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United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS
WASHINGTON, DC 20510-6250

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March 9, 2021

The Honorable Norris Cochran
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Mr. Cochran:

The Committee on Homeland Security and Governmental Affairs is investigating the federal government's response to the novel coronavirus (COVID-19) pandemic. Senator Peters previously notified this Department on November 18, 2020 to preserve all documents and communications, including regarding the government's COVID-19 response. In addition, Senator Peters sent this Department a request for documents and information on December 21, 2020 related to its response to the COVID-19 pandemic. This letter reasserts that request.

The United States remains in the midst of a national and public health security crisis. More than a half million Americans have died from COVID-19 since the first cases were detected in the United States.¹ In addition, the nonpartisan Government Accountability Office found that “[a]s of December 2020, there were more than 10.7 million unemployed individuals, compared to nearly 5.8 million individuals at the beginning of the calendar year,” and further warned the “pandemic will likely remain a significant obstacle to more robust economic activity.”² The federal government's response has a decisive impact on efforts to save lives, restore the economy, and overcome the pandemic.

These deaths are unacceptable. The economic fallout must also be remedied. As such, we must examine and understand the federal government's response to the COVID-19 pandemic and any needed reforms to combat this and future pandemics. This includes understanding decisions regarding testing, distribution of medical supplies, and communications with the public, as well as answering questions surrounding public health, military, and intelligence warnings about the pandemic and potential political interference with scientific guidance. The Committee is authorized by Rule XXV of the Standing Rules of the Senate to investigate “the efficiency and economy of operations of all branches of the Government.” To that end, please provide the following documents and communications as soon as possible, but no later than March 29, 2021:

¹ Centers for Disease Control and Prevention, *United States COVID-19 Cases and Deaths by State* (https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days).

² Government Accountability Office, *COVID-19: Critical Vaccine Distribution, Supply Chain, Program Integrity, and Other Challenges Require Focused Federal Attention* (GAO-21-265) (January 28, 2021).

Executive Branch Actions and Guidance to the Public

1. All documents and communications referring or relating to the January 31, 2020 declaration of a public health emergency (retroactive to January 27, 2020) due to COVID-19 and any subsequent renewal.
2. All documents and communications with White House Coronavirus Task Force members or the White House COVID-19 Response Team referring or relating to the COVID-19 response, including but not limited to communications referring or relating to the role each agency should play in the response and organizational charts referring or relating to the COVID-19 response.
3. All documents and communications referring or relating to the responsibilities and coordination with the Federal Emergency Management Agency (FEMA), the Defense Logistics Agency (DLA), or any other relevant agency, including but not limited to documents and communications referring or relating to establishment of the Unified Coordination Group, planning documents, and memoranda of understanding.
4. All documents and communications referring or relating to the World Health Organization (WHO) relating to the COVID-19 pandemic, including but not limited to early preparations, announcement of the United States' withdrawal from the WHO, decision to rejoin the WHO, and ongoing efforts to mitigate the virus.
5. All documents and communications referring or relating to data collection practices of the Department of Health and Human Services (HHS), including, but not limited to documents regarding any changes to the collection policy.
6. All documents and communications referring or relating to COVID-19 guidance by the Centers for Disease Control and Prevention (CDC), including but not limited to documents and communications referring or relating to mask use, public transportation, testing (including for asymptomatic individuals), and in-person learning in schools.
7. A list of any individuals or entities outside of the CDC who had a role in the development or publication of CDC guidance pertaining to COVID-19.
8. All forecasts and modeling referring or relating to the spread of COVID-19 and emerging hot spots.
9. All documents and communications referring or relating to investigations into COVID-19 outbreaks and findings.
10. All CDC reports referring or relating to COVID-19, including but not limited to those generated by CDC's Epidemic Intelligence Service and all iterations of the Morbidity and Mortality Weekly Report.

11. All documents and communications referring or relating to COVID-19 requested by or provided to transition teams.

Strategic National Stockpile and Personal Protective Equipment

12. Documents sufficient to show the status of the Strategic National Stockpile (SNS), such as inventory reports or logs, from January 2009 to present.
13. Documents sufficient to identify all contracts for the acquisition of ventilators from January 2009 to present.
14. All documents and communications referring or relating to the acquisition of PPE, including but not limited to the use of the Defense Production Act.
15. All contracts and agreements (and supporting contract documentation, if applicable) entered into as part of the federal government's COVID-19 response, including but not limited to contracts or agreements for PPE, testing supplies, ventilators, therapeutics, and vaccine development, manufacturing, and ancillary supplies.
16. All documents and communications referring or relating to Project Airbridge, including but not limited to documents and communications referring or relating to planning and coordination efforts, costs, and formulas and data used to determine allocations of PPE, and communications with states about availability of supplies.

COVID-19 Testing

17. All documents and communications referring or relating to testing capacity and strategy, including but not limited to acquisition of testing supplies through the Public Health and Social Services Emergency Fund.
18. All documents and communications referring or relating to the FEMA-HHS partnership for Community-Based Testing Sites, including the current status of the initiative; shifts in responsible agency; the determinations of locations, capacity, and duration of operation; funding structure; and approvals of requests for extension.
19. All documents and communications referring or relating to the development of diagnostic and serology tests and associated procedures and policies for validating diagnostic and serology lab tests, including but not limited to those referring or relating to the development and subsequent validation failures by the CDC 2019-Novel Coronavirus Real-Time RT PCR Diagnostic Panel as initially authorized by the FDA on February 4th.
20. All documents and communications referring or relating to the development of guidance and policy by the FDA and CDC pertaining to the expediting authorizations of diagnostic tests and the availability of diagnostic tests, including but not limited to the policies issued by the FDA.

21. All documents and communications referring or relating to HHS's decision to no longer require premarket review by the FDA of laboratory developed tests and its subsequent reversal of this decision.
22. All documents and communications referring or relating to COVID-19 CDC Morbidity and Mortality Weekly Reports ("MMWR").
23. All public health surveillance performed by the federal government in December 2019 through present pertaining to COVID-19, including but not limited to forecasts and modeling performed by HHS and its component agencies.

Vaccines

24. All documents and communications referring or relating to the organizational structure of Operation Warp Speed, including those listing individuals involved or independent contractors, or a delineation of responsibilities between Operation Warp Speed, HHS, DOD, or any other relevant agency.
25. All documents and communications between HHS, including but not limited to the Biomedical Advanced Research Development Authority (BARDA), and White House officials specific to COVID-19 referring or relating to development of vaccines, therapeutics, and diagnostics; distribution and administration of vaccines; and the need to stockpile critical medical supplies.
26. BARDA's Standing Operating Procedures for soliciting proposals for therapeutics and vaccines during public health emergencies and how those procedures differed from processes used during COVID-19.
27. All documents and communications between senior FDA officials and the White House referring or relating to Operation Warp Speed, COVID-19 vaccine development and approval, and the issuance of EUA guidance for COVID-19 vaccines.

Additionally, we ask that you make any officials with relevant information available for interviews to provide information and testimony regarding the issues identified herein.

Please refer to the attached Schedule A for information on how to respond to this request and for the types of documents and communications to be provided. Unless otherwise indicated, all documents and communications responsive to these requests should be provided from January 2019 to present.

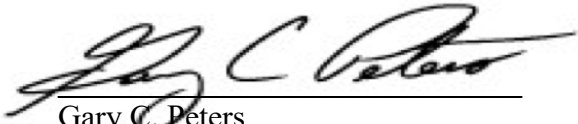
The Honorable Norris Cochran

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Thank you for your prompt attention and cooperation in this matter.

Sincerely,

Handwritten signature of Gary C. Peters in black ink, written over a horizontal line.

Gary C. Peters
Chairman

Handwritten signature of Rob Portman in blue ink, written over a horizontal line.

Rob Portman
Ranking Member