

# OVERSIGHT OF CDC POLICIES AND DECISIONS DURING THE COVID-19 PANDEMIC

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## HEARING

BEFORE THE

SELECT SUBCOMMITTEE ON THE  
CORONAVIRUS PANDEMIC

OF THE

COMMITTEE ON OVERSIGHT AND  
ACCOUNTABILITY

U.S. HOUSE OF REPRESENTATIVES

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- \* Report, Center for Strategic & International Studies Commission; submitted by Rep. Bera.
- \* Staff Report, Select Subcommittee on the Coronavirus Crisis; submitted by Rep. Raskin.
- \* Letter, June 6, 2023, to Rep. Miller-Meeks from American Federation of Teachers (AFT), submitted by Rep. Miller-Meeks.
- \* Report, Jama Network Open; submitted by Rep. Miller-Meeks.

## ADDITIONAL DOCUMENTS

- \* Questions for the Record: to Dr. Walensky; submitted by Rep. Miller-Meeks.

*Documents are available at: docs.house.gov.*



# **OVERSIGHT OF CDC POLICIES AND DECISIONS DURING THE COVID-19 PANDEMIC**

**TUESDAY, JUNE 13, 2023**

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

The Select Subcommittee met, pursuant to notice, at 10 a.m., in room 2247, Rayburn House Office Building, Hon. Brad Wenstrup [Chairman of the Select Subcommittee] presiding.

Present: Representatives Comer, Wenstrup, Miller-Meeks, Lesko, Joyce, Greene, Jackson, McCormick, Raskin, Ruiz, Dingell, Mfume, Ross, Garcia, Bera, and Tokuda.

Also present: Representative Jordan.

Dr. WENSTRUP. The Select Subcommittee on the Coronavirus Pandemic will come to order. I want to welcome everyone here today.

Without objection, the Chair may declare a recess at any time.

Pursuant to Rule 7(d) of the Committee on Oversight and Accountability, and at the discretion of Chairman Comer, Mr. Jordan, a Member of the full Committee, may participate in today's hearing for the purposes of questions.

I now recognize myself for the purpose of making an opening statement.

## **OPENING STATEMENT OF CHAIRMAN BRAD WENSTRUP REPRESENTATIVE FROM OHIO**

Today the Select Subcommittee is holding a hearing to examine the Centers for Disease Control and Prevention's policies and decisions during the COVID-19 pandemic. The pandemic sent shockwaves through all aspects of American life: school, work, family, sports, and faith. This was a novel virus. There was much we did not know, and we did not know how to react. Educated guesses were the best we could do in some cases, especially early on.

But throughout, I maintained hope on what should have and could have united our country but did not, instead drove division, unfortunately. I was hopeful that the pandemic could be a unifying force for our country and for the world. After all, a common danger unites even the bitterest enemies. Unfortunately, in many ways, our public health leadership did not always rise to the occasion. Instead of being a calm and trusted voice of science and reason, the

American people often felt let down, often deceived, and left damaged.

Director Walensky, given how difficult it was to get you here today, with the HHS often negotiating on your behalf, it appears that maybe this Administration did not want you to speak regarding these topics. In case you are unaware, nearly ten weeks ago, on April 5, the Select Subcommittee requested that the CDC make you available to testify today. On May 22, the Select Subcommittee officially invited you to testify. Through the negotiation process, the Biden Administration said there was insufficient time for you to prepare. Now this may even astonish you, considering the Select Subcommittee provided nearly ten weeks' notice. The Department of Health and Human Services (HHS) then rejected two other later dates and provided more seemingly illogical excuses.

Again, in case you are unaware, it took the threat of a subpoena for the Administration to finally allow you to attend this hearing. We think that maybe you were willing the whole time, so I want to thank you personally for being here today. It is, however, curious that the Administration tried so hard to hide you from the American people. I suppose that some would rather the American people simply move on, but without review of processes and decisionmaking, it is difficult to plan for the future, and there will be a problem again in the future.

It is the duty of this Select Subcommittee to ensure that we address failings so we are not doomed to repeat them. As well, let us affirm the positives. These are our duties and our obligations.

Throughout the pandemic, CDC published confusing guidance and made divisive and confusing statements, and we must talk about these things. Director Walensky, you made several of these statements yourself, some that even contradicted CDC's official guidance. We have many questions about some of the statements made by several people, and directives made, and facts that may be contradictory.

Beginning with on February 3, 2021, you said, "There is increasing data to suggest that schools can safely reopen, and that safe reopening does not suggest that teachers need to be vaccinated." The next day, then White House press secretary, Jen Psaki, said, "Dr. Walensky spoke to this in her personal capacity." That is interesting. You were speaking at a White House press briefing when you made the statement. The official CDC logo was behind you, and the transcript is on the White House website. Does not sound like personal capacity to me. Seems like the Biden Administration just disagreed with what you were saying, and we will ask you about that today.

On March 29, 2021, Director Walensky, you also stated, "Our data from the CDC today suggests that vaccinated people do not carry the virus, do not get sick." Three days later, a CDC spokesman walked this back and said that you were speaking broadly, and that some people who are fully vaccinated might indeed catch COVID-19. So this raises the question of whether the science supported what you were publicly saying or not.

The lack of scientific awareness of the Biden Administration became clear when on July 2021, President Biden made the unequivocal statement, if you are vaccinated, you are not going to be

hospitalized, you are not going to be in the intensive care unit, and you are not going to die. We will ask you about that and are interested in hearing if the data CDC had at the time supported that statement or if it was made for political or other purposes.

At times, CDC seemingly accepted guidance from political organizations instead of relying on the real time scientific data. In our hearing in April with the American Federation of Teachers President, Randi Weingarten, we examined its interactions with the CDC. Dr. Henry Walke, a scientist at the CDC, described AFT's level of access as uncommon. Ms. Weingarten testified to having your direct phone number and provided the CDC with line-by-line edits and received an advanced copy of the full internal draft guidance, and some of her edits were even accepted. This level of access is uncommon. The AFT even suggested adding a closure trigger to automatically shut schools down. Even though this specific edit was not accepted, the others that were have had some severe consequences. And I believe it is appropriate for the AFT to seek CDC guidance, but not to give you or the CDC medical and scientific advice.

Drug use, violence, mental health issues, and suicide among our Nation's children have skyrocketed, while test scores have severely fallen. Some will attempt to undermine the Select Subcommittee's efforts by saying that hindsight is 20/20 or that we are playing Monday morning quarterback, but our role is to investigate the COVID-19 pandemic. This requires looking back in order to plan ahead. It requires asking questions to evaluate how decisions were made and how they were implemented, and once that is done, we may put forth solutions based on facts, not suppositions.

So I look forward to a strong, respectful, and on-topic discussion. Honesty is non-negotiable. Again, I thank you for being here today, voluntarily, and I look forward to your testimony. And with that, I yield to the Ranking Member, Dr. Ruiz, for any opening statement he would like to make.

#### **OPENING STATEMENT OF RANKING MEMBER RAUL RUIZ REPRESENTATIVE FROM CALIFORNIA**

Dr. RUIZ. Thank you, Mr. Chairman, and thank you, Director Walensky, for being here today.

As Ranking Member of this Select Subcommittee, I have often said how important it is that we focus on forward-looking policy solutions that will leave us better prepared in the event of another deadly novel airborne virus. At the forefront of this work is the Nation's Center for Disease Control and Prevention, which under Director Walensky's direction, helped guide us out of the darkest days of the COVID-19 pandemic. Her steadfast leadership mobilized the most successful vaccination campaign in our Nation's history, leading to more than 600 million shots in arms, prevented 18.5 million hospitalizations, and saved 3.2 million lives from COVID-19.

Under her leadership, 95 percent of America schools that were forced to close during the previous administration's failed pandemic response safely reopened for in-person learning within just one year. And because of her tireless efforts, our Nation's public health workforce was fortified, and the CDC made critical strides to ensure that the American people received accurate data-informed

public health guidance that reflected what we knew about an evolving, ever-changing pandemic at crucial points in time.

I say all this to not only thank Dr. Walensky for her service to the Nation, but also to stress where we were and where we are today because of her leadership. You see, when Dr. Walensky began her tenure at the CDC, she inherited a beleaguered Agency during the pandemic's deadliest two months stretch on record in the United States. In fact, every day, more than 3,000 people in the United States died from COVID-19. What is more, Dr. Walensky ascended to the role as director not only as the Agency was in the midst of battling a deadly novel virus, but also as it was suffering from the severe setbacks and damaged morale that resulted from months of political interference by the former President and his administration.

Throughout the early months of the pandemic, our Nation's scientists were sidelined by White House officials and the President's political allies who meddled in CDC's communications, public health guidance, and scientific reports. That is in addition to the President's own downplaying of the coronavirus, which hampered our Nation's pandemic response during one of the deadliest periods in America's history. This political interference and harmful messaging by the former President also manufactured a deep distrust in our Nation's public health institutions, fundamentally undermining our ability to respond to future threats. That, coupled with the ongoing vilification of public health experts with the purpose of advancing a partisan narrative, and now we are seeing the real and dangerous consequence.

In fact, a February 2022 Pew Research Center report found that fewer than three in ten adults in the United States now have a great deal of confidence in medical scientists to act in the public's interests. As a physician and public health expert, this is deeply concerning to me, and it should be to us all. Our ability to prevent harm and save lives in the event of another pandemic is intrinsically tied to a strong relationship between our Nation's public health experts and the American people. So where do we go from here? How do we move forward?

Now that we are on the other side of this pandemic, thanks to Director Walensky and the Biden Administration's leadership in delivering vaccines and safely reopening workplaces, schools, and our economy, we have the opportunity to rebuild the trust that has been eroded. We have the chance to right the wrongs of the previous administration by identifying and implementing real solutions that leave us better prepared in the event of another deadly virus, solutions like empowering the CDC to promote comprehensive and timely data collection and reporting, equipping the CDC with tools and resources necessary to continue rapidly disseminating accurate information and guidance to the American public without political interference, and investing in the CDC so that it can continue to support its states and local partners in the face of future public health threats.

It is now that we should work to reinspire confidence in our Nation's public health officials, not continue to vilify falsified motives and breed distrust in them. It is now that we should continue to assemble a strong public health workforce and see through Director

Walensky's vision for the CDC to identify, prevent, and respond to novel viruses and threats more nimbly. And it is now that we should build on the Biden Administration's progress to bolster whole-of-government pandemic preparedness so that we can more rapidly respond in a future public health crisis.

So today I hope we can make progress on advancing these objectives because if we do, we can and will ensure the Nation is better prepared in a future public health crisis. And that means future harm will be prevented and more lives will be saved. Thank you, and I yield back.

Mrs. LESKO. [Presiding.] Thank you, Dr. Ruiz. Our witness today is Dr. Rochelle Walensky. Dr. Walensky currently serves as the director of the Centers for Disease Control and Prevention. She was previously the Chief of Division of Infectious Diseases at Massachusetts General Hospital and a professor of medicine at Harvard Medical School. Dr. Walensky graduated with a Bachelor of Arts from Washington University in St. Louis, received a Doctor of Medicine from John Hopkins School of Medicine, and a Master of Public Health from the Harvard School of Public Health. Thank you for being here today.

Pursuant to Committee on Oversight and Accountability Rule 9(g), the witness will please stand and raise her right hand. Thank you.

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

Dr. WALENSKY. I do.

Mrs. LESKO. Thank you. Let the record show that the witness answered in the affirmative.

The Select Subcommittee certainly appreciates you being here today, and we look forward to your testimony.

Let me remind the witness that we have read your written statement, and it will appear in full in the hearing record. Please limit your oral statement to 5 minutes. As a reminder, please press the button on the microphone in front of you so that it is on and the members can hear you. When you begin to speak, the light in front of you will turn green. After 4 minutes, the light will turn yellow. When the red light comes on, your 5 minutes has expired, and we would ask that you please wrap up.

I now recognize Dr. Walensky to give an opening statement.

**STATEMENT OF ROCHELLE WALENSKY, M.D., M.P.H.  
DIRECTOR**

**U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION**

Dr. WALENSKY. Thank you. Chairman Wenstrup, Ranking Member Ruiz, and distinguished Members of the Subcommittee, it is an honor to be here with you today.

I came to CDC in January 2021 as a practicing infectious disease doctor and researcher who had been on the front lines of the pandemic, treating patients with COVID-19. I leave later this month with a great sense of accomplishment that the public health emergency has ended, and with an unwavering respect and admiration for the dedicated people across CDC working every day to protect the health of Americans.

When I started, CDC faced enormous challenges. For example, the sharing of data was too slow and often relied on fax machines, which greatly hindered Federal, state, and local leaders from having timely access to critical public health data. As a Nation, we have mourned the loss of more than 1.1 million family members, neighbors, colleagues, and friends from COVID-19. And we cannot lose sight of the fact that we are still losing people to this disease every single day, but thankfully, we are in a much different place today. The end of the public health emergency last month marked a tremendous transition for our country and for public health. Now we have the tools we need to protect people in our communities from severe infection and death. Thanks to the work of CDC, our partners in state and local government, the private sector, and frontline healthcare workers, more than 676 million doses of vaccines have been administered across the United States, saving millions of lives. These vaccines built a wall of protection which dramatically decrease the risk of severe disease and death from COVID-19.

When I started at CDC, just one-third of school districts were offering daily in-person instruction. With my three boys at home with me, getting schools open was a top priority for me. I, like many of you, recognized the critical role that schools play in supporting social, physical, behavioral, emotional, and mental well-being of our children. In fact, one of the first guidance documents released by CDC, just 23 days after I started, was the operational strategy for K-12 schools through phased mitigation on February 12, 2021. This roadmap to reopen schools and help them remain open was the result of countless work hours by CDC staff, along with feedback from over 50 organizations and implementing partners, organizations, and individuals whose engagement we needed, whose participation was essential if school opening was actually going to happen, and it worked. By the fall of 2021, nearly every school district in the United States offered daily in-person instruction.

Throughout my tenure as CDC director, I used the best available and often emerging data to inform real-time policy decisions. Rarely did we see new scientific findings that were immediately and unanimously clear and consistent, but at CDC, we have a strong commitment to acting quickly with transparency when new science gives us better ways to protect the public health needs of our most vulnerable.

For example, when two studies were released in March 2021 showing that we could reduce physical distancing in schools from six feet to three feet, we acted to release new updated school guidance just four weeks after our initial effort. Fortunately, today we know so much more about this virus than we did when it first emerged, and in 2023, we believe the darkest days of this pandemic are now part of our history.

Despite important accomplishments and improvements to our public health lab capacities, expanded ability to collect and share high quality public health data, and bolster public health infrastructure, CDC still has more work to do, and I am deeply motivated to make improvements based on what I have seen. I launched an all-Agency review, CDC Moving Forward, in April

2022, to address the lessons learned from COVID-19, increase accountability, and improve how we deliver information to Americans. As CDC continues this internal work, we need partnership with Congress to better position CDC for success.

In closing, the rate of infectious disease threats that I have seen as CDC director should be a warning to us all. As a Nation, we failed to heed the lessons from previous disease outbreaks. We are once again faced with opportunity. Collectively, we should focus our work on moving the Agency and public health forward. Our response to the next infectious threat relies on how we come together and have productive conversations about supporting a more prepared America. I commit to further this goal in my last weeks at CDC and beyond. It is too important, and too many lives are at stake. I hope you will continue to work with me and CDC to support sustainable public health investments and updated authorities that will protect the security of Americans by being better prepared for tomorrow's health threats.

Thank you, and I look forward to your questions.

Mrs. LESKO. Thank you, Dr. Walensky. I now recognize the Chairman of the full Committee, Mr. Comer from Kentucky, for 5 minutes of questions.

Chairman COMER. Thank you, Madam Chair. The CDC frequently communicated with Big Tech and social media companies to coordinate the censorship of posts that expressed skepticism or criticism of the COVID-19 vaccines. Dr. Walensky, is there a difference between medical opinions and misinformation?

Dr. WALENSKY. There are things that are scientifically proven over and over again in the literature, and those eventually become fact, but I think that there are ways to interpret that that—

Chairman COMER. Exactly. Reasonable people disagree on a medical path forward, correct? I mean that—

Dr. WALENSKY. Yes, but I would also say that when there is increasing science, that leads to the fact that more and more people then generally agree.

Chairman COMER. I mean, patients often are advised to get a second opinion on medical advice. CDC records, however, show that CDC officials sometimes flag social media posts which they deem to be misinformation. My question is, did the CDC work with private companies to influence a censorship of dissent about vaccines?

Dr. WALENSKY. You know, that topic is one that is under litigation in the courts, so I will not be speaking to that.

Chairman COMER. Recently, Meta's CEO, Mark Zuckerberg, said that during the COVID-19 pandemic, the establishment kind of waffled a bunch of facts and asked for a bunch of things to be censored that in retrospect ended up being more debatable or true. Did the CDC work with Meta, or I like to call it Facebook still, to censor or otherwise alter any posts?

Dr. WALENSKY. Here is what I can tell you. The most important thing that has gotten us out of this pandemic, I think, is our vaccine and how well they work and how safe they are.

Chairman COMER. I understand that.

Dr. WALENSKY. And it was really important that the American people understand how well they worked and how safe they are.

Chairman COMER. I understand it. Did—

Dr. WALENSKY. But in terms of the communications, that is again something that I am not going to speak to because it is currently under court litigation.

Chairman COMER. So you are not going to answer the question?

Dr. WALENSKY. It is currently under court litigation.

Chairman COMER. I hear that so much on everything we do, “it is currently under investigation.” Did the President take a bribe? Dr. Jackson, it is currently under investigation. Did the CDC ever worked with Facebook to craft internal policies on censoring posts regarding the COVID pandemic? Cannot answer that?

Dr. WALENSKY. Again, this is something that is under court litigation. What I will say, though, it is so very important to get correct factual information out to people to understand the overwhelming benefit of these vaccines over the very minimal risks.

Chairman COMER. What about Twitter? Can you answer that?

Dr. WALENSKY. Again, under court litigation.

Chairman COMER. So you refuse to answer the question?

Dr. WALENSKY. No. What I am saying is it is under court litigation, and I will say that the most important thing that we were working toward at CDC is to get facts out to people so they understood in plain language what was important—

Chairman COMER. I am going to reclaim my time. Facebook’s policy on coronavirus misinformation dated February 8, 2021 said that it would purge “false claims,” including the notion that COVID–19 is manmade or manufactured. Director, did the CDC ever recommend that Facebook or other companies censor posts promoting the lab leak theory?

Dr. WALENSKY. We are speaking to the same thing. These are all situations that are under court litigation. I will not be speaking to those.

Chairman COMER. Did the CDC ever recommend that Facebook or other companies censor posts suggesting that vaccines did not prevent the infection or spread of COVID–19? Can—

Dr. WALENSKY. What was most important to CDC was to get information about how well the vaccines were working and how safe they are, and, you know, all of the questions that you are asking are along the same lines. They are currently under litigation in the courts.

Chairman COMER. In one email, a CDC official tells a Twitter employee that, “CDC is working on a project with Census to leverage their infrastructure to identify and monitor social media for vaccine misinformation”, and that they would “like the opportunity to work with Twitter’s trust team on a regular basis to discuss what they are seeing.” So, Director, did the CDC work on a regular basis with Twitter, other companies to monitor or censor vaccine misinformation? Can you answer that?

Dr. WALENSKY. Congressman, my answer is the same. It is the same line of questioning. We wanted to get important information out to the people so that they would favor vaccines because they were working. They were preventing severe disease and death.

Chairman COMER. I understand, but it turns out that some of the perspectives that the government censored, like the lab leak theory, and some questions about the vaccine were correct all along, but the government censored that. A lab leak is possible. I would

go even further to say the lab leak is probable. Even some in the government have admitted that. The vaccine did not stop spread or infection. I am not saying it was completely bad, but it did not stop the spread or infection.

Dr. WALENSKY. I think if I could actually just correct that point, and that is initially it did. For the Wuhan strain and for the Alpha strain, all of the early data and the literature published in the New England Journal demonstrated that for those who worked, if you did not get infected, that you were not transmitting it to other people, and it had very high efficacy early on up to 96 percent.

Chairman COMER. And that is part of what—

Dr. WALENSKY. So it did change over time—

Chairman COMER. I understand. I hate to interrupt, but my time has expired, but that is something that this Committee is going to continue to investigate. But with respect to censorship, censoring dissenting opinions is unacceptable, and that is something else that this select committee needs to investigate. We do not need to see that ever happen again, and I look forward to trying to present the truth to the American people about what role the government played in censoring dissenting medical opinions, which may well prove to be true. Madam Chair, I yield back.

Mrs. LESKO. Thank you. I now recognize the Ranking Member, Dr. Ruiz, from California for 5 minutes of questions.

Dr. RUIZ. Dr. Walensky, when you took the helm at CDC, our Nation was in the darkest days of the pandemic. More than 3,000 people were dying of COVID-19 each day, and the Federal Government was stumbling in the race to get as many shots in arms as the coronavirus surged through our communities. Our Nation's healthcare and public health workforces had endured months of unparalleled strain. And America's faith in our public health institution was battered by the previous administration's reckless mishandling and politicization of the pandemic response and these narratives that somehow it was American-funded bioweapon made from China and purposely released from a lab in order to harm the world.

But you hit the ground running. You brought fresh energy and a renewed commitment to the CDC's mission of leading with science to protect our Nation's health. As a result of your leadership, speak for themselves those results. Within weeks of you stepping into your new role, the CDC issued comprehensive guidance that meticulously laid out the steps schools and communities could take to safely and swiftly return kids to the classrooms. Just one year into your tenure, the number of students who returned to full-time in-person learning more than doubled with 95 percent of kids back in classrooms by January 2022. What role did CDC's guidance play in paving the way for the safe resumption of in person learning across the United States?

Dr. WALENSKY. Thank you, Dr. Ruiz. It was instrumental. I mean, so much of what we did in getting this guidance out. And let me just emphasize, the most important thing you can see, by the fact that we released it 23 days after I started, was getting our children back to school. I had three of my own kids at home with me. I wanted our children back at school, safely. The whole point was to get the schools open and to have them safely remain re-

opened, and we did that through layered mitigation. Remember, at the time, vaccines were not available for children. You know, we were rolling out vaccines across the country, and it was essential, this layered mitigation. What was also essential was getting feedback from our partners. We did a lot of engagement, a lot of listening, a lot of understanding.

Dr. RUIZ. But, you know, a lot of the recommendations and policymakers either fail or succeed in the field due to implementation problems. So it is only prudent for the implementers to be consulted with to ensure that any recommendation will be followed and will actually work.

During your tenure as CDC Director, you also worked closely with your colleagues at various levels of government to execute the most sweeping vaccination campaign in America's history. Over the more than two years that you spent at CDC, the Federal Government facilitated getting more than 600 million COVID-19 shots in arms. This historic campaign protected tens of millions of Americans from the threat of severe COVID-19 and death. During your tenure, how did CDC work with government and community partners to right the ship on the COVID-19 vaccine rollout and turn the tide on the pandemic, and what were the biggest top two lessons learned?

Dr. WALENSKY. Well, first, we did not have an infrastructure to support vaccine rollout, and we still do not have an active infrastructure. That is something I would really request from Congress is that we have a vaccine for adults program so that we can roll out vaccines again in the future. But we worked across all of government, private sector, private partners. We had a Federal retail pharmacy program that was able to reach people where they were. We worked on equity initiatives. The biggest divide was across rural and urban divides that we were not reaching as well urban people, so we had to do that. We worked with community-based organizations, faith-based organizations. This was an all-hands-on deck approach.

Dr. RUIZ. Thank you. Dr. Walensky, your departure from the CDC comes at a time of transition for a Nation. Under the Biden Administration's leadership, we have emerged from the darkest days of the pandemic and are now tasked with the critical mission of preventing and preparing for future threats to our public health. This is not the time to let up on the gas pedal. Instead, it is our time to recommit to the mission of empowering and investing in America's public health institutions, which work on the frontlines of emerging threats to keep us safe.

As we look to the future, what are the two actions Congress should take to have the greatest impact in ensuring that the CDC is equipped to get ahead of the next potential pandemic?

Dr. WALENSKY. The two biggest ones would be, in my mind, to focus on data. Our data highways, whether our data systems are coming in, we do need resources for our data highways and to have data authorities so that we can see the data that are coming and we can act nimbly in real time. That would be one. The second in my mind would be expanded workforce authorities so that if we are expected to be a response-based Agency, we have the authorities of

other response-based agencies, direct hire authorities, overtime authority, danger pay, those sorts of things.

Dr. RUIZ. You know, I think these are the critical things that we should work toward building and let the theories and the accusations without evidence that are oftentimes made out of context go so that we can actually work on the important priority things that will save lives. With that I want to thank you, Director Walensky, for the tireless dedication you have shown to America's public health during your tenure and for your time today.

Dr. WALENSKY. Thank you so much.

Dr. RUIZ. I yield back.

Dr. WENSTRUP. [Presiding.] I now recognize myself for questions. Actually and again, Dr. Walensky, I want to thank you for being here. And I feel certain that there is much we can learn going forward based on many of your experiences and your predecessors' experiences that we can come forward with better plans in the future.

So on March 28, the Select Subcommittee sent you a document request regarding the drafting of the CDC's February 2021 school reopening guidance, particularly whether any outside groups exerted uncommon influence over the process. On April 26, the Select Subcommittee held a hearing with the president of the American Federation of Teachers, Mrs. Randi Weingarten, and then on June 1, after two months of the CDC failing to produce a single document, we had to follow up on our March 28 letter. So this investigation is a priority to the Select Subcommittee, as you can imagine, and today all we expect is honesty. And do you commit as the Director of the CDC and speaking for the CDC to fully cooperate with the document request?

Dr. WALENSKY. I certainly commit. I know we have been working with you, and I commit to working with HHS and to working with you to act in good faith and get to the documents that we can.

Dr. WENSTRUP. I appreciate that. We do need to see them. And do you commit as director of the CDC and speaking for the CDC to make employees available for transcribed interviews?

Dr. WALENSKY. Again, this is something I commit to working with CDC in good-faith efforts to do our best to get you the information and talk to people that you request.

Dr. WENSTRUP. Okay. It was really important.

Dr. WALENSKY. I recognize that.

Dr. WENSTRUP. It is important to talk to people that were in the trenches and to understand what was going on, good, bad or indifferent. So a large part of this investigation is whether the teachers' unions or other political groups received preferential treatment from the CDC or the Biden Administration, and if these groups advocated for measures that would unscientifically keep schools shuttered. That is a concern, so I am going to ask a series of questions. And I know that it is sometimes challenging to just answer something "yes" or "no," but I am going to ask you to do that, if you would.

Director Walensky, did the American Federation of Teachers provide suggested edits to the CDC's February 2021 school opening guidance, including a trigger to automatically close schools that if implemented, would have kept more schools closed and kids out of the classroom?

Dr. WALENSKY. The AFT was interested in having closure triggers. That is my understanding, yes.

Dr. WENSTRUP. So your answer is yes?

Dr. WALENSKY. Yes, but they were not accepted, of course.

Dr. WENSTRUP. I understand.

Dr. WALENSKY. Our full goal was getting the schools open. I mean, if you recognize in our guidance, we had layered mitigation strategies to keep our schools open. This was all about keeping schools open, and this was not about triggers to close them.

Dr. WENSTRUP. I appreciate that. Did the AFT's suggested closure trigger run contrary to the prevailing science and data at that time?

Dr. WALENSKY. Again, this was something where we had layered mitigation strategies in the operational guidance to keep our schools open. Again, it was all very locally based, you know, depending on local community, transmission, et cetera. But again, our goal was not to talk about school closure triggers. Our goal in this guidance was to keep them open.

Dr. WENSTRUP. And I appreciate what you just said about what is going on locally because I think that is one of the real lessons learned here, because in medicine in particular, you had counties with no cases whatsoever, and people were being denied their medical care. So there were a lot of things to consider there. And I appreciate that you did not accept one of the things because, in my mind, the science and the data was contrary to some of those, that trigger, if you would. And to be clear, though, the CDC did not implement a closure trigger that the AFT advocated for, correct?

Dr. WALENSKY. Correct.

Dr. WENSTRUP. Alright. Thank you very much, because it was unwarranted, correct?

Dr. WALENSKY. Because that was not the goal of the guidance. The goal of the guidance was to get schools open and to keep them up, and that was not what we were looking. Just to keep in mind, this was January 2021. Many of the schools were closed. This is what I inherited, what I stepped into. My kids were home with me. The whole point was safe reopening of schools.

Dr. WENSTRUP. No, I am with you, and I remember January 2021 quite well. And I have children also, grade school children, so I get it. But I want to shift to the statement you made on February 3, 2021. You stated, "There is increasing data to suggest that schools can safely reopen, and that safe reopening does not suggest that teachers need to be vaccinated. Vaccinations of teachers is not a prerequisite for safely reopening schools." The same day, the White House stated that you were speaking in your personal capacity, "on personal capacity." So again, just yes or no, were you speaking in your personal capacity when you made that statement?

Dr. WENSTRUP. Whenever I have been speaking to Congress, to the media, at press conferences during my tenure at CDC, I have been speaking in my professional capacity.

Dr. WENSTRUP. Thank you. Was that your position based off the available science and your own knowledge and experience?

Dr. WALENSKY. Just to be clear, there were limited amounts of vaccine doses at the time. There was a prioritization and ultimately several weeks later for teachers to get vaccinated. But I did not

think teacher vaccination if we had all of the other five layers of mitigation strategies available, that that was not the only thing that needed to keep schools closed. The schools could open without teachers being vaccinated, and there were data and literature, people in healthcare were working already.

Dr. WENSTRUP. Many people were working.

Dr. WALENSKY. Yes, many people were working.

Dr. WENSTRUP. Why do you think the White House contradicted you then or tried to change it from professional to personal?

Dr. WALENSKY. That is something I cannot speculate to. I think you will have to ask them.

Dr. WENSTRUP. That is fair. On June 21, 2021, President Biden stated, "If you are vaccinated, you are not going to be hospitalized. You are not going to be in the intensive care unit. You are not going to die." Again, simply yes or no. By that date, were there vaccinated Americans that were hospitalized?

Dr. WALENSKY. What I can tell you is at the time, CDC was releasing increasing data showing the immense protection of vaccines against severe disease, hospitalization, and death.

Dr. WENSTRUP. But by that date, were there vaccinated Americans that were hospitalized?

Dr. WALENSKY. You know, maybe I will say this. We still to this day do not have data on people who are coming into the hospitals who are vaccinated. That is a data point that we have lacked.

Dr. WENSTRUP. Well, I appreciate you saying that because that is another thing that we need to look into very closely and to do better going forward.

Dr. WALENSKY. On our data systems.

Dr. WENSTRUP. But I will say this, you know. Believe me, as a physician, I was watching when we were first looking out to try and see, how do we treat this thing. You know, what is going on? What bloodwork can we do? IL-6, you know, your inflammatory markers, CT of the lungs, there were no tests, and we were trying to find this, but we did pay very close attention to the trials of Operation Warp Speed. And it was fascinating to, you know, be a part of that in some way. We would meet with Dr. Fauci, Dr. Collins, et cetera, but we knew from the trials that people who got vaccinated still got COVID. In general, they did not get as sick, and they were less likely to be hospitalized, and, therefore, less likely to die, but it was still happening.

So I will ask you the question. To the best of your knowledge, you know, had any passed away when he made that statement in June 2021?

Dr. WALENSKY. If I might, Dr. Wenstrup, let me just also thank you for your work in promoting vaccination, many videos of you doing vaccine clinics yourself, so I want to thank you for your efforts there. You know, what I will say is my understanding of the initial clinical trials that were released in November, December, before I became CDC director was 96 percent protection against symptomatic disease. In medicine, we never say never, but—

Dr. WENSTRUP. Exactly. Exactly. So thank you. And that is the problem I have with this statement from the leader of the free world is to say something so definitive, "You are not going to be hospitalized." Even in the trials, people were hospitalized. "You are

not going to the ICU” as a definitive statement. That was misinformation. That was divisive. That was dangerous, and it puts you in a very hard spot. It put you in a very hard spot as you are to be the leading voice for America. And I applaud so many of the things that you have done and did do, but this is a problem, and that is the point I am trying to make that we cannot let this happen. We have to let science be the science, and in my opinion, we should have been hearing from the doctors who treated COVID patients, not politicians, and not someone in the lab. So one more question. Just to be honest, we know the vaccination saves lives. We know it is not perfect. There were breakthrough cases and there were deaths, and we have to do better going forward.

I now recognize the Ranking Member of the full Committee, Mr. Raskin, from Maryland for 5 minutes of questions.

Mr. RASKIN. Thank you, Mr. Chairman. Dr. Walensky, you are a graduate of Churchill High School in beautiful Montgomery County, Maryland. And the people of the 8th District are very proud of your devotion and your commitment to the public health and public education.

In October 2022, the Select Subcommittee on the Coronavirus, led by Chairman Clyburn, which I served on, uncovered a deliberate campaign by the then leader of the free world, former President Trump, and his associates to distort and politicize the CDC’s COVID–19 public health response before the 2020 Presidential election. This disinformation strategy is best described by Trump’s own political appointees, President Trump’s COVID–19 coordinator, Dr. Deborah Birx, who has famously told America that the Trump Administration could have prevented hundreds of thousands of deaths from COVID had it acted effectively to address the epidemic, stated that Dr. Scott Atlas, another Trump appointee, “was overtly mixing public health with politics by advocating the idea that case identification is bad for the President’s reelection.”

Dr. Paul Alexander, a Trump appointee, former senior policy adviser in CDC’s Office of Public Affairs, said this: “Here is the issue. If the communication is left with just the statement that minority groups [sic] are at higher risk than on its face, this is very accurate. However, in this election cycle, that is the kind of statement coming from CDC that the media and Democrat antagonists will use against the President. Each time we talk about these deaths, we need to tell the Nation why these deaths happened. This was due to decades of Democrat neglect.” President Trump and his allies not only spread medical disinformation about quack medical cures, like hydroxychloroquine and injecting yourself with bleach, but they lied to the American people very explicitly for their own political benefit.

In discussing the importance of getting accurate scientific information about COVID out to the people from CDC, Dr. Martin Cetron, director of the Division of Global Migration and Quarantine, told the Select Subcommittee during a transcribed interview, “There are people no longer with us that would have benefited from that kind of very clear messaging.” Now, Dr. Walensky, do you agree that accurate science-based public health guidance would have saved lives that we lost during the COVID–19 epidemic?

Dr. WALENSKY. That has been my goal. Thank you. First of all, go Bulldogs. But that has been my goal since I got here is to provide the most up-to-date information that we have, tell people what we know, tell people what we do not know, tell people that things may change if we have a new variant, for example. Again——

Mr. RASKIN. But why is that being your goal? Why is it so important to get accurate, scientifically based information out to the people?

Dr. WALENSKY. Because that is how they make their own risk-based decisions. They are making their own decisions, and they are doing it based on what they hear from scientific experts from leaders in the field. And that is how they should be making those——

Mr. RASKIN. Right, but presumably, you want them to make scientifically based decisions——

Dr. WALENSKY. Of course.

Mr. RASKIN [continuing]. Because that will protect their own health——

Dr. WALENSKY. Of course.

Mr. RASKIN [continuing]. And safety. So if the government is involved in putting out distorted information or propaganda or disinformation, it is going to undermine the public health.

Dr. WALENSKY. And that was actually among the challenges as I came in and, in fact, among the challenges that have been discussed here this morning.

Mr. RASKIN. Well, tell us about that. What kind of challenges in terms of staff morale and public trust did you inherit when you became the CDC director?

Dr. WALENSKY. Look, I am gifted to have an Agency that works 24/7 to protect Americans. We have people who were rappelling out of helicopters to drop test kits onto the Diamond Princess. We have people who have gone door to door in Ohio during the Ohio train derailment for hours on end, we have people working in Ebola treatment centers, doing infection control, and they are now seeing the vitriol splashed across the pages of the work that they are doing. Their job is to work 24/7 to protect the Nation and protect health, and we do that through all of those activities and through releasing science.

And when they are undermined, you see risks to their lives. You see people leaving. I think there is an estimate that about half of public health workers across this country have left the field because they have been threatened. That does not help public health in this country.

Mr. RASKIN. Well, and I want to thank you for your devotion to getting scientific facts out to the people in pursuit of the public health. And if Donald Trump's apologists are really worried about plummeting confidence in government and in public health, they should look at the lies and the serial manipulation of the facts that were engineered by Donald Trump and his Administration in their spectacularly failed response to COVID-19.

I would like to ask unanimous consent to enter into the record an October 2022 report, titled, "It was Compromised: The Trump Administration's Unprecedented Campaign to Control CDC and Politicize Public Health During the Coronavirus Crisis," that was authored in the last Congress, Mr. Chairman.

Dr. WENSTRUP. Without objection.

Mr. RASKIN. I yield back.

Dr. WENSTRUP. The gentleman yields. And I now recognize Dr. Miller-Meeks from Iowa for 5 minutes of questions.

Dr. MILLER-MEEKS. Thank you, Mr. Chair, and, Dr. Walensky, it is nice to see you again, and thank you for testifying before the Committee today. And let me just be the diplomat in the room and say that both administrations failed the United States' public in its response to the pandemic, and that, in fact, is why we are having this hearing. And thank you, Chair Wenstrup for conducting it and for the questions that you have asked and have posed for us to ask so that our next response to the next pandemic, which we know is coming, is better and that we are better prepared for it.

As you know, this Select Subcommittee held a hearing in April on the consequences of school closures in which Randi Weingarten testified as the only witness. She vehemently denied coordination between the American Federation for Teachers and supported the scientific expertise that her union offered on COVID transmission rates among children. Mind you, her experts did not consider the American Journal of Pediatrics findings that showed children were poor transmitters of the coronavirus, or the data from Sweden that showed zero COVID deaths amongst children aged 1 to 15, despite keeping schools and daycares open for all of the spring in 2020, or the fact that schools were open in Europe, or the fact that there were schools, private schools and public schools, that were open here in the United States. My state in Iowa had reopened schools in August 2020. And let us not forget the American Federation for Teachers is not a scientific body.

The data show that not only are children poor transmitters of the virus, but they are also, unless they are at high risk, at very low risk for hospitalization and death. The CDC is supposed to be the Nation's leading science-based communicable diseases Agency, not preventable medical diseases or climate change, although those things are very important, with public health being the number one goal, especially as related to communicable diseases. At multiple points throughout the pandemic, the CDC issued not only confusing guidance that was seemingly not based on real-world data or evidence, but blatantly false information that fundamentally and permanently damaged people's lives and led to loss of trust.

And I, having been a former director of state of public health, I admire your commitment to your Agency and your staff. I had the same to my Agency and my staff, and I also know how extraordinarily difficult the job is that we do, bringing science into the real world and making decisions and recommendations for individuals to follow. And our response to the pandemic in response to lockdowns and shutdowns occurred in the form of mental health decline, learning loss, economic instability, and a loss of trust in some of our premier institutions, and among one of the CDC's pandemic failures was its guidance on school closures. And I understand what you are saying here today was that there were certain things that you declined to act upon with triggers, but there were other things where recommendations were seemingly followed at the CDCs guidance.

On February 12, 2021, CDC issued updated guidance on school operational capacity, which effectively condoned the continued closure of schools, whether it was tacit condonement or implied. Again, this was despite clear data that showed children, especially within elementary schools, were not super spreaders, and that teachers were no more susceptible to infection or death than those in any other profession at which people who were working. You also said that you looked and that you wanted to have the most up-to-date data, and that it was locally based. And so we wonder, did you use real world evidence, and was this brought into the bear on what your recommendations were?

After the April hearing with Ms. Weingarten, I received a letter from her lawyer at AFT, which, amongst other things, said that I belittled the scientific expertise that was available to the AFT. He supported his claim by linking an article that discussed COVID-19 transmissions and households, not schools, and suggested that I keep an open mind and show some humility. Those things have not been previously described to me. However, I would like to enter these both into testimony. The article by which they are submitting on COVID-19 transmissions and household is from June of this year so would not have been available as scientific data.

So, Mr. Chairman, I ask unanimous consent to enter this letter and the accompanying article in the record.

Dr. WENSTRUP. Without objection.

Dr. MILLER-MEEKS. Dr. Walensky, can you explain to this Committee what data the CDC reviewed when developing a school reopening guidance, whether the CDC considered the American Journal of Pediatric study or data from Sweden or Iceland? And did you consider data and information from school systems that were already open in developing the guidance? And additionally, will you admit that COVID transmission in schools, especially elementary schools, was low enough to not justify school closures?

Dr. WALENSKY. Thank you so much for that question, Dr. Miller-Meeks. As part of our scientific brief, and just to be clear, it was not a document to close schools. Many of the schools were already closed. This was operational guidance to get schools open and keep them open. But in the scientific brief that went along with that operational guidance, we had reviewed publications from the U.K., Israel, Switzerland, Norway, Germany, Italy, and more.

I can tell you that there was not a lot of published data from Sweden. There was a study subsequently from Sweden that demonstrated that Swedish schools that had in-person learning, their teachers had twice the infection rate as those that had closed. And I can also tell you, by late spring, that Sweden actually had overwhelmed hospitals and ultimately decided to close the schools for people who were over the age of 13. So we did absolutely look at data from other countries as we were doing this.

Again, part of the operational guidance, and you speak to what happened in Iowa, but part of the operational guidance was to look at your local community transmission, and to say, if your local community transmission is low, we really encourage our kids to get back to school. That was entirely the point, as has been noted before.

I also want to highlight that the American Academy of Pediatrics at the time supported our guidance when it was released. So we had support from not only public health workers throughout CDC—we had done a lot of engagement with our partners and implementing partners—but we had support from the American Academy of Pediatrics. Thank you.

Dr. MILLER-MEEKS. Thank you. I yield back.

Dr. WENSTRUP. I now recognize Mr. Mfume, from Maryland for 5 minutes of questions.

Mr. MFUME. Thank you very much, Mr. Chairman. I want to thank you and the Ranking Member for calling this hearing. Director Walensky, thank you very much for being here with us. Just a couple of things and some thoughts and maybe one or two questions.

We seem to always think about the pandemic as if it were some great big novel that had chapters, that, as we read it, we knew what to expect. We did not know what to expect with this. We were operating in real time. And I have said that at beginning of each one of these hearings, it is so easy to go back and to be a Monday morning quarterback or to claim to be doing the kind of investigative work, that we are sure about the outcomes were. This was real. And the fact that healthcare workers have left in droves because we have bastardized what they have done, we have made them feel bad, we have deemed their efforts not worthy of what they should have done in our opinion. We have questioned their tenacity.

We keep always making this reference to European countries without doing all of the proper research. I mean, the transmission rates in European countries were not apples to apples when compared with the United States. It is important for us to say that, and I know it is novel and interesting and quick to be able to say, well, they did this in Germany, France, Sweden, et cetera. But just the fact that even in Sweden, as we just heard, infection rates for teachers were some of the highest rates that were being recorded. So it is oftentimes good to pump the brakes and to recognize that we were all fortunate enough to get through a very debilitating crisis as a Nation and that what we probably should be doing is looking to the future, not back at the past, because we have examined that 100 times to figure out if perhaps next year something like this happens again, what do we do and how do we do it.

Director Walensky, I am glad that you are here. I hope you use this as an opportunity to be able to express yourself in a way that you may have been constrained previously. We want to congratulate you on your work that you have taken part in and that you have led so many others in. Thank you for your accomplishments.

I want to correct and affirm the record whenever I can. In your time as Director of the Centers for Disease Control, you got safe school openings of 100,000 schools and distributed the vaccine to 200 million Americans. And you have increased the aggregate number of COVID tests to almost a billion, funded medical research by directing your own budget internally to be able to do the things that were very, very important, and put in place an organizational structure that is much nimbler with a greater response time. So we really should be saying congratulations from this Committee. None

of us had that task. We know we are all here now with the microscope, but when you are in it, and you are in the ring, and you have got to figure out what to do, and you are being measured every day, it is a very tough, tough job.

I am particularly interested in your work to address the disparate health outcomes and to advance health equity. We have seen among affected populations just all sorts of things that cry out for greater attention. And in your tenure as director, you established the updated Office of Health Equity. Is that correct?

Dr. WALENSKY. That is correct.

Mr. MFUME. Thank you for that. And you led the development of CDC's new equity-centered data system. Thank you for that. And for the first time in CDC's history, you account now for social factors that have an impact on health, such as where people live, and what is their income, what is their race, their age, their access to healthcare. Thank you again for that.

Painfully, we have learned that during a public health crisis, we have got to be able to identify as well as care for the most vulnerable among us. And collecting and organizing that data will be critical, I believe, toward identifying vulnerable populations and to have resources and to thrive.

I would ask you, though, if you could just take a moment in your own words and tell us what you think, quite frankly, are some of the things that we should be looking at as a legislative body, and what legislation and legislative ideas would you suggest to this Committee, on the record, that we perhaps could and should look at to begin the process of modernizing the country's data reporting system and how this change might, in fact, improve health outcomes for vulnerable populations.

Dr. WALENSKY. Thank you so much for that. So, so much of what we are doing in CDC moving forward in our Office of Health Equity has been work that we can do internally, but we really do need your support. So, for example, and I spoke a little bit earlier about our data systems. Data does not come to us necessarily with race and ethnicity data, or rural/urban data, zip code data. If we cannot see where there are deficiencies, lack of access, lack of vaccinations that are happening, then we do not actually know where to tailor our efforts.

There are two things that need to happen in that regard. One is we have to stop using fax machines to get data to CDC. We need resources for data highways, and many of those resources are going out to jurisdictions, 3,000 jurisdictions reporting data to us. If those data highways are flowing, then we can actually receive the data and give it back so that County A knows what is happening next door in County B.

It is also the case that we act voluntarily, receive data voluntarily. That means it comes in a non-standardized fashion. It does not come in with all the information that we want. The example on the Mpox outbreak is we did not know the race and ethnicity of people who are getting Mpox or people who have might have gotten the vaccine, were we actually matching the vaccine with where the cases were happening. So we need some data authority so that we can act nimbly and so that we can actually intentionally put resources where they are needed.

The other is our workforce authorities. We have talked a lot about the attrition in public health workforce and healthcare workforce, tax exempt loan repayment, for example, direct hire authorities, fellowship hire authorities, danger pay. The fact that we have people in Ebola-stricken nations working but not receiving danger pay, these are all some of the authorities that a nimble response-based Agency should have.

Mr. MFUME. Thank you. My time has expired. Thank you for your work.

Dr. WALENSKY. Thank you.

Dr. WENSTRUP. I now recognize Mrs. Lesko from Arizona for 5 minutes of questions.

Mrs. LESKO. Thank you, Dr. Walensky. In an April 26 hearing with American Federation of Teachers Randi Weingarten, we learned that she has your direct phone number. This is particularly interesting because of some of the nearly verbatim language and editions to the CDC school guidance that you took from the American Federation of Teachers. Dr. Walensky, do you maintain an official government and personal cell phone?

Dr. WALENSKY. I do, but may I also comment that—

Mrs. LESKO. Yes. I have several questions. Does Ms. Weingarten have your official or personal cell phone numbers or both?

Dr. WALENSKY. I believe she has both.

Mrs. LESKO. Have you ever exchanged text messages with Ms. Weingarten?

Dr. WALENSKY. I have.

Mrs. LESKO. Were these texts on your official or personal phones or both?

Dr. WALENSKY. I would have to go back and check. It may be both. I would also say that I recognize that as part of the record retention requirements, yes.

Mrs. LESKO. Ma'am, I have several questions. I am sorry. Then if we have time, we can expand. Were these texts in furtherance of official business or about the business of the CDC?

Dr. WALENSKY. I would have to go back and look.

Mrs. LESKO. The Select Subcommittee is in possession of about five text messages between yourself and Ms. Weingarten. Are there more?

Dr. WALENSKY. There are hundreds of FOIA requests. So I am not privy to all the details of all the ones that you have, but I will say that—

Mrs. LESKO. Excuse me. Have you ever deleted any text messages to or from Ms. Weingarten?

Dr. WALENSKY. I am aware of the requirements for retention of these records, and I am—

Mrs. LESKO. Have you ever deleted any?

Dr. WALENSKY. No.

Mrs. LESKO. Thank you.

Dr. WALENSKY. As part of the records retention—

Mrs. LESKO. My next question, you had said earlier that the CDC's goals is to get out the most accurate information, the most recent data, or something to that effect. I just looked at the CDC's website. It is titled, "Use Masks to Slow the Spread of COVID-19." It specifically says, "Masking is a critical public health tool, and it

is important to remember that any mask is better than no mask. Wear the most protective mask you can that fits well and that you will wear consistently. Wearing a high-quality mask, along with vaccination, self-testing, and physical distancing, helps protect you and others by reducing the chance of spreading COVID-19.” Dr. Walensky, why aren’t you and your staff wearing masks?

Dr. WALENSKY. Because we also have guidance on our website that says that mask wearing can be related to our hospitalization levels, our local hospitalization levels. And right now, over 99 percent of counties thankfully have low hospitalization—

Mrs. LESKO. But, Dr. Walensky, that does not say that on your own masking website on the CDC.

Dr. WALENSKY. Well, there is a link from our hospitalization levels to say when you should think about wearing masks. We also have in there that people can and should wear a mask whenever it is that they please. There are people in this room wearing masks, and it gives guidance to the people in this room.

Mrs. LESKO. But your own website, you have said you give out the most recent information data. Your own website has this that says you should wear a mask in addition to vaccination, yet you and your staff are not wearing masks. I do not understand.

Dr. WALENSKY. Our website has context in it, right? Of course, there is a link to our community hospitalization levels, and those hospitalization levels give recommendations on wear the mask. They also have—

Mrs. LESKO. But that is not on this simple page that the public sees, so may I suggest that you update your own CDC website about masks? Thank you, and I yield back.

Dr. WENSTRUP. I now recognize Ms. Ross from North Carolina for 5 minutes for questions.

Ms. ROSS. Thank you very much, Mr. Chairman. Dr. Walensky, I really appreciate you being here today, and throughout the hearing, including just recently, we have heard some accusations about your stewardship at the CDC during the pandemic, and even since the pandemic officially ended last month. Before I get to my questions, I would like to give you a moment to respond to anything that you would like to get on the record, if you would like to take a minute to share anything.

Dr. WALENSKY. Thank you. What I will say is our goal has always been to give the most accurate data, to be science based, to get our kids back to school, to do so in a safe manner, to demonstrate the safety and effectiveness of our vaccines, and to promote vaccination, which has been instrumental in getting us out of this pandemic. Thank you.

Ms. ROSS. Thank you. I am particularly grateful for your efforts to take the lessons that we have learned during the COVID-19 pandemic and use them to inform forward-looking policies that will make our country better prepared for the next pandemic that we know is coming. This includes spearheading the reorganization of the CDC, to transform the Agency into a more streamlined, nimble organization that is poised to tackle public health threats as soon as they arise.

For example, under your leadership, the CDC has stood up the Center for Forecasting and Outbreak Analytics to forecast infec-

tious disease outbreaks and inform policymakers in real time. We have already seen the success of this initiative in combating outbreaks, such as Mpox last year. Could you speak for a word about the Center and what it is doing to monitor and respond to emerging threats, including novel virus outbreaks with pandemic potential?

Dr. WALENSKY. Thank you so much for the opportunity, Congressman. I am particularly proud of the Center for Forecasting and Outbreak Analytics, not only because of the work that they do and the way that they are growing, but because they are getting the best of the best in academia and the private sector to do this work. This is a place people want to come.

There are three core missions. They are looking at predict, inform, and innovate, how do we do and how can we get that information out locally. Among the successes that we have seen already, we talked about, are modeling the potential spread and severity of disease. We saw early publication, one of the first in the world, on the severity of Omicron. We saw four or five technical reports on Mpox and the severity of Mpox, the outbreak of Mpox. We were applauded around the world for the work in that.

And then we are looking at what we are doing locally with public health officials. This is going to be a shining star. It already is a shining star among the great stars that we have at CDC in terms of our centers. And I am really looking forward to their continued growth, and I am grateful for the support to do so. Thank you.

Ms. ROSS. Thank you. I would also like to briefly discuss, and you touched on this, CDC Moving Forward, which is focused on creating more agile, streamlined Agency that can more effectively respond to a future public health threat. You launched this initiative, first, with a programmatic review of the Agency and its systems. Why is it important to you to conduct this review, and how did its results inform your plan to modernize the CDC?

Dr. WALENSKY. This was critically important. It was April 2022, we were just coming out of a massive Omicron wave, and we had learned a lot. We had never, in CDC 76-year history, had a once-in-a-hundred-year pandemic. And so the question was, how do we take the lessons, immediately learn, and apply them so that we can be the public health agency of the future, and we learned a lot.

We needed to move our science faster, and I am proud to say that since I have been at CDC, our science is getting out 50 percent faster than it used to, that we needed to have implementable on-the-ground guidance, and we needed to work with our partners in order to do so, and we continue to do that, that we need to have a response-based Agency. We are expected to be a science-based Agency. We also need to be a response-based Agency.

And we need to communicate well to the American people. We were really used to having our audience be public health workers and healthcare workers, but now all of a sudden, people were coming to CDC website themselves. They knew who we were, and so we really needed to have communication strategies to the American people. To that end, among the things that we are doing is, we have 200,000 web pages on the CDC website. We are streamlining them down in a project called Operation Clean Slate so that we

have the most important tailored information to the American people and our public health partners.

Ms. ROSS. Thank you very much.

Dr. WALENSKY. Thank you.

Ms. ROSS. And, Mr. Chairman, I yield back.

Dr. WENSTRUP. I now recognize Dr. Joyce from Pennsylvania for 5 minutes of questions.

Dr. JOYCE. Thank you, Chairman Wenstrup and Ranking Member Ruiz, for convening the Select Subcommittee today, and thank you, Dr. Walensky, for appearing before us here today.

As Members of this Select Subcommittee, it is incumbent upon us to uncover the truth behind the destructive COVID-19 pandemic and the flawed policies implemented by our Nation's public health officials. Millions of lives were lost, families were destroyed, businesses and livelihoods across our country were crushed, all while the uncertainty of the panic ensued. In these moments of uncertainty, those who swore oaths to protect often look to their elected officials, to their community leaders, and public health organizations for guidance. However, misguiding, erroneous, and often confusing policies were implemented.

Contradictory statements were habitually made by the same officials charged with guiding the public through this widespread health emergency. This virus and related government policies led to vaccine mandates, lost jobs, supply chain problems, and the isolation of our Nation's young people. In order to protect our constituents and the American public from future pandemics, we are working to understand the truth behind the coronavirus pandemic, and we have waited a long time for the answers.

On March 29, 2021, you appeared on The Rachel Maddow Show, and you said, "Our data from the CDC today suggests that vaccinated people do not carry the virus, do not get sick, and it is just not in the clinical trials, but it is also in real-world data." Yet three days later, on April 1, 2021, a CDC spokesperson had to walk back your own words, and officially told The New York Times that "Dr. Walensky spoke broadly during this interview. It is possible that some people who are fully vaccinated could get COVID-19. The evidence is not clear whether they can spread the virus to others. We are continuing to evaluate the evidence."

Dr. Walensky, simply yes or no. Does a spokesperson from the CDC going on record and correcting the statements that you made undermine and fracture the confidence in CDC leadership?

Dr. WALENSKY. Dr. Joyce, I know you know that I was speaking in generalities, that we saw data and evidence that was over 90 percent that the vaccines were effective in preventing severe disease and death and in fact, in preventing symptomatic disease. And that once people had been vaccinated, even if they were to get infected, they were not getting sick and they were not able to transmit to others, so that was the information.

Dr. JOYCE. But, Dr. Walensky, you stated that vaccinated people "do not carry the virus." This fractures and undermines the confidence in your leadership. The CDC is the Nation's leading science-based, data-driven service organization, that its mission is to protect public health. Yet during the pandemic, there was continuously a country-wide perception of the shift about the nature

and the risks of COVID. This is underscored by those inconsistencies in messaging and, unfortunately, in your messaging, including a CDC spokesperson who had to walk back comments that you yourself made on television.

In fact, it could be said that these inconsistencies led to the findings of a survey conducted by the Pew Research Center, where “57 percent of U.S. adults say false and misleading information about the coronavirus and vaccines has contributed to the problems that the country has faced dealing with the corona outbreak.” Dr. Walensky, do you feel that any accountability regarding the public perception and the lack of widespread confidence in the CDC and its public officials? Do you feel that that rests on the shoulders of leadership?

Dr. WALENSKY. I think we dispute the framing of that question. I think that there is increasing confidence in the CDC and that there has been an undermining scientific information—

Dr. JOYCE. We have polling from the Pew Research Center that says more than half of American adults felt that there was misleading and false information. Dr. Walensky, is the CDC not capable of accurately reporting to the country that generalities in a public health situation specifically during the COVID pandemic?

Dr. WALENSKY. Actually, we can get back to the generalities that you speak to, and that is the quote of the Rachel Maddow Show where I said they cannot carry the virus, meaning they cannot transmit it to others. That was true for the Alpha variant at the time that I said it. Even those who might have had a positive test, who might have had asymptomatic infection, breakthrough asymptomatic infection, were not transmitting that virus to—

Dr. JOYCE. But your leadership has fractured the American public’s confidence in the CDC. We are trying to work together as a bipartisan Committee to work forward to understand how this misinformation and how these comments are made and yet walked back just in a matter of a few days by a spokesperson from your own CDC. This Committee wants to understand this further. I think that we are coming to a conclusions as we work to shine a light on these problems, and I again thank you for coming here today. My time has expired, and I yield back, Mr. Chairman.

Dr. WENSTRUP. I now recognize Dr. Bera from California for 5 minutes of questions.

Dr. BERA. Thank you, Dr. Walensky, for your service and certainly your work as CDC Director. Mr. Chairman, I have the privilege of sitting on the CSIS Commission on Strengthening America’s Health Security. And one of the task forces or a subgroup put together a report, “Building the CDC the Country Needs,” comprehensive. It included former CDC members, nonpartisan health experts. Mr. Chairman, I would love to enter that to the record.

Dr. WENSTRUP. Without objection.

Dr. BERA. Great. Thank you. Dr. Walensky, one of the recommendations out of that report was looking at a reorganization plan, and I know you undertook the reorganization plan. I would love to get a sense of major findings and the status of that reorganization.

Dr. WALENSKY. So among the things that we learned is that there were layers of bureaucracy that were happening within the

Agency, that things that were really essential, our public health infrastructure-related things, our Office of Readiness and Response, our laboratory systems, our data systems were buried in layers of bureaucracy and not within, like, the immediate Office of the Director's line of sight.

So among the things that was so critically important in this reorganization that was completed, I believe in the end of February, and we are actively acting under that new reorganized structure, was to have those layers, those really important public health infrastructure components—science, data, laboratory, readiness—report immediately into the Office of the Director, full line of sight, and to get rid of those bureaucracies.

Dr. BERA. Great. One of the other recommendations, and you touched on this, was on the communications front and how we translate the science into guidance. I watch my wife, who is also a physician and runs a large system of community health centers, going to the CDC website on a daily basis during the pandemic, using that information to provide guidance to her healthcare professionals. But also, how do you translate that science knowing that lay members of the public were now going to the CDC website? You touched on it a little bit, but could you expand on some of the efforts there?

Dr. WALENSKY. Yes. I think you hit the nail right on the head. As a consumer, before coming to the CDC, you put "C" in my Google bar, and it came up with "CDC," right? We were on the guidance all the time, and most people had not heard of the CDC. So it was the people, the healthcare workers, public health workers, who were in the trenches, who needed to know and understand. The language was for them. All of a sudden, CDC was splashed across the pages. It was in the news. People were going to CDC guidance themselves. It was never really intended for the average American consumer to consume our webpages.

And we now need to recognize that that is who our audience is, and we need to be able to have an audience for our public health workers, or healthcare workers, or healthcare providers. But we also, I should say, and we also need to have webpages that are consumer ready for the American people so that they can say in lay language that they understand.

Dr. BERA. Great. And you touched on this, the workforce issues in building a public health system that we deserve. The pandemic really did expose under-resourced, fragmented public health system where data was not shared readily or quickly, where we were not doing disease surveillance, wastewater surveillance, and a lot of deficiencies in our public health system. It would be a shame for us in Congress not to take the resources and put those resources into a public health system that we all deserve.

One of the areas that I really worry about is some of the rhetoric coming out of the pandemic really does erode trust in what should be the most trusted public health organization in the world, the CDC, which historically has, but it is multiple other areas. And that we are discouraging that young generation of folks, who really did grow up in the midst of a pandemic, this should be a time where they are stepping up to come work for us. Maybe in the short period of time that I have, if you could just reiterate the

things that we should be thinking about in Congress to help build that workforce.

Dr. WALENSKY. Maybe I will just emphasize. Thank you for that opportunity. This Nation has an estimated 80,000 public health workers in deficit, and that is a report outside of CDC, to perform the standardized public health duties of this country. We need public health workers. In order to do that, certainly tax-exempt loan repayments so people are encouraged to go in. People leave medical school with \$200,000 in debt, so they are encouraged to go into this field. It is an incredible field, and yet during this pandemic, we have some health departments that report 50 percent of people leaving. We need those public health workers if we are going to be primed and ready for any threat that comes next.

Dr. BERA. Great. Thank you. I have used my time, so I will yield back. Thank you again for your work.

Dr. WALENSKY. Thank you.

Dr. WENSTRUP. I now recognize Dr. McCormick from Georgia for 5 minutes of questions.

Dr. MCCORMICK. Thank you, Mr. Chair. Director Walensky, it is good to have you here today. Thank you for being with us. It was funny. I was just talking to Dr. Howey today, who was my old attending at Grady and Emory when I was a resident. I will say also thank you for your service during the pandemic. I, too, was on the frontlines of this pandemic from the very beginning, all the way through December of this last year, so watched the entire evolution of this disease process with dismay at times that we politicized it so much.

As a matter of fact, I would make the case that probably the biggest mistake—and I am going to ask your opinion on this in a second—the biggest mistake maybe we made of all the different things, the different guidances and everything like that. That is all fine. I think we did our best. But the biggest problem is, and a lot of people point this out all the time, is we let this become political rather than medical, rather than a healthcare question. Instead of letting doctors talk to their patients about this, we had politicians talking to prompters. You had people who had access to you to try to give you input, try to do whatever, it does not really matter, rather than doctors. I know Jerry Williams, a doctor who is an urgent care physician who treated thousands and thousands of patients with great success, wanted to have access but could not get access, but a teachers union gets to have your personal cellphone number. I think that is egregious because it became political. I think you are a scientist. I think you are a person who understands an infectious disease process.

I think the biggest problem, and I am going to ask you if you think this is the biggest problem. The biggest problem with all the misinformation with all the facts that we had, black liberals and white conservatives, both mistrusting this disease, probably not doing the right thing, a lot of times not following the science, because both sides were politicized so bad that nobody could figure out what the truth was anymore. Because it was politicized, we could not get to the truth. Would you agree that was one of the biggest problems we have with this disease?

Dr. WALENSKY. Yes. First, I want to say that many scientists and state health officers, I have given every one of our state health officers my direct cellphone at some point in time over the last two-and-a-half years so that they had access to me, too, so that they could see what was happening on the ground. So that was a frequent event that people would have access to me.

I do think that when politics have become involved in what should be framed as a medical health measure, we get mis- and disinformation. We get vitriol splashed across the pages of public health workers doing the hard work of public health. We get threats to our public health workers that limit what they are able to do and have them have fear in terms of doing their job and doing it properly. Poor press. I think all of this is politicized and frames a really difficult situation to try and do our best in health and public health.

Dr. MCCORMICK. One of the things that was interesting is I, too, was threatened with my license. I did get censored as a physician, who treated thousands of COVID patients, by people on the internet, by people in government, telling me I could not express my professional opinion as a doctor and as a scientist. Ironically, it goes full circle, and it came once again from the politicization of this where people thought they were experts based on I am powerful rather than I actually know what I am talking about. And ironically, the things they censored me on, I turned out to be correct on. They would not even allow a dialog of medical professionals to actually debate the science on a national scene rather than just one-size-fits-all. We are going to let the government decide what is truth, and this is the problem I had with this.

During the opening statements, actually during the open question, you said that we did not get information on vaccinated hospitalizations, which surprised me. I thought we did have some of that. I imagine it also carried over to ICU visits and probably deaths, too, because we do not have that.

Dr. WALENSKY. Just to be clear, we do not have that at a national level. We at CDC collect data and cohorts so that we can follow that for vaccine effectiveness studies. But at a national level, we get hospitalization data, we get hospitalization for COVID data. But on a national level, we have never been able to get hospitalization vaccination and COVID.

Dr. MCCORMICK. Yes, so that worries me because it seems to skew the data. And I see you nod your head, yes, I agree.

Dr. WALENSKY. Well, I think it just speaks to the real challenges in our data flows and our ability to give data back to the American people when we do not have full line of sight of all the data that people are interested.

Dr. MCCORMICK. I could not agree with you more. I spent so much time every time I admitted a patient, every time anybody was tested, I filled out an egregious amount of Electronic Health Record (EHR) paperwork in order to answer every question before I did any treatment or any admission. And yet, we never collected data on one of the most important statistics of all, which is vaccinated patients and the effectiveness of hospitalizations versus Intensive Care Unit (ICU)s versus deaths. There was not a fair conversation. It seems like that was avoided. Were you asking for that

information, or was that just something that they did not want to collect?

Dr. WALENSKY. So, Dr. McCormick, let me just be clear. We were looking at that in our vaccine effectiveness cohorts, in our vision and IV cohorts so that we could report that out on vaccine effectiveness data. We were looking at that because we knew that that was critically important, but I do want to emphasize that we did not get data in aggregate. Again, just to be clear, we are not looking for Personally Identifiable Information (PII) here. We did not get data in aggregate on vaccination and hospitalizations. All that data that you are filling out in the EHR does not translate into public health data. And that is really why I have said our data highways are so clearly important if we are going to report on the outcomes that people are asking for. And our data authorities are so clearly important so we can present those data in aggregate.

Dr. MCCORMICK. And what is interesting is how much money we spend on that Electronic Medical Record (EMR) or EHR every single year, tens and tens or maybe hundreds of billions of dollars collecting information that you cannot get ahold of it.

Dr. WALENSKY. And maybe if I could just say it again, hundreds of billions of dollars. We have gotten less than \$1 billion for our data highways across the country, 3,000 health departments for our data modernization initiatives.

Dr. MCCORMICK. Alright, are you aware of the must-admit orders that some states, including New York, were using to send COVID-positive patients to nursing homes early on in this disease process?

Dr. WALENSKY. You would have to say more. I am not sure.

Dr. MCCORMICK. So remember when we this pandemic started, we did not really know a whole lot. We just knew it was contagious, upper respiratory, an infectious disease, but it was not in a capacity of a CDC director. This is a capacity of an infectious disease doctor, and we are talking doctor-to-doctor science here. They had originally the must-admit orders that some states were using in order to push patients who were positive for COVID back to the nursing homes. Are you familiar with that?

Dr. WALENSKY. I am not familiar with that.

Dr. MCCORMICK. Okay. Would you say it was a good idea to send infected COVID patients back to the most vulnerable community of all, which is nursing homes?

Dr. WALENSKY. I cannot speak to that. I was not aware of that. What was the counterfactual? What was the alternative of them going there? What were the mitigation strategies there? Did they have a singular room? So I think that there are a lot of parameters that would affect my answer to that question.

Dr. MCCORMICK. I think you might be a better politician than me right now, but I would say that if you were to be a scientist—

Dr. WALENSKY. I am a scientist.

[Laughter.]

Dr. MCCORMICK [continuing]. And to be a doctor who is talking about putting an infected COVID. And I know how much time we spent and after we spent separating our patients at the hospital, the COVID patients from the people who were not positive. I will just make the statement for you. It is a bad doggone idea to send infected COVID patients, one of the most deadly diseases, as you

have stated, back to the most vulnerable populations of all, by direction of the state, by their legislative actions. And with that, I yield.

Dr. WENSTRUP. I now recognize Mr. Jordan from Ohio for 5 minutes.

Mr. JORDAN. Thank you, Mr. Chairman. Doctor, why did you and the Biden Administration mislead the American people?

Dr. WALENSKY. You would have to say more. I am not clear—

Mr. JORDAN. March 29, 2021, vaccinated people do not carry the virus. Vaccinated people do not get sick. We got that information from clinical trials but also real-world data. It seems to me there are a number of statements you make in there that are not accurate. Do vaccinated people carry the virus?

Dr. WALENSKY. In March 2021, the vast majority of data demonstrated that the vast majority of people were not getting infected if they were vaccinated.

Mr. JORDAN. That is not what you said. You did not say the vast majority of people. You said vaccinated people do not carry the virus. Was that accurate?

Dr. WALENSKY. It was generally accurate.

Mr. JORDAN. Generally accurate. Why not just be accurate? Why not just tell the American people the truth? Why don't you say to the American people just what you said to me? We are big boys and girls. We pay your salary. The government is supposed to be of the people, by the people, for the people. Why don't you just tell us the truth?

Dr. WALENSKY. I was speaking—

Mr. JORDAN. Six weeks later, when you said if you were to get infected during post vaccination, you cannot give it to anyone else, was that accurate?

Dr. WALENSKY. What was the date of that?

Mr. JORDAN. May 19, 2021.

Dr. WALENSKY. At the time, we had the Wuhan strain and then the Alpha strain. It was the Alpha strain that was circulating. That was generally true, yes.

Mr. JORDAN. Generally true again? Again, why not tell the American people this is generally true?

Dr. WALENSKY. I could not tell you the exact data on the vaccine effectiveness of symptomatic disease and severe disease at the time. What I can tell you is that we generally saw that if you were to get infected after you had been vaccinated, that you were not carrying the virus by transmitting it to somebody else. You could not transmit it to others.

Mr. JORDAN. But we know that is not accurate.

Dr. WALENSKY. It was at the time. Now, what happened—

Mr. JORDAN. Really?

Dr. WALENSKY. Yes. In May 2021, that was true for the Alpha variant. What happened—

Mr. JORDAN. Let me ask you about all the general statements that were made to the American people, not general statements, the way you guys said it. Were our tax dollars used in the lab in China?

Dr. WALENSKY. That is something that you would have to speak to the National Institutes of Health (NIH) about.

Mr. JORDAN. Our tax dollars were used. It sure looks like it was gain-of-function research. It sure looks like it actually came from the lab, and we have had several agencies, Federal agencies say that is, in fact, where the virus originated. The Biden Administration told us that the vaccinated could not get it. We know that is not accurate. The Biden administrators told us the vaccinated could not transmit it. They told us masks worked, and they told us there was no such thing as natural immunity. That seems to me to be, what, seven different statements that turned out not to be true that we got from this administration. Again, why not just tell the American people the truth?

Dr. WALENSKY. So I would dispute some of what you just said. In October 2021, CDC released a scientific brief highlighting all of the science that was out there on infection-induced immunity. And I do not remember all the long list, but there are numerous areas where we have provided science and the science review to provide data to the American people as soon as we had it.

Mr. JORDAN. I actually think what happened is you actually tried to be honest with the American people, and the Biden Administration shot you down. You remember when you said this, in February, this is before you made these statements, which I think are not being square with the American people. You said vaccination of teachers is not a prerequisite for safely reopening schools. Did you make that statement?

Dr. WALENSKY. Something to that effect. I cannot exactly say the quote, but yes.

Mr. JORDAN. Vaccinations of teachers is not a prerequisite for safely reopening schools. I think you made that statement on February 3rd. Do you stand by that statement?

Dr. WALENSKY. At the time, yes. A week later or ten days later, we had an operational guidance that demonstrated layered mitigation strategies and that you could safely—

Mr. JORDAN. Were you speaking as Dr. Walensky or were you speaking as Dr. Walensky, head of the CDC?

Dr. WALENSKY. I have said that while I have been in front of Congress, and the media, and press conferences, during my tenure as CDC director, I have been speaking as the CDC director.

Mr. JORDAN. But that is not what the White House said, right? Jen Psaki said, “Dr. Walensky spoke to this in her personal capacity.” Do you remember that statement?

Dr. WALENSKY. I do.

Mr. JORDAN. Who is right, Jen Psaki or you?

Dr. WALENSKY. Well, I will tell you that I was speaking in my role as the CDC Director—

Mr. JORDAN. Looks to me like what happened is, in February, you said, I am going to be honest with the American people. I am going to give it to them straight. Vaccination of teachers is not a prerequisite for safely opening schools, and the Biden ministration hung you out to dry. They said, nope, she ain’t talking for us. She ain’t talking as a head of the CDC. She is talking as Dr. Walensky. And then a month later, you said, well, you know what? I had better not be totally honest with the American people, so I am going to say vaccinated people do not carry the virus and they do not get

sick. And everyone understood like, wow, I know someone who has been vaccinated and they have gotten sick afterwards.

I think what happened is you tried to be honest, and they said, no, and then you said, well, I am going to have to hedge a little bit. I am going to have to give the American people misleading statements from the head of the CDC. You were speaking as head of the CDC in both situations, right?

Dr. WALENSKY. I have said I have been speaking as the head of the CDC.

Mr. JORDAN. All the time. Yes. Well, it would be nice if you have just been honest and straightforward with the American people every single time throughout this virus. With that, I yield back.

Dr. WALENSKY. I have stood by my commitment to tell the American people what I know, when I know it. Thank you.

Dr. WENSTRUP. I now recognize Mr. Garcia from California for 5 minutes.

Mr. GARCIA. Thank you very much, Mr. Chairman. Dr. Walensky, thank you for being here today. I greatly admire and appreciate the work of the CDC and just the talented personnel and civil servants, and particularly in what was and has been the single largest health crisis that we have had here in the modern era, costing 1.3 million plus American lives, 1,300 lives within my own city of Long Beach where I was the mayor during this entire time. And so I know the hard work that you and your team have gone through.

And I also want to note that it has just been interesting to hear this hearing and seeing so many of our House Republican colleagues in the majority all of a sudden just have such interest in exactly what happened and medical expertise considering that they are and have been completely whitewashed the Trump Administration's role early on in the pandemic, and the political interference, clear political interference, in actually what happened, and trying to consistently insert themselves into the CDC response and in the CDC communication to the American public.

We want to remind us that President Trump repeatedly tried to undermine the CDC's work and advance his own reelection campaign. We have heard a lot about President Biden, the current President's name being brought up, but it was President Trump, as we should remind ourselves, that actually led the initial response and time and time again tried to interfere with the CDC's work that at the time was very, very difficult and continues to be.

I also want to note, there is nothing that suggests that teachers somehow played some outsized role in CDC policymaking, and there is certainly nothing to suggest that they somehow got health experts to make dangerous concessions or changes. There is no evidence of that. It is a political talking point by the House majority. They love to continue and go on and on about it, but there is no evidence of that. We also know that House Republicans actually sat back and did nothing when President Trump and his allies interfered in their work to cover up his own incompetence. Now, Americans died because of the political action, in my opinion, of the former President, and some people here cheered on the President's former dereliction of duty and interference in these actions.

I want to be clear and remind us of a few things. Last year's Select Subcommittee report found that the Trump Administration conducted this systemic campaign to compromise the integrity of the CDC's pandemic response in advance of the 2020 election and to help former President Trump. On February 26, 2020, he and his allies mandated that all media requests about COVID be first approved by the White House. CDC officials have testified that because of this, there were extended periods of time that his Administration completely refused to approve critical COVID briefings to the American people. That is shameful and should never have happened. And throughout that year, as tens of thousands of people were dying, his staff pressured health experts to soften language that might make the President look bad. His allies attacked CDC scientists for publicly sharing information that they believe contradicted the President's message.

I want to give an example. In an email from May 8, 2020 that shows that Trump allies installed at the Department of Health and Human Services, seeking to edit talking points on the CDC report and saying, "Any way to help you showcase your work for this great President," that that would, of course, be appreciated. A few weeks later, they even went as far to suggest the CDC edit a statement on COVID deaths to make it "more positive." So the Trump Administration pushed staff at the FDA to authorize ineffective treatments, like hydroxychloroquine, and we know some of the damage that that caused as well. And the President even would tag health officials on Twitter and accuse them of deliberately slowing their work on vaccines until after his reelection. All shameful, of course, and of no interest to the Republican majority here in this Committee.

Dr. Walensky, can you clarify for us clearly that the American Federation of Teachers, once and for all, watered down or direct CDC policy on school reopenings?

Dr. WALENSKY. The American Federation of Teachers was one group out of 50 that we engaged with that were essential implementing partners if we wanted to get schools open. The whole goal was to get schools open. We talked to teachers, we talked to superintendents, we talked to school nurses, we talked to parents, we talked to the immunocompromised community to get our schools open.

Mr. GARCIA. Thank you, and I think that is what we have heard over and over again and from everyone involved, and I want to thank you for that again. Now, I think we can all agree, especially given what we learned from hearings in the last Congress, that it is critically important to have a CDC pandemic response guided by medical practices. In fact, when asked in an interview last Congress whether allowing CDC to convey accurate scientific information to the public would have resulted in fewer Americans dying, the Agency's former principal deputy director responded, "Yes, I do," which should be alarming to anyone. And so I think it is of note that we have to remind ourselves that the Trump Administration time and time again tried to interfere with the CDC's response and all the great work that you would all do.

So with that, Mr. Chairman, as I wrap up, it is insulting that House Republicans sit here today trying to score political points

around our pandemic response, even as they cheer on the man who was willing to let Americans die to help his reelection. With that I yield back.

Dr. WENSTRUP. I now recognize, Ms. Greene, from Georgia for 5 minutes of questions.

Ms. GREENE. Thank you, Mr. Chairman. Dr. Walensky, you are coming to the end of your tenure as the CDC director, which you started in January 2021, and we heard you say today that the COVID-19 vaccines are safe and effective. But what I would like to talk to you today about is the 1.5 million Vaccine Adverse Event Reporting System (VAERS) reports that also reported 35,000 deaths associated with the COVID-19 vaccine, and this has been what many Americans feel like a largely ignored issue. They feel like the CDC has completely ignored the reports. They feel like you as the CDC director have completely ignored their reports, and I would like to talk about that a little bit.

It was late 2020 when Pfizer's COVID-19 vaccine was approved. COVID-19 vaccines were the second highest reported. That was over 10,000. But in 2021, when vaccines were mandated—it was a Federal mandate in September 9 of 2021—90 percent of the 3.5 million people employed or contracted under the Federal Government got at least one dose of the vaccine. Vaccine cards were widely required in Democrat-run cities all over the country basically to become a member of society. And in 2021, COVID-19 reports skyrocketed to number one at 728,829 reports. Second was the Zoster shingles vaccine at just over 14,000. That is a massive number, and the numbers kept growing and growing and growing on the VAERS reports.

I would also like to talk to you about how much money the American taxpayers were forced to pay Pfizer and Moderna for vaccines. The government paid Pfizer and Moderna in 2020, 2021 and 2022, Pfizer received \$15.27 billion, Moderna received \$9.99 billion. And, boy, did they get a return on the American taxpayers' investment because Pfizer, amazingly, in 2022, got a 23-percent increase, but in 2021, they doubled their income, doubled their income at a 95-percent increase in revenue. That is absolutely impressive, thanks to the American people.

But it was Moderna, whose numbers were astounding. Moderna increased their revenue, in 2020 had a 1,238-percent increase in revenue. In 2021, they got a 2,200-percent increase in revenue, thanks to the American taxpayer, where money got funded into these big pharmaceutical companies for these vaccines. It is quite impressive, though, that Pfizer worldwide—worldwide—went from \$190 billion right there toward the beginning of 2021 and skyrocketed at the end of 2021 to \$330 billion worldwide. That is quite impressive, thanks to the American taxpayer and thanks to the CDC director, Dr. Walensky, who said that vaccines were safe and effective.

I would also like to talk to you on behalf of all the pregnant women, not people, as you call them. To quote you, on August 11, 2021, “CDC encourages all pregnant people”—it is women, by the way—“who are thinking about becoming pregnant and those breastfeeding to get vaccinated to protect themselves from COVID-19.” This has also been ignored, the amount of miscarriages and

stillbirths that increased drastically due to your advice to get vaccinated, pregnant women again, not people. And then we could go on and on about the tragic stories of myocarditis and many other things.

But my question for you today, Dr. Walensky, is now that you are going to be leaving the CDC pretty soon, what job are you going to take? Are you going to be on the board of either Pfizer or Moderna, because you have done one hell of a job in making sure that they have made a lot of money. And I yield back.

Dr. WALENSKY. Thank you for that question. Maybe first, I will comment that CDC is not responsible for the purchase of vaccines, so I cannot speak to all of the economics that you spoke to. I do want to talk a minute about the Vaccine Adverse Event Reporting System. So that system is intended for any person who has gotten a vaccine if they have an untoward event after that vaccine, whether or not is related to the vaccine, they report. It is intended to have an over reporting. Not all, most of the vaccines that were being given, I remember we gave 676 million doses of the vaccine, any adverse event, if you got hit by a truck after you got your vaccine, that was reported to the Vaccine Adverse Event Reporting System. We at CDC have a responsibility to comb through every single one of them to review the medical charts and to see if they are related.

It is the case the vaccine does not prevent being hit by—

Ms. GREENE. Ms. Walensky, I will reclaim my time. You did nothing about that and continued to push vaccines. That is what the American people care about.

Dr. WALENSKY. We review all of the things that come into the Vaccine Adverse Event Reporting System. I would be happy to have our staff educate your staff on the—

Ms. GREENE. I do not want my staff educated. You should educate the American people about what you have done of 1.5 million reports because they feel like you have done nothing and continue to say safe and effective.

Dr. WALENSKY. Maybe I will just close by saying I do not have plans after I step down. Thank you.

Dr. WENSTRUP. I now recognize Ms. Tokuda from Hawaii for 5 minutes of questions.

Ms. TOKUDA. Thank you, Chair. Thank you for being here, Dr. Walensky, and can I just say as a mother of two boys in our public schools, thank you for your personal commitment to make sure our children could go back to school safely.

Our students lost much. In the most tragic cases, we lost children to COVID. In the most heartbreaking cases, our students lost parents and loved ones. With you at the helm of the CDC, you steered our Nation out of some of the darkest days of the pandemic, a task that was not made any easier by the chaos and mistrust sown by the previous Administration. And you kept us safe in the face of COVID-19, its variants, and other threats.

Under your careful stewardship, we have been able to stay on top of COVID-19. Yet instead of handling your success in turning the tide on the pandemic, my Republican colleagues have sought to whitewash the gross incompetence of the Trump Administration by misrepresenting the work and policies you oversaw at the CDC. So

I would like to take a moment to start to correct the record on these items.

Let us start with masks. Despite the overwhelming body of evidence that shows wearing masks effectively prevent COVID-19, my Republican colleagues have drawn into question commonsense guidance issued by the CDC regarding mask wearing in schools and other congregate settings. We know for a fact that it was not safe to send our kids or our teachers back into the classroom without clear mitigation protocols in place, including masking guidelines.

Dr. Walensky, could you please correct the misrepresentations we have heard today at this hearing regarding CDC's masking recommendations and the real science and data guiding those recommendations?

Dr. WALENSKY. Sure. There are obviously many, many studies looking at masks. The one I think that is most comprehensive is one that looked at, a national sample of U.S. counties that had kids back in school, and they compare kids with the mask requirement versus those without mask requirement and demonstrated that those without masks had 18.53 per 100,000 more cases of COVID than those with masks, as a nationally representative sample. Time and time again, we were seeing that if masks were worn than they were not.

Ms. TOKUDA. Thank you. So masks prevented infection, and it saved lives. You know, we have similarly heard today reckless misrepresentations from the other side of the aisle about CDC's COVID-19 vaccine recommendations. The bottom line is that vaccines work. Booster shots work. The science and data show that vaccines prime the immune system to recognize the virus if infection occurs. The point is to reduce the risk of infection and prevent severe illness and death, which the COVID-19 vaccines did exceptionally well. To discourage vaccine confidence in our communities is gross negligence. It endangers people's lives. And by the way, as a previously pregnant woman, pregnant women are people, too.

Dr. Walensky, I want to give you a chance to correct the suggestion from my colleagues on the other side of the aisle that COVID-19 vaccines are ineffective because they do not prevent all infections.

Dr. WALENSKY. They are remarkably effective at preventing severe disease and death and also actually symptomatic infection. With Omicron, we have seen less effectiveness with symptomatic infection but remain remarkably effective in preventing hospitalizations, preventing ICU stays, severe disease and death.

Ms. TOKUDA. Thank you. You know, with the remaining time I have, I do want to touch a little bit about something we have talked about quite a bit—data, you know. And if we have learned anything from this pandemic, it is that we need to have in place a strong public health infrastructure, with access to detailed, timely, accurate data as its backbone. State and local health departments relied on data available through the CDC to identify high-risk populations, and spot outbreaks, and emerging variants in their communities and take action. Data saved lives. We know this.

Now, Dr. Walensky, under your leadership, CDC has made incredible strides to collect and share this public health data. How-

ever, with the ending of the public health emergency, CDC is no longer able to report on certain COVID-19 case and transmission data because it no longer has the authorities to collect it. CDC's lack of authority to require standard health data reporting continues to inhibit, in my opinion, its ability to make crucial timely policy recommendations and ensure a coherent national response. If the CDC were able to have this authority to acquire real-time comprehensive data reporting, would we as a country be better positioned to protect public health in a crisis situation like COVID and save lives?

Dr. WALENSKY. Without question, and I would say it is not just CDC, but CDC with standardized data and standardized data highways. Data can come into CDC fluidly. We can act nimbly, see an outbreak before it blossoms and in fact, inform the counties next door. The whole point is not just to have it at CDC, but to inform what is happening locally. So I think that is without question.

Ms. TOKUDA. Thank you very much. And again, as a mother and a citizen, Mahalo for all of your service.

Dr. WENSTRUP. I now recognize, Dr. Jackson, from Texas for 5 minutes.

Dr. JACKSON. Thank you, Mr. Chairman. I appreciate it. Due to the constant inconsistencies, the contradictions, and the lack of transparency from the Biden Administration, CDC, the FDA, and the White House as well, many Americans have lost trust in our public health officials, and we have talked about that at length in a variety of these hearings.

As I have mentioned before, regaining America's trust in our public health officials should be among our top priorities right now. But to do so, we do have to expose some of the misinformation and misconceptions that were used and unfortunately as an excuse to disrupt and control almost every aspect of our life for quite some time.

Director Walensky, this is a tweet that you posted in August 2020 before your tenure as CDC director in response to a tweet from previous CDC director. He writes, "Am I hopeful that we will have a vaccine in the coming months? Yes. Do I think this will get us back to pre-COVID reality? No. Vaccines take a long time to get to people. They often have stumbles in rollout, and they do not protect perfectly. It is very important, but it will not end COVID." And you replied, "Spot on! Combating COVID-19 requires a comprehensive multi-pronged approach, masks, tests, treatments, vaccines. Those holding out for a vaccine alone are going to be sorely disappointed. Time to beef up the dimensions we have on hand already."

In this tweet, you clearly indicate that vaccines alone will not be enough to combat COVID-19. However, as the CDC director in July 2021, you coined what I believe to be a divisive slogan, "pandemic of the unvaccinated," suggesting that unvaccinated are the reason the pandemic persists and, to some extent, pitting the vaccinated against the unvaccinated, which I do not think did any favors, but this appears to directly contradict your 2020 tweet. What caused you to reverse your opinion?

Dr. WALENSKY. I would not call it a reversal of opinion. All of our guidance has demonstrated that we have layered mitigation strate-

gies, we have all of the things that I comment on in the tweet. What I meant by the pandemic unvaccinated is that the people who were dying were largely the unvaccinated, and the whole point was to say, if you want to prevent severe disease and death, you should get vaccinated. You can do all of these other things, and all of them help. There was all this layered mitigation that we were promoting at the time, and so I would say that that tweet, and my actions as CDC director, and that comment were actually all internally consistent.

Dr. JACKSON. Did the White House or any other official in the Biden Administration pressure you or suggest to you they should make statements that painted the vaccine as the primary solution for the pandemic?

Dr. WALENSKY. No, but it was very clear from our vaccine effectiveness data that it was going to be one of the major things that helped us get out of it. I mean, we were seeing that at the CDC and all of our vaccine effectiveness data.

Dr. JACKSON. But I think you said earlier, you said that early on the vaccine was very effective, but later on it was not as effective, and people that were unvaccinated or people that were vaccinated were being hospitalized and were dying because the vaccine was no longer as effective as it was initially. Is that what you said?

Dr. WALENSKY. I do not think I said it exactly that way. I think that over time, we saw a vaccine effectiveness wane, and over time, we saw less effectiveness with the Omicron variants and their subvariants. But still to this day, we see remarkable effectiveness at preventing ICU stays and preventing death if you have been vaccinated and boosted with the most up-to-date booster.

Dr. JACKSON. Honestly, I mean, I do not disagree with your initial statement, the tweet that was sent out. What I disagree with is the later statement that, you know, that only the unvaccinated, you know, are dying from this. At the time this was a year into it. This was July 2021 when you made the statement about the pandemic of the unvaccinated. We knew at that point that to be true what you stated earlier that the vaccine was not as effective as it was before, and that even if that applied initially, it no longer applied at that point that far in. So what I would like to know is, did political pressure ever impact your CDC guidance on your public statements about the COVID-19? Did you ever feel like you were making statements based on political pressure rather than the science it was available?

Dr. WALENSKY. I run a science-based Agency. I am a scientist, and the statements that I made are defended by the science.

Dr. JACKSON. And do you believe that any of the statements or the seemingly contradictory statements that were out there, do you think that contributed to the lack of trust in our public health system that we have today?

Dr. WALENSKY. I would dispute the word “contradictory.” What happened over time is that vaccine effectiveness waned, and we got a new subvariant and variant that behaved differently in terms of how our vaccines worked, so it evolved over time. Our science changed over time. We learned more over time, and we had a new variant over time. And with that, it is my responsibility as the

CDC director to update the American people with the newest science.

Dr. JACKSON. Well, Dr. Walensky, I think that there are a lot of things that went wrong during the pandemic, but I hope that, you know, that you are going to reflect back on your decisions as well and the statements that you made in the course of this pandemic as a CDC director because I think they drastically altered how the American public views our public health officials. I think it is safe to say that your resignation later this month is going to be an important step in returning America's trust to an organization that you did great damage to, in my opinion, during your tenure.

With that, I yield back, Mr. Chair.

Dr. WENSTRUP. I now recognize Mrs. Dingell from Michigan for questions.

Mrs. DINGELL. Thank you, Mr. Chairman. Dr. Walensky, thank you for your service, and I hope in this Committee we can keep from those kinds of personal attacks. Thank you for being here today and for the work that you have done to see America through the dark days of COVID-19. We have heard a lot of misleading statements and accusations here today, and I want to set the record straight. Quite frankly, I am tired of having the same conversations and hearing the same accusations over and over and over again, so let us clear this up again.

There was no special access or collusion between the teacher's union and the CDC to keep schools closed, and my colleagues on the other side are grossly mischaracterizing the situation, so let us go after the facts again. It is routine practice and, I believe, common sense for the CDC or any group to consult impacted groups on guidance that affects them. Dr. Walensky, in short, can you tell us more about why it is important for the CDC to engage with stakeholders on guidance that impacts them?

Dr. WALENSKY. It was critically important to get the schools open, and in order to do so we needed to make sure that the day that we released our guidance, it would be implementable on the ground. So we spoke to all the numerous stakeholders, over 50, to make sure that our guidance would be implementable on the ground. It would have been irresponsible not to.

Mrs. DINGELL. So I also understand that when developing guidance to reopen all schools and help all schools stay open, the CDC engaged a wide range of organizations with various expertise. In fact, last week, HHS provided the select committee with a list of the organizations CDC engaged with in its developing the school reopening guidance, and it includes organizations like the American Academy of Pediatrics, the National Governors Association—there were more Republicans there than Dems, for the record—the American College Health Association, the Association of Public Health Laboratories, Autism Speaks, and the National Parent Teacher Association, just to name a few. More than 50, and they are part of the record.

Each of these organizations brought their perspective and expertise to conversations on how we get our schools safely and responsibly opened. And each of these organizations provided reasonable feedback to CDC guidance, like accommodating immune-compromised teachers when returning to in-person learning or sug-

gesting that if the new variant were to emerge and cause high community transmission, the guidelines would need to be revisited to keep schools open, not close them. These organizations recognized that the CDC shared their goals to safely reopen the schools.

So while my colleagues on the other side so carelessly throw around outrageous accusations about collusion between the teacher union and CDC, I want to make it clear that the routine, practical way that CDC went about developing school reopening policies was common sense. I want to make sure we are giving the American people the full picture, that at a time the American death toll from COVID-19 had just surpassed 400,000, and that the first vaccines had only just been authorized for emergency use a few weeks prior to this guidance, and that only 46 percent of U.S. schools had reopened for full-time, in-person learning when you came on board, I want us to be clear that CDC's guidance helped get kids safely back in the classroom, along with the American Rescue Plan vaccine program. We were able to get more than 95 percent of schools reopened for full-time, in-person learning one year later.

Now, let us set the record straight on vaccines. We know vaccines are the safest and most effective public health measure that reduces hospitalizations and protects against severe disease or death from COVID-19. According to a Commonwealth Fund study published in December 2022, COVID-19 vaccines had already prevented 3.2 million deaths and 18.5 million additional hospitalizations. However, in early 2021, our Nation did not have the infrastructure to swiftly administer vaccines. Director Walensky, can you tell us more about the CDC's efforts to support a safe and equitable vaccine distribution?

Dr. WALENSKY. Yes, thank you for that. We, as you know, did not have a vaccine infrastructure for vaccines for adults. That is something that we are asking from for Congress to establish that so we do not have to recreate one again. What I will say is that we worked tirelessly with our Federal retail pharmacy partners, with federally qualified healthcare centers, with community and faith-based organizations, with our state and local health departments across the country, with all sorts of partners so that we could get vaccines, and we needed to bring vaccines where they were. We did mass vaccination sites. We did small vaccinations. We did vans. It was really an all-intensive effort, but we need that infrastructure that was stood up for COVID. We will continue what we can for COVID with the resources that we have, but we do not have a large-scale vaccine infrastructure for adults.

Mrs. DINGELL. Thank you. At this point, I want to also talk to my Republican friends about there is probably nobody with more vaccine hesitancy in this Committee than me. I got Guillain-Barré from a flu shot in my 20s, and does that mean nobody should ever have a flu shot again? I was scared to death to get this COVID-19 vaccine. I think I even shared it with you at the time, I did not trust doctors around here, to be perfectly frank. I went to the University of Michigan and talked to the infectious disease doctors, and they encouraged me that this was the right thing to do. It was a different chemistry.

But I remain seriously concerned about Americans getting the wrong information from misinformation about the disease and how

it spreads, vaccines, and even treatments. Quite frankly, I have a very close—I will not tell you who the family member is because I might not be here if I did—but supports President Trump. He took hydroxychloroquine and almost died, was in the hospital for weeks. And they believe what they hear, so we need to make sure.

And we know sometimes people are giving information that is the best information that they have at the time, but unfortunately, the world is experiencing the largest global decline in decades in the number of children receiving basic immunizations, and we are seeing a resurgence in previously controlled diseases like polio and measles. Dr. Walensky, how is vaccine misinformation affecting children's health?

Dr. WALENSKY. I think that you nailed it spot on. We, for the first time, last year saw our first paralytic polio case in this country in about ten years. We have seen numerous outbreaks of measles. In my inbox, I, you know, not infrequently will get an email saying there is a new measles case that has been detected in the United States. It is critically important. We have seen a downturn in our number of incoming kindergarteners who are vaccinated for all the Advisory Committee on Immunization Practices (ACIP) recommended vaccines, and it is critically important that we maintain full vaccination for the health and safety of our children.

Mrs. DINGELL. Thank you. Is there anything you want to add as we close?

Dr. WALENSKY. Thank you for your support. I will say it is critically important to get COVID-19 vaccine today, and, you know, for the fall, whatever we may see in the fall, also the flu vaccine for those who can tolerate it. But vaccines have been a public health staple that have been critically important for decades. We are, I think, have our victims or own successes. We are so blessed that we are not seeing these illnesses in our children because we have had vaccines for so many decades. Once we start seeing those resurgence, that is going to be really detrimental to our children.

Mrs. DINGELL. Thank you for your service, and I yield back.

Dr. WALENSKY. Thank you.

Dr. WENSTRUP. I would now like to yield to Ranking Member Ruiz for a closing statement, if he would like one, and he has asked that he could ask one more question.

Dr. RUIZ. Yes. First, I will start with a question because I think this is very important. It has been said before, and you were brilliantly answering the question, and I want to give you more time to pursue the question of the difference between medical opinion and misinformation because there is a debate as to when does a person's personal opinion become misinformation and when does it become disinformation, which is the intentional misinformation. So can you elaborate more on myths on medical opinion versus misinformation? And you were saying about with increasing science, with accurate science, it becomes fact, and when does it become just a fringe opinion?

Dr. WALENSKY. Yes, thank you for that. So, you know, I am not an expert in mis- and disinformation. What I can tell you is early on in scientific knowledge and scientific query, we see, you know, things emerging in the literature, groundbreaking work that appears in high-level journals. Those get corroborated over time.

Those are widely accepted eventually as dogma and science, and then there are new questions that are presented based on that dogma.

Certainly we have done a lot of lessons learning in COVID-19. We had a new virus. But over time, there were very well-respected experts in public health, and healthcare, and academia, and scientists who really understood as the science was evolving and emerging. That, I think, we then take as fact. When you have people who are not trained and reading the literature, people are expressing their opinions who have not read the literature, I think then you have to start to question upon which they are making those decisions and giving that advice.

Dr. RUIZ. I think that opinion versus misinformation plays in here because somebody's opinion can say that masks do not work. However, there is data and scientific fact that masks prevent the transmission of droplets from being transported in the air and infecting others. And you mentioned some scientific fact that the incidence of infections decrease in settings where people actually wear their mask. So when does it become opinion versus misinformation, and then if people are well versed in the science or they read the literature and still proclaim that masks do not work, then does that become disinformation?

The other thing to discuss is whether or not vaccines work. So now, the science and public health research demonstrates overwhelmingly that when you vaccinate a population with COVID-19, you significantly reduce the transmission. You significantly reduce hospitalizations and deaths from the vaccine. We have real-life experience in that we are at a different place than we were before the vaccines, and we also have scientific literature. So knowing in the aggregate that vaccines are safe and that they work, also knowing that our system of reporting adverse events, our system of learning about these and who are at risk of these adverse effects, and then recommending contraindications or recommending people not get the vaccine, and using other measures is a system that works.

But focusing on these adverse effects and to say that the statement vaccines are safe and effective is erroneous and dangerous. When is that opinion versus misinformation, not based on the aggregate of public health scientific fact, and when, if it is done intentionally, knowing and believing the medical literature? When does it become disinformation, intentionally moving it forward? And that is, I think, a big point that we are trying to say because science is to help us get to the truth.

And even some studies, you look at whether it was done correctly, whether methodology was flawed. And then you look at the rare study that, you know, has a breakthrough that leads us to a different path, and then we unfold and we pursue that path, and we unfold even more truths that will change our practice in medicine or in public health. And so you know, to capitalize on the confusion, or not the confusion, the complexity of science to then say this is confusing, and that is why it is wrong, or that is why it is intentionally misled or intentionally suppressed, or intentionally covered up is not necessarily accurate.

And so in closing, I just want to really, you know, highlight the clear differences that we witnessed today. First, I want to really commend you, Dr. Walensky. I can yield if you want to say a few words.

Dr. WENSTRUP. Can we do that?

Dr. RUIZ. Yes, sir.

Dr. WENSTRUP. And then you yield.

Dr. RUIZ. I will yield.

Dr. WENSTRUP. If you do not mind.

Dr. RUIZ. Okay. Look, he has got to go, so out of courtesy to the Chairman, there is a clear difference today. You know, I am hoping that we can get out of being stuck in the quicksand of partisan narratives. I really do. Like my colleague, Debbie Dingell, mentioned, we are talking about the same things, whether there was politicization in the guidance, whether there was collusion, whether there was suppression, whether there was all these different things that, quite frankly, should not be a priority because they do not lead to the biggest impact that we can make in terms of systematic change to prevent the next pandemic. And you saw the questions that we had were very focused on solutions on the future systematic changes that put people over politics in order to save lives. I yield back.

Dr. WENSTRUP. And I apologize that I have to leave. I have mentioned to you before the dilemma. Look, there is a lot we learned. We learned from the trials. We know that viruses produce variants. We know that the vaccine helped save the hundreds of thousands of lives. I was totally for emergency use authorization, but we have the responsibility of looking for when we say, "safe and effective." It is like any other medicine. When you talk to your patients, you have to say, here is what we do not know yet, and down the road, maybe we will see side effects, but here is what we know at this time, and here is what we have seen as side effects. I think that is a responsibility that we have as physicians and in medicine in general in America.

You know, I spend time trying to explain to people what 95-percent efficacy meant, right? And you took the time, and when it came to masks early on, when we had supply chain shortage, I said if you only have one mask between the two of you, give it to the person who has COVID. They need it more than you to prevent the spread, in my opinion, right? So, you know, we have got things to deal with on infrastructure supply chain, all of these to make the CDC more effective, but we have got to rely on data.

And I am just going to say going forward, I want to get more accuracy to the system and accuracy to the doctor that you know, so that you can go talk to your doctor and say what is best for me at this time, whether it is this or anything else, and we are going to continue to work on that. And I expect that we may be engaging with you a little further down the road. And with that, I yield back.

And with that, and without objection, all Members will have five legislative days within which to submit materials and to submit additional written questions for the witnesses which will be forwarded to the witnesses for your response.

Dr. WENSTRUP. If there is no further business, without objection, the Select Subcommittee stands adjourned.

[Whereupon, at 12:49 p.m., the Select Subcommittee was adjourned.]

