Dear Vice President Pence, Secretary Azar, and Director Redfield:

The Select Subcommittee on the Coronavirus Crisis is examining Centers for Disease Control and Prevention (CDC) guidance regarding schools and childcare programs during the coronavirus pandemic. I am alarmed that CDC—the world’s preeminent public health agency—has issued guidance that misstates the science, is internally inconsistent, and could put children, teachers, and their families at greater risk of infection and death from the coronavirus. Rather than reflecting sound science, new reports show that CDC’s misleading guidance was the product of intense political pressure from the President and political appointees at the White House and Department of Health and Human Services (HHS). As the Trump Administration has urged all schools to quickly reopen for in-person learning regardless of the risks, cases are rising across much of the country, and tens of thousands of students and teachers have been infected. I write today to urge you to immediately revise CDC’s guidance so that it faithfully reflects the science—rather than the partisan political interests of the President.

Misleading CDC Guidance on Coronavirus in Children

As schools and families decide when and how to safely resume in-person education, they rely on CDC for up-to-date, accurate guidance. However, CDC’s school guidance contains statements that are in tension with the best available science and that contradict other scientific reports from the agency. For example, current CDC guidance states:

- “Children appear to be at lower risk for contracting COVID-19 compared to adults;”
"Scientific studies suggest that COVID-19 transmission among children in schools may be low;"

"The best available evidence from countries that have opened schools indicates that COVID-19 poses low risks to school-aged children, at least in areas with low community transmission, and suggests that children are unlikely to be major drivers of the spread of the virus;"1 and

"early reports suggest children are less likely to get COVID-19 than adults."2

These statements are misleading. According to the American Academy of Pediatrics (AAP), “the preponderance of evidence indicates that children and adolescents can become infected” with the coronavirus and that “children older than 10 years may spread SARS-CoV-2 as efficiently as adults.”3 Similarly, epidemiologist Dr. Caitlin Rivers testified before the Select Subcommittee in August 2020 that “it is becoming increasingly clear that children are able to spread the virus,” and that “children are infected at rates similar to adults.”4 More than 624,000 American children have already been infected with the coronavirus,5 including nearly 75,000 who tested positive in the first two weeks of September, when many schools were reopening.6

The evidence also shows that the coronavirus can spread in schools, especially in communities with high transmission rates. Thousands of new cases have been reported in schools in August and September.7 Although CDC has not published national data on

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1 Centers for Disease Control and Prevention, The Importance of Reopening America’s Schools this Fall (July 23, 2020) (online at www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html).


4 Committee on Oversight and Reform, Select Subcommittee on the Coronavirus Crisis, Testimony of Caitlin Rivers, PhD, MPH, Remote Hearing on “Challenges to Safely Reopening K-12 Schools” (Aug. 6, 2020) (online at https://docs.house.gov/meetings/VC/VC00/20200806/110964/HHRG-116-VC00-Wstate-RiversC-20200806.pdf).


7 1,193 Quarantined for Covid. Is This A Successful School Reopening?, New York Times (Aug. 12, 2020)
coronavirus cases in schools—and has not announced any plans to track this information\(^8\)—journalists and educators have tried to gather this information.\(^9\) One collaborative project identified more than 30,000 verified cases in K-12 schools.\(^10\) Yet CDC’s “Decision-Making Tool for Parents” ignores this strong evidence of coronavirus transmission in U.S. schools, relying instead on evidence from Europe, where transmission rates have generally been lower than in the United States.\(^11\)

Recent data on virus transmission in U.S. schools is consistent with CDC case studies showing high rates of transmission at summer camps. For example, CDC found that at one Georgia summer camp, 76% of school-age campers who were tested had the virus, and that the camp had higher rates of the coronavirus among children than adults. The study concluded:

This investigation adds to the body of evidence demonstrating that children of all ages are susceptible to SARS-CoV-2 infection and, contrary to early reports, might play an important role in transmission.\(^12\)


\(^10\) The COVID Monitor, [Status Summary](https://arcg.is/1K5Hrm).


\(^12\) Centers for Disease Control and Prevention, [Morbidity and Mortality Weekly Report (July 31, 2020)](https://www.cdc.gov/mmwr/volumes/69/wr/mm6931e1.htm).
The Honorable Michael R. Pence
The Honorable Alex M. Azar II
Dr. Robert R. Redfield

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CDC data also shows that children who contract the virus in educational settings can transmit it to their family members. For example, CDC’s report on transmission of the coronavirus at childcare facilities determined that “SARS-CoV-2 Infections among young children acquired in child care settings were transmitted to their household members.”

CDC may have additional scientific information related to children and the coronavirus that has not been made public. For example, the Select Subcommittee recently released a private report from the White House Coronavirus Task Force, which states “CDC is deploying a school mitigation team to Alabama” to “assess school safety in a COVID environment.” CDC has not released any information about school mitigation teams, such as where they are deployed, what they have found, and what steps they have recommended to reduce the risk of virus outbreaks.

Political Interference in CDC Guidance on Coronavirus in Children

Growing evidence shows that CDC’s misleading guidance on children and the coronavirus is the result of a months-long pattern of interference by political appointees in the Trump Administration.

In May 2020, the White House reportedly tried to prevent the publication of CDC’s public health guidance on reopening schools because they believed the guidance was “overly prescriptive.” These guidelines, which were eventually leaked to the press, recommended that schools reopen in phases only if they could meet several criteria, including that the schools are in “[c]ommunities with low levels of COVID-19 spread and those with confidence that the incidence of infection is genuinely low.”

In June 2020, political appointees at HHS, including Dr. Paul Alexander, then a Senior Advisor to Assistant Secretary for Public Affairs Michael Caputo, continued efforts to suppress truthful information about the risks of coronavirus to children. In an email, Dr. Alexander

13 Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (Sept. 11, 2020) (online at www.cdc.gov/mmwr/volumes/69/wr/mm6937e3.htm?s_cid=mm6937e3_w&utm_source=newsletter&utm_medium=email&utm_campaign=newletter_axiosvitals&stream=top).


16 Trump Administration Buries Detailed CDC Advice on Reopening, AP News (May 7, 2020) (online at https://apnews.com/article/7a0d5fba3249e573d2ead4bd323a4d4); Centers for Disease Control and Prevention, Guidance for Implementing the Opening Up America Again Framework (online at https://assets.documentcloud.org/documents/6883734/CDC-Business-Plans.pdf).
singled out comments by CDC Principal Deputy Director Anne Schuchat. He claimed, “the risk of death in children 0-19 years of age is basically 0 (zero) . . . PERIOD . . . she has lied here.” He further alleged, without evidence, that Dr. Schuchat’s “aim is to embarrass the President.” Mr. Caputo forwarded this critique to CDC Director Robert Redfield. Afterwards, HHS’s White House liaison reportedly contacted CDC “to ask questions about Dr. Schuchat’s biography, leaving the impression that some in Washington could have been searching for ways to fire her.”

The White House also directly pressured CDC. Over the summer, Vice President Pence’s chief of staff, Marc Short, reportedly directed White House staff to push CDC to create reports showing a decline in coronavirus cases in young people. One former official recalled that in advance of a late June meeting of the White House Coronavirus Task Force, White House staff asked senior CDC officials to produce “a snazzy, easy-to-read document” that would show a low risk of infection and death from coronavirus for schoolchildren.

In July, the White House began publicly criticizing CDC’s guidance while urging schools to reopen regardless of the risks involved and threatening to withhold federal funds from schools that refused. President Trump decried CDC guidelines as “very tough and expensive,” and the White House Press Secretary stated that “science should not stand in the way” of reopening schools.

On July 23, CDC issued new guidelines that emphasized the importance of in-person education but downplayed the risks. Recent reports confirm that this document was

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20 Donald J. Trump (@realDonaldTrump), Twitter (July 8, 2020) (“In Germany, Denmark, Norway, Sweden and many other countries, SCHOOLS ARE OPEN WITH NO PROBLEMS. The Dems think it would be bad for them politically if U.S. schools open before the November Election, but it is important for the children & families. May cut off funding if not open!”) (online at https://twitter.com/realdonaldtrump/status/1280853299600789505).

21 Donald J. Trump (@realDonaldTrump), Twitter (July 8, 2020) (“I disagree with @CDCgov on their very tough & expensive guidelines for opening schools. While they want them open, they are asking schools to do very impractical things. I will be meeting with them!!!”) (online at https://twitter.com/realdonaldtrump/status/1280857657365200902).

“substantially edited by White House officials”\(^\text{23}\) to include misleading information that CDC scientists had rejected. On July 19, 2020, Dr. Deborah Birx, the White House Coronavirus Task Force Coordinator, emailed Dr. Redfield to urge him to include prominently in the guidance a document from a different office within HHS. That document asserted that “very few reports of children being the primary source of Covid-19 transmission among family members have emerged” and that children without symptoms “are unlikely to spread the virus.” CDC scientists objected to the language because it was inaccurate, but the White House overruled them and insisted on including much of the language in the final guidance. Top White House officials with no public health expertise, including Mark Meadows, Jared Kushner, Larry Kudlow, and Stephen Miller, were reportedly involved in the clearance process.\(^\text{24}\) The final document, which the White House named, “The Importance of Reopening America’s Schools this Fall,” remains prominently on CDC’s website.\(^\text{25}\)

Political pressure on CDC over school reopening continued in August and September. On August 8, Dr. Alexander wrote to Dr. Redfield, seeking to intervene in CDC’s work: “Nothing to go out unless I read and agree with the findings how they CDC, wrote it and I tweak it to ensure it is fair and balanced and ‘complete.’” He also demanded that Dr. Redfield retract already-published studies because Dr. Alexander believed they made the President’s push to reopen schools more difficult. He claimed: “CDC tried to report as if once kids get together, there will be spread and this will impact school re-opening . . . Very misleading by CDC and shame on them. Their aim is clear.” On September 11, he pushed CDC to alter a forthcoming report on coronavirus-related deaths among young people by changing the definition of “pediatric population.”\(^\text{26}\)

After months of political interference, CDC’s public guidance on children and the coronavirus is now a confusing mixture of contradictory, misleading, and outdated information. On September 21, the Government Accountability Office (GAO) concluded that “portions of CDC’s guidance on reopening K-12 schools are inconsistent” pointing out that “CDC’s July guidance begins with a statement urging schools to reopen in person, and information encouraging schools to reopen in person is embedded throughout the guidance.” GAO criticized White House statements urging schools to “fully open” or face threats of withheld funds, as they “do not appear to align with a risk-based decision-making approach.” It recommended that


\(^{25}\) Centers for Disease Control and Prevention, Schools & Child Care (Updated Sept. 18, 2020) (online at www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html) (featuring the first link: Statement on the Importance of Reopening America’s Schools this Fall).

“CDC ensure that, as it makes updates to its guidance related to schools’ operating status, the guidance is cogent, clear and internally consistent.”\textsuperscript{27}

The White House and HHS must cease applying inappropriate political pressure on CDC so the American people can trust they are receiving accurate, unbiased health information during the pandemic. CDC should urgently replace its misleading and contradictory guidance on the impact of the coronavirus on children with new guidance that follows the best available science.

For all these reasons, the Select Subcommittee requests that you provide a staff briefing on these issues by October 7, 2020. In addition, please provide the following information and documents by October 14, 2020:

1. Describe the steps the White House, HHS, and CDC will take to end political interference in CDC’s critical public health work during the coronavirus crisis.

2. Describe the steps CDC will take to update and harmonize its guidance on school reopening and the impact of the coronavirus on children, including to ensure this guidance reflects current scientific understandings and provides unbiased information to help schools and families to make informed decisions.

3. Explain why CDC included the following misleading statements in its guidance documents and whether CDC plans to retract or revise these statements:
   a. “Children appear to be at lower risk for contracting COVID-19 compared to adults;”
   b. “Scientific studies suggest that COVID-19 transmission among children in schools may be low;”
   c. “The best available evidence from countries that have opened schools indicates that COVID-19 poses low risks to school-aged children, at least in areas with low community transmission, and suggests that children are unlikely to be major drivers of the spread of the virus;”\textsuperscript{28} and
   d. “children are less likely to get COVID-19 than adults.”\textsuperscript{29}

4. Explain the purpose of a CDC “school mitigation team” and any standards that exist for determining whether to deploy a school mitigation team.


\textsuperscript{28} Centers for Disease Control and Prevention, \textit{The Importance of Reopening America’s Schools this Fall} (July 23, 2020) (online at www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html).

5. Identify and describe each deployment of a CDC school mitigation team, including the purpose, staffing, dates of deployment, work performed, findings, guidance provided to local or school officials, and results of the deployment.  

6. Identify and explain any steps CDC has taken to assemble, review, or analyze information regarding coronavirus outbreaks and coronavirus-related closures at schools, childcare facilities, or camps.
   
a. Describe any such information that CDC has collected but not released to the public, and explain the basis for not publicly disclosing such information.

7. Identify any instances in which the White House, HHS, or CDC have advised any state, local, or school officials to pause or delay reopening for in-person instruction, and explain the circumstances and rationale of this recommendation.

8. Identify each instance in which political appointees at the White House, HHS, or other federal agencies edited, delayed, or prohibited the release of CDC guidance, reports, or other documents related to reopening schools or the impact of the coronavirus on children. For each instance, identify each appointee involved.

These requests are consistent with House Resolution 935, which established the Select Subcommittee on the Coronavirus Crisis “to conduct a full and complete investigation” of “issues related to the coronavirus crisis,” including the “preparedness for and response to the coronavirus crisis,” and “executive branch policies, deliberations, decisions, activities, and internal and external communications related to the coronavirus crisis.”

An attachment to this letter provides additional instructions for responding to these requests. If you have any questions about this request, please contact Select Subcommittee staff at (202) 225-4400.

Sincerely,

James E. Clyburn  
Chairman

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A “school mitigation team” was described in the White House Coronavirus Task Force Report of August, 9, 2020 (online at https://coronavirus.house.gov/sites/democrats.coronavirus.house.gov/files/08-09-2020_Report.pdf) (“CDC is deploying a school mitigation team to Alabama on 8/10 to work with the state to assess school safety in a COVID environment.”).
Responding to Oversight Committee Document Requests

1. In complying with this request, produce all responsive documents that are in your possession, custody, or control, whether held by you or your past or present agents, employees, and representatives acting on your behalf. Produce all documents that you have a legal right to obtain, that you have a right to copy, or to which you have access, as well as documents that you have placed in the temporary possession, custody, or control of any third party.

2. Requested documents, and all documents reasonably related to the requested documents, should not be destroyed, altered, removed, transferred, or otherwise made inaccessible to the Committee.

3. In the event that any entity, organization, or individual denoted in this request is or has been known by any name other than that herein denoted, the request shall be read also to include that alternative identification.

4. The Committee’s preference is to receive documents in electronic form (i.e., CD, memory stick, thumb drive, or secure file transfer) in lieu of paper productions.

5. Documents produced in electronic format should be organized, identified, and indexed electronically.

6. Electronic document productions should be prepared according to the following standards:

   a. The production should consist of single page Tagged Image File (“TIF”), files accompanied by a Concordance-format load file, an Opticon reference file, and a file defining the fields and character lengths of the load file.

   b. Document numbers in the load file should match document Bates numbers and TIF file names.

   c. If the production is completed through a series of multiple partial productions, field names and file order in all load files should match.

   d. All electronic documents produced to the Committee should include the following fields of metadata specific to each document, and no modifications should be made to the original metadata:

      BEGDOC, ENDDOC, TEXT, BEGATTACH, ENDATTACH, PAGECOUNT, CUSTODIAN, RECORDTYPE, DATE, TIME, SENTDATE, SENTTIME, BEGINDATE, BEGINTIME, ENDDATE, ENDTIME, AUTHOR, FROM, CC, TO, BCC, SUBJECT, TITLE, FILENAME, FILEEXT, FILESIZE, DATECREATED, TIMECREATED, DATELASTMOD, TIMELASTMOD,
7. Documents produced to the Committee should include an index describing the contents of the production. To the extent more than one CD, hard drive, memory stick, thumb drive, zip file, box, or folder is produced, each should contain an index describing its contents.

8. Documents produced in response to this request shall be produced together with copies of file labels, dividers, or identifying markers with which they were associated when the request was served.

9. When you produce documents, you should identify the paragraph(s) or request(s) in the Committee’s letter to which the documents respond.

10. The fact that any other person or entity also possesses non-identical or identical copies of the same documents shall not be a basis to withhold any information.

11. The pendency of or potential for litigation shall not be a basis to withhold any information.

12. In accordance with 5 U.S.C. § 552(d), the Freedom of Information Act (FOIA) and any statutory exemptions to FOIA shall not be a basis for withholding any information.

13. Pursuant to 5 U.S.C. § 552a(b)(9), the Privacy Act shall not be a basis for withholding information.

14. If compliance with the request cannot be made in full by the specified return date, compliance shall be made to the extent possible by that date. An explanation of why full compliance is not possible shall be provided along with any partial production.

15. In the event that a document is withheld on the basis of privilege, provide a privilege log containing the following information concerning any such document: (a) every privilege asserted; (b) the type of document; (c) the general subject matter; (d) the date, author, addressee, and any other recipient(s); (e) the relationship of the author and addressee to each other; and (f) the basis for the privilege(s) asserted.

16. If any document responsive to this request was, but no longer is, in your possession, custody, or control, identify the document (by date, author, subject, and recipients), and explain the circumstances under which the document ceased to be in your possession, custody, or control.

17. If a date or other descriptive detail set forth in this request referring to a document is inaccurate, but the actual date or other descriptive detail is known to you or is otherwise apparent from the context of the request, produce all documents that would be responsive as if the date or other descriptive detail were correct.
18. This request is continuing in nature and applies to any newly-discovered information. Any record, document, compilation of data, or information not produced because it has not been located or discovered by the return date shall be produced immediately upon subsequent location or discovery.

19. All documents shall be Bates-stamped sequentially and produced sequentially.

20. Two sets of each production shall be delivered, one set to the Majority Staff and one set to the Minority Staff. When documents are produced to the Committee, production sets shall be delivered to the Majority Staff in Room 2157 of the Rayburn House Office Building and the Minority Staff in Room 2105 of the Rayburn House Office Building.

21. Upon completion of the production, submit a written certification, signed by you or your counsel, stating that: (1) a diligent search has been completed of all documents in your possession, custody, or control that reasonably could contain responsive documents; and (2) all documents located during the search that are responsive have been produced to the Committee.

**Definitions**

1. The term “document” means any written, recorded, or graphic matter of any nature whatsoever, regardless of how recorded, and whether original or copy, including, but not limited to, the following: memoranda, reports, expense reports, books, manuals, instructions, financial reports, data, working papers, records, notes, letters, notices, confirmations, telegrams, receipts, appraisals, pamphlets, magazines, newspapers, prospectuses, communications, electronic mail (email), contracts, cables, notations of any type of conversation, telephone call, meeting or other inter-office or intra-office communication, bulletins, printed matter, computer printouts, teletypes, invoices, transcripts, diaries, analyses, returns, summaries, minutes, bills, accounts, estimates, projections, comparisons, messages, correspondence, press releases, circulars, financial statements, reviews, opinions, offers, studies and investigations, questionnaires and surveys, and work sheets (and all drafts, preliminary versions, alterations, modifications, revisions, changes, and amendments of any of the foregoing, as well as any attachments or appendices thereto), and graphic or oral records or representations of any kind (including without limitation, photographs, charts, graphs, microfiche, microfilm, videotape, recordings and motion pictures), and electronic, mechanical, and electric records or representations of any kind (including, without limitation, tapes, cassettes, disks, and recordings) and other written, printed, typed, or other graphic or recorded matter of any kind or nature, however produced or reproduced, and whether preserved in writing, film, tape, disk, videotape, or otherwise. A document bearing any notation not a part of the original text is to be considered a separate document. A draft or non-identical copy is a separate document within the meaning of this term.

2. The term “communication” means each manner or means of disclosure or exchange of information, regardless of means utilized, whether oral, electronic, by document or otherwise, and whether in a meeting, by telephone, facsimile, mail, releases, electronic
message including email (desktop or mobile device), text message, instant message, MMS or SMS message, message application, or otherwise.

3. The terms “and” and “or” shall be construed broadly and either conjunctively or disjunctively to bring within the scope of this request any information that might otherwise be construed to be outside its scope. The singular includes plural number, and vice versa. The masculine includes the feminine and neutral genders.

4. The term “including” shall be construed broadly to mean “including, but not limited to.”

5. The term “Company” means the named legal entity as well as any units, firms, partnerships, associations, corporations, limited liability companies, trusts, subsidiaries, affiliates, divisions, departments, branches, joint ventures, proprietorships, syndicates, or other legal, business or government entities over which the named legal entity exercises control or in which the named entity has any ownership whatsoever.

6. The term “identify,” when used in a question about individuals, means to provide the following information: (a) the individual’s complete name and title; (b) the individual’s business or personal address and phone number; and (c) any and all known aliases.

7. The term “related to” or “referring or relating to,” with respect to any given subject, means anything that constitutes, contains, embodies, reflects, identifies, states, refers to, deals with, or is pertinent to that subject in any manner whatsoever.

8. The term “employee” means any past or present agent, borrowed employee, casual employee, consultant, contractor, de facto employee, detailee, fellow, independent contractor, intern, joint adventurer, loaned employee, officer, part-time employee, permanent employee, provisional employee, special government employee, subcontractor, or any other type of service provider.

9. The term “individual” means all natural persons and all persons or entities acting on their behalf.