us to move forward. It is red tape being removed by the plan that President Trump has.

Dr. FAUCI. Yes, it is, Congressman.

In fact, as I mentioned and I'll just reconfirm it right now, is that the speed is not all at the compromising of safety nor of scientific integrity. Getting from the sequence to the vaccine production was record speed. Had nothing to do with safety, had nothing to do with cutting corners.

From the vaccine to the Phase 1, again, was in record speed, only because red tape was really avoided. And as we got into Phase 3, the same thing—

Mr. SCALISE. And have you seen concerns about China trying to steal that information? I understand NIH has an investigation going on.

Dr. FAUCI. Yes—

Mr. SCALISE. We've seen cases where China's trying to steal this information. Clearly, they're a threat that President Trump is taking on.

What have you seen, and what is the threat?

Dr. FAUCI. Yes. I have heard that there's been trying to be hacking into the websites and the online components of certain of the people who are developing vaccines. I've just heard that; I have no proof of that.

Mr. SCALISE. Thank you.

Mr. Chairman, I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes for five minutes Ms. Waters.

Ms. WATERS. Thank you very much.

Let me first say that I was pleased to hear the very, very warm comments about John Lewis this morning. We have been memori-

alizing him in so many different ways, but, you know, between the press and everybody else, we've been doing him justice for the sacrifices that he has made.

And let me just tell you, this virus is not Democrat or Republican. I am going to send my condolences to the family of Herman Cain, who was a Presidential candidate, who was a good friend of the President, who happened to have been at the rally in Tulsa June 20, with no mask on, with a group of people around him with no masks on. And he's dead. He died.

I'm told that he was in good health and that he, of course, contracted the virus as a result of his attendance without a mask there. So, my condolences to his family, because, like I said, this is not Democrat or Republican.

I just want to remind the committee that I spoke earlier about the manipulation of hospitalization data, what the President has done, basically ordering hospitals to change how they report hospitalization rates.

I drafted an amendment to H.R. 7617, one of the Fiscal Year 2021 appropriations packages that includes the Department of Health and Human Services. My amendment, which prohibits any funds from being used to require hospital laboratories and acute care facilities to report COVID-19 data under requirements imposed by the Trump administration's new rule, was adopted. I look forward to preventing a harm that I believe will lead to senseless and avoidable suffering.

Let me go further and say that I am alarmed about the way that the President is handling so-called information about children and their ability to return to school.

This is a President who first called the pandemic a hoax. This is a President who said it was going to just disappear. This is a President who said you don't really need masks. He didn't believe in them. He's gotten religion in the last few days. This is a President who disregarded social distancing. This is a President who recommended hydroxychloroquine as a cure. And this is a President who went so far as to say disinfectant could be used.

So, now, this President, who expects us to believe him rather than the medical experts, is saying children are almost immune.

Is that an expert medical conclusion, Dr. Fauci, that children are—whatever that means. What does that mean, children are almost immune from this virus?

Dr. FAUCI. Well, generally, when you say a person is immune, that they're protected from getting infected. And children do get infected.

Ms. WATERS. So, this is not an expert medical conclusion that we have had documented somewhere?

Dr. FAUCI. Well, I mean, if you're talking about a conclusion that children in general are immune, that children do get infected. We know that, so, therefore, they're not immune. I mean, they—

Ms. WATERS. OK.

Dr. FAUCI. I must just say, Congresswoman, that when children get infected, that when you look at the deleterious consequences, they generally do much, much better. Because if you look at the hospitalizations, that children have a much, much lower rate of hospitalizations than adults. In fact, the curve goes way up as you

get older and older. And when you get to the age group of children, they generally do not get serious disease as much as—

Ms. WATERS. I understand that, and I've been listening, and I did understand what you just described. But what I was asking really was about this President's latest comment, that children are almost immune. So, I think I got the answer to that.

But let me just say to Mr. Scalise that this billions of dollars that you're talking about in every state, I don't know where they are. But you keep referring to supplies.

It's more than about supplies. It's more than about being able to wash your hands. It's about space and whether or not all of the schools have the space to do the social distancing. It's about whether or not children are going to wear masks and how that's going to be enforced. It's about how you keep children from gathering. It's about how do you feed them. It is about more than the fact that they need some supplies—

Mr. SCALISE. Would the gentlelady yield?

Ms. WATERS. Yes, I'll yield.

Mr. SCALISE. Clearly, that is all part of what is laid out in CDC guidelines, in the American Academy of Pediatrics guidelines. They lay out those guidelines for how to do all of those things.

Ms. WATERS. OK. Reclaiming my time—

Mr. SCALISE. A teacher is usually 10 feet—

Ms. WATERS. Reclaiming my time—

Mr. SCALISE [continuing]. Away from the students.

Ms. WATERS. Reclaiming my time, let me just say this: that all of the professionals are saying that this is a decision that must be made by parents in the communities with the educators, et cetera, et cetera. You cannot hand down an answer from the Federal Government that, you know, would absolutely protect these children. One decision by the Federal Government is not sufficient to force these schools to open.

I yield back.

Chairman CLYBURN. I thank the gentlelady for yielding back.

Before I go to Mr. Jordan, let me say to Admiral Giroir, I understand that you need to leave in four minutes. Would there be anything you'd like to enter into the record before leaving?

Mr. GIROIR. No. The reason I'm leaving is because we have a meeting, virtually, with all 6,100 of the Commissioned Corps officers, whom I have the honor to lead, along with Sergeant General Adams.

We've done over 7,200 deployments of 4,000 individuals. And let me tell you, the other 2,000 are hard at work taking care of people at qualified health centers or the Indian Health Service or in the prisons.

So, I mean no disrespect by leaving, but this is a crunch time for our officers on the front line of the pandemic, and I really appreciate the opportunity to recognize them and also to be with my brothers and sisters in uniform.

Chairman CLYBURN. We thank you for your service, and we thank you so much for that.

I think you might find me to be the biggest booster in the U.S. Congress for federally qualified community health centers. I consider them to be the ultimate safety net in healthcare. And I have

been that way since I've been in the Congress. I go back over 50 years with community health centers, and I believe in them. And thank you so much for bringing them into the process.

Mr. GIROIR. Thank you.

Chairman CLYBURN. And, with that, I'll yield to Mr. Jordan for five minutes.

Mr. JORDAN. The right to protest is important, Mr. Chairman. I have engaged in it with fellow citizens, peacefully assembling to talk about important public policy issues. My guess is everyone on this committee, probably everyone in the U.S. Congress, has done the same thing.

But I think all of the First Amendment is important. Democrats seem to think it's just the right to protest. I think all of it—if you think about the freedoms we have in the First Amendment—freedom of religion, freedom of the press, freedom to assembly, freedom to petition your government, freedom of speech—all of them are important.

And what's interesting to me is the very first one the Founders mentioned was your right to practice your faith. But government's putting all kinds of limits on Americans' ability to do that, and Democrats are just fine with it. In fact, Democrat mayors and Governors have been sued over limiting people's right to freedom of religion.

I want consistency. That's what I want. In fact, I'm concerned about the whole Constitution. Democrat mayors and Governors have limited Americans' right to exercise their Second Amendment liberties, closing down stores that allow people to exercise and purchase firearms and exercise their Second Amendment liberties.

I think it's important that Americans get an education, but we've got Democrats who say, can't go back to school. Kids can't go get what they need to put them on the path to achieving the American Dream, but, boy, they can protest. Everyone can protest.

In Portland, in fact, the teachers union says, we don't want to go back to school, we don't want to teach kids, but they've actually encouraged teachers to go protest. The nine-week protest going on in Portland, where they burn the city every single night, where just last weekend three officers were blinded by the lasers that some of these "peaceful" protesters use.

So, I'm concerned about Americans—all rights. All kinds of Americans right now aren't permitted to go to work. Maybe it's a small business they started, put their entire life savings on the line, started this business, have a number of employees whose families are counting on them running their business. And what does government do? What do Democrat-led governments do? They arrest them if they want to run their business. Just ask Ian Smith and Frank Trumbetti, who run a gym in New Jersey.

So, the ability to engage in your livelihood, the ability to have your kids get an education, the ability to practice your faith are just as important, in my mind, as protesting. I just wish the Democrats would look at all the rights we enjoy as Americans and make sure that they're dealt with in a consistent fashion.

This idea that we're limiting what people can—practice their faith, run their business, employ people, engage in their livelihood

after they've poured their entire lives, their families' resources into it, is just wrong.

You know who else has to go to work? You know what? You know who else has to go to work? Law enforcement has to go to work. Are you guys tracking what's happening to law enforcement at all at these protests?

And I'm not talking about the 49 police officers who were attacked two weeks ago in Chicago. I'm not talking about the three who were blinded this past weekend in Portland. I'm not even talking about what the Seattle chief of police said, when she said she can't deploy—she had to do an adjusted deployment for her police officers because the protests were so bad and the defunding concept that is happening around our country in these cities. Chief Best said she had to do an adjusted deployment; told the citizens, "We're not going to be there. You're on your own."

But where they are out there, these police officers, are you guys tracking what's happening to them? Not talking about the violence, but the exposure they have to the coronavirus?

Dr. Fauci?

Dr. FAUCI. I'm sorry, sir. What was the question?

Mr. JORDAN. Are you tracking what's happening to the police officers and their exposure to the coronavirus while they're out doing their job?

Dr. FAUCI. I don't do tracking of the infection. That's probably more of a CDC question. I've not tracked—

Mr. JORDAN. Is that a concern? You talk about Park Police have been under siege. You're talking about law enforcement in our municipalities that have been attacked. But I'm just talking about the exposure to the virus, as well, when people are yelling and screaming in their face. Are you concerned about that?

Dr. FAUCI. As I said before, I'm concerned about any crowds, particularly people who don't wear masks. I'm concerned more about indoor crowds than I am of outdoor masks. But crowds without masks are a problem.

Mr. JORDAN. Dr. Redfield?

Dr. REDFIELD. We continue to look at a variety of first responders in some of our surveys, looking at antibody to try to understand what the virus attack rate is. We do have that for some cities. I don't have it for the West Coast right now, but we—

Mr. JORDAN. So, you do have that information on some law enforcement in some cities?

Dr. REDFIELD. First responders. For example, we've done New York. We've done Detroit. We're doing Rhode Island right now. And—

Mr. JORDAN. Well, that'd be information that would be helpful to this committee.

When I think about what our law enforcement is having to endure, particularly at these protests, not just the violence but the exposure now that they're getting to the virus from the protestors—and, frankly, I would—I wish we would get something from the other side.

The silence on what's happening at these protests and the impact it's having on our law enforcement I think is just unfortunate. I hope they join us in speaking out against the defund-the-police con-

cept and everything that's happening to law enforcement around the country.

Chairman CLYBURN. The gentleman's time has expired.

And as I yield to Mrs. Maloney, I will say to the gentleman, I'm sure enough waiting on you to tell me the differences between a first responder and an essential worker. Just think about that for a moment.

Mr. JORDAN. All workers are essential.

Chairman CLYBURN. With that, I'll yield back—I'll yield five minutes to Mrs. Maloney.

Mrs. MALONEY. I thank the chairman and the ranking member for this incredibly important hearing and for all of our participants, our witnesses.

I have two questions that I think are especially relevant that have not been discussed very much.

And one is, what is the task force doing in relation to safeguarding elections?

We are going to be all voting in November. Some states have vote by mail; other states do not. And many people prefer to vote in person. And we have guidelines that say social distancing of six feet, but possibly could it be changed to three feet if it's going to be more of a hurried participation?

But I think it would be helpful to the American public if the task force considered and came out with clear guidelines for the professionals working in the board of elections across the country and the people participating in voting.

So, I'm making that request. You may want to comment on it now, Dr. Fauci, or get back to us.

Dr. FAUCI. I'd be happy to get back to you on that. We could discuss this at a task force meeting, if you'd like, and get back to you, Congresswoman Maloney.

Mrs. MALONEY. And to the public, I would say.

Dr. FAUCI. Yes.

Dr. REDFIELD. Congresswoman, if I could just comment. CDC did in March and updated in June guidelines for polling facilities, and we'll obviously be looking at that to see if they need to be updated more.

We do have an MMWR coming out this week, looking at the primary results in Wisconsin. So, this is an area we're trying to make sure that the polling centers and people who go to polling centers to vote understand the importance of the guidance we can give.

Mrs. MALONEY. That would be very, very helpful.

Second, as a former teacher, I'm concerned about the contradiction in messaging. Now, as a teacher, we're taught to get your facts straight and then communicate it very simply and directly.

So, the task force will come out with very important, relevant information, and I try to follow it all religiously. But then it's countered by other leaders. And this, I think, underscores—or undermines the ability of the public to respond. And maybe you could get back to me on that.

But I also want to talk about something that I think is very important, that people are really not discussing, and that is the turnaround time on testing.

And, in New York, we are working very hard not only in supplying the tests, but we're also trying to trace and isolate. And the professionals working in this area say they have to wait so long, especially if it's a private test, like, from Quest or something. The turnaround time is, like, a week or 16 days in some cases. So, then they can't really trace, because, by the time they get the results of the test to start tracing and isolating, it's too late.

So, I'd like both of you to comment on it. This is something that my city is working very, very hard to respond professionally to everything you're recommending, but they tell me they're having a terrible time trying to implement the tracing and the isolation. And they nail it on the turnaround time from the test is too slow.

Dr. FAUCI. Well, thank you for the question, Congresswoman Maloney. Admiral Giroir had actually addressed that, but maybe I could just summarize what he had said both in his opening statement and upon response to a question.

There's no doubt—and I've said that myself—if you have to wait multiple days for the result of a test and the test is done in the context of contact tracing, that it, in many respects, obviates the whole purpose of doing it. Because if you have to wait that long, a person has already been out in the community for that period of time.

One of the ways to kind of prevent that and mitigate that a bit is that, if a person goes in for a test, they should assume that it might be positive and should essentially isolate themselves before they go back until they get the result of the test.

But in response to that, as Admiral Giroir had said, the reason for that is that there's such a surge of demand for tests, that they're trying to overcome that by trying to separate the testing for surveillance and give it, for example, to one group and let the testing that has to do to determine if an individual is infected, to be able to cut that down. He explained that, but, as I said, he's much more capable of giving us the precise numbers.

But it is an issue if you can't get it within a 24-to 48-hour period.  
Bob.

Mrs. MALONEY. Thank you.

I yield back.

Chairman CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Mr. Luetkemeyer for five minutes.

Mr. LUETKEMEYER. Thank you, Mr. Chairman.

One of the words I use to try and discuss this issue, the COVID problem, with people is always "perspective." Try and keep in perspective the disease, the solutions, the other things that are out there. And this is why I asked the question a while ago with regards to attention on COVID and the seeming lack of that for a while on the rest of our healthcare needs.

Another situation that I think is concerning is, as we open up our schools, one of the things that—you know, we look at the damage and concern we have for the children's healthcare, but yet—I did a little research on football injuries. We're almost in the same neighborhood with the deaths, not taking into account the other severe and lifetime injuries that are sustained by young men playing football in high school, versus the total deaths that would be antici-

pated from opening and reopening our schools. And I don't see and hear an outcry about that.

So, perspective, to me, is always something we need to consider. One of the things that concerns me also is—I wish that Admiral Giroir was here. I asked this question of him last time he was here, and we didn't have enough time to continue our discussion on it. But with regards to the sort of perverse incentive for the medical folks to claim that somebody died of COVID versus, if it was an automobile accident, for instance, as long as you have COVID in your system, you get to claim it as a COVID death, which means you get more money as the attending physician, hospital, whatever.

And he acknowledged that the statistics he's getting from the states are overinflated. We found that the Governor of Colorado, who is a Democrat, actually did research on this and found he had to get rid of 12 percent of the deaths that were recorded in the state.

Dr. Redfield, would you like to comment on that a little bit, about the perverse incentive? And is there an effort to try and do something different in the way that these deaths are recorded so we actually have better records and better numbers, better data to go with?

Dr. REDFIELD. Thank you, Congressman.

I think you're correct, in that we've seen this in other disease processes, too, really. In the HIV epidemic, somebody may have heart attack but also have HIV. The hospital would prefer the DRG for HIV because there's greater reimbursement. So, I do think there's some reality to that.

When it comes to death reporting, though, I mean, ultimately, it's how the physician defines it in the death certificate. At our National Health Statistics Group here in Hyattsville, we review all those death certificates.

So, I think it's probably less operable in the cause of death, although I won't say there are not some cases. I do think, though, when it comes to hospital reimbursement issues for individuals that get discharged, there could be some play in that for sure.

Mr. LUETKEMEYER. Well, the Admiral certainly acknowledged that the last time he was here, so I think that's very concerning.

You know, Dr. Fauci, one of the things—you made a comment a while ago with regards to hydroxychloroquine. And I have an article here that quotes the Henry Ford Health System, who did an extensive study on hydroxychloroquine, and they say that it significantly reduces the death rate of COVID patients. The study was highly analyzed and peer-reviewed, unlike many other studies.

I'm quoting the executive officer, who said, "As doctors and scientists, we look at the data for insight. And the data here is clear: There was a benefit to using the drug as a treatment for sick and hospitalized patients."

And in talking with a lot of older doctors who have been around a while and I trust their judgment and their use of hydroxychloroquine, they say that the initial studies didn't really use zinc with it. They say that zinc is an enabler to be able to help hydroxychloroquine actually do its job of going after and reducing deaths in patients. I had a long conversation with a doctor earlier

in the week, and he said, yes, as long as zinc is there, it really definitely does work. Without it, it's minimally effective.

Would you like to comment on that?

Dr. FAUCI. Yes, sir. Thank you for that opportunity to comment.

The Henry Ford hospital study that was published was a noncontrolled retrospective cohort study that was confounded by a number of issues, including the fact that many of the people who were receiving hydroxychloroquine were also receiving corticosteroids, which we know from another study gives a clear benefit in reducing deaths with advanced disease.

So, that study is a flawed study. And I think anyone who examines it carefully sees that it is not a randomized, placebo-controlled trial. The statement—

Mr. LUETKEMEYER. It said it was peer-reviewed.

Dr. FAUCI. It doesn't matter. You can peer-review something that's a bad study. But the fact is, it is not a randomized, placebo-controlled trial.

The point that I think is important, because we all want to keep an open mind: Any and all of the randomized, placebo-controlled trials, which is the gold standard of determining if something is effective, none of them have shown any efficacy for hydroxychloroquine.

Having said that, I will state, when I do see a randomized, placebo-controlled trial that looks at any aspect of hydroxychloroquine, either early study, middle study, or late, if that randomized, placebo-controlled trial shows efficacy, I would be the first one to admit it and to promote it.

But I have not seen yet a randomized, placebo-controlled trial that's done that. And, in fact, every randomized, placebo-controlled trial that has looked at it has shown no efficacy.

So, I just have to go with the data. I don't have any horse in the game one way or the other. I just look at the data.

Mr. LUETKEMEYER. Thank you very much.

I yield back.

Chairman CLYBURN. The gentleman's time has expired.

The chair now recognizes for five minutes Ms. Velázquez.

You want to yield to Kim?

Mr. Kim is now recognized for five minutes.

Mr. KIM. Thank you.

I just wanted to start here picking up where I left off. You know, I started my last question line asking each of you if our Federal Government was doing everything possible to be able to respond, and each of you said within the capabilities of our government that we were.

The reason why I want to address this is, when we talk about a national testing strategy or greater coordination on personal protective equipment, what I've heard over and over again is that, you know, it's about where the responsibility is. Is this the responsibility of the Federal Government or the responsibility of states or localities? And.

When I talk to the people in my district, what they want to know is about capabilities, and they really don't want to just see this kind of blame game between different parts of our government. And the main thing they want to ask is, are we doing everything

humanly possible to be able to address this crisis, and is every level of government, including the Federal Government, doing everything they can to do this? And if we are not, the American people deserve to know why.

So, Dr. Fauci, I wanted to go back to you here, because, just to be clear, when I asked you this and you said that within the capabilities that we were, I wanted to ask you, would you say that our response at the Federal level to this crisis, would this be considered—in your mind, drawing on all of your expertise, is this the gold standard of responses that our Federal Government can do?

Is there nothing else that you can think of, from your expertise and experience, that we could be doing or should be doing that we're not already doing?

Dr. FAUCI. I think I just have to repeat what several of us said, that within the context of what we have, what's available to us, we're doing everything that we possibly can.

And I'll just repeat what I said. Clearly, the thing that I am responsible for, we are doing everything that we possibly can. Absolutely.

Mr. KIM. And within what you see with your position on the task force, for instance, are you confident in the level in which we're using the Defense Production Act to be able to bolster production?

Dr. FAUCI. You know, that's something that's really out of my realm, Congressman, about the extent and the implications of the Defense Production Act.

Mr. KIM. What about when it comes to, you know, we have these federally—we had federally backed test sites that we had stood up, like, 41 across the country—

Dr. FAUCI. Right.

Mr. KIM [continuing]. But they've been handed over to states. Are you confident that that was the right move, that we shouldn't be standing up more federally backed test sites that are run by the Federal Government right now?

Dr. FAUCI. I'm sorry, what? The question—I'm—

Mr. KIM. The federally backed test sites that we had stood up, 41 of them across this country, we've been handing them over to the states instead—

Dr. FAUCI. Yes.

Mr. KIM [continuing]. Of continuing this in the Federal Government's control. Do you feel like that's the right decision?

Dr. FAUCI. Yes, I don't think I could give a really good answer to that, because that's not something that I get involved with.

So, I don't know, maybe, Bob, do you have any further information about federally funded testing sites? Because that's out of the purview of what I do.

Mr. KIM. Dr. Redfield, do you have any thoughts on this?

Dr. REDFIELD. Well, I think it was important, as the chairman alluded to, to begin to enhance and transfer this capacity to these federally funded health clinics and to increase that capability. It is a partnership, so I think that these were appropriate moves.

I do think when you ask are we doing everything that we could do, there's two things I'd like to say.

One is, don't miss this opportunity to realize how important it is to make the investment in the core capabilities of public health for

the future. Because, clearly, we were handicapped when this outbreak started, and we don't need to have that happen again.

Second, I don't underestimate who ultimately is the most important in helping us beat this pandemic, and that's the American public themselves.

Mr. KIM. Look, I get that, but I find that to be a frustrating narrative too. Because certainly all individuals have to take on some responsibilities to be able to do this, but that feels like we're pushing it off to them, and it feels like that responsibility is now being pushed to the American people coming out from that.

And, for instance, as you know, Congress, we passed legislation back in April that includes \$25 billion in additional funding for testing and tracing. I'm still hearing that a lot of that hasn't been used.

So, I wanted to ask you if you have knowledge of how much money has been—hasn't been spent on this and whether or not the OMB or any other part of the government is holding up access to be able to do that so we have the capabilities and the resources to be able to increase our capabilities.

Dr. REDFIELD. It's important, Congressman. Of that money, of that \$25 billion, which is a significant amount of money, \$10,250,000,000 came to CDC. And we got that money out to the states, Tribes, local and county health departments literally within two, three, four weeks. And that's been all distributed. Now, how they've used—

Mr. KIM. Just one last question here, Dr. Fauci. Do you have thoughts on using rapid antigen testing or Respi-Strip testing, things like that that could create more point-of-care response?

Dr. FAUCI. Yes, I can answer that one. Sure. Anything that gets us a quicker, more rapid, more scaled-up capability of testing is something that would be desirable.

In fact, that was one of the things I mentioned, very quickly, in the third component of the NIH strategic plan, the RADx, which is about a half a billion dollars to try and develop exactly the kinds of tests that you're talking about—rapid, point-of-care, highly sensitive, highly specific.

Mr. KIM. Well, let's try to work on that together.

Ms. WATERS.

[Presiding.] The gentleman's time has expired.

Mrs. Walorski, you are recognized for five minutes.

Mrs. WALORSKI. Thank you, Madam Chair.

Thank you, Dr. Fauci, for hanging out with us. Really appreciate it.

I think the one question that I have left today—and I think it's a question the American people want to know; my district certainly wants to know in Indiana—is it your opinion—do you believe that China covered up the origins of the crisis?

You are in this closer than anybody else in our country, and the American people listen to what you have to say. I've been asking lots of questions since this committee was created, because I think China needs to be held to a much higher standard than we're holding them.

But do you believe China covered up the origins of the crisis?

Dr. FAUCI. You know, Congresswoman, it really depends on what you mean, “origin of the crisis”——

Mrs. WALORSKI. The beginning of the pandemic——

Dr. FAUCI. Yes. OK.

Mrs. WALORSKI [continuing]. The disease itself——

Dr. FAUCI. OK.

Mrs. WALORSKI [continuing]. As it broke on TV and we saw it.

Dr. FAUCI. Right. Well, I think, from what we know—and I’m sure Bob can also comment on that—from the conversations that we had early on, it was led to believe that, early on, that this was jumping from an animal to a human in the context of the wet market in Wuhan and that it was inefficient virus that just jumped from an animal to a human and didn’t necessarily spread very well from human to human.

At a time when it was clear that there was at least a few weeks and maybe more of transmission from human to human that we didn’t know about, and then when we finally found out that it was a highly efficient transmitter from human to human, it would’ve been nice to know about that sooner.

Mrs. WALORSKI. All right.

Do you think China is a threat to the American vaccine research that we’ve been talking about for the past three hours?

Dr. FAUCI. Did China do what with the vaccine?

Mrs. WALORSKI. Do you believe that China is still a threat today to the American vaccine research after we——

Dr. FAUCI. No. No, I don’t think so at all.

I think one of the things people need to understand, that what we do is really transparent. We publish it, we announce it. So, if they want to hack into a computer and find out what the results of a vaccine trial are, they’re going to hear about it in the *New England Journal of Medicine* in a few days anyway.

Mrs. WALORSKI. So, you know, when I testified earlier, I was talking about the fact that, just a few days ago, that our country indicted by the Justice Department two Chinese nationals for hacking the heroes that are working on a vaccine.

China has obstructed every single thing that we’ve done, turn that we’ve made, place that we go, starting all the way back with PPE. And I was very involved in my district in trying to get PPE, and China was obstructing every single part of the way. So, I think, you know, my fellow folks in my district and in this country believe otherwise.

I think, you know, the American people want to make sure, when we’re talking about safe vaccines and we’re talking about the FDA and we’re not short-cutting safety and those kinds of things, I don’t know how in the world that we can stand there and say, “No, I don’t think China is a threat to the vaccine production in this country” when we just indicted two people, and not just two—but I think that question is so important.

Madam Chairwoman, I think it’s so important, I want to re-ask my question. I see our chairman is not here, but to you, Madam Chairwoman, I think we need to investigate that answer on cybersecurity. We’ve already indicted more than two people, but just two people in the last couple days ago. Why can’t we have a hearing in here?

And I understand the chairman has said before, well, there's other committees having hearings on the role of China. But nobody is having a hearing on the role of China versus the producers in America and the vaccine process that we're looking for, the heroes that are trying to save lives. That would be appropriate for this committee.

Can we get a commitment, can I get a commitment from you, sitting in for the chairman, that we will actually have a hearing and look at this?

Ms. WATERS. This committee is chaired by Mr. Clyburn.

Mrs. WALORSKI. Right now it's chaired by you, Madam—

Ms. WATERS. I do not intend to give you an answer to a question about how to run this committee in his absence. You may address him when he returns, not me.

Mrs. WALORSKI. I appreciate that answer, and I will.

But I think for the record, I think we still are owed an answer as to why we can't look at that in this committee. There's no other committee set up to look at the vaccine process of oversight than this one, especially having you gentlemen here today.

So, I would yield back my time and add that for the record.

And thank you, Dr. Fauci.

Ms. WATERS. Mr. Foster, you are now recognized for five minutes.

Mr. FOSTER. Thank you, Madam Chair, and to our witnesses.

Well, first off, I'd like to second the comments of my colleague, Representative Dr. Mark Green, on the letter that was recently sent from this committee providing for ongoing, real-time, bipartisan oversight of Operation Warp Speed by the Government Accountability Office, the GAO, with Dr. Green and myself as the bipartisan points of contact directing the GAO of points of interest to the committee.

You know, in my time in science, I was involved in billion-dollar research projects that were subject to GAO oversight. And they would bring in outside experts, they'd ask hard questions, and they report back to Congress the truth as they see it, you know, both from a technical and scientific point of view and also a project management point of view, which can often be critical.

GAO is fastidiously nonpartisan. They will give us real-time briefings, staff briefings and Member briefings, and periodic reports on the progress of vaccine and therapeutic manufacturing under Operation Warp Speed. But they will only give us briefings on a bipartisan basis, which I think is very valuable, because it will be crucial that people believe, when vaccines and therapeutics become available, that the process was not politicized, that we actually have bipartisan agreement that reasonable decisions, you know, free of conflicts of interests or political intrusion are being made. And the GAO is intent on not becoming a tool for partisan advantage, which really helps our government work better.

So, an example of the sort of thing that I'm interested in having them look into is something that I was discussing with Dr. Redfield over the break, which is monoclonal antibody therapeutic manufacturing.

You know, a lot of the good news is that there is, in fact, a strong immune response to this virus by the human immune system. Well,

this means, among other things, that vaccines are more likely than not to work, and it also means that antibody therapeutics are more likely than not to work, as they have against recent viruses.

So, we may be in this position where, yes, there's a miracle cure that can then prevent or cure COVID-19 but we do not have the manufacturing to meet the demand, especially given the ongoing flare-up of COVID-19 in our country. So, then you can imagine the politics of that will be extremely fraught, rapidly, when we have to decide how to dispense these potentially lifesaving therapeutics.

It's also a circumstance in which aggressive project management may be crucial. You know, you can imagine, if you want to produce the maximum number of antibodies, you may say, OK, we are going to choose the most effective antibody from company A, we are going to produce it using the optimized cell lines from company B, and we're going to use the high-volume production equipment of company C. This will require things like the Defense Production Act being used at their fullest to just leapfrog around issues of, you know, things like intellectual property. You know, already, the parties that are optimizing cell lines are getting into patent fights and so on. We don't have time for that.

And so, one of the things I would like the GAO to look into is to make sure that we have in advance the sort of project management—you know, that the contracts that are being made with all of these companies anticipate this, or that discussions for the applications of the Defense Production Act, you know, are actually taking place ahead of when they'll be needed. It's just one of many examples there.

I just want to encourage, you know, both of you and HHS generally to greet with open arms the GAO oversight. They can—you know, it's not always fun being subject to GAO oversight, but their questions actually make the projects better.

Also, I think you've probably been involved with projects that have been involved with GAO oversight. So, there's a career-long association of the GAO personnel and the agencies they represent, so that, you know, it's not like you're getting a letter from Congress where you just kind of roll your eyes and try to do the minimum. You know, these are serious questions by professionals.

So, Dr. Green and I intend to use that to provide real, bipartisan information to this committee and to Congress and to the American people about what's really happening. And I think that will be crucial.

So, any of you, do you have any comments on other things that we can do to really make the public confident that the right decisions are being made for the right reasons in this?

Dr. FAUCI. Well, thank you for that, Congressman Foster. Yes, I mean, the fact is that we are very transparent in what goes on in Operation Warp Speed. I have been——

Mr. FOSTER. Well, but there have been public comments by the scientists——

Dr. FAUCI. Yes.

Mr. FOSTER [continuing]. The ACTIV collaboration, which was set up by HHS. Some of the scientists involved in that said, I have no idea what's behind one of the Operation Warp Speed decisions.

Dr. FAUCI. Right. So, in direct answer to your question, I think you've brought up a good point about the monoclonal antibodies. We didn't get an opportunity to mention this in any of the questions, but monoclonal antibodies—just this week, there were two trials that have been initiated, one on an outpatient basis for early patients, one on an inpatient for more advanced patients, which we really have a lot of anticipation that that is going to be something that is going to be an important tool in the armamentarium of how we treat COVID-19 patients. So, I wanted to get that in, because I think that's really important.

Regarding the scrutiny of the GAO or otherwise, I have been, in the many years that I've been doing this, had many

GAO looking into the things that I have done. In fact, I have found it in many respects very helpful.

Mr. FOSTER. Thank you.

I yield back.

Ms. WATERS. The gentleman's time has expired.

Ms. Velázquez, you are recognized for five minutes.

Ms. VELÁZQUEZ. Thank you, Chairwoman.

I want to get back to the delays in testing.

Researchers of the University of Pennsylvania recently found that testing sites serving communities of color in big cities are fewer in number, have longer lines, and often run out of tests faster when compared to sites in Whiter areas in those same cities.

As formal Federal Reserve Chairs Ben Bernanke and Janet Yellen told the select committee, nothing is more important for restoring economic growth than improving public health. Yet we have a President that says: Slow down testing, please. And the most vulnerable among us are being impacted—frontline workers, small businesses that cannot reopen safely, and Black and Latino populations.

So, I have some questions along these lines.

Dr. Fauci, I have a simple question for you. Do you attribute this inability to control the virus to the delays in testing and contact tracing?

Dr. FAUCI. Control of the virus is clearly a multifaceted process that involves many things, the most important of which is what we were just speaking about before, about testing—about masks, crowds, outdoor versus indoor, distances, et cetera, et cetera. We've been through that multiple times during this hearing.

Testing is a part of the process, but the process of controlling infection—when you're talking about contact tracing, obviously, you need testing, and you need testing back within a reasonable period of time. And the concern that you're expressing is for the days that it takes. And Admiral Giroir has addressed that several times during this hearing. But testing is a part of the comprehensive approach, not the only thing—

Ms. VELÁZQUEZ. Sure.

Dr. FAUCI [continuing]. But is part of the approach.

Ms. VELÁZQUEZ. Thank you.

South Korea had rapid results for testing and tracing, and the virus is essentially contained there or gone. Do you agree that what they did with respect to testing helped those countries get the virus under control?

Dr. FAUCI. Virus under control of some of the Asian countries were due to a number of factors: their ability to shut down almost completely, as I mentioned in a remark before, to the tune of 90-plus percent—

Ms. VELÁZQUEZ. Did they rush to reopen the economy?

Dr. FAUCI. No, they shut down. They had the capability, because they got down to a very low baseline, to do adequate identification, isolation, and contact tracing.

Right now, they are trying to reopen. It's going to remain to be seen how successfully they do that.

Ms. VELÁZQUEZ. So, for the record, does testing result in the U.S. seeing more COVID-19 cases, or are other factors causing the spread?

Dr. FAUCI. I'm sorry, I didn't hear you.

Ms. VELÁZQUEZ. Does testing result in the U.S. seeing more COVID-19 cases, or are other factors causing the spread?

Dr. FAUCI. I'm sorry. I didn't quite get it. It's my fault. I have a problem—

Ms. VELÁZQUEZ. OK. So, are we seeing more COVID-19 cases in the U.S. because of the testing results?

Dr. FAUCI. I'm sorry. I get it now.

Well, obviously, if you do more testing, you're going to see more cases.

Ms. VELÁZQUEZ. OK.

Dr. FAUCI. But the increases that we're seeing are real increasing in cases, as also reflected by increasing in hospitalization and increasing in deaths.

Ms. VELÁZQUEZ. And why is it that professional sport leagues can get testing turnaround times within 24 hours but we cannot do it for all Americans?

Dr. FAUCI. Well, some of the sports clubs have been using the rapid test, which is really very different from the test that requires extraction of DNA and takes time in a different machine. So, they have bought a bunch of machines that allow testing to take place where you get a positive back in five minutes and you can declare negative in

15 minutes.

Ms. VELÁZQUEZ. Dr. Redfield, do you support the fact—do you agree with the fact that there is a disproportionate testing going on among Latinos, Blacks, Native Americans?

Dr. REDFIELD. I wish the Admiral was here to answer it, but I've heard him answer this before—and Tony may comment—that he has set up, disproportionately, these testing sites in areas that have indications of more complex socioeconomic status—I don't remember the exact number, maybe Tony does, but more than 70 percent—intentionally trying to target areas that may be more disadvantaged.

So, I wouldn't agree with that statement, but I would like the Admiral to be able to get back to you with the specifics.

Ms. VELÁZQUEZ. So, you haven't seen the long lines in the urban cities and also in states where we have large population of—

Dr. REDFIELD. Yes.

Ms. VELÁZQUEZ [continuing]. Latinos and Blacks?

Dr. REDFIELD. I've seen the television lines.

Ms. VELÁZQUEZ. Uh-huh.

Dr. REDFIELD. What I was trying to say—when you said, was it specifically disproportionate for Hispanic/Latino or African American or Native Americans, and I'm not comfortable supporting that comment. I would rather get the specific data from the Admiral, which—I do think the system has really gone over the other way, to try to make sure we've enhanced the community health centers and these federally assisted testing sites in areas that are specifically more disadvantaged.

Ms. VELÁZQUEZ. Uh-huh.

Chairman CLYBURN. The gentlelady's time—

Ms. VELÁZQUEZ. I yield back.

Chairman CLYBURN [continuing]. Has expired.

The chair yields five minutes to Mr. Raskin.

Mr. RASKIN. Thank you very much, Mr. Chairman.

And if you're trying to still figure out why the administration and our Republican colleagues cannot formulate a plan of action, look no further than the disgraceful diversions and distractions of some of our colleagues today.

I want to address the First Amendment line of questioning first.

Our distinguished colleague from Ohio keeps raising, for some reason, the Supreme Court decision in *South Bay United Pentecostal Church v. Newsom*, which rejected his position, just about six weeks ago, in a five-to-four decision.

There, a church said that the restrictions limiting the number of people who could go to church to 100 were perfectly constitutional because that was the exact same rule that applied to lectures, concerts, movies, spectator sports, theatrical performances, political party gatherings. And so, in other words, there was no religious discrimination taking place, which is why the Supreme Court rejected the claim.

And there is no religious free exercise exemption to public health orders, as you were indicating, I think, Dr. Fauci. So, the parties in the case cited numerous cases of church gatherings with people unmasked, singing, chanting, and so on that became super-spreader events. There is no religious immunity to this disease, and there is no free exercise exemption to universal public health orders.

Now, as for protests, let us not confuse the issue. Whether your protest is a right-wing protest, like Boogaloo and Proud Boys and anti-public-health-order protesters, like the ones who threatened the life of Governor Whitmer and tried to shut down the Michigan legislature and succeeded in doing so, or it's the nonviolent assemblies of millions of people with Black Lives Matter across the country, the kind endorsed by our late beloved colleague John Lewis, the champion of nonviolence, the same rules must apply. If a jurisdiction has a 6-foot rule and a masking rule, which I assume and hope every one of them does, it applies equally to everybody.

And the preliminary results suggest—and I know, because I've been to a lot of the Black Lives Matter protests—is people are not getting infected there as much because they are observing those rules. Obviously, when you go to an anti-public-health-order, anti-masking protest, like the kinds that shut down the legislature in Michigan, most people are not wearing masks and are not observing the public health protocols they have come to try to destroy.

So, if you're really concerned about the protests and people getting sick there—and we should be—then we have to look at the use of tear gas and pepper spray. Everybody saw the secret Federal officers who were assembled by Attorney General Barr in Oregon remove the mask of a Naval veteran and spray pepper spray right in his face. That's extremely dangerous, to remove someone's mask and then to have them sneezing and coughing and so on. So, it's the use of those chemical irritants, I think, which is the real danger.

But, Admiral Giroir, what I wanted to ask you was about the role that Jared Kushner has played in developing the administration's approach to—is he still with us, or is he—oh, he's gone now. OK.

Well, Dr. Fauci, let me turn to you then. Are you aware of the role that Jared Kushner has played in developing the administration's approach to diagnostic testing?

Dr. FAUCI. I have no knowledge of that, Congressman, because I've not been involved in that. It's really been Admiral Giroir being involved in that.

Mr. RASKIN. OK. Well, then I'm sorry I missed Mr. Giroir in this second round.

But, yesterday, *Vanity Fair* reported something astonishing, which is that Jared Kushner recognized that there was no plan, and he formed a secret working group at the White House in March and April to develop a national testing plan, which operated in a, quote, "bubble," and did not coordinate with other experts at HHR—rather, HHS.

And they actually came up with a very detailed and potentially effective national testing plan—one person involved said it wasn't rocket science but it was a real plan—in which the government would coordinate the distribution of test kits and an aggressive program of contact tracing across the country.

But the White House reportedly dropped the plan, according to this article, "How Jared Kushner's Secret Testing Plan 'Went Poof Into Thin Air.'" OK? The White House dropped the plan on the political logic that the outbreak was going to be limited to Democratic states—this was back in March—in New York and New Jersey. And you remember, there was a lot of talk about how this was a blue state disease and there was somehow some kind of political or ideological immunity to getting it.

So, they thought it would be a better strategy just to pit the states against each other in that vicious free-for-all for equipment and materials and then blame the Governors when everything went wrong. And we've seen the shocking, devastating results of just letting it go and not having a plan at all.

With that, I'd yield back to you, Mr. Chairman.

Chairman CLYBURN. I thank the gentleman for yielding back.

I think we're finished our second round of questions, and I would like to now yield to the ranking member for any closing statement he might want to make.

Mr. SCALISE. Thank you, Mr. Chairman.

And, again, I want to thank our witnesses for coming here, including Dr. Giroir, Dr. Fauci, Dr. Redfield. You are on the front

lines, as well as the teams that are behind you, working to implement President Trump's plan to combat this virus.

In fact, Dr. Giroir left to go address thousands of people who work under him. He talked about 7,000 deployments that have been made under President Trump's command to have men and women in uniform going on the front lines to help at the state and local level.

We've seen so much work being done in this plan. And I keep going back to it, because I know some people want to deny that this plan exists, of course, at the same time that they're criticizing components of the plan.

You know, part of this plan—again, there's thousands more pages online. This is just a small part of President Trump's plan to combat the coronavirus.

Part of the plan included stopping flights to China, which, as Dr. Fauci testified under oath, saved lives. That was President Trump's call. He got criticized from it. In fact, he got criticized from some of the very people who say that he doesn't have a plan, yet they criticize parts of his plan, and that plan worked and saved lives.

I know, Dr. Fauci, you testified under oath about some of the other decisions that were made by President Trump, working in conjunction with you and the rest of the team, these internationally respected medical doctors, that saved lives. Thank God President Trump keeps his focus on carrying out this plan every day while people are literally trying to disagree with it and then deny it exists at the same time.

And so, when you look at now where we are with Operation Warp Speed—and this is something that is so incredibly important, working to find an actual vaccine for the disease. And, again, Dr. Fauci—I know, Dr. Redfield, you talked about this, but I appreciate you giving out the website again. Over 250,000 Americans have now signed up to be tested for this virus. It might be one of the most tested trials for a new virus in American history, probably the quickest time that we've been able to get a vaccine for a disease we knew nothing about even six months ago because China lied to us, because China still to this day is trying to interfere with our ability.

While we're working feverishly to get the vaccine, China is working feverishly to try to steal the vaccine. We ought to have a hearing on that, Mr. Chairman. I know Mrs. Walorski talked about that and brought that issue up.

You know, when you look at the incredible work, as Dr. Giroir is doing on testing, to get those testing kits into nursing homes, that's part of President Trump's plan, and, in fact, it is saving lives.

If those five Governors who did not follow the Federal guidelines would've followed the Federal guidelines, again, as testimony under oath confirmed, thousands of deaths would not have happened. I wish they would've followed the guidelines.

I wish they'd share the data. They're still hiding the data, those five Governors. We've asked them, those of us on the Republican side. If just one member on the Democrat side, Mr. Chairman, would join us in asking those Governors to share the data that they're hiding from the American people, they're hiding from the

families, the sons, the daughters, the grandchildren of those who died in those nursing homes—they're hiding that data, and they won't give it to us. They said they don't have to give it to us because not a majority of this committee has asked. I wish, Mr. Chairman, you'd join us in asking to get that data. What's wrong with asking for the facts?

And so, then you look at opening schools. You want to talk about saving lives—and this is one of those untold stories, unfortunately. There are 50-million-plus children across America who are counting on us to get it right. The good news is the Trump administration has laid out a plan for how to reopen schools safely.

You know, just right here, you talk about school administrators on the use of cloth face coverings. CDC suggests that all school reopening plans address adhering to behaviors that prevent the spread of COVID-19. They go into detail on all the things you should do, as we talked about—washing hands, all of that. You can socially distance. You need to socially distance.

You can do it; in fact, you need to do it. But to say you can't do it is a cop-out. This is America, for goodness' sake. We put a man on the Moon. You can follow basic guidelines.

If you don't want to trust CDC, go to the American Academy of Pediatrics, for goodness' sake, who put out really good guidelines for how to safely reopen schools.

And they went further and said the danger to children. You're hurting kids by not reopening schools, as Dr. Redfield testified. The thousands of kids that aren't getting diagnosed with things like child abuse, which is happening, unfortunately. It gets discovered in the schools. That's not happening. The nutrition programs, the mental health programs. There are drug overdoses happening today that wouldn't be happening if those kids were going back to school.

You have to get it done, and don't say it's because of money. You can't say it's because of money. Here's the—every state in the Nation's got money. We put over \$150 billion out there. Do you know that, based on this list, about \$100 billion of money we in Congress appropriated, President Trump signed into law, about \$100 billion still available in every state.

And this money, without changing the law, could be used to provide all of those supplies that the experts said you need to reopen your schools safely. It's all there for you. If you run out, give us a call. But the money is there. Don't use that as an excuse.

We all owe it to the kids. If there's never been a better time to make the argument for school choice, for goodness' sake. You've got some of these unions that are saying they don't want to go back to school. Then, as Mr. Jordan pointed out, they're encouraging people to go to a protest, where you're not socially distanced. But they say you shouldn't be able to safely reopen the school. But they want to take the money.

How about, if there's another school system that's willing to safely educate your child, shouldn't the parent be able to do that? Why deny parents in low-income communities the ability to have the same choice that other people that aren't in low-income communities have? That ought to be on the table too. Because there are

systems all across this Nation that have figured it out. Again, you don't need to reinvent the wheel.

It's all there in the President's plan. President Trump has laid this out. You can go to the websites to get it. Call me, I'll give it to you. But it's there. If you don't like it, you put a better plan on the table. Of course, they haven't done that.

But, in the meantime, don't deny those children the opportunity to seek the American Dream that everybody else has deserved over the history of our country. And that's what will happen if they don't follow those safety guidelines and safely reopen the schools.

So, with that, Mr. Chairman, I again thank the witnesses.

Appreciate the work you're doing. I wish we could follow up on some of the other issues, like Mr. Jordan—police officers that are being attacked right now and being put at risk to coronavirus. We had a hearing in this committee on our frontline healthcare workers, and it was an important hearing. I'd like to see us have a hearing on those law enforcement officers who are being put at risk by the attacks on them that we're seeing all across the country.

And then, of course, China, the role that China has played from the beginning in lying to us, hiding information, now trying to steal our information every step of the way. We ought to have a hearing to hold China accountable too.

So, appreciate the work you're doing. Please continue to go do that. Tell all the men and women that are sacrificing to help combat this virus, working with President Trump, we thank them on behalf of all Americans who want to see us get behind this and get back to the things that we used to do.

With that, Mr. Chairman, I yield back.

Chairman CLYBURN. I thank the ranking member for his closing statement and for yielding back the time.

Let me begin by reminding him that we did have a hearing for essential workers. And if my memory serves, police officers, law enforcement officers were included.

Mr. SCALISE. Mr. Chairman—

Chairman CLYBURN. They are essential workers.

Mr. SCALISE. In relation to the attacks we've seen on them. That's a new development since that hearing.

Chairman CLYBURN. Well, I suspect that the protesters that my friend Mr. Jordan seemed to be so preoccupied with have had some state-sponsored attacks made on them, much like those that we remember from a not-too-distant past.

But, this week, a leaked White House Coronavirus Task Force report indicates that there are 21 states in the so-called red zone, and, for some strange reason, the report says that they were communicated with privately. And I'm kind of troubled that the administration would hide this from us.

And so, I don't know that—this is not for questioning, but I'm going to ask Dr. Redfield if he would respond to us in writing on this. Because I would like to know whether or not we can depend upon, going forward, these kinds of reports to be made public rather than be issued to these states privately. Because it seems to us that, while the White House is maintaining a public statement as it relates to this virus, they have been sending some stuff to states privately. And I would hope that this could come to an end.

Now, I would also like to say to my friend who seemed to be so concerned about kids going back to school, Mr. Ranking Member, we all want to see our kids go back to school. I'm the grandfather of two schoolchildren that I want to see in school. Though they are privileged enough to have the internet available to them, their classmates—many of their classmates don't. And, therefore, many of their classmates are not going to be allowed to go to the next grade. Those same classmates are going to be subject to losing another year of school. We all want them back in school.

But I want to refer, since we are talking about the American Academy of Pediatrics—they have followed up with us. The American Federation of Teachers, the National Education Association, School Superintendents Association, they all joined together in issuing a statement on July 10. And, to me, here's for this operative.

“Public health agencies must make recommendations based on evidence, not politics. We should leave it to health experts to tell us when the time is best to open up school buildings, and listen to educators and administrators to shape how we do it.”

I represent a congressional district that is about half and half what we might call rural and urban, though even the urban part of my district would be looked upon as being rural by some of my friends here on this panel from New York and California, so maybe I just do have a rural district.

All I want to say is, it's different in rural America than it is in urban America. So, I don't know that we can, up here, come up with a one-size-fits-all. We should delegate to the professional superintendents and the principals of these schools to determine how best to reopen schools. We want them to reopen and arm them with all the resources they need to do that.

So, this whole notion of just telling people to go back to school, that is one thing. Give the principals, the superintendents, the states, give them the resources they need and the guidance they need. And let them work with those rural communities that are different from urban communities, where they don't have the internet available to them and they can't do online learning.

And they've got to be able to space. They've got to have masks. I represent families that cannot afford to buy masks every day. Many of them can't afford to buy the books. So, we ought not be putting that burden on them.

And so, we have resources up here that we ought to get out to these school districts. And I know—I hear from teachers every day who go in their own pockets to pay for material for their students. That's happening every day, and they're preparing to go back to school with budgeting to do the same thing.

Now, before we close, I want to enter into the record—I have entered—another letter from the American Association of Medical Colleges. And I'm asking unanimous consent that this letter be entered into the official hearing.

And, without any objection, so ordered.

Chairman CLYBURN. I want to thank Dr. Fauci, Dr. Redfield, and Admiral Giroir for being here today. We appreciate the expertise you have shared as we work to end this terrible pandemic.

As we heard today, a comprehensive plan to reduce the spread of coronavirus would save lives, but every day that effective action is not taken more lives are lost.

Today's hearing has made clear that the Trump administration must put aside partisan concerns and work with public health and medical science experts to craft a comprehensive plan to defeat this virus.

The plan must prioritize public health over perceived political expediency. The plan must ensure states have the testing they need. Give Americans clear public health advice, and follow the advice of legitimate experts like we have here today, even if their assessments are difficult for administration officials to hear.

Much of this is inconvenient to the public. Nobody feels comfortable getting up every morning looking for a mask, and nobody feels comfortable riding around all day with a mask. It's inconvenient for everybody. So, it's uncomfortable for everybody.

But the plan must include guidance and support for state and local governments, health departments, schools, and community organizations.

I come from a part of the country where no education would have been available to my parents had it not been for churches, because the states did not sponsor education for them. My father was not allowed to graduate high school because no high school was available to the students in the county he grew up in. And so, we have got to bring local communities in this. The churches, temples, synagogues all need to be involved in this. This is not excluding any religion; we are trying to bring religious organizations into this effort. And we've got to protect our students and our teachers and not go rushing into reopening schools.

Finally, the plan must address the grave inequities this virus has inflicted on minority communities. Our Black and Brown communities already faced health and wealth disparities before the coronavirus—that's what Ms. Velázquez was getting to in her last line of questionings—but particularly when we are dealing with this contagious virus.

In the words of Dr. Martin Luther King, Jr., in his letter from the Birmingham City Jail, which I happen to believe—most people may not agree with me on this, but the Bible, to me, is a timeless document, and I believe that King's letter from the Birmingham City Jail is a very timeless document. He said in that letter, "Injustice anywhere is a threat to justice everywhere."

Dr. King also said, and I quote, in that same letter, "Time itself is neutral." You may recall, he is responding to a letter that he had gotten from eight non-Black ministers who said to him that they agreed with him but the timing was not right. King, in his response, says, "Time itself is neutral. It can either be used destructively or constructively."

And then he went on: "More and more, I feel that the people of ill will have used time much more effectively than the people of goodwill."

This destructive virus, while it has no will, has used the past six months to spread more than 4 million of our fellow citizens—spread to more than 4 million of our fellow citizens.

To prevent more lives from being lost, people of goodwill, including those who are here today—I consider you to be among the people I respect most in our government. People of goodwill must use their time constructively to combat the virus much more effectively than it has been to this point.

Irrespective of how many tests we may give, irrespective of how we may shape up to the rest of the world, the question for us is: Are we using our time constructively? People of goodwill must correct past mistakes, embrace the science, work together in a bipartisan way to defeat this grave threat to our country. And if I might quote Dr. King once more, “The time is always ripe to do right.”

Without objection, all members will have five legislative days within which to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response.

I ask our witnesses to please respond as promptly as you are able.

. And, with that, this hearing is adjourned.

[Whereupon, at 12:47 p.m., the subcommittee was adjourned.]

