

**HYBRID HEARING WITH SECRETARY
OF HEALTH AND HUMAN SERVICES
ALEX M. AZAR II**

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
CRISIS
OF THE

COMMITTEE ON OVERSIGHT AND
REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

OCTOBER 2, 2020

Serial No. 116-124

Printed for the use of the Committee on Oversight and Reform



Available on: *govinfo.gov*,
oversight.house.gov or
docs.house.gov

U.S. GOVERNMENT PUBLISHING OFFICE

COMMITTEE ON OVERSIGHT AND REFORM

CAROLYN B. MALONEY, New York, *Chairwoman*

ELEANOR HOLMES NORTON, District of Columbia	JAMES COMER, Kentucky, <i>Ranking Minority Member</i>
WM. LACY CLAY, Missouri	JIM JORDAN, Ohio
STEPHEN F. LYNCH, Massachusetts	PAUL A. GOSAR, Arizona
JIM COOPER, Tennessee	VIRGINIA FOXX, North Carolina
GERALD E. CONNOLLY, Virginia	THOMAS MASSIE, Kentucky
RAJA KRISHNAMOORTHY, Illinois	JODY B. HICE, Georgia
JAMIE RASKIN, Maryland	GLENN GROTHMAN, Wisconsin
HARLEY ROUDA, California	GARY PALMER, Alabama
RO KHANNA, California	MICHAEL CLOUD, Texas
KWEISI MFUME, Maryland	BOB GIBBS, Ohio
DEBBIE WASSERMAN SCHULTZ, Florida	CLAY HIGGINS, Louisiana
JOHN P. SARBANES, Maryland	RALPH NORMAN, South Carolina
PETER WELCH, Vermont	CHIP ROY, Texas
JACKIE SPEIER, California	CAROL D. MILLER, West Virginia
ROBIN L. KELLY, Illinois	MARK E. GREEN, Tennessee
MARK DESAULNIER, California	KELLY ARMSTRONG, North Dakota
BRENDA L. LAWRENCE, Michigan	W. GREGORY STEUBE, Florida
STACEY E. PLASKETT, Virgin Islands	FRED KELLER, Pennsylvania
JIMMY GOMEZ, California	
ALEXANDRIA OCASIO-CORTEZ, New York	
AYANNA PRESSLEY, Massachusetts	
RASHIDA TLAIB, Michigan	
KATIE PORTER, California	

DAVID HICKTON, *Select Subcommittee Staff Director*

RUSSELL ANELLO, *Chief Counsel*

SENAM OKPATAH, *Clerk*

CONTACT NUMBER: 202-225-5051

CHRISTOPHER HIXON, *Minority Staff Director*

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

JAMES E. CLYBURN, South Carolina, *Chairman*

MAXINE WATERS, California	STEVE SCALISE, Louisiana, <i>Ranking Minority Member</i>
CAROLYN B. MALONEY, New York	JIM JORDAN, Ohio
NYDIA M. VELÁZQUEZ, New York	BLAINE LUETKEMEYER, Missouri
BILL FOSTER, Illinois	JACKIE WALORSKI, Indiana
JAMIE RASKIN, Maryland	MARK E. GREEN, Tennessee
ANDY KIM, New Jersey	

C O N T E N T S

Hearing held on October 2, 2020	Page 1
WITNESSES	
The Honorable Alex M. Azar II, Secretary, Department of Health and Human Services Oral Statement	8
<i>Written opening statements and the written statement of the witness are available on the U.S. House of Representatives Document Repository at: docs.house.gov.</i>	

INDEX OF DOCUMENTS

Documents entered into the record during this hearing and Questions for the Record (QFR's) are listed below / available at: docs.house.gov.

- * *Pfizer.com*, "An Open Letter from Pfizer Chairman and CEO Albert Bourla to U.S. Colleagues" article; submitted by Rep. Foster.
- * *Sciencemag.org*, "Trump Once Again Requests Deep Cuts in U.S. Science Spending", article; submitted by Rep. Foster.
- * *The-Scientist.com*, "Trump Proposes Significant Cuts to NIH 2021 Budget", article; submitted by Rep. Foster.
- * *Sciencemag.org*, "What's in Trump's 2018 Budget Request for Science?", article; submitted by Rep. Foster.
- * *Journal of American Medical Association*, "Mortality, Admissions and Patient Census at Skilled Nursing Facilities in Three United States Cities During the COVID-19 Pandemic", open letter; submitted by Chairman Clyburn.
- * Letter from NACCHO; submitted by Chairman Clyburn.
- * Letter from IDSA, and HIV Medicine Association; submitted by Chairman Clyburn.
- * Letter from HIV Medicine Association; submitted by Chairman Clyburn.

**HYBRID HEARING WITH SECRETARY
OF HEALTH AND HUMAN SERVICES
ALEX M. AZAR II**

Friday, October 2, 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 9:10 a.m., in room 2154, Rayburn House Office Building, Hon. James E. Clyburn (chairman of the subcommittee) presiding.

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

Chairman CLYBURN. Good morning. The committee will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time.

I now recognize myself for an opening statement.

Today, the Select Subcommittee welcomes Secretary of Health and Human Services, Alex Azar, the Trump administration's top health official.

Secretary Azar, this is the first time you have testified before Congress since February. In the seven months since your last appearance, more than 207,000 Americans have lost their lives to the coronavirus and over 7 million have been infected. And all of us woke up this morning to the news that the First Family and at least one of their close staff members have been diagnosed with COVID-19. And we wish all of them a speedy and complete recovery.

As Americans, we pride ourselves on being the most scientifically advanced Nation in the world, with the best doctors and public health experts. We have led the world in countless medical breakthroughs, from inventing the polio vaccine, to mapping the human genome, to battling AIDS and Ebola. That is why it has been so heartbreaking to watch the administration squander this legacy by refusing to lead, ignoring our scientists, and putting politics over the health of the American people.

Let there be no doubt, the President's response to the coronavirus crisis has been a failure of historic proportions. COVID-19 has claimed more American lives than the battles of World War I, the Korean war, Vietnam War, Afghanistan war, and Iraq war, combined.

While the President claims that he saved millions of lives, more people have died from the virus in the United States than in any other country on Earth. We have four percent of the world's population but 20 percent of the coronavirus deaths. More than 140 other countries have all had fewer deaths per capita from this virus than we have had in the United States.

Behind me are the images of a few of the Americans we have lost. At my far right, is Skylar Herbert, the daughter of two first responders in Michigan. Skylar was a healthy five-year-old who loved playing dress-up and dreamed of becoming a pediatric dentist when she grew up. She died from the coronavirus in April.

Next is Cheryl Fink Lolley. At 81 years old, Cheryl was sharp as a tack, loved visiting with family and friends. She died in April after contracting the coronavirus. Cheryl's daughter, Alison Lolley, told her mother's story to our committee in June.

To my immediate left is Jason Hargrove. Many people like I saw Jason as he drove his bus. He was a 50-year-old bus driver in Detroit. He caught the coronavirus after being coughed on by a passenger, and many of us watched as he yelled out in disgust. He died in early April. Jason's best friend and colleague, Eric Colts, spoke to our committee in May about Jason and the dangers faced by frontline workers around the country.

The final photo is Demi Bannister. Demi was a 28-year-old third grade teacher in my home state of South Carolina, in my hometown of Columbia. She tested positive after returning to school for training early in September and died three days later. Last Sunday, Demi's mother, Shirley Bannister, also died from the coronavirus. Shirley tested positive for the coronavirus the day her daughter died. Shirley was a 57-year-old constituent of mine and served as the chair of the nursing department at Midlands Technical College.

Tragically, it is not hard to see why Americans like Skylar, Cheryl, Jason, Demi, and Shirley were more likely to die than people in most other countries. Even though the President knew early in February that the coronavirus was, according to him, here, deadly stuff, in March, he said—and I'm quoting him again—"I wanted to always play it down."

Consider with this desire—or consistent with this desire, the President has refused to step up and lead a national response to stop the spread of this deadly virus. Rather than implement a national testing strategy, the White House deferred to the states, reportedly because they believed blaming Democratic Governors for coronavirus deaths would be, in the words of a public health expert involved in the discussions, "an effective political strategy," end of quote. The result was widespread testing shortages and delays that let the virus spread widely throughout the country.

The White House also refused to purchase and distribute masks and other protective equipment because Trump saying—and I'm quoting him again—we are not a shipping clerk, end of quote.

As a result, the national stockpile overseen by you, Mr. Secretary, quickly ran out. States were forced to compete for scarce supplies while first responders and medical workers reused old masks and wore garbage bags to try to stay safe.

As HHS Secretary and the first chairman of the White House Coronavirus Task Force, Mr. Secretary, you should have been at the helm of an ambitious national response, rather than follow the science, they tried to hide, alter, or ignore the signs whenever it contradicted the President's wish to downplay the crisis for perceived political advantage.

This morning, my staff released the report that I hold. This report identifies 47 separate times that political appointees interfered with career scientists who were trying to help Americans stay safe during this pandemic. Forty-seven documented times.

When the President complained the CDC guidance on reopening schools was, quote—and I'm quoting him—very tough and expensive, very tough and expensive, how expensive was Demetria Banister's life when she went back into that classroom?

After the President complained the testing was revealing too many new coronavirus cases and said—I'm quoting him again—slow down the testing, HHS altered key testing guidance to claim that people without symptoms did not need a test, even if they were exposed to the virus. That decision was reversed only after this select subcommittee and many others objected.

And when the President complained that the—and I'm quoting him—"deep state" at the FDA was not moving fast enough to approve treatments before the November election, the FDA authorized plasma therapy over the objection of top scientists.

Mr. Secretary, you stood by the President at the press conference and repeated false statistics about the therapy's effectiveness. Now the administration appears intent on politicizing a vaccine, with the President pressuring the FDA to approve a vaccine before election day and casting doubt on the agency's efforts to ensure that a vaccine will only be approved based on science.

Now, I know there are about four companies that are—that have moved to a third phase of testing, but I would hope that whatever they come up with—and I'm sure there'll be more than one vaccine—I'm hopeful that it will be a safe and effective vaccine. But even in the best case scenario, as Dr. Fauci said last week, most Americans will not receive a vaccine until mid to late 2021. That means Americans could be waiting up to another year to get vaccinated.

I often share with the public that I was around during the polio vaccine, and I remember political decisions that were made for that vaccine. I'm sure many remember the Salk vaccine and then the Sabin vaccine. The Salk vaccine required a shot in the arm. The Sabin vaccine was a little drop of serum on a lump of sugar. Political decisions were made as to who would get the shot and who would get the serum. And I think all of us can imagine back in the forties and fifties who got the shots and who got the serum. I would hope that we won't have a repeat of this kind of political assistance being made by whatever vaccine is developed.

In the meantime, coronavirus infections are rising again in more than 25 states, and hundreds of Americans are still dying every day. Tens of thousands more will die unless this administration provides a national plan for testing, tracing, mask wearing, and other public health measures to contain the virus.

I urge the Administration to put partisan politics and ideology aside, embrace our Nation's long history of science, and finally show the leadership we need to get this pandemic under control.

We can't bring back Skylar, Cheryl, Jason, or Demi, or Shirley. But whether other Americans just like them live or die depends on whether the Administration improves its response to this pandemic.

I now yield to the ranking member for his opening statement.

Mr. SCALISE. I want to thank the chairman for yielding.

I want to thank Secretary Azar for coming before our committee, and look forward to hearing your testimony to actually get to the facts of what is happening, the great work that your team has done.

But first, I want to express my prayers and support to President Trump and First Lady Melania Trump. We know they tested positive. I know how tough and strong of a person President Trump is and how tireless he is, and I know he's going to continue working for the American people. But Jennifer and I surely keep he and the First Lady in our prayers for a quick and speedy recovery as I join with the chairman in expressing those thoughts.

Secretary Azar, I truly want to thank you, as well as the 80,000 men and women who work for your agency, who have been working tirelessly so well for the American people, completely focused on learning more about this virus, which we learn more about every day, as well as working so feverishly now toward finding one or more vaccines and therapies, which, by the way, your agency has already identified and approved a number of therapies that are working well to save lives, truly saving American lives as we speak. It's not gone without notice, the tireless work that your men and women at HHS and all the healthcare workers across this country are doing to save Americans lives. They are the frontline heroes of this virus.

Today, the Republicans on the subcommittee are releasing a report. It's "President Trump's Plan: A Whole of America Response." Yes, there is a plan. For those who choose not to read the plan, they might walk around saying there's not a plan. There are tens of thousands of pages of plans that continue to be updated by your agency and so many other Federal agencies that are all directly involved in helping us get through this.

The plans cover so many things, from how to properly protect yourself and your family, how to safely reopen schools. We've actually had hearings on a number of items of those plans. We've talked about them. We've given the links to websites to people who deny that there's a plan, who hold their head in the sand and say there's no plan. And, again, just because you don't want to read a plan doesn't mean there isn't a plan. So, in this report we detail so many aspects of the plan.

I want to go through some of the Trump Administration's national plan, some of the things that he's done, which include thousands of pages of guidance backing all of these up.

First, it's a plan to procure personal protective equipment. We know this has come up many times. On March 29 of 2020, President Trump launched Project Airbridge and began to carefully and thoughtfully leverage the Defense Production Act—that's right, the

President multiple times has invoked the Defense Production Act—to secure PPE, to secure ventilators and other needed resources to combat this pandemic.

As of September 20, 2020, the Trump administration coordinated the delivery or production of 243 million N95 masks, 1.1 billion surgical and procedural masks, 45.5 million eye and face shields, 429 million gowns and coveralls, and over 27.5 mil—billion, billion gloves.

Further, as of September 20—or September 10 of 2020, the Strategic National Stockpile is fully stocked with 135,784 ventilators. There was not one hospital in America that ran short of ventilators. There was not one American through this whole pandemic that was denied a ventilator who needed one. In fact, today, most doctors will tell you, if someone comes in, the last thing they want to do is put them on a ventilator because the science has advanced. Doctors know a lot more about this virus today than they did just a few months ago. And I credit our medical community for learning and sharing that information with others as we learn more every day to save American lives. That has been part of President Trump's plan.

In addition, a plan to slow the spread. On March 16, 2020, President Trump announced national guidelines entitled, quote, "15 Days to Slow the Spread." In fact, Dr. Fauci testified right there where you're sitting, Secretary Azar, just a few weeks ago before this committee. When I asked him, was that part of the President's plan, he said, yes. I said, did that plan save American lives? He said yes. President Trump made those decisions. That was part of the President's plan.

These guidelines outline how to help slow the virus' spread and keep our most high-risk populations safe. Again, as we learn more about this virus, we learn it doesn't affect everyone equally. So, as there are populations that we identify as higher at risk, there are more resources given.

Part of the President's plan, by the way, as Secretary Azar is well aware, was to acquire and distribute testing machines to every nursing home in America. Admiral Girard sat right there at that table just a few weeks ago in this committee to talk about that aspect of President Trump's plan and how it's being carried out today to protect our Nation's seniors, which we uncovered over 40 percent of all deaths in America came from less than one percent of America's population, and that is seniors in nursing homes.

It was through the work of some of us on this committee that we identified that, yes, 45 Governors actually followed the President's plan, the CMS guidelines, which were issued for how nursing homes could properly take care of seniors in nursing homes. That was part of the President's plan. Unfortunately, five Governors might have read that plan, but they ignored that plan, completely threw it in the trash can and said, we're going to do our own thing. Sadly, it had deadly consequences. At least 25,000 seniors died who shouldn't have died in nursing homes because those five Governors went against the President's plan.

As we know, in America, nursing homes are governed at the state level, not at the Federal level. The guidance came from the Federal level, but these five Governors chose to go the other way.

Some of them are still trying to hide the facts. Many of us have asked on this committee to get those facts. Not all have. I wish the majority would join us in getting the facts for those families, thousands of families who still want and deserve answers for why their loved ones died, many of whom could not even go and visit their father, their aunt, their grandmother who died in those nursing homes, who shouldn't have died if those five Governors would have followed the guidelines.

Shouldn't be a political issue. Forty-five Governors got it right, Republicans and Democrats. If five got it wrong, we should all be wanting to find out why they got it wrong and find out how many people actually were victimized by those decisions. The fact that months and months later we still don't know and that data is being hidden, hidden by those five Governors is a disgrace. Everybody should be demanding those answers. But, again, the President laid out that plan. Forty-five Governors followed it.

A plan to have increased testing. On May 24, 2020, the Trump administration released a report to Congress called "COVID-19 Strategic Testing Plan," which built on the April 27 national testing blueprint. This report explains that, quote, "State plans must establish a robust testing program that ensures adequacy of COVID-19 testing, including tests for contact tracing and surveillance of asymptomatic persons to determine community spread." Through these robust national testing plans, President Trump built the world's greatest testing apparatus from scratch.

Again, we didn't even know this disease existed at the beginning of this year. China was lying to us. This committee still has yet to hear a single—hold a single hearing on holding China accountable for their role in creating and spreading this virus while they lied to the world, while they hoarded PPE from us and every other country. We ought to have that hearing.

But through the robust testing plans, what the President did to build this from scratch allowed the U.S. to conduct over 100 million tests in only five months, hundred million tests, and that testing number continues to grow every day. We continue to see more companies come up with testing equipment that has been approved by the FDA to test people for COVID-19 quicker, faster, and more readily available; but over a hundred million tests in over five months.

A plan to safely reopen the economy. On April 16, 2020, President Trump unveiled the guidelines for opening up America again. Yes, that is part of the plan. You can still go read it. You could have read it months ago. It's been widely available. It's a three-phased approach to help state and local officials reopen their economies safely under the direction of each state's Governor. That's right, the President respects that each state is run by a Governor who's duly elected, who answers to the people of their state, who has legislators who have been meeting, determining the best safety guidelines for each of their states as well. Guidelines come out to help every state do the things they need to do to take care of the people in those states, and those guidelines get updated as we learn more, as the scientists learn more.

The Atlanta Federal Reserve is predicting third quarter growth is on track to increase by 32 percent annualized. Because under

this plan, President Trump has focused on helping rebuild what was the strongest economy in the history of our country and in the history of the world. Before COVID, we saw one of the strongest and healthiest economies our Nation's ever experienced, and it was working for every income level. In fact, the lowest income levels—and the data is out there very clearly—the lowest income levels were the ones who were benefiting the most. That's because under the previous administration we had lost our middle class. Literally, thousands of great American companies fled America, left America to go to other countries. Our tax structure was anticompetitive, crushing our ability to manufacture to make things in America again. And now we saw those jobs being brought back, those manufacturing facilities be brought back, and everybody was participating, every income level was benefiting, and then COVID hit.

So, as we battle the virus through the plan that the President's laid out, working with the smartest people in the world, the best scientists in the world, Secretary Azar and his 80,000-plus employees who are working hard to make sure that we keep learning and keep getting this information out.

The President also is focused on rebuilding that strong economy again, and it's starting. We're seeing every month over a million jobs being created, people getting back in the work force using safety protocols, knowing that they can go get about their way of life again, differently, but start doing the things they need to do again, taking their tests again, going and getting their mammograms and colonoscopies again, which, unfortunately, we saw a dramatic drop. During the shut-in, people weren't going to their doctor to get their other tests run, and we are concerned that that's going to cause problems down the road. We need to encourage people to get back out and go see their doctor again, go get tested again, get their chemotherapy again if you're battling cancer. That will save American lives as well.

The President, again, as part of his plan, put out a detailed plan to safely reopen our schools. We've had hearings on this. The American Academy of Pediatrics has laid out guidelines. The CDC has laid out guidelines for safely reopening school. The scientists and physicians at the American Academy of Pediatrics and the National Academies' Committee on Guidance for K–12 Education on Responding to COVID–19 recommend schools implement policies which enable students to learn in person.

We've seen the science on the detrimental impacts on kids that are not learning in school. Many school systems have reopened because the guidelines are there for how to safely do it. Some have chosen not to follow those guidelines and are holding those kids back because other kids are learning, and the kids that aren't learning in the classroom—

Mr. RASKIN. Mr. Chairman, we're falling behind regular order here.

Mr. FOSTER. Could we have some semblance of regular order, Mr. Chairman?

Mr. SCALISE. I think we both have given opening statements, Mr. Chairman.

Chairman CLYBURN. I have given the ranking member the liberties on opening statements, and I would hope he will conclude soon.

Mr. SCALISE. Clearly, both of us have experienced the same openings.

And, finally, part of this plan, as we detail it, a plan to create a safe and effective vaccine. That's right, something we should all be applauding, the fact that there are four American companies, internationally respected, are in final stages of FDA approval for a safe and effective vaccine, not something where corners are being cut. I know the Secretary is going to talk about this more in detail, but it's very important on this point that we make a note that these companies are all following the best guidelines, not just in America, but in the world. The FDA guidelines are the gold standard. No corners are being cut, but, more importantly, all the focus of the best medical research in the world is now being put on finding a vaccine to protect Americans.

And it is a dangerous idea that somebody would try to undermine public confidence in any one of these vaccines if they're approved by the FDA. If they don't work, they will not be approved. But if they're approved, it's because they went through all of the rigors of the gold standard of the FDA testing on thousands and thousands of people who have signed up. And I applaud, again, the 250,000-plus Americans who have agreed to participate in these trials. It's helped us get to this point in revolutionary pace because of the President's plan. Operation Warp Speed is part of that, which President Trump laid out.

So, all of these, Mr. Chairman, are part of a comprehensive plan that continues to grow as we learn more, as we find out more, as scientists discover more in advance in ways that we maybe never seen in modern times. And we need to continue that approach. We need to continue that advancement.

I look forward to hearing your testimony, Mr. Secretary.

And, Mr. Chairman, I yield back the balance of my time.

Chairman CLYBURN. I thank the ranking member for yielding back.

I would like now to introduce our witness. Today, the Select Committee is pleased to welcome the Honorable Alex M. Azar II, Secretary of Health and Human Services.

Thank you, Secretary Azar, for being here today.

Will you please stand so I can swear you in.

Please raise your right hand.

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

Secretary AZAR. I do.

Chairman CLYBURN. You may be seated.

Let the record show that the witness answered in the affirmative.

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

Secretary Azar, you are now recognized for your opening statement.

STATEMENT OF THE HONORABLE ALEX M. AZAR II, SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. AZAR. Chairman Clyburn and Ranking Member Scalise, it's an honor to appear before the House Select Subcommittee on the Coronavirus Crisis. I wish to express my gratitude on behalf of the Department of Health and Human Services and the Trump administration for the support that Congress has provided throughout this unprecedented crisis.

This morning, we wish the President and the First Lady and every American fighting COVID-19 a swift and complete recovery. We also mourn the losses of Skylar, Cheryl, Jason, Demi, and all the other victims of COVID-19. But thanks to the heroism of so many frontline healthcare workers, scientists and others we are making progress. This progress is possible in large part because of the incredible women and men at HHS, the world's finest scientists and public health experts.

I want to say a personal thank you to each and every member of the HHS team who has contributed to this response, and I want to underscore my commitment to their work today.

I started my first job at HHS nearly two decades ago. Since my first day on the job, I have recognized and promoted the value of science and evidence and the civil servants who are so dedicated to our mission. That does not mean, especially in an unprecedented crisis, that there are no debates or disagreements within an agency or an administration, but my highest priority will always be to ensure that our efforts are science and evidence driven and consistent with the rule of law.

Institutions like the CDC, the FDA, and the NIH are household names and gold standards for good reason, and I intend to keep it that way. No institution is infallible, but Americans deserve to know that the actions and communications coming out of our agencies, whether FDA approvals or CDC, MMWRs, or NIH guidelines, are grounded in science and evidence.

Of course, that standard also applies to authorization or approval of a COVID-19 vaccine. I will be confident that my family and I should take the vaccine, and you should be confident that you and your family should take it too, because any vaccine will have met FDA standards as judged by FDA career scientists.

We are as close as we are to distributing a safe and effective vaccine because of the dedication and humanitarian spirit of America's scientists and because of work that began long before the whole world recognized what an unprecedented threat we faced.

Back on January 7, long before China had even admitted that human-to-human transmission was occurring, NIH researchers began vaccine development planning with Moderna. On Saturday, January 11, the morning after the viral sequence was finally shared by Chinese researchers, NIH scientists began work on that vaccine, which entered human trials on March 16.

On February 3, with just 11 cases in the United States, BARDA began obligating flexible funds to go to private partners to support vaccine and therapeutic development. The next day we made our first therapeutic funding announcement to help Regeneron develop a therapeutic for monoclonal antibodies, which is now in phase three trials.

On February 25, NIH began a clinical trial for Remdesivir, reporting positive results at the end of April. On May 3, we secured approximately 150,000 donated treatment courses distributed to the hardest hit areas of the country, and later secured more than 90 percent of Gilead's global production through September. Starting this week, Remdesivir is being distributed on the commercial market because it is no longer a scarce commodity.

We built on these early efforts with Operation Warp Speed an unprecedented mobilization of HHS, the Department of Defense, and industry to simultaneously undertake all of the tasks necessary to deliver lifesaving products to the American people.

Today we have four candidates in U.S. phase three clinical trials, and industrial scale manufacturing is underway on all six vaccines as to which we have contracted or invested. These are extraordinary results made possible by the men and women of HHS, by the support we have received from the Congress, and by the bravery and sacrifices of the American people.

Thank you. And I look forward to your questions today, Mr. Chairman.

Chairman CLYBURN. Thank you very much, Mr. Secretary.

We will now proceed with questions for the witness.

I recognize myself for five minutes.

Mr. Secretary, I really have only one question that I want to ask, and you may take the rest of my five minutes to answer it if you wish. We have experienced more than 207,000 deaths. And in a very memorable quote, the President said, in talking about the death toll—and I'm quoting him—it is what it is, end of quote. And the President says that he puts America first. However, of the 150 countries for which there is reliable, in this instance, data or reliable data, we rank 142nd. Of 150 countries, we rank 142nd. That seems, to me, to be pretty close to last.

Will you tell us why this Administration is coming in closer to last?

Mr. AZAR. So, Mr. Chairman, first, I'd like to just address the question of the 206,000 Americans who have perished. We regret any loss of life, let's be very clear about that. We wish we didn't have this unprecedented coronavirus pandemic, but people do die in pandemics. And our job, our mission, what gets me up every morning and what motivates the 83,000 dedicated people of HHS, is the chance every day to make advances that help save some of those lives. So, people die. We try to minimize that. We try to mitigate human suffering. It is our mission. It's the core of everything that we do. And we work to save those lives.

If we hadn't taken some of the aggressive early steps that we took, for which we are criticized as being xenophobic, overly aggressive, or alarmists, like shutting down travel with China, shutting down the economy, we could have lost, according to Dr. Birx and Dr. Fauci, as many as 2 million Americans. So, any loss of life is tragic and horrible, and we don't want to see a single loss of life, but our actions have made a difference, and our actions now with Operation Warp Speed will make a difference saving countless millions of lives in the United States and abroad in the future.

But as we think about international comparisons, it's important to think about the data that you're looking at. The best way

epidemiologically to measure a country's death rate in a pandemic, because there are various ways of counting deaths, attributing deaths, et cetera, is what's called excess mortality rate, how many people died in the previous year, how many people would have been expected to die this year, and what was the excess rate. And if you look at excess mortality from March to July among over-65 age people in the United States, those were 37 percent lower in the United States than in Europe. Excess deaths from April to June across all ages in the U.S. were substantially lower than the excess death rates in Spain, the United Kingdom, Belgium, Italy, and the Netherlands. Today, in fact, Spain and France actually have higher case counts per capita than the United States. France, I think I figured out, has about 126,000 cases per day at this moment, when we have 42,000 approximately. We don't want any cases, but I don't hear people talking about Emmanuel Macron that way.

This is a pandemic. Disease spreads. It's dependent on all of us acting with individual responsibility, the three Ws—I hope we'll talk about this—wash your hands, watch your distance, wear a face covering when you can't watch your distance, and avoid settings where you can't do those three things, because that's the bridge. If we do that, that's the bridge to that day in the weeks and months ahead where we'll have those FDA gold standard vaccines. We'll have monoclonal antibodies to prevent and treat people at early stage of disease. It makes me very optimistic for our future, Mr. Chairman.

Chairman CLYBURN. Thank you, Mr. Secretary.

I now yield to the ranking member for five minutes, five minutes.

Mr. SCALISE. Thank you, Mr. Chairman.

And I join you in mourning the loss of every life. I wish that China didn't lie to America and the rest of the world. We could have done so much more to stop the spread of this disease out of China to save American lives, to save lives in every country, as you note, other countries that have seen, in many cases, higher death rates.

If five Governors would have followed the guidelines that the President put out, we wouldn't even be on this list. Over 25,000 deaths that should have never occurred, we wouldn't be on this list, but we still would have had deaths because it's a pandemic, and we mourn those.

But we also want to learn how to properly respond to it. And, again, we've had hearings from some of the most respected doctors and scientists on this. Dr. Fauci, again, sat where you were, and he said decision after decision after decision, that President Trump actually made the right decision. First big decision was, after we figured out China was lying, China corrupted the World Health Organization, who, by the way, everybody had listened to them, and they were saying the disease doesn't spread from human to human. Well, we know that was a lie. Maybe we should have a hearing on why WHO was corrupted by China to do that. It cost lives.

But once we figured it out, the President had a tough decision to make. Do we ban flights from China? Now, as you pointed out, not everybody was in agreement on that. Dr. Fauci noted President Trump made the right decision in banning those flights from China, and that decision saved American lives. While some called

it xenophobic and wouldn't have done it, we would have had more deaths.

Same thing with Europe. Dr. Redfield talked about the decision to ban flights from Europe, wasn't an easy decision because, as you know, some people were saying, well, you know, if we ban flights from Europe, we've got a lot of Americans that go back and forth to Europe. But President Trump was presented the scientific data that said we will save American lives if we do it. Dr. Fauci noted, as Dr. Redfield did, that decision saved American lives as well, tens of thousands, hundreds of thousands of American lives saved. Wish there were none. Wish China didn't lie.

But as we sit here today, Dr. Azar, can you share, were you in some of those meetings where some of those tough decisions had to be made? And if you were, was the President's decisionmaking based on that scientific input that he was given to ultimately make those tough decisions that did save American lives?

Mr. AZAR. First, Congressman Scalise, if I could just correct. While a J.D., not a doctor, but thank you very much.

Mr. SCALISE. Secretary Azar, I apologize.

Mr. AZAR. Listen, the President, whatever you read in the media—I was with him in January, February, March, in those moments of tough decision, in those early days, and at every step took decisive, swift action without debate or hesitation.

When we shut down—when we first, on January 17, started doing health screening of people from Wuhan, they had 67 cases, I believe, in Wuhan. This was a remarkable action. January 17 we started health screenings at our airports for people coming from Wuhan, 67 cases, while China was still talking about no human-to-human transmission, no asymptomatic transmission. China was refusing to share the viral samples with us or provide any information or allow the CDC or WHO teams to come into their country.

When we shut down travel with China on January 31, the President didn't hesitate, not at all, to shut that down, despite the economic dislocation that would happen with our trade with China.

When he brought thousands of Americans and others back to the United States, we imposed the first Federal quarantine in 50 years, and the President didn't hesitate on that.

When the Diamond Princess was docking in Tokyo with all the infections on board and the Japanese were going to allow those people to get off into the homeland of Japan and get onto commercial flights to come back to America, we didn't hesitate to impose a quarantine on those people and bring them back to the United States through Federal quarantine.

And we wrestled with Europe. People—some people thought it would cause a global depression, shutting down travel with Europe, and yet the President decided that day, shut down travel with Europe.

Mr. SCALISE. Thank goodness, he did.

And I do want to ask you about the vaccine, because I'm very concerned by some of the people that are trying to supplant seeds of doubt with the vaccine because—first of all, have any corners been cut on a vaccine?

Mr. AZAR. Absolutely not.

Mr. SCALISE. Do you think it would cause even more deaths if people were led to be suspicious of a vaccine because of politics when, in fact, the vaccine, as we know from these great American companies, is going through the gold standard process?

Mr. AZAR. It would be a terrible disservice to public health to try to create vaccine hesitancy around the coronavirus. People will die.

Mr. SCALISE. Thank you, Mr. Chairman. I yield back.

Chairman CLYBURN. Thank you very much.

The chair now yields to Ms. Waters for five minutes.

Ms. WATERS. Thank you very much for this hearing, Mr. Chairman. It's very important.

I would like to ask, Secretary Azar, will you describe the increase in the coronavirus infections in this country right now, and name the states where the increases are taking place?

Mr. AZAR. So, we're facing increases at the moment primarily in the upper Midwest and further West. So, as we look at Montana, Wisconsin, I think North Dakota, Nebraska, that's where we're seeing primarily increases, which are overcompensating or equaling out some of the decreases that we've been seeing from the South, the outbreak in the Southwest and the Southeast that we—

Ms. WATERS. Give us some numbers. Tell us. Tell us.

Mr. AZAR. We'll be happy to get you those numbers.

Ms. WATERS. Give us the numbers.

Mr. AZAR. We'll be happy to provide you with those. Those are also available at coronavirus.gov. All of that data is right there.

Ms. WATERS. I would like to know, do you think that the President's rallies that he has gone to where people are not social distancing the 6 feet that our experts tell us they should be doing or wearing masks, does that contribute to the increase?

Mr. AZAR. So, we have consistent advice, which is to practice the three Ws for all individuals—

Ms. WATERS. I'm sorry.

Mr. AZAR [continuing]. Wash your hands, watch your distance, wear face coverings, avoid settings where you can't, and that applies to any setting, and people need to assess their individual circumstances.

Ms. WATERS. So, what you're saying is that these rallies where the President is and the people are not wearing masks and they are not socially distancing themselves the 6 feet, certainly adds to the increase in the possibility of these infections. Is that correct?

Mr. AZAR. Our advice is always the same, the three Ws, whether it's in any type of activity, to engage in those protected activities, but always to evaluate your individual circumstance.

Ms. WATERS. Have you ever talked to the President about that and given him any advice?

Mr. AZAR. I don't—

Ms. WATERS. Have you ever interacted with the President about him being a possible role model in this country and being one that could either help us to decrease the deaths and the infections by being a role model himself, wearing the mask and having social distancing, have you ever had that conversation with him?

Mr. AZAR. I'm not going to discuss my discussions with the President. But the President's guidelines since April have said wear face

coverings—wash your hands, wear face coverings, practice social distancing. That's—

Ms. WATERS. Mr. Secretary, are you proud of the job that you have done?

Mr. AZAR. I don't like to speak in those terms. 206,000 people have died.

Ms. WATERS. So, you don't like to speak in those terms about what you're doing. You don't like to talk about what you are saying to the President, who should be a role model to the people of this country. You can't give me any numbers about the increases that are taking place. You don't even know where those increases are taking place. And you come here today and testify with this paltry testimony that you're giving us and you expect us to be happy. We're very unhappy about what's going on, and we feel sorry that the President and his wife and others are now experiencing, you know, a positive test, et cetera.

And how can you as the Secretary, with the responsibilities that you have, come here and not be very, very open with us about what is happening in this country, the increases and the deaths and what we need to do and the role modeling that we need to have, how can you come here without being prepared to do that?

Mr. AZAR. I am happy to do that if you would actually ask questions that illicit on that point. I will gladly talk to you about what the state of the disease is in the United States and the steps being taken.

Ms. WATERS. Well, talk to me about DPA.

Mr. AZAR. Yes.

Ms. WATERS. And tell me why, in fact, money has been diverted from DPA to build ships and military equipment instead of being directed toward PPE.

Mr. AZAR. I'm the Secretary of Health, not the Secretary of Defense. We've exercised 78 distinct domestic—Defense Production Act actions. We've been aggressive with it, whether on PPE, ventilators, on testing equipment, with regard to vaccines and therapeutics. We've used it anytime we've needed it across the entire supply chain.

Ms. WATERS. Mr. Chairman, I'm going to yield back my time. And I want to conclude by saying that the Secretary is not here with credible testimony today answering the questions that need to be asked. All that we hear is basically a defense, basically, of the President of the United States and a lack of openness and information about what is happening in this country, the increase in the infections and the deaths, and an unwillingness by this Secretary to be candid about what we need to do.

I yield back the balance of my time.

Chairman CLYBURN. Thank you, gentlelady, for yielding back.

The chair now recognizes Mr. Luetkemeyer for five minutes.

Mr. LUETKEMEYER. Thank you, Mr. Chairman.

Secretary Azar, I've got some questions for you here that I think will help respond to Ms. Waters' sort of out of the box questions here.

Question No. 1, did those initial shutdowns actually work? Did the shutdowns, the initial shutdowns, did they actually work to stop the spread of the virus and save lives?

Mr. AZAR. They did absolutely. And Dr. Fauci and Dr. Birx said they saved upwards to possibly as many as 2 million lives.

Mr. LUETKEMEYER. Today, what percentage of those who are getting tested are COVID positive?

Mr. AZAR. We're about 4.4 percent positivity rate today.

Mr. LUETKEMEYER. Is that rate down or is that up?

Mr. AZAR. That's down substantially.

Mr. LUETKEMEYER. OK. So, Ms. Waters wanted some information, so now we've got that on the record.

OK. What percentage of Americans who test positive end up in the hospital?

Mr. AZAR. Of those who test positive, those who end up in the hospital, I believe it's approximately—it's a very small number. I know upon more age that it's about 10 percent, but I want to get you the accurate—

Mr. LUETKEMEYER. Is that up or down back from where it was back in July?

Mr. AZAR. So, hospitalizations are down substantially—

Mr. LUETKEMEYER. OK. So, again, we again answered Ms. Waters' question.

Of those who need hospitalization, what percentage of those individuals have unfortunately passed away?

Mr. AZAR. Of those who go into the hospital, it depends on the age group that we're talking about. For instance, age—if we stay out of the hospital setting, just age 70 and above, in April, about 30 percent of those individuals passed away who tested positive—

Mr. LUETKEMEYER. Is that number—

Mr. AZAR [continuing]. Now 5.7 percent.

Mr. LUETKEMEYER. Is that number up or down from where it was?

Mr. AZAR. It's down about 80 percent.

Mr. LUETKEMEYER. OK. So, again, we've answered Ms.—and most of the information, as you said, is on the website that Ms. Waters could actually go find.

Mr. AZAR. [Coronavirus.gov](https://www.coronavirus.gov).

Mr. LUETKEMEYER. Thank you very much.

Mr. AZAR. Incredibly transparent.

Mr. LUETKEMEYER. So, is it safe to say those initial efforts have worked, and the continuing guidelines that are out there and the things that are being done by the administration to guide and put out there for the Governors and the mayors of the various cities around the country, is actually working in those areas where they implement the guidelines correctly?

Mr. AZAR. Absolutely. That's why Florida, Texas, Arizona, California have turned around. Absolutely.

Mr. LUETKEMEYER. Thank you very much.

Back in May, you wrote an article, and it's posted in The Washington Post here, "We have to reopen—for our health." And in there, it's—you know, you make the comment—this is something that I've been talking about over and over again. You're talking about balancing health versus health. The health risk of COVID-19 balanced against the health, socioeconomic costs of keeping

Main Street open and across the United States which are closed for business. And you could also add on there opening of schools.

You know, you make—you make a comment here, one percentage point increase in the unemployment rate, increase of suicides one percent, three percent increase in opioid deaths. The lack of mammograms, 80 percent, and colonoscopies are down 90 percent of testing. Normally you would have 1.7 million new cancer cases diagnosed. You see 80 percent drop in cancers that are identified.

And then back in May as well, there's an article that appeared in The Hill, and they make the comment, as they go through and analyze all this, that there's probably about 65,000 people per month die as a result of the lack of focus on these healthcare conditions that you identify in your article here versus, at that point in time, we had about 40,000 people dying per month. So, we actually have a 50 percent higher death rate among the population for the lack of attention because of the total focus on COVID.

Not that we shouldn't do that, but my point is, and the point of your article is, we need to be looking at both sides of this. And I think it's important, because as we've found ways to manage this—I always tell people we have to keep this in perspective. The perspective is, yes, COVID is serious. We have to watch this. But as you just testified, 70 and over, that's where we really need to focus our attention. Those under 70, if they live a managed healthcare life, can do this unafraid and function well.

So, it's important, I think, that we understand how we can do this, how we can manage this. And your information is extremely important today, especially as we've opened schools around the country. Many in my district have in-person learning because we don't have broadband, we don't have much choice. As a result, there's minimal cases of problems that have popped up. And I think it goes back to point out that your information with regards to children, people that are certain ages, have minimal impact with—impacts on a minimal basis.

I think it's important that we understand how this is all being driven, and I just wonder if you have a couple of comments on that, because I know that this article is quite extensive and quite informational.

Mr. AZAR. Well, it's what you said, there's got to be a balance. We need to protect the vulnerable from coronavirus, but we also have to recognize that mammographies are down 87 percent, pap smears down 83 percent, colonoscopies down 90 percent, CAT scans down 39 percent. Millions of kids haven't gotten their pediatric vaccinations because of the shutdown. Emergency rooms have seen drops—dramatic drops in people coming in with stroke and heart attack. They didn't stop having them.

Mr. LUETKEMEYER. The mental health aspect of this is really serious. I wish for your you to comment on that as well.

Thank you, Mr. Chairman.

Ms. WATERS. Mr. Chairman, point of personal privilege.

Chairman CLYBURN. The gentlelady is recognized.

Ms. WATERS. Mr. Luetkemeyer attempted to answer the questions that I directed toward the Secretary. I did not raise questions of Mr. Luetkemeyer, and I do not appreciate that his attempt to put words in the mouth of the Secretary in order to protect him

and use me as an excuse for having asked questions that certainly should have been understood by me.

I yield back.

Mr. LUETKEMEYER. Mr. Chairman, I would love to respond to that if you give me a second. I think it's important that we allow the Secretary to answer questions, which she refused to do. And my testimony and my questions allowed the Secretary to answer her questions, which she wouldn't allow him to do.

Ms. WATERS. If he wants a colloquy on this, Mr. Chairman—

Mr. LUETKEMEYER. I'd love to colloquy.

Chairman CLYBURN. All right. We will do that at the end of the hearing or after the hearing, should I say. Thank you very much.

The chair now recognizes Mrs. Maloney for five minutes.

Mrs. MALONEY. Thank you, Mr. Chairman, and I thank the witness for being here. I join my colleagues in wishing the President, the First Lady, his family, and the White House staff a speedy recovery. The news that we have watched unfold this morning underscores the importance of testing asymptomatic individuals who may have been exposed to the coronavirus.

We do not know who exposed the President to the virus or who he may have exposed, but it's imperative that everyone who has come in contact with him get tested. And, in fact, everyone should be tested in America.

On August 24, new guidance appeared on the CDC's website stating that most asymptomatic people should not be tested even if they have been exposed to the virus. So, Mr. Secretary, this guidance was directly contrary to the scientific consensus. And it has since come to light that this change was not made by CDC scientists but by the President's political advisers who edited the guidance over CDC's objections.

One Federal official told The New York Times, and I quote: That was a doc that came from the top down, from the HHS and the task force. And it said, quote, "does not reflect what many people at the CDC feel should be the policy," end quote.

So, Secretary Azar, did you authorize the publication of this inaccurate guidance on the CDC website?

Mr. AZAR. So, I want to be clear because you've made a misstatement there regarding the guidance of August 24. The CDC has never recommended against asymptomatic testing. What the guidance posted on August 24 said was testing for individuals with symptomatic illness, individuals with significant exposure, including those who are asymptomatic, vulnerable populations, and healthcare essential workers. What happened was, there was a statement in the guidance that said asymptomatic close contacts do not necessarily need to be tested. The idea was they wanted to ensure that people not view a negative test as a get-out-of-jail card, that they were done because, of course, you have an incubation period. They wanted to make sure that you consulted with a medical professional or public health person to guide you through the period of your potential incubation. That was misinterpreted outside, that the CDC then later revised that to clarify and say, yes, test asymptomatic close exposures.

Mrs. MALONEY. Well, I think from the very beginning scientists were saying that asymptomatic, you could get the virus from an

asymptomatic person. You could get it from molecules in the air, and then if you were next to, that's why we're all supposed to wear masks, to protect people from us if we may be asymptomatic. So, to say that on the guidance at the time and according to the CDC officials that were quoted in various papers, they said that it was overruling them and their position.

So, who is responsible for making that change at that time?

Mr. AZAR. So, guidance that comes out of CDC is CDC's guidance. So, Dr. Redfield is the director of the CDC. And as I said in my opening statement, we harness the best doctors, the best scientists throughout the government throughout our agency. Dr. Fauci, Dr. Giroir, as well as Dr. Birx at the White House as the National Coordinator. There's debate, there's discussion on any of these critical guidances, but at the end of the day, if guidance comes out from CDC, it's Dr. Redfield supporting that and authorizing that; or if it's an FDA approval, it's FDA approving; or if it's NIH trials and data, it's NIH.

Mrs. MALONEY. Well, I'm glad that, on September 18, you reversed yourself and recommended that asymptomatic people do get tested if they're exposed to the virus. We are currently seeing a spike in many cases in many states.

Has HHS determined how many of these new infections may be the results of Americans following your inaccurate guidance that they first read before it was corrected?

Mr. AZAR. That would have had nothing to do with the spread of disease. What we're seeing is community-based transmission right now in the upper Midwest and the Northwest. We had an initial—some cases coming from universities getting back together, but that seems to have settled down now. And what we're facing now is just plain old community spread as we saw in the Southeast and Southwest that comes from individuals not practicing the three Ws: wash your hands, watch your distance, wear your face coverings, stay out of settings where you can't do that, especially indoor restaurants that are overcrowded or bars that are overcrowded. And especially, I want to emphasize this to the American people: Home gatherings, you are not immune from catching the disease from extended family and multigenerational housing. You've got to be careful.

Mrs. MALONEY. Reclaiming my time. Reclaiming my time. In my opinion, changing what was on the CDC website is another example possibly of political interference with the select committee's recent analysis found that was directed by your department. The chairman mentioned 47 political interference with scientific actions, and another example is, just weeks ago, a report appeared on the CDC website concluding that the coronavirus is spread through airborne particles.

Now this is a big deal, and it could change the way Americans protect themselves. Two days later, this information disappeared and officials claimed that an early draft was posted in error.

So, Mr. Secretary, who directed that this information be removed from CDC's website and why? I can remember when reading it—

Chairman CLYBURN. Mrs. Maloney.

Mrs. MALONEY [continuing]. Very concerned about just walking down the street and now—so who directed this information be removed and why?

Chairman CLYBURN. Mrs. Maloney, your time has expired.

Mrs. MALONEY. Well, may he answer the question, Mr. Chairman?

Chairman CLYBURN. The chair now recognizes Mrs. Walorski for five minutes.

Mrs. WALORSKI. Thank you, Mr. Chair.

I'd like to agree with my colleagues on sending prayers and best thoughts, quick recovery to the President, President Trump and our First Lady for a quick recovery.

Secretary Azar, thanks for being here. I wanted to start with the unprecedented efforts that are under way to develop, produce, and distribute a vaccine because, at the end of the day, that's our best shot, to get to some kind of normal in this country. All of America is praying that one or more of these promising candidates prove effective.

Dr. Fauci appeared before the subcommittee back in July, and I asked him about that topic because that is the topic that every American is talking about at the kitchen table. I want to ask you the same questions I asked him.

So, first, between existing government programs that cover the cost of vaccines and the fact that many, if not all, the companies working on a vaccine have said they will provide it at a not-for-profit price or low cost. Is it safe to say then that every American will be able to get a vaccine once it is approved?

Mr. AZAR. Yes. Everyone for whom it's indicated, yes.

Mrs. WALORSKI. Next, Operation Warp Speed is enabling clinical trials for the most promising candidates to be run simultaneously which will help get a vaccine to market more quickly. Has this or any other aspect of Operation Warp Speed eliminated any safety steps in the vaccine approval process?

Mr. AZAR. No. We are, in fact, moving quickly because we can take the financial risk away from the drug companies, both on development and manufacturing, but the clinical trial standards remain the same.

Mrs. WALORSKI. Again, just to be clear, the government is not compromising any safety standards in order to speed up the vaccine approval process, correct?

Mr. AZAR. That is correct.

Mrs. WALORSKI. And the vaccine approval process is not subject to political interference, correct?

Mr. AZAR. The vaccine approval process, as I said in my opening, will be determined by career officials at FDA. Dr. Peter Marks, who is the center director for the Center for Biologics.

Mrs. WALORSKI. Thank you, Secretary Azar.

Dr. Fauci gave similar assurances of a safe, affordable, and widely available vaccine. However, this vaccine will only be as effective as the American people's faith in it.

Secretary Azar, the other day, former Vice President Joe Biden said that he is the Democratic Party. So, when Democrats, including Joe Biden and Senator Harris sow doubt about the process, undermine the American people's faith in the vaccine and repeatedly

say they do not trust President Trump's administration approval process, do these statements help or harm efforts to defeat coronavirus and overcome this crisis?

Mr. AZAR. So, I don't want to speak about those individuals in a political context. But I will say, as a general matter, that anybody that works to undermine confidence in the FDA's approval process or makes unfounded allegations that somehow politics will warp science, data-driven processes undermines public confidence in an eventual vaccine. Those vaccines can save lives, and they're so vitally important, especially for those who are disproportionately impacted by COVID—American Natives, African-American community, Latinx individuals.

We have to get those individuals in our clinical trials, and we have to ensure that they will have confidence in the vaccine if and when it is authorized or approved by the FDA.

Mrs. WALORSKI. Secretary Azar, Joe Biden has also said that he only trusts Dr. Fauci on a vaccine, but as we've discussed and as the record shows, Dr. Fauci has voiced his full support for Operation Warp Speed and assured us that any vaccine that's approved will be safe and effective.

If Joe Biden says he trusts Dr. Fauci and Dr. Fauci says it's a safe vaccine, should Joe Biden and the Democrats be sowing doubt among American people about the vaccine and the need to rebuild our economy, safely get kids back in school, and otherwise return to a normal way of life?

Mr. AZAR. I hope nobody will undermine the public health by undermining confidence in the safety and efficacy of the vaccine that's approved by the FDA.

Mrs. WALORSKI. Thank you.

Mr. Chairman, I yield back.

Chairman CLYBURN. Thank you.

The chair now recognizes Ms. Velazquez for five minutes.

Ms. VELAZQUEZ. Thank you, Mr. Chairman, and good morning, Mr. Secretary.

So, you know, as a New Yorker and as someone who contracted COVID-19, who went through—at the beginning of the crisis in New York, I would ask you if there is any value to wear masks?

Mr. AZAR. Absolutely. We recommend it.

Ms. VELAZQUEZ. So, how do you describe or assess or what is your reaction to the fact that the First Family that was sitting at the political debate, Presidential debate, were not wearing masks? Does that make your job more difficult?

Mr. AZAR. Our recommendations are always to wash your hands, watch your distance, wear a face covering when you can't engage in social distance, and avoid settings where you can't do those three things. Now, the First Family and the protective aspect around the President is a different situation than the rest of us because of the protocols around the First Family, but our recommendations—

Ms. VELAZQUEZ. No, no, no. Sir, reclaiming my time. Reclaiming my time. It sends the wrong message to the American people that the First Family, despite the fact that officials from the university went to them and asked them to follow the rules, that they were sitting there were not wearing the mask. That's the point.

So, Mr. Secretary, President Trump said at a rally to slow the testing down, please. And it is also quoted as saying that testing is overrated.

Did President Trump tell you to slow the testing down?

Mr. AZAR. I'm going to talk about the actions that we've done. We just this week announced 150 million—

Ms. VELAZQUEZ. No. Can you please—I asked the question here. Reclaiming my time.

I'm asking you, did the President tell you to slow the testing down?

Mr. AZAR. I will not discuss my interactions or conversations with the President.

Ms. VELAZQUEZ. But it's a matter of public policy, sir. It's a matter of lacking a national strategy to combat the virus.

Mr. AZAR. The national strategy is available for all to see at [coronavirus.gov](https://www.cdc.gov/coronavirus), including the national testing strategy, including the reports that you received here at Congress about the national testing strategy on a periodic basis.

Ms. VELAZQUEZ. Thank you.

Rather than implement a national testing strategy, the administration has pushed down the responsibility down to the states, letting them scramble to develop their own strategy and find their own supplies. According to a report in *Vanity Fair*, White House officials refused to adopt a national testing plan this spring because they believe that outbreaks were primarily in Democratic states, and it will be an affective political strategy to blame Democratic Governors. And we have seen time and time again from the other side blaming Democratic Governors.

Sir, can you tell me what is the situation in nursing homes in Texas and some of the other states right now?

Mr. AZAR. So, we've been improving in terms of deaths and infection rates in our nursing homes and what we've done is publish a list of red and yellow nursing homes that are experiencing excess cases, and we've had enhanced testing requirements that we've now imposed by force of law on nursing homes and including with financial penalties and conditions of participation if they don't maintain control of cases and also fatalities.

Ms. VELAZQUEZ. So, isn't it true that nearly half of all nursing home cases have occurred in states led by Republican Governors?

Mr. AZAR. I don't know. I don't think in terms of Republican or Democratic Governors. I do think in terms of humans.

Ms. VELAZQUEZ. You don't know. The point is that this is not a blue or red issue. This is an American issue, and so I resent when the other side comes here making statements time and again about Democratic states. It's the same situation that is happening in other states.

Mr. Secretary, were you involved in discussions during the spring about whether to adopt an aggressive national testing strategy for the state-led strategy?

Mr. AZAR. We have an aggressive national testing strategy that also has states involved in it.

Ms. VELAZQUEZ. OK. Secretary Azar, early this summer, CDC's guidance on schools clearly stated that fully reopening created the

highest risk. I will come back with just this question on the second round.

Thank you.

I yield back.

Chairman CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Mr. Foster for five minutes. I'm sorry, Mr. Foster.

Mr. Green had left, and so I see he's back.

I now recognize Dr. Green for five minutes.

Mr. GREEN. Thank you, Chairman, Ranking Member, and Secretary Azar. My Democratic colleagues take numbers out of context to blame President Trump for every death from COVID-19. They cite that there have been over 7 million positive cases in the U.S., and what they fail to mention is that the United States is one of the world's leaders in testing. We test more per capita than major countries like the U.K., Australia, Germany, Canada, South Korea, Italy, and many others. And that's according to factcheck.org.

According to Johns Hopkins, our daily percentage of positive tests is also very low at 4.68 percent in comparison. India is at 7.2 percent. France is over 14 percent. Mexico is over 54 percent. Last month, The Wall Street Journal noted COVID-19 death rates in America had been on the decline. In April, the United States briefly peaked at 5.46 deaths per million, but for the past month, the United States has remained below three deaths per million. Despite the vast increase in testing, Mexico, the U.K., France, Spain, and Indonesia, and others have higher case fatality rates than the U.S., but the left says just the opposite. The left manipulates numbers of a global pandemic and makes every death and every diagnosis the responsibility of the President. That is despicable.

We continue to learn new information daily and constantly change previous assumptions about this new pathogen. I'm following the medical literature constantly, and it is changing over time. The last mantra, though, is the same: Oh, there's no plan.

Despite multiple plans like Operation Air Bridge and Warp Speed, to say there's no plan, that's just deception. They may not like the plan, but if you say there's no plan, that's not true. The administration's swift response prevented the rest of this country from facing the fate like the early days in New York City. And they blame COVID-19—what really—what they really fail to do is blame the CCP. I mean, they're the ones that lied about the virus, botched the response, hoarded PPE, and silenced whistleblowers.

If China had acted two weeks earlier, according to a study by Columbia University—we've cited it before—84 percent of deaths in the United States could have been prevented. Now the total number of American deaths is over 207,000. If China has been transparent and we had been warned earlier, 173,000 Americans would be alive. Yet Democrats, like our Vice President—former Vice President Biden, called President Trump's China travel ban xenophobic.

I mean, that's crazy. Even Democrat Governors refused to accept the facts. I mean, I understand the previous comments, but Governor Cuomo refused to close down New York even after President Trump said we needed to. Recently, he even had the gall to cast doubt on the efficacy of the vaccine. He said, and I quote: The first

question is, is the vaccine safe? Frankly, I'm not going to trust the Federal Government's opinion.

He then added, quote: New York state will have its own review when the Federal Government has finished with their review.

I don't believe New York has that capacity. Rather than trusting the nonpartisan experts at the NIH, CDC, and FDA, he's putting politics before science. He said he will not recommend New Yorkers get vaccinated until his team conducts a second review. That's going to lead to people dying. It's despicable.

The fact is he's lost all credibility. A Columbia University study also found that, if New York had shutdown two weeks earlier, 20,000 people would be alive. Dr. Thomas Frieden said—he was the former commissioner of New York City's Health Department, head of the CDC, told *The New York Times* that New York City's death toll could have been reduced by 50 to 80 percent had social distance measures been in place a week or two earlier. Trump even had to threaten a quarantine of New York. Remember that? Everybody seems to have forgotten that. And Cuomo—because Cuomo so badly botched the response.

Additionally, his idiotic order to send COVID-positive patients back to the nursing home against CMS guidance likely contributed to thousands of elderly deaths in New York state. My fellow GOP colleagues and I have requested that this subcommittee investigate that. Unfortunately, no answer. They don't want to hold their fellow Democrats accountable. They don't even want to hold the Chinese Communist Party accountable. They're more interested in smearing President Trump in a desperate attempt to win back the White House. That's despicable.

Since their radical leftist base has embraced socialism and communism, we can no longer expect Democrats to push back on China. They will continue to prioritize politics over people, over good oversight, and the lives of the American people.

I yield.

Chairman CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes Mr. Foster for five minutes.

Mr. FOSTER. Well, thank you, Mr. Chairman, and Mr. Secretary.

I believe that public confidence will be crucial in the development and deployment of COVID-19 vaccines and therapeutics and that this will require robust and bipartisan oversight by Congress.

So, in July, Chairman Clyburn, Congressman Dr. Green, and I sent a bipartisan letter to the Comptroller General asking for the Government Accountability Office, the GAO, to conduct real-time oversight into Operation Warp Speed. The purpose of this GAO oversight is not to second-guess the work of our Nation's respected scientists, but rather to ensure that crucial vaccine and therapeutic research precedes as efficiently and effectively as possible, and that Congress and the public has confidence in the process.

Part of the response to this has been excellent. For example, immediately after this, the Representative Dr. Green, who is a conservative Republican who obviously I agree with on approximately nothing. He and I are actually getting a classified briefing on the classified aspects of Operation Warp Speed. So, unfortunately, I also understand that HHS has been slow to provide full access to

GAO to conduct this review, including even basic documents on decisionmaking processes, procurement, contracting, and so on.

In my time as a scientist, I've had experience having a project, billion-dollar projects under real-time oversight by the GAO. And it seems like a nuisance at the moment but really can improve the quality of the project. The GAO is very sensitive to its role as a nonpartisan and a professional interface to Congress and GAO's operation under the bipartisan direction of Representative Green and myself really represents your best shot at having a high-quality scientific oversight by Congress into this.

So, Secretary Azar, will the Department commit to providing full and prompt access by the GAO to this important oversight material?

Mr. AZAR. So, we've received your letter. We're working on a response. We are responsive and cooperative with our auditors from GAO. We actually have 32 open GAO COVID audits just on that subject alone, and we're working with GAO to assist them in fulfilling their responsibilities without negatively affecting the Department's life-saving mission during this historic pandemic. And we remain committed to working with and accommodating GAO in its COVID-19-related work.

Mr. FOSTER. All right. It would be nice to see some improvement in the speed of response there.

You are also absolutely correct in identifying the danger of vaccine hesitancy due to political interference. Do you believe this problem was improved or made worse by the political interference in the approval of hydroxychloroquine that was identified in Rick Bright's whistleblower complaint and his testimony to Congress?

Mr. AZAR. Well, I'm not going to discuss a matter of litigation—

Mr. FOSTER. Was it improved or made better?

Mr. AZAR [continuing]. But what I will tell you is, the emergency use authorization for hydroxychloroquine, there's so much misunderstanding about that. What happened was, we received a donation of, I think, it was 3 million tablets from Bayer of product manufactured in Pakistan that was not in an FDA approved GNP facility. It's Bayer—

Mr. FOSTER. OK. Well, there have been long congressional hearings on the details of this, so, please, if I could reclaim my time.

Do you believe that the public misstatements by President Trump and the FDA Director on convalescent plasma made the problem of vaccine hesitancy better or worse?

Mr. AZAR. I know that the Commissioner was very sorry for that statistical misstatement that he made.

Mr. FOSTER. Correct. And he is a scientist, and he as a good scientist acknowledged his mistake and apologized for it. Have you apologized for the mistake? Has President Trump, his boss and your boss apologized—

Mr. AZAR. Could you tell me which mistake I made? Because my remarks were actually reviewed before I walked on stage by Dr. Peter Marks—

Mr. FOSTER. No, no. He works for you.

Mr. AZAR [continuing]. The career scientist who approved everything, and I was very clear about the 35 percent relative risk reduction—

Mr. FOSTER. OK—

Mr. AZAR [continuing]. I used to be at a drug company. I know how to talk about—

Mr. FOSTER. No. No, I understand that, but I think it's appropriate when a significant misstatement is made by someone—

Mr. AZAR. But what did I misstate?

Mr. FOSTER. When someone who works for you makes a significant public misstatement, I think you have a duty—

Mr. AZAR. I'll be honest with you, on the stage there, I did not notice Commissioner Hahn's misstatement. It was an—I can assure—an honest misstatement by the Commissioner—

Mr. FOSTER. But I think we can agree that that did not improve the problem of hesitancy, vaccine hesitancy going forward when you see that sort of—now, on August 22, President Trump insinuated that the government scientists who worked for you are trying to delay the approval of a vaccine, saying in his tweet: The deep state, or whatever, over at the FDA is making it very difficult for drug companies to get people in order to test these vaccines and therapeutics. Obviously, they are trying to—they are hoping to delay the answer until November 3.

So, my question to you, do the scientists that work for you over at HHS represent a deep state dedicated to politically sabotaging the President?

Mr. AZAR. Our people at HHS are dedicated to the American people. I don't ever use terms like "deep state."

Mr. FOSTER. Do you understand how demoralizing it is when the President makes statements like this about the scientists and then you do not stand up and confront the President for his demeaning of their motives?

Mr. AZAR. It's important that we have confidence in the work of FDA. I support our scientists. I support our career officials, and I support our agencies.

Mr. FOSTER. Thank you. My time's up.

I yield back.

Chairman CLYBURN. The chair recognizes Mr. Jordan for five minutes.

Mr. JORDAN. Thank you, Mr. Chairman.

Secretary Azar, let me thank you for testifying today, being with us this morning, and for your good work at HHS. We appreciate that.

Secretary Azar, can states safely open up their economy?

Mr. AZAR. Yes. States can and should reopen their economy. There are ways to do that very safely.

Mr. JORDAN. You know, we've heard some talk earlier from some of my colleagues about New York state. I was just kind of interested in a little comparison here. Which state has more—has a greater population, Florida or New York? Do you know?

Mr. AZAR. In terms of population, I believe New York is 20 million—about 20 million, and I believe Florida is about 22 million. So, I think they're roughly the same.

Mr. JORDAN. Roughly the same, but, of course, Florida has 2 million more people. Do you know which state has more seniors in their respective state?

Mr. AZAR. I would have to believe Florida does. I don't have the exact data, but I would assume Florida does.

Mr. JORDAN. Yes. You'd be right in that assumption. Do you know which state has more seniors in nursing homes, Florida or New York?

Mr. AZAR. I, for the same reason, believe it would be Florida.

Mr. JORDAN. Sure is. And which state had more hospitalizations for COVID-19? Do you know?

Mr. AZAR. So, in terms of—and I wanted to correct something. I actually did have a note here on Florida has 70,000 nursing home residents; New York has 100,000 nursing home residents. So, I did want to be precise on that. I don't have the numbers on hospital—hospitalizations: Florida had 24,656 hospitalizations; New York City plus the state: 73,238.

Mr. JORDAN. Three times as many approximately.

Is that right?

Mr. AZAR. Yes.

Mr. JORDAN. And then which state and, look, this is terrible no matter where it happens and we wish we had zero deaths from COVID-19, but which state had more of their residents, their citizens pass away from COVID-19? New York or Florida? Do you know?

Mr. AZAR. New York had over twice the number of deaths, 32,864 COVID deaths versus Florida with 14,320.

Mr. JORDAN. And might that be because the leadership in New York didn't follow the guidelines that came from the Trump administration, specifically, as my colleague from Tennessee pointed out, didn't follow the guidelines for 46 straight days when they put COVID-positive patients back into nursing homes, might that have something to do with that terrible number that we saw just in New York?

Mr. AZAR [continuing]. We see from the data on nursing home deaths, New York had 4,650 nursing home deaths and Florida had 3,200 nursing home deaths. I got to see first-hand the difference in treatment what Governor DeSantis did creating COVID-only nursing homes and COVID-only wing and then see what New York did where they scattered COVID-positive patients out of hospitals and basically sprinkled them across nursing homes, contrary to guidance, and then tried to blame us for having said that that should happen when our guidance was directly contrary, saying you should do COVID-only wings and protect the vulnerable.

Mr. JORDAN. So, Florida followed the guidelines, and guess which state is opened up today, has their economy much more open, guess which state is more open, Secretary Azar?

Mr. AZAR. I believe Florida has more open in terms of its removing restrictions.

Mr. JORDAN. Yes. It shouldn't surprise anyone that when you're able to follow the guidelines, do things in the safe and proper way, you can open up your state. And guess which state has the lowest unemployment, Florida or New York? Which do you think it is?

Mr. AZAR. Florida, I believe, has lower unemployment.

Mr. JORDAN. Yes. Like half. They got twice the unemployment level in New York that Florida has. And this is maybe the final thing. If we would've had states follow the guidelines, if we had states open up safely, imagine what our economy could be doing now. I mean, I think what the great American comeback is under way, but it's under way and you're seeing these good numbers that we're seeing as the economy starts to reopen in spite of the fact that New York, New Jersey, Pennsylvania, Michigan, Illinois, and California are still largely locked down.

So, there are six of, I think, the 12 largest states population wise in our country still largely locked down, and yet, in spite of that, you've got the economy moving in the right direction. Imagine if they had followed the guidelines and be in a position where they could open up, like the state of Florida did, how much better off the country would be, how much better off families would be.

Mr. AZAR. We can open this country's economy up and we get the issues that we spoke of earlier, health versus health by being opened up and doing it in a safe way practicing good behaviors, it can solve all the other health issues that counterbalance against the impacts of COVID.

Mr. JORDAN. Well said. Again, thank you for being here today, thank you for your service to the country.

Mr. Chairman, I yield back.

Mr. AZAR. Mr. Chairman, would you mind if I—could I correct something. I accidentally gave a wrong number earlier in reference to France. I said 126,000 per day. I had accidentally—I believe their per capita rate is three times the U.S.' per capita daily rate, and I accidentally multiplied that out to the U.S. population. So, if I could—I just would like to correct that. I didn't mean to misstate that. My point was that France's daily cases on a per capita basis are higher than the United States' cases, but the 126,000 number was incorrect. I apologize for that, Mr. Chairman.

Chairman CLYBURN. Very good. Thank you very much.

The chair now recognizes Mr. Raskin for five minutes.

Mr. RASKIN. Thank you, Mr. Chairman. And I want to add my thoughts for swift and complete recovery to the President, the First Lady, and the other 43,752 people who contracted COVID-19 yesterday. And my thoughts are with the families of the 857 Americans who died yesterday.

Mr. Secretary, we now are over the 206,000 mark for Americans who have died from this terrible disease. That's more than—more Americans than we lost in World War I, 53,000 Korea; 33,000, Vietnam; 56,000 Afghanistan and Iraq combined; more than 7 million infected. We are the world's leader in absolute case count and absolute death count, and we are the world's leader, unfortunately, in COVID denialism and conspiracy theory.

We've heard from our colleagues to date that there is a plan, or there are multiple plans some said.

Secretary Azar, has your plan been a success or a failure so far?

Mr. AZAR. Congressman, it's not useful, productive, or appropriate to talk about success when dealing with—

Mr. RASKIN. Well, how are we going to decide whether to go forward with this plan or to adjust the plan?

Mr. AZAR. We have saved, we think, millions of lives to the aggressive early action that we took. And while we mourn the loss of 206,000, these aggressive actions have actually delivered. Excess mortality rates—

Mr. RASKIN. Excuse me. I'm going to reclaim my time, sir. Do you agree with the President that there's nothing more that the administration could have done to prevent these deaths?

Mr. AZAR. I can only tell you that I wake up every day, and my whole team wakes up every day from the beginning of this doing everything we can to save lives.

Mr. RASKIN. OK, but let's take one simple action that could have saved tens of thousands, if not hundreds of thousands in the future lives. Encouraging every American to wear a mask. Now, the Director of the CDC Robert Redfield said that this is the most important, powerful public health tool that we have, encouraging everyone to wear a mask, but the President attacked Dr. Redfield for that.

President Trump said there's a lot of problems with masks, and maybe they're not so good. He's mocked people who wear masks. In fact, he mocked Vice President Biden at the debate for wearing a mask. He said: Every time you see him, he's got a mask. He shows up with the biggest mask you ever saw.

Do you agree with the President that there are a lot of problems with masks, or do you agree with the CDC Director that this is a powerful and necessary public health tool?

Mr. AZAR. I've been very clear ever since our scientists began recommending mask wearing, especially in April in the reopening guidance that the President published, that mask wearing is an important public health tool.

Mr. RASKIN. OK. If you look at the chart behind me, the Institute for Health Metrics, University of Washington, has calculated that if 95 percent of Americans wear masks, we'll save roughly 96,000 American lives by the end of this year, compared to the current path we're on where there continues to be sinister disinformation and propaganda against masks.

The administration has turned masks into a partisan symbol, discouraging many Americans from wearing them. We spent several meetings of this committee designed to combat the coronavirus epidemic fighting about whether Members should wear masks when they're not speaking in the committee, this committee, if you recall back to the early days.

This morning the select subcommittee released a report detailing dozens of times when there was political interference with the pandemic response. One time involved a plan to have the U.S. Post Service mail a mask to every American household, but the White House stopped it and used the masks for other purposes.

An administration official told The Washington Post that the plan to send every American a mask was blocked due to, quote, concern from some in the White House domestic policy council and the Office of the Vice President that households receiving masks might create panic.

Mr. Secretary, were you aware that the White House intervened to stop the plan to send a mask to every American?

Mr. AZAR. So, thanks to the great work of Dr. Bob Kadlec, our Assistant Secretary for Preparedness and Response, in February he worked with Hanes and Fruit of the Loom to get this retooling of cloth manufacturing for reusable masks, and we were able to get over 600 million of these. The initial plan was to send them by the postal service, packets of five, to every household. There was pushback saying why don't we send them where we needed most, where we have the outbreaks, and that's what ended up happening. They went out, but they went out targeted—

Mr. RASKIN. Do you favor sending the mask now to every American household?

Mr. AZAR. What?

Mr. RASKIN. Do you favor sending masks to every American household now?

Mr. AZAR. I don't know that that's needed. We've all figured out how to make masks. We have great mask accessibility. We've actually served I think 60 million masks to schools, and we've got smaller sized ones that we've developed, we're going to send out to schools, especially for our younger kids to make sure underserved have access to them.

Mr. RASKIN. OK. My time is expired, but I do want to ask you about the concept of herd immunity. So, that's what I'm going to be doing in the next round. Thank you.

Mr. Chairman, I yield back.

Chairman CLYBURN. Thank you.

The chair now recognizes Mr. Kim for five minutes.

Mr. KIM. Thank you, Mr. Chairman.

Thank you, Mr. Secretary, for coming and talking with us today. When I go to my district and I'm talking to the constituents there, some of the toughest conversations that I've had are with people that have lost their health insurance since the start of the pandemic. You are our Nation's top health official, and I want to ask you, how many Americans have lost their health insurance since the start of the pandemic?

Mr. AZAR. So, Congressman, I know it's several million, but I would want to get that back to you in writing because I don't have that at my fingertips. I want to make sure you have accurate information.

Mr. KIM. I would appreciate that. I would like to hear what your assessment is on that. I've heard numbers that are staggering, anywhere from 5 million so far up to 11 to 12 million by the end of the year, and I urge you to get very familiar with that because I feel like that is a major part of your job.

Would you consider that having more and more Americans be able to have access to healthcare is a critical part of your job?

Mr. AZAR. We want to make sure people have access to affordable healthcare and, if they would like, affordable access to health insurance, and that's why ObamaCare, of course, has a special enrollment period if anyone loses their employer-sponsored insurance, they actually can immediately enroll in the individual market in an ObamaCare plan at that time.

Mr. KIM. Would you support opening up ObamaCare, the ACA, right now for those that maybe didn't lose it based off of employment, but people who didn't have—the tens of millions that didn't

have insurance prior to this pandemic, would you consider opening it up for them?

Mr. AZAR. No, we don't because we think that, right now, through the Provider Relief Fund, what we've done is provide insurance—we've actually paid first dollar coverage for people who are uninsured, which is even better for COVID. So, this means you don't have a deductible, you don't have a copayment, and you don't have premiums. If you have COVID, you seek treatment, we pay first dollar coverage for that. And we've been processing claims for the uninsured individuals to ensure they get their COVID treatment.

Mr. KIM. So, when it comes to those that have lost their health insurance, what would you say to those constituents of mine, what specifically have you worked on to help them get their health insurance back?

Mr. AZAR. Again, if you have lost your insurance because you lost your job, you have a special enrollment period and you may enroll in an ObamaCare plan.

Mr. KIM. OK. Well, look, what I'm worried about right here is both in terms of having the staggering number of millions of Americans who have lost healthcare but also we now face this great threat in terms of having millions more. I wanted to ask you: We're in the middle of this pandemic here, would you think that now is a good time for people for millions of Americans to lose their healthcare during the middle of a pandemic? Is that a good idea or a bad idea?

Mr. AZAR. Well, I know what you're getting to. You're getting to the Texas litigation and the Supreme Court, the question of the Affordable Care Act. If the Court were to rule against the statute in large part or in its entirety, we're going to work with Congress, and we're certainly going to replace it. The President has never supported repeal only. He wants repealing and replacing. So, we are going to work with Congress and get people access to affordable health insurance and affordable healthcare if the Court were to do that. We are very far away from a final Court resolution on that. And nobody—if anyone tells you they know how the Supreme Court will rule on a case before they rule, they don't know what they're talking about.

Mr. KIM. Well, I guess I was asking you directly, and I appreciate a yes-or-no answer. Do you think the ACA that it should be repealed if the Supreme Court were to move forward on that decision?

Mr. AZAR. Well, it would be a question of if—the Supreme Court would make the decision, my views aren't really relevant to that. If the Supreme Court finds that the individual mandate that taxed, which the President worked with Congress to get rid of, that by removing that it creates a position where the rest of the statute is unconstitutional and can't be severed, then we will work with Congress to replace it with access to real healthcare. You know, we've got to stop—I know we have a difference of opinion on this, but this notion that the ACA is the land of milk and honey where for somebody who makes \$70,000 a year in Missouri is paying—they're 55 years old, a couple, they're spending 30,000 plus bucks on their premiums. They're having a \$12,000 deductible. That's not access

to affordable healthcare for them, and we want to work with Congress to actually get them access to affordable healthcare.

Mr. KIM. Well, I agree with you in terms of wanting to improve our healthcare. I hope that is something that all of us care about, but if you say that the President is committed to not repealing the ACA and, instead, reforming or replacing it, why then is the administration moving forward with this effort in front of the Supreme Court that would do exactly that, it would repeal without replacing?

Mr. AZAR. Well, the litigation position that the Attorney General's advocated there in the Supreme Court is a statutory construction, a constitutional position. The policy position, which I can speak to, is we want people to have a good system with affordable access to health insurance and affordable healthcare, and we're going to work in Congress. If the Court creates the situation where we need to replace it, we're going to work to get that.

Mr. KIM. Were you consulted by the President or by anyone else in the Cabinet or the Justice Department before the Justice Department of this administration moved forward with this effort with the Supreme Court?

Mr. AZAR. Well, again, I'm not going to discuss my consultations with the President or Cabinet level consultations. I can't do that, as you know.

Mr. KIM. Mr. Chairman, I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back.

I think that completes the first round of questions. Now vote is on, but I think we'll monitor that so that we can—OK. Very good. We'll now go to a second round, and I will yield myself five minutes.

Mr. Secretary, the website of the Department of Health and Human Services states in its mission, and I'm quoting here, "is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services," end of quote.

I wholeheartedly endorse this mission. HHS must use sound science and sound science alone to enhance Americans' health and well-being. Do you, Mr. Secretary, believe that you and the other political appointees in this administration have fulfilled this mission during this pandemic?

Mr. AZAR. I do believe so, yes. I believe that—I've stood up for science, data evidence. We've made these—these doctors have become household names, Fauci, Redfield, Hahn, Birx, made direct access to the American people in ways that have never been done before to ensure they hear right out of these scientists' mouths the best information that they have.

We've made sure those people have direct access to the President, and he's speaking with them and he's hearing from a multitude of the best science voices. I ensure that. I don't like to meet with the President without one of those top scientists being there or all of them being there. I try to always encourage science data-driven deliberations. That doesn't mean that our scientists and doctors can't have debate. There is debate in science. That's a core

part of the peer-review process. It's one of the hall marks of scientific enterprise, and I encourage and sponsor that.

Chairman CLYBURN. Very good. So, you think you're doing it. OK.

Regrettably, the science-based mission of the Department was betrayed by senior political appointees like Assistant Secretary of Public Affairs Michael Caputo, who reports to you directly, and his former adviser Dr. Paul Alexander.

I want you to take a look at this poster here. We've received emails that clearly show that Mr. Caputo and Dr. Alexander bullied and overruled CDC scientists who tried to inform the public of the risks of the coronavirus. On June 6—I'm sorry—on June 30, after the CDC's Principal Deputy Director said people should wear masks, Dr. Alexander wrote, and I'm quoting here, her aim is to embarrass the President here because this career scientist disingenuous and duplicitous. On August 8, after the CDC reported that children could spread coronavirus, Dr. Alexander wrote, and I'm quoting here: This is designed to hurt this President for their reasons for which I am not interested in.

In that same email, Dr. Alexander told CDC's Director: Nothing is to go out unless I read and agree with the findings how the CDC wrote it and I tweak it to ensure that it's fair and balanced and complete.

These emails show clear the political interference in the CDC's efforts to carry out the Department's science-based mission.

Mr. Secretary, will you renounce this kind of political interference and commit that it will not happen again?

Mr. AZAR. Mr. Chairman, as I said, I support debate. I support discussion. I support challenging each other. I do not support those statements. Dr. Alexander is no longer employed at this Department, and I won't get into personnel matters, but there is a way to have discussion and debate that is proper, respectful, appropriate.

And let me be clear, especially about that second quotation there: I do not know of any circumstance where anybody other than Dr. Redfield and Dr. Birx would have authority over determining the final publication of an MMWR, which is that issue. Dr. Alexander, to my knowledge, never had that authority. I would never have supported that, but I do not find that tone and tenor of discussion to be acceptable in my Department.

Chairman CLYBURN. Well, thank you, Mr. Secretary. You may recall when these statements came out, I wrote you a letter asking that these people appear before our select subcommittee.

Mr. Secretary, not a single staff had been made available to appear before this subcommittee, not a single one. I would hope that you will agree and begin producing the documents and allowing these witnesses to come forward next week. I'll be glad to come back up here, and I'm sure my ranking member will participate.

Will you do that?

Mr. AZAR. Our staffs are working to secure the agreements on the procedures to make that happen. We want to make that happen. We're working on the final arrangements on that.

Chairman CLYBURN. Thank you. I took that as a yes.

Mr. AZAR. Well, they need to get to agreement on appropriate procedures to protect individuals. Some of these are some of our career CDC officials, for instance, and as you know, Mr. Caputo's on medical leave right now with a very serious medical condition.

Dr. Alexander no longer works at the Department or the U.S. Government, but we're working with your staff to get to agreement on how this can be facilitated.

Chairman CLYBURN. Well, I think that, if my memory serves, that I'm here in person and you're here in person, but the ranking member has on occasion participated virtually and we'll be pleased to have virtual testimony from them if they will agree to appear so we don't have to come back if necessary. I think we are doing that because of you and me, but we can do it virtually. OK?

Mr. AZAR. So, we'll get our—I think they're in the final stages of getting things arranged.

Chairman CLYBURN. Thank you very much. I'll yield to the ranking member five minutes.

Mr. SCALISE. Thank you, Mr. Chairman.

Chairman CLYBURN. Maybe 30 seconds more, five minutes and 30 seconds.

Mr. SCALISE. We're good, and I appreciate the second round. Secretary, thank you for continuing to answer these questions. And when we talk about vaccine advancement as well as other therapies—you talked about Remdesivir, hydroxychloroquine. I've talked to internalist doctors who are using it effectively. Of course, a doctor is the one who knows what's best for them and their patient. Hopefully, we continue to make as many options available that are safe to doctors so that they can continue to help treat patients.

Are you seeing an increase and an improvement in the ability to effectively treat people who are COVID positive compared to where we were a few months ago when this disease came from China?

Mr. AZAR. Congressman, the advances in our ability to care for people and help them recover who suffer from serious consequences from COVID have been nothing short of revolutionary, as I think I mentioned earlier. Just to take one data point, in April, an individual aged 70 or above who contracted COVID would have a 30 percent chance of dying. Today that's about 5.7 percent chance. That's thanks to the President's efforts to get Remdesivir approved and have supplies, steroids for lung injury, now convalescent plasma in over 80,000 patients. Just even as we've learned about how—you mentioned earlier how to use ventilators better, when you use them, how to use forced oxygen better, how to use proning and quality of care. And my Department's played a vital role in educating providers across the country as they've seen surges in declines in cases to enhance knowledge among providers.

Mr. SCALISE. And that's something I've seen directly. In fact, we've here in Congress passed some of the money to give the Department the ability to respond even more effectively to come up with and produce vials of vaccine. As these companies are in the final stages of testing, we're not waiting for one to be approved to start manufacturing the vaccine. It's part of Operation Warp Speed. In the old days, they would say, well, if one clears through the final stage, then they'll start producing it, and, of course, that would be months later.

We're actually making those now. Now, obviously, if they're not approved, then those go in the trash can, but if they're approved, that saves us vital months. Is that part of President Trump's plan that we're doing that, or is that how it's always been done?

Mr. AZAR. No. This is historic and unprecedented that we are—at the same time that we're advancing the development to demonstrate safety and efficacy, we're literally making, as we speak, we have millions of doses of vaccine, and we're making them in industrial scale across six manufacturers right now, something no drug company ever would have been able to do on their own without the support of the U.S. Government. That was the innovation President Trump created in Operation Warp Speed.

Mr. SCALISE. And with any other virus, have you seen a vaccine potentially created within a year of a virus being known to mankind?

Mr. AZAR. Never, never. I worked very hard on the Ebola vaccine. I played a critical role in the Democratic Republic of the Congo on eradicating Ebola in the 10th outbreak in the eastern DRC and they're—thanks to America, we had a Merck vaccine. We had various monoclonal antibodies, but those took years to get. We're talking months.

Mr. SCALISE. And this is another story again that's not told because, unfortunately, some people want to just not politicize everything. And, you know, if the vaccines not a week later after the virus is known, then it's all the President's fault. And, you know, we see this, yet we're literally on the verge of four potential vaccines less than a year later with millions of vials already being mass produced in part using the Defense Production Act, which the President has been very effective at using as well.

Let me ask you about New York because this is very, very concerning, again. As you see some people trying to plant seeds of doubt in a vaccine, which would be deadly if they did it, deadly. New York's saying that they will not allow their citizens to have access to the vaccine until they have some other approval process.

Have you seen New York's approval process? Do you know how long it would take? How many months would people in New York be denied a vaccine if the Governor gets his way?

Mr. AZAR. I have been unbelievably distressed by the remarks of the Governor. It undermines public health. It undermines confidence in vaccines, not just for COVID but for kids getting their MMR vaccines. And New York has been a hot bed of the antivax movement.

Mr. SCALISE. Right. Does New York have their own testing process that you know of, Secretary?

Mr. AZAR. I'm sorry?

Mr. SCALISE. Do you know if New York even has a testing process like Governor Cuomo talks about?

Mr. AZAR. Of course, they don't. We have a single Federal—

Mr. SCALISE. I mean, how many months would the citizens of New York be denied the ability to save their own lives if Governor Cuomo gets his way, God help us. Hopefully he doesn't get his way. But it's a ludicrous statement, and again, these are the kind of statements that undermine public confidence. I know you said that you agree with that as well.

I do want to jump to China real quick because, unfortunately, this is not an area where the committee has gone, and we need to go there further, but I was in some of those meetings in the White House months ago when we were trying to find out more when we knew nothing about this virus.

Chinese health officials wanted to let us in. Our top health officials wanted to go in. Wasn't it the Chinese Communist Party that stopped us from going in and that corrupted the World Health Organization from, at least, being honest about the human-to-human transmission?

Mr. AZAR. The Chinese Communist Party delayed by month and a half the CDC or WHO teams getting into China. I offered that on January 6—

Mr. SCALISE. Do you know how many lives we could have saved if the Chinese Communist Party didn't deny?

Mr. AZAR. Countless lives there and here from what we would have learned. We ended up learning a great information for being able to be there about how to care for patients, but that was a month and a half delayed.

Mr. SCALISE. So, lives would have been saved. Thank you, Mr. Secretary.

And I yield back, Mr. Chairman.

Chairman CLYBURN. Thank you, Mr. Ranking Member.

The chair now recognizes Ms. Velazquez for five minutes.

Ms. VELAZQUEZ. Thank you, Mr. Chairman.

Secretary Azar, early this summer, CDC's guidance on schools clearly stated that fully reopening created the highest risk. In July, the CDC released new guidance substantially edited by White House officials that downplayed the risks of reopening schools.

Secretary Azar, were you involved in instructing the CDC to issue new guidance?

Mr. AZAR. I'm not aware of an instruction for CDC to issue. They update their guidance, and there is a collaborative interagency process as there would have been, I assume, under President Obama with the Ebola response or H1N1. It's quite normal that you have a White House coordinated guidance review process.

Ms. VELAZQUEZ. OK. And you believe, and it is your opinion, that it's not appropriate for political advisers to write public health guidance?

Mr. AZAR. I believe it's perfectly appropriate for all individuals who have competence and expertise to contribute, whether politically appointed or career officials. Dr. Redfield is politically appointed. He runs the CDC. He is the final signoff on CDC guidance.

Ms. VELAZQUEZ. But political advisers such as Jared Kushner?

Mr. AZAR. I'm sorry. Who?

Ms. VELAZQUEZ. Jared Kushner.

Mr. AZAR. I'm not aware Mr. Kushner's involvement, but I don't know that I'm aware of that. But it's perfectly normal for there to be—all guidance is required to go through a White House process. That's Presidential executive order. Significant guidance has to go through White House review, and who sees it there, I don't know. But I want to be very clear about that: At the end of the day, the CDC Director must agree with it or it does not go out—any edits, any changes, any suggestions.

And I'll back them up on that.

. The CDC, the CDC reports that over 40 percent of all COVID cases between the ages of 5 and 17 are Latinos. Isn't it true that there's evidence that young children can transmit the virus?

Mr. AZAR. Oh, yes, children can transmit—

Ms. VELAZQUEZ. OK. Thank you.

And you agree that transmission of COVID is higher in poorly ventilated or enclosed areas?

Mr. AZAR. Congresswoman, on that issue, I just want to be careful to—I want to defer to the experts at CDC in terms of if they—I believe that to be the case, but I would want to refer you to CDC guidance on that rather than speculating on that front.

Ms. VELAZQUEZ. OK. So, are you aware that a recent GAO report found that 36,000 schools nationwide need ventilation upgrades?

Mr. AZAR. And that's what, you know, we have—I think there's in Congress's statute that you passed, I think, \$13 billion of funding for schools. I do believe there are some issues on ventilation systems that can be good upgrades to freshen the air and keep it going and also keep adequate humidity levels, which is going to be important—

Ms. VELAZQUEZ. I understand.

Mr. AZAR [continuing]. In terms of the dehydration of the product.

Ms. VELAZQUEZ. Do you think it's right? You know, we need to give peace of mind to the parents in this country that it's safe to send kids, especially in low-income communities where the schools and the infrastructure is old and it hasn't been upgraded, do you think it's right to say that we should fully reopen the schools in those areas?

Mr. AZAR. We do believe we can reopen. Fully is a question. The question is there are steps you can take, cohorting kids, creating social distance, moving teachers from classroom to classroom, delivering meals to the kids, social distance in the classroom, of course, face covering wearing, and also, at all points, the individual making decisions what's right—for the parent and the guardian deciding what's right for their kid and what vulnerabilities they or other household members have. That's vital they be in the driver seat.

Ms. VELAZQUEZ. And do you think that we have enough money nationwide to be able to upgrade all of those schools?

Mr. AZAR. I haven't looked at that issue of funding.

Ms. VELAZQUEZ. Well, you should because you are—

Mr. AZAR. Well, there's \$13 billion of Department of Education funding that I don't believe has been fully allocated or pulled down by the school districts.

Ms. VELAZQUEZ. OK. It hasn't been fully allocated. But my question to you is, given the GAO report and the thousands of schools nationwide that need ventilation upgrades, my question to you—you are the Secretary of Health. You are the one saying that presumption should be we get our kids back to school.

So, do you feel confident that having 36,000 schools nationwide in need of ventilation upgrades, that the money that is there that has been allocated is appropriate.

Mr. AZAR. Well, there's several assumptions there in your multiple questions. The key point is the presumption is kids should be

back in a physical environment. They're not being there, Dr. Redfield, Dr. McCance-Katz have made it clear, is destructive to children's physical, emotional, mental health, and their development.

It can be done safely, but we always have to look at the individual circumstances to make sure it's safe in any particular school or situation and an adequate plan to make that happen.

Ms. VELAZQUEZ. The fact of the matter is that there are 36,000, according to the GAO report, in need of upgrades. And, therefore, to make such a statement as "Let's send the kids back to school" doesn't provide the peace of mind to the parents of this country.

Reports indicate that White House pushed for testing guidelines to be changed to recommend that people without COVID-19 symptoms abstain from testing. But 16 percent of kids with COVID-19 are asymptomatic. So, what testing guidelines are you recommending for schools, especially knowing the significant impact COVID-19 is having on children of color?

Mr. AZAR. So, we recommend the testing of asymptomatic close contact. So, in a disease tracking situation, that's why we work to get BinaxNOW testing out, a hundred million of those tests that we've asked the Governors to prioritize for the K-12 kids, to do contact tracing, as well as to assist with surveillance because, in addition to close contacts, we want to ensure that we have adequate surveillance systems to identify if we're seeing emerging disease outbreaks.

Ms. VELAZQUEZ. Thank you. I yield back.

Ms. WATERS. Mr. Luetkemeyer, you're recognized for five minutes.

Mr. LUETKEMEYER. Thank you, Madam Chair.

Secretary Azar, I live in a very rural area, and a big chunk of my district is very rural. I know throughout this pandemic a lot of the healthcare services have been delivered by the telehealth way of going about it. And to me this is extremely important, going into the future, that we allow this to continue to happen. I know there's been some rules and regulations that have been probably waived or changed to be able to accommodate.

I would like to give you a few minutes to talk about some of the rules, regulations, problems, the things that we can implement, you know, suggestions for Congress on how we can make this a better service between the healthcare professionals and the constituents and customers of this country for the betterment of their healthcare.

Would you like to comment just for a few minutes on that?

Mr. AZAR. Well, absolutely.

Thanks to the national emergency powers of the President, we've been able to for the first time ever really be able to release the power of telehealth. We've brought healthcare into the 21st century for the first time. And when you go out and visit hospitals and doctors and community health centers, as I have done, you see that it has been a truly patient-centered change in healthcare. And it's bringing overall healthcare costs down and creating a better experience.

I've been to community health centers which treat the underserved, and they're delivering 90-plus percent of their care by tele-

health now and having drive-through lab testing, and sample taking, vaccinations, et cetera. So, they are combining them.

Past assumptions were that telehealth would be additive and just add cost to the healthcare system, but we're seeing it actually improves quality and decreases costs. We need Congress to act, though, on this because we can't enshrine in regulation everything we've been able to do. We can do much more in rural America under statute. We can't do that in urban.

In addition, in rural, you still have to, under the statute, show up at a doctor's office. You can't do it from home. You have to have a preexisting relationship with a doctor or hospital before. We've waived all of these things, thanks to President Trump, under the emergency powers. But Congress will have to act to make those flexibilities permanent, so we really hope that Congress will act. I don't think you can walk this backward, nor should you.

Mr. LUETKEMEYER. Well, I appreciate that because I think what we really need to do is, as we wind down from this thing at some point, we need to get together and figure out the rules, regulations, what it's going to take to implement this on a national basis, on a permanent basis to be able to be helpful to both the healthcare professionals and the improvement of health for our citizens. So, I thank you for that.

I know I saw this week, I think it was Wednesday, September 30, in, I think it's the Wall Street Journal here, there was an article with regards to Regeneron and their—the medication that they're coming up with. It looks like they're well on the way to perhaps by the end of the year have this drug, RGN COVID-2, that could be helpful to produce antibodies. Would you be willing to talk about that today? I realize that we're not there yet, but this really sounds good.

I know it's an article in the paper, so there's public awareness of it. So, I think, you know, to let people know that there are—besides vaccines, there are therapeutics that are in the pipeline that could be beneficial as well, that are being tested and being worked on as we speak.

Mr. AZAR. Yes. And I actually think you saw that—that's an initial phase one dose range and clinical trial data for Regeneron. These are called monoclonal antibodies.

So, you remember we authorized convalescent plasma, which is the plasma from a survivor patient. You have antibodies in your body. We can actually synthetically make those antibodies at ranges that could be a thousand times more potent than what we can get out of an individual's plasma and synthetically produce in mass quantities, be thinking hundreds and hundreds of thousands of doses in very short order.

And we have manufacturers in the country, such as Eli Lilly, Regeneron, Astra-Zeneca, who have significant monoclonal antibody programs. We're seeing very promising early data that has been made public. We could be literally many weeks to a month or two away from having data to support emergency authorizations in these if the data proves that they're safe as well as effective.

Mr. LUETKEMEYER. Now, you mentioned a couple of times today emergency authorization. We had—I think Dr. Fauci has made a

comment on this before. Would you like to explain to us what emergency authorization actually is?

Mr. AZAR. Yes, so especially with vaccine, if I could. So, when we think about therapeutics, we might approve, authorize a vaccine for—a therapeutic for emergency use on a more limited data set as we continue to do trials. For a vaccine, because somebody is healthy and you're putting a vaccine to them, the FDA is requiring here 30,000-person clinical trials, so 15,000 placebo, 15,000 active, and demonstrating statistically significant results.

That's the same for emergency or full on licensure of the vaccine. The only real changes that happen with an emergency use, are you would have ongoing safety data collection through a massive national pharma vigilance program, and you would have ongoing—there are three validation lots needed for inspection of the manufacturing facility. But the actual data package, other than that longer term safety net, is the same.

Mr. LUETKEMEYER. Well, Dr. Fauci made the comment that the emergency authorization could be—is probably necessary whenever you see the data is so overwhelming that it would be unethical and immoral to withhold those vaccines or those drugs from people because it could be saving lives while you're sitting there continuing to I dot and T cross.

Mr. AZAR. Right, especially when you have safety. If you've got like with convalescent plasma, you see well demonstrated safety, and then you see clear trend of efficacy, it becomes an ethical question, shouldn't you allow people to try that.

Mr. LUETKEMEYER. OK. Very good. My time is up.

I yield back. Thank you.

Ms. WATERS. Thank you very much.

I now yield myself five minutes for questioning.

Mr. Secretary, I was reviewing comments made by the President at a Labor Day press conference where he gave this rosy prediction. He said, one, a vaccine would be available very soon. You could have a very big surprise coming up. You will be very happy, the people will be happy, the world will be happy, the people of the world, everybody is going to be happy, and you know what I'm talking about, before that very special date.

Then we have, you know, companies that are involved with the development, like Moderna, who said they would not be ready to seek Emergency Use Authorization from FDA before November 25 at the earliest.

Now, when you have the President of the United States making these rosy predictions, and you have contradictions about those who are responsible for the development, what do you think that does to your credibility and the credibility of FDA?

Mr. AZAR. I think the President is trying to be hopeful, put out hope for individuals. But I want to be very clear, this will be determined by data and independent processes.

So, for instance, we don't even see data on these clinical trial programs until an independent data and safety monitoring board determines that the data in the clinical trial has achieved pre-specified statistical end points, and then it goes to the—

Ms. WATERS. Reclaiming my time. Do you think—you just described the President's rosy predictions as being hopeful. There's a

difference, you know, between being hopeful and misleading the people of this country.

Do you think it's helpful to you when the President is out making these kinds of predictions?

Mr. AZAR. The results will be driven by data. If a company produces data that's independent, that in the beginning of October determines a vaccine is safe and effective and submits it to FDA and FDA's career scientists through an advisory board process determine it's safe and effective—

Ms. WATERS. Reclaiming my time.

Mr. AZAR [continuing]. Then that's what it is.

Ms. WATERS. Reclaiming my time.

Do you believe Moderna when it says it will not be ready to seek Emergency Use Authorization from FDA before the latter part of November?

Mr. AZAR. Well, what Moderna was saying with November 25 is that's based on the guidance that they received from FDA.

Ms. WATERS. Whatever it's based on, do you believe them?

Mr. AZAR. Well, you need to have the context. Their guidance was they need to have 60 days from the median patient completion in the clinical trial, and that would calculate out to November 25—

Ms. WATERS. Let me just try and frame this question, these questions a little bit differently.

Do you believe that there is a contradiction between this hopefulness that you describe, that I describe as a prediction, and what Moderna is saying and others are saying about the readiness, when a vaccine will be ready?

Mr. AZAR. No, because the—

Ms. WATERS. Is there a contradiction?

Mr. AZAR. No, because the CEOs of Moderna and Pfizer I believe both have said that we may see data in October. It's event driven. It's data and science and event driven. Nobody controls when we see data and whether we hit results—

Ms. WATERS. So, do you think that the—what you call hopefulness by the President is helpful and it builds confidence when the American people see that what he is predicting has no credibility and it is contradicted by those who are responsible for the development?

Mr. AZAR. What the President—

Ms. WATERS. Is that a problem?

Mr. AZAR. Well, you're incorrect. What the President has been saying, in terms of inspiring hope, is within the range of possibilities of vaccine development, but it—

Ms. WATERS. No, no, no. Excuse me. Reclaiming my time.

He didn't say there is a possibility. This is more than what you're describing as hope. This is the President of the United States of America, the leader of the greatest Nation in the world, and should be, in addition to being a role model, which of course, we question, we should be able to rely on what he says.

We should be able to have confidence that he is giving us good information, correct information. And as you know, as you sit here, no matter how you try to frame it, the President of the United States has not been the kind of role model that could create con-

fidence in your agencies, what he has in himself, et cetera, et cetera.

And I know that you said you will not reveal whether or not you have any conversations with the President about whether or not he's holding mass rallies where people are not safely distanced or wearing a mask, or what have you. It would be very helpful to know that at least you have the strength and the ability to talk with the President of the United States and speak the truth about what he is doing or what he is not doing.

I am absolutely, absolutely surprised at the lack of strength of many of the people in this Administration. But for you, with the responsibility that you have, I would expect that you would stand up to the President any time of day and say, Mr. President, please, you could be helpful if you support wearing masks everywhere you go, if it was a national plan that said everybody must wear a mask, everybody must be socially distanced, and I'm not going to have a rally where people are jammed in and packed in.

Why can't you say that to the President?

Mr. AZAR. I'm not going to discuss my conversations with you with the President. But what I would ask, you're a very influential Member, if you could please inspire vaccine confidence, it's critical. It's critical for the entire vaccine process—

Ms. WATERS. Excuse me. Reclaiming my time, and I know they'll say I won't let you answer the question. But you're going to come here and tell me to inspire confidence—

Mr. AZAR. We all need to—

Ms. WATERS. And you cannot tell me whether or not you'll tell the President to do that?

Mr. AZAR. I have made very clear the independent processes for vaccine approval. If you would have let me speak, I actually could have walked you through the four independent steps on vaccine data and approval and consideration that would give people confidence any vaccine will be safe and effective.

Ms. WATERS. Well, thank you.

Mr. AZAR. I will take it, my family will take it—

Ms. WATERS. Thank you.

Mr. AZAR [continuing]. As soon as we're indicated and prioritized.

Ms. WATERS. Thank you.

Thank you very much. Reclaiming my time.

I would ask you to think about it when you leave here. I ask you to think about it before you go to bed at night. When you get up and look at yourself in the mirror the next day, I want you to think about whether or not you have the strength and the ability to say to the President what he should and should not be doing.

And I think he should respect your advice and the advice of the experts.

With that, I will yield to Ms. Maloney the next five minutes.

Thank you.

Mrs. MALONEY. Thank you.

Mr. Secretary, the Select Subcommittee put out a memo this morning in which they identified in this report at least 47 incidents in which political officials have intervened in the Nation's pandemic's response.

Your Department recently awarded two contracts to public relation firms to launch a coronavirus advertising campaign that is intended, according to the contract, quote, to defeat despair and inspire hope, exactly what Congresswoman Waters was speaking about.

Now, Mr. Secretary, the reason so many people feel despair right now is because more than 207,000 people are dead, and this administration's response to this crisis has been worse than almost any other country. It would have been much more effective if President Trump had listened to the experts, if he had actually believed in science. Or if he had come up with a real plan before today to combat this crisis.

Instead this administration is spending more than a quarter of a billion dollars in taxpayer funds to make videos with senior officials and celebrities in a massive ad blitz right before the election.

In order to fund these videos, HHS diverted \$265 million from CDC and FDA, even as both agencies are fighting, fighting this pandemic. This campaign was spearheaded by Assistant Secretary for Public Affairs, Michael Caputo. He said these contracts were—and I quote—“demanded of me by the President of the United States personally,” end quote.

Mr. Secretary, is that true?

Mr. AZAR. So, I want to provide an update on this topic because I take seriously the value of public health communications efforts. First—

Mrs. MALONEY. Well, you're not—I want to hear your response—reclaiming my time, Mr. Secretary.

I want to hear your response and an update on it, but I also want to know, is that true? Have you spoken to anyone about this ad campaign?

Mr. AZAR. I was literally going to answer your question—

Mrs. MALONEY [continuing]. Whose idea was this? Tell me where it came from. Whose idea was it? Was it your idea? Whose idea was it.

Mr. AZAR. I have ordered a strategic review of this public health education campaign that will be led by our top public health and communications experts to determine whether the campaign serves important public health purposes.

I also have taken steps to ensure that any products coming out of this campaign will be reviewed and approved by career public health officials, including from the CDC.

There are three key elements to this. What's already happened is the Surgeon General has done ads to encourage people to practice the three Ws, to donate convalescent plasma, and to encourage minority group enrollment in vaccine clinical trials.

The next way will be to inspire flu vaccination as we enter into the flu season, and the third phase would be around COVID vaccination if we are fortunate enough to have an approved vaccine.

But I will ensure—

Mrs. MALONEY. Reclaiming my time, reclaiming my time.

Part of this committee's oversight is procurement. So, this contract, I'm incredibly interested in it, as one of them was awarded to a company called Atlas Research. And according to a press report this week, someone—we don't know who—recommended that

Atlas use a subcontractor called DDT, which just happens to be run by Mr. Caputo's former business partner. And according to this report, DDT has zero public health experience and has been, quote, overwhelmed by the project.

So, Mr. Secretary, do you agree that it's highly inappropriate for any political appointees to push for their own business partners to get lucrative government contracts when they have zero experience in the area that the contract covers?

Many people in your Department appear to have serious concerns with these actions. Politico quotes one current official who said this—and I quote—this is a boondoggle. We're in the middle of a pandemic. We could use that quarter of a billion dollars on buying PPE, not promoting PSA's with celebrities.

Do you agree with that statement, Secretary Azar?

Mr. AZAR. Well, I disagree firmly with your last statement. The FDA's real cost campaign about the dangers of tobacco cost \$250 million. The Affordable Care Act outreach cost \$280 million. This is important public health messaging about—around good community mitigation steps, around flu vaccinations, including—

Mrs. MALONEY. Excuse me. Reclaiming my time, reclaiming my time, reclaiming my time, reclaiming my time, Secretary Azar.

This contract, I agree, there's certain health reasons that we should be reaching out to the public, and those that you expressed on flu and vaccine and other items are—and the three Ws are very important things. But this was not. This was about feeling good, being positive. It had nothing to do with health from the press reports that I read. And right now—

Mrs. WALORSKI. Madam Chairman—

Mrs. MALONEY [continuing]. Why are we having this blitz right before the election? There are a lot of troubling questions about it, but I know my time has expired.

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

Mrs. MALONEY. I would like to present some more questions to you in writing, Secretary Azar.

And I yield back.

Ms. WATERS. Thank you.

I now yield to Mrs. Walorski five minutes.

Mrs. WALORSKI. Thank you, Madam Chair.

Secretary Azar, if China shared the virus sequence earlier, would fewer Americans have died?

Mr. AZAR. Yes. We would have advanced faster.

Mrs. WALORSKI. If China didn't lie about human transmission, would fewer Americans have died?

Mr. AZAR. That's correct.

Mrs. WALORSKI. If China didn't hoard PPE, would fewer Americans have died?

Mr. AZAR. Absolutely.

Mrs. WALORSKI. If China didn't corrupt the World Health Organization, would fewer Americans have died?

Mr. AZAR. Yes.

Mrs. WALORSKI. If China had not let American scientists into the country, would fewer Americans have died?

Mr. AZAR. That's correct.

Mrs. WALORSKI. If China hadn't put export controls on PPE, would fewer Americans have died?

Mr. AZAR. Correct.

Mrs. WALORSKI. Thank you.

I yield back.

Ms. WATERS. I yield five minutes to Mr. Foster.

Mr. FOSTER. Thank you, Madam Chair.

And if those—the last questions you just got, if it were applied to Korea—my wife is Korean, and she looks at the contrast between the response. They got hit harder earlier than we got hit and have had, by contrast, a negligible number of events.

So, all of the last questions that you just answered apply equally to South Korea, correct.

Mr. AZAR. I would be glad to discuss the difference between the U.S. and South Korea in detail if you would like.

Mr. FOSTER. I think the largest single factor, frankly, is that they have leaders who listen to the scientists and policies that followed that.

Now, a point of clarification. Last month the FDA commissioner issued new guidance settling the criteria for Emergency Use Authorization for coronavirus vaccines. You know, I applaud that decision and the transparency. But, unfortunately, President Trump called this guidance, quote, political, and he said, quote, that has to be approved by the White House. We may or may not approve it.

So, my question is, what is the signature chain on this document? Is it the FDA commissioner? Do you have final approval, or does the President have final say and final edit on this document?

Mr. AZAR. So, you made a mistake in your statement there. Several months ago the FDA issued vaccine guidance, and that went through the full interagency process as is required under Executive Order before coming out of FDA. That's what requires the 30,000 people in clinical trials, et cetera.

Mr. FOSTER. Yes.

Mr. AZAR. The FDA has sent letters to vaccine manufacturers stating what they would ask for in the EUA.

Mr. FOSTER. OK. Who has final say on the specifications for an acceptable vaccine? Is it the President or is it HHS career people?

Mr. AZAR. So, this is—what the commissioner is proposing to put out is public Emergency Use Authorization guidance on a vaccine that would be consistent with letters already sent to the manufacturers and just doing that publicly. That does require White House—

Mr. FOSTER. OK. So, your answer is that President Trump has the final say on these documents. And he was correct when he said that has to be approved by the White House, we may or may not approve it?

Mr. AZAR. I think this is a mountain out of a molehill because they've already—FDA has already—Peter Marks said yesterday the FDA has already told the manufacturers what they're going to look for, and that is what it is.

Mr. FOSTER. Did you see the debate on Tuesday?

Mr. AZAR. I did, parts of it.

Mr. FOSTER. OK. So, I would like to enter into the record, it's been distributed to Members, an open letter that was sent last night from the chairman and CEO of Pfizer—Pfizer-BioNTech, as you're aware, is one of the vaccine participants in OWS—a gentleman by the name of Dr. Albert Bourla, which was sent to his U.S. colleagues.

I would just like to read the first paragraph of that, of that letter. Tuesday night I was joined—I joined the millions of Americans who tuned in to the Presidential debate. Once more I was disappointed that the prevention of deadly disease was discussed in political terms rather than scientific facts.

People who are understandably confused don't know whom or what to believe. Global health has too much at stake and the public trust and acceptance of a vaccine is so important to me that I'm writing to explain the principles that we are using at Pfizer today.

He goes on in his letter to explain why Pfizer refused to accept, you know, money or guidance from Operation Warp Speed. Alright, he will accept a production contract but not the oversight because, frankly, he didn't want the disturbance in confidence in his product that would result from that.

So, as I say, I enter that into the record.

Mr. FOSTER. Another thing, you know, I would like to talk a little bit about the timeline that you talk about in your testimony here. You know, as you know, if you exceed, I think it's warp factor ten, you go backward in time, which allows you to rewrite history, which seems to be a fair part of what you're trying to accomplish here.

Many of the milestones that you list here occurred before Operation Warp Speed was even announced and was the result of the efforts of scientists, career professionals at HHS, rather than anything coming out of the White House and Operation Warp Speed.

And in fact, if you click on the therapeutic development link in your testimony, you're led to a press release and a discussion by Rick Bright, who's the very scientist who, in fact, pulled the whistleblower complaint over political interference.

So, you know, giving credit to the leadership of President Trump is, I think, a little bit problematic here.

I would also like to enter into the record three reports on the President's budget cuts proposed year after year after year.

Mr. FOSTER. As soon as Trump entered office, he proposed a 22 percent budget cut to the NIH and other health—other HHS.

He then had double digit budget cuts even after President Trump knew that the coronavirus was—had been briefed on how deadly it was. In February 2020, he proposed a seven percent cut to the NIH.

So, how do you give credit to President Trump for any of this, the achievements of his scientists, when he has cut their budgets, proposed cuts to their budgets year after year after year?

Mr. AZAR. President Trump is the one who actually has backed this historic effort. It pains me that you denigrate Operation Warp Speed and the effort that's happening there. These are career people from the Defense Department, from HHS, from NIH driving this.

Mr. FOSTER. Correct. It is the White House oversight that I give no credit to.

Thank you, and I yield back.

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

Mr. Raskin, you're recognized for five minutes.

Mr. RASKIN. Thank you very much, Madam Chair.

Secretary Azar, tell me if you agree with this statement: When younger, healthier people get infected, that's a good thing because that's exactly the way that population immunity develops.

Mr. AZAR. I don't want anyone to get infected, Congressman.

Mr. RASKIN. So, you disagree with that statement?

Mr. AZAR. I am not a physician. I am not an epidemiologist.

Mr. RASKIN. You're the Secretary of HHS.

Mr. AZAR. I'm going to tell you, my mission is going to keep people from getting infected with coronavirus, as few as possible.

Mr. RASKIN. OK, OK. Reclaiming my time.

The quote comes from Scott Atlas, who is a top member of the White House Coronavirus Task Force, who has been promoting the ideology of herd immunity, which seems to have affected the President who said on September 15 that the coronavirus is going to disappear, even without a vaccine, because people would develop, quote, a herd mentality, which is a telling Freudian slip. But, in any event, he seems to have adopted it.

Here's Paul Alexander who, I think, works for you, a senior advisor at HHS. He wrote to Michael Caputo the following: Importantly, having the virus spread among the young and healthy is one of the methods to drive herd immunity. This was not—he said the original, this was not the intended strategy, but all must be on deck now and it is contributing positively at some level.

Do you agree with what your employee, Paul Alexander wrote to Michael Caputo about herd immunity being a positive factor in your plan for combating the disease?

Mr. AZAR. Dr. Alexander, you may have missed this, does not work at HHS anymore.

Mr. RASKIN. Did you fire him for that statement?

Mr. AZAR. I'm not going to discuss the personnel matters, but he does not work at this Department or in the U.S. Government at this point.

Mr. RASKIN. OK. Well, Secretary, I don't know why you need to be illusive about it. This is a dangerous concept. Herd immunity, if this is gaining traction within the White House and with the President, will end up costing hundreds of thousands, if not millions, of American lives because the theory is that you essentially let the disease wash over the population and then you end up with 60 or 70 percent immunity among the people.

But right now the studies show it's below 10 percent. That means 90 percent of the people don't have it. So, we would have to infect tens of millions more people in order to create this herd immunity.

And I'm wondering if you can break through the herd mentality of the thinking within the top circles at the White House to oppose herd immunity publicly, articulately, and forcefully today.

Mr. AZAR. Herd immunity is not the strategy of the U.S. Government with regard to coronavirus. We may get there as other coun-

tries get. We may get herd slowing of transmission, as we perhaps have seen in the New York area and other concentrated areas. Our mission is to reduce fatalities, protect the vulnerable, keep coronavirus cases down to the lowest level possible—

Mr. RASKIN. How about beat the disease? How about vanquish the disease?

Mr. AZAR. That's literally what I was just saying we would be doing.

Mr. RASKIN. You know herd immunity has been tried in Sweden and it failed. The death toll there is ten times its neighbor Finland and other Scandinavian countries. It doesn't work. It's killing people. That is a policy of mass human sacrifice. And I hope that as other people pop up throughout the administration arguing for herd immunity and the idea that the spread of the disease is a positive thing, you, as the Secretary of the HHS, will be a forceful voice combating that sinister view.

Mr. Secretary, can you give us any further updates on the President's health today, whether anyone else at the White House has tested positive or has any symptoms of the virus and what precautions are being taken through contact tracing to get in touch with people that the President has interacted with in the last several days?

Mr. AZAR. Well, I'm sorry, but I've been both preparing to be here and sitting here in front of you the entire time, so I'm not—

Mr. RASKIN. OK. I have another question for you then.

There's been a lot of talk about China today, and I'm always baffled when my colleagues brings it up, because President Trump praised President Xi and the Chinese Communist Party on 37 different occasions, and I have submitted them for the record.

I have distributed them to my colleagues, and I can do it again, Mr. Chairman, if you think I should submit it again. I would love nothing more than to have a hearing about the President's complicity with covering up China's early lies about the disease. And for the life of me, I can't understand why my colleagues bring it up, and I hope it's not contributing to bias in the country.

But I know you don't want to talk about your specific conversations with the President, but have you, either in writing or in conversation or at meetings, ever told the President to stop praising President Xi and the Chinese Communist Party for its performance on COVID-19? We have records of him doing that in February, in March, in April.

Did you ever tell him to stop doing that?

Mr. AZAR. So, again, I'm not going to talk about what I said with the President, but what the President was doing then with China, it's a difficult matter. You have carrot and stick. We're trying to get viral isolates—

Mr. RASKIN. Did they play him for a sucker? Did they play him for a sucker? Is that why we're in this situation?

Mr. AZAR. We got viral sequencing in. I had to force them to get—

Mr. RASKIN. My time is up. Mr. Chair, I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back. The Chair now recognizes Mr. Kim for five minutes.

Mr. KIM. Thank you, Mr. Chairman. Thank you again, Mr. Secretary, for coming.

I want to just pick up where we left off before. So, what I thought I understood you saying was that we'll see what happens with the Supreme Court and then, based off of that, then there will be sort of a—you know, an effort to create a plan to replace the ACA if the Supreme Court strikes it down. Is that what you were saying?

Mr. AZAR. So, obviously, there are many different scenarios. First, we're going to, no matter what, protect people with pre-existing conditions. He's not going—the President will not sign any piece of legislation that doesn't do that. But there are many ways to protect people with preexisting conditions and also ways to set up affordable mechanism for insurance.

Mr. KIM. I get that, but it sounded like when I asked you if there was a plan to replace, you know, in regards to whether the Supreme Court moves forward, it sounded like you were saying that there's not right now. Is that correct?

Mr. AZAR. We have a range of approaches, and it will depend on the composition of Congress at the time, because, of course, dealing with Nancy Pelosi is different than otherwise, and what one could pass through Congress to replace Obamacare.

Mr. KIM. The reason why I asked you that is because two weeks ago I heard a clip that just kind of struck me. It was the President talking, and he said, We're going to be doing a healthcare plan very strongly. I have it all ready and it's a much better plan for you.

So, I guess I'm just trying to get a sense of that because it sounds like it kind of contradicts what you're saying, like the President is saying he has a plan ready to go, you're saying that we're not there, it's going to be something we're thinking through.

So, can you explain that to me.

Mr. AZAR. I think you and the President are using the word "plan" differently. What the President rolled out last Thursday was his healthcare plan for 331 million Americans. You're speaking about this small sliver, which is Obamacare, in the hypothetical that the Supreme Court strikes down all or a large part of it.

The President is focused on delivering better care, lower cost, and more choices for 331 million Americans, not just those who are trapped and/or excluded from Obamacare.

Mr. KIM. OK. Well, look, I remember you're referring to the Executive Order on the preexisting conditions and other aspects. Is that correct?

Mr. AZAR. Well, the broader framework actually is about how we—the fact that we've brought transparency in price and quality for the first time ever, lowering drug prices.

I now have signed the first ever certification for importation of drugs to lower costs here in the United States under the President's direction. We've brought interoperable health IT to enable you to shop among providers and not be locked into one system. We're tackling kidney disease for the first time since President Nixon.

We're ending the HIV epidemic in the United States. We're tackling the most contractible healthcare problems, improving

healthcare for all 331 million Americans. That's the President's plan for healthcare.

Mr. KIM. I get that, but I also get, you know, kind of concerned when I hear that, you know, for instance, the American Enterprise Institute when they were taking a look at the Executive Order on preexisting conditions, what they said is, quote, "all it really is, is a statement that he wants one or more of his departments to come up with a plan and that he doesn't give any guidance or the vaguest outline of what that plan should be," end quote.

So, look, we'll move on from here, but I just feel like this is an enormously dangerous situation where we already have millions of Americans who have lost healthcare during this pandemic, potentially millions more that will lose their healthcare.

And the best that I kind of hear is just that we'll see what happens at that time, you know, and that's just not reassuring to people in my district who are very, very concerned about what happens next.

But I want to just switch gears here because there was a lot of talk about vaccine approvals, but one thing I wanted to get to is about the distribution of the vaccine. I saw the From the Factories to the Frontline document and some of the different efforts in there.

But one thing that was concerning to me is that it was saying that 64 different CDC jurisdictions around this country, you're asking them to be able to come back to you with their plans, different states, different territories. How is that not saying that we don't have—basically that indicates to me that we don't have a singular strategy but rather 64 different strategies. How is this not just the testing debacle all over again.

Mr. AZAR. No. So, what it is with the 64 jurisdictions is working in partnership with the states. We're going to have a centralized distribution system. We're going to rely on McKesson, which does the Vaccines for Children program out of the CDC, does 80 to 90 million vaccines a year. We have cold chain storage set up through that.

They'll partner with Cardinal and AmerisourceBergen as needed to reach to our pharmacies and community health centers for actual vaccination programs. But we need the states to be partnered with us because they know where the vaccine should go locally to hit target populations.

So, if say, we're dealing with nursing homes and the vulnerable people, the states will tell us which—how they want to administer that, do they want to use a CVS, do they want to use a Rite Aid, do they want to use their public health department. That's why we're partnering with them.

Mr. KIM. So, that's helpful, and I want to make sure we work together on this. It's so incredibly important.

Just the last thing, as you said, you know, you corrected the ranking member, you're a J.D., not a doctor, and you said that we're going to be grounded in science and evidence and career scientists for the approval of the vaccine. I also want to see the confidence in the American people on vaccines. I want us to work together on that.

Does that mean that you will not play a role in the approval, like you're not going to be providing inputs or recommendations to the FDA commissioner for this? I just want to hear your explanation.

Mr. AZAR. Well, I want to be very clear. When we talk about—there's all of this talk today about political, quote, “interference.” OK. We harness the best minds, scientific data. I have—I'm the Secretary. I bring 20 years of experience. I was one of the architects of the pandemic flu planning in the Bush Administration that helped create our novel pandemic flu vaccines and our vaccine capacity here in the United States.

We have many people who bring a lot of expertise and knowledge to the table. Those people can participate. Those people can contribute. They can challenge. They can ensure good decisions are made.

What I'm telling you is that, at the end of the day, it will be the FDA career scientist, Dr. Peter Marks, is going to make the decision whether a vaccine is safe and effective.

Mr. KIM. That's all I wanted to hear.

Thank you so much.

Chairman CLYBURN. Thank you very much.

I think we have concluded this second round of questions, and I'm prepared to yield to the ranking member for any closing comments he may want to make.

Mr. SCALISE. Thank you, Mr. Chairman, and, again, thank you, Secretary Azar, for coming and having two rounds of questions where we can really try to get some of the facts out there about where we are, what's happening with the response to COVID, what's happening with the economic and, hopefully, the educational recovery of this country.

One of the things we wanted to do is get out as many facts as possible. And, again, there has been a plan that started early off in this pandemic, and it continues to grow and change as we learn more about the disease, as we learn more about things that we're doing and we need to do to give guidance to states to safely reopen different parts of their economy. But we put this report together, to give everybody that guide map for those who either are denying that there's a plan or want to ignore that there's a plan, it's out here. It's on the internet. You can go see it, tens of thousands of pages. But we put together a summary to make it easier for some folks that maybe are having trouble understanding that plan.

But the basics of this plan are, No. 1, China lied and caused a global pandemic. I know the Secretary talked about some of these challenges as China was withholding information, not just from us, but from the entire world. That cost—China's lies cost tens of thousands of lives. This committee ought to look into that and hold them accountable.

No. 2, President Trump responded immediately. First decision that every scientist that's testified before this committee said was the right decision was to ban flights from China. President Trump's decision saved American lives.

There were some people who criticize that decision, who claim there would have been no deaths if their mysterious plan that doesn't exist would have been in place. But, in fact, there would have been more deaths if they would have gotten their way.

Fortunately, they didn't. President Trump took that action that Dr. Fauci, on down, including yourself, all testified was not only the right decision, saved thousands of American lives.

No. 3, President Trump made tough science-based decisions that did save hundreds of thousands of lives, not just China and Europe ban, 15 days to slow the spread, 30 more days, continuing to get guidance out there, guidance on how, as you've talked about Mr. Secretary, properly taking care of people in nursing homes.

Forty-five Governors followed those guidelines. Five Governors didn't. And 25,000 minimum seniors died that shouldn't have died in those states, and those Governors continue to hide the facts from the families of those who died. And we're going to keep pressing. If everyone doesn't join us, those of us that actually want to get those answers will keep pressing for those answers.

No. 4, President Trump is developing a safe, effective vaccine, working through all the FDA protocols, which are the gold standard, and it's happening faster than ever before. These are the four American companies, teams that have partnered up in some cases to get to the final stage of FDA approval.

And if they get through, they have got to meet the rigors, as Secretary Azar has testified, of the gold standard of the world, the FDA approval process. And if they do, the Trump administration, through Operation Warp Speed, is actually manufacturing the vials of that vaccine now, not waiting until the end, but actually manufacturing it now while it's being tested on tens of thousands of Americans to see if it is a safe and effective drug. And if it is, it will be ready and available the very next day.

Anyone who undermines public confidence in that vaccine and that process will be costing American lives. Any Governor who tries to deny their own constituents of their state that vaccine would be costing lives.

How barbaric and crude would that be for a Governor to say they're not going to let the citizens of their state have an FDA-approved drug to save lives? I don't think even think that's legal. But we will continue to press on, and I know President Trump continues to press on.

And I appreciate, again, the work of the 80-plus thousand men and women in your agency who are working on that. They are not just working on the vaccine. They are delivering billions of PPE.

Again, China hoarded the PPE. Most of it was made there. We know we need to make it here now. We ought to be doing more to push to help make more of that PPE here in America so we don't have to be relying on China when they lie and hoard the PPE.

But we're doing more of that now. Billions are now being sent out through the President's initiative. And, of course, building the largest testing system in the world, we're testing more people in the world, more capabilities, nursing homes are getting tests, the testing capabilities continue going forward.

And, finally, point five, President Trump prioritized the elderly while some of those Governors continued to put their seniors at risk. This President has taken decisive action to save American lives. We wish there were no lives lost. This is a global pandemic. Every country in the world is experiencing loss of lives.

If you look at this list, we wouldn't even be on this top ten if those five Governors would have complied, but, obviously, that's not where we are. China and Russia, by the way, aren't on these list. Why? Because they won't even share with the world their data. They might be at the top.

But regardless of that, we need to keep working to save American lives.

I thank you for the work you and your team are doing and President Trump for the work he's doing on behalf of the American people to finally get our economy back open as we defeat this evil virus.

With that, Mr. Chairman, I yield back.

Chairman CLYBURN. Thank you very much.

Before closing, without objections, I would like to introduce into the record a research letter published by the Journal of American Medical Association entitled "Mortality, Admissions and Patient Census at Skilled Nursing Facilities in Three United States Cities during the COVID-19 Pandemic."

Chairman CLYBURN. According to this study, the severity of nursing home outbreaks mirrored the outbreaks in their communities. New York had a much worse outbreak than Florida, especially at the beginning of the pandemic.

The claim my Republican colleagues made that Democratic Governors are responsible for nursing home outbreaks is just wrong. The problem of outbreaks in nursing homes is a national problem and, as this study shows, tracks the outbreaks in communities.

I should also note that Florida has 27,365 cases of the coronavirus in nursing homes. This is the fifth highest in the entire country. The state has had 5,266 deaths in nursing homes, which is the sixth highest in the entire country.

Now, before we close, I would also like to enter into the record letters the committee has received from the National Association of County and City Health Officials, the Infectious Disease Society of America, and HIV Medicine Association.

I am asking for unanimous consent that all of these be entered into the record.

Mr. SCALISE. No objection.

Chairman CLYBURN. Thank you, Mr. Ranking Member.

In closing, I want to thank you, Mr. Secretary, for being here today.

Sir, it is pretty clear that the Trump administration's approach to this virus since January has not worked. That is why more people in America have died from the coronavirus than in any other country and why the virus is still surging in many states.

But I do not believe that it is too late to turn things around if the Administration will finally lead with the science instead of politics. That means committing today to end the political meddling and allowing our scientists and public health experts to do their jobs, allow the CDC to put out accurate public health guidance, let the FDA approve treatments and vaccines when they are proven safe and effective, not when they are politically convenient and in the constant stream of disinformation coming from the White House.

To control this virus, we also need the administration to finally put in place a coordinated national strategy to respond to the pandemic, a strategy I have been calling for since this subcommittee's very first briefing in May.

This national plan must include a strategy to increase testing, end chronic shortages in swabs and other supplies, and more effectively, efficiently, and equitably target the tests we have.

The Federal Government must also use its resources to procure and distribute masks. And I would much rather see, and I would be hopeful, that the White House would send—go back to that plan and send a mask to everybody.

And I would be pleased for the President to insert a letter with his signature on it. I would much rather see that than these box lunches that he is now requiring that his name be—a letter signed by him be in every one of those boxes. Let's have a letter signed by him in a box with a mask going into every home. That to me would be contributing to the preservation of life.

A national plan to me must include clear and consistent public health measures across all 50 states, include uniform use of masks in public places, and strict limits on large gatherings, especially in areas with high rates of community transmission.

Mr. Secretary, it is too late to save the 207,000 Americans who have already died from this virus, let alone, so let us work together to make sure we don't lose another 207,000 lives.

Without objections, all members will have five days from today within which to submit additional written questions for the witness to the chair. This will be forwarded to the witness for their response. I ask the witness to please respond as promptly as possible.

With that, this hearing is adjourned.

[Whereupon, at 12:03 p.m., the subcommittee was adjourned.]

