



One Hundred Sixteenth Congress
Committee on Homeland Security
U.S. House of Representatives
Washington, DC 20515

May 6, 2020

The Honorable Chad Wolf
Acting Secretary
U.S. Department of Homeland Security
Washington, D.C. 20528

The Honorable Alex M. Azar, II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Acting Secretary Wolf and Secretary Azar:

I write today to request that the Committee receive by May 20, 2020, the documents and data necessary to enable us to understand the Federal government's projections for the course of the coronavirus pandemic in 2020, and whether adequate preparations are being made by the Department of Homeland Security (DHS) and the Department of Health and Human Services (HHS) to respond adequately to these projected trends.

Unfortunately, as it has throughout this crisis, the Administration continues to share vague, contradictory, and even cherry-picked information—which leaves both Congress and the American people in the dark about the likely course of the coronavirus pandemic, as well as the adequacy of current efforts to combat this disease. States are moving to relax the stay-at-home orders and other social distancing requirements that have been in place in recent weeks, but even the President has warned that this may lead to increases in deaths from coronavirus. Yesterday, President Trump said:

“I’m not saying anything is perfect, and yes, will some people be affected, yes, will some people be affected badly—yes, but we have to get our country open and we have to get it open soon.”¹

I want to know how many people the Administration projects will be infected with and die from the coronavirus as states roll back social distancing protocols and I want to know whether we are prepared to test and treat those who may become sick in the months to come.

¹ Forbes, *Trump on Reopening: 'Will Some People Be Affected Badly—Yes.'* (May 5, 2020) (online at www.forbes.com/sites/mattperetz/2020/05/05/trump-on-reopening-will-some-people-be-affected-badlyyes/#5b106cd325ec).

I note that both of your Departments have largely ignored the Committee’s previous requests for data and information. Last week, DHS responded to a letter I sent on March 23 seeking “Copies of all solicitations and contracts signed by FEMA [Federal Emergency Management Agency] or HHS for any form of PPE [personal protective equipment], medical supplies, and medical equipment since December 1, 2019.”² However, DHS provided only nine such contracts and even admitted that these contracts “do not represent the entirety of contracts that FEMA has issued for PPE.”³ In fact, publicly available databases indicate that FEMA alone has issued dozens of such contracts—all of which would presumably be responsive to the Committee’s request. HHS has not responded to the Committee’s request.

The questions that I am posing today are central to enabling the Committee—and indeed the Nation—to have a realistic understanding of the scope of the morbidity and mortality we can expect from coronavirus in the coming months under different scenarios. We urgently need clear answers to these questions to understand what must be done to meet expected needs, and to set the benchmarks against which we can measure the adequacy of our Nation’s response.

Administration Has Stated Widely Varying and Continually Shifting Projections

On April 20, President Trump asserted that his Administration “did the right thing” in responding to the pandemic, and therefore, instead of one to two million deaths, the country was “going toward 50- or 60,000 people” dying. He also stated that these figures were based on having “our guard up.” He then warned, “If we took our guard down and just said, ‘Okay, we’re just going to keep this open,’ we would have lost millions of people. Can you imagine?”⁴

Just a few weeks later, however, President Trump stated that the projected death toll was actually higher. He warned, “Look, we’re going to lose anywhere from 75, 80 to 100 thousand people.”⁵ It is unclear if the revised projections were based on revised data. However, I note that these increased projections came as states took the first steps to roll back stay-at-home orders and social distancing requirements.

That said, medical experts within the Administration, including Dr. Deborah Birx, who coordinates the Coronavirus Task Force, have given projections that noticeably conflict with President Trump’s projections. On Sunday, Dr. Birx warned, “our projections have always been between

² Letter from Chairman Bennie G. Thompson, Committee on Homeland Security, to Acting Secretary Chad Wolf, Department of Homeland Security, and Secretary Alex M. Azar, II, Department of Health and Human Services (March 23, 2020) (online at <https://homeland.house.gov/imo/media/doc/DHS%20HHS%20PPE%20Letter.pdf>).

³ Letter from Administrator Peter Gaynor, Federal Emergency Management Agency, to Chairman Bennie G. Thompson, Committee on Homeland Security (April 28, 2020).

⁴ The White House, Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing (April 20, 2020) (online at www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-29/).

⁵ The White House, Remarks by President Trump in a Fox News Virtual Town Hall (May 4, 2020) (online at www.whitehouse.gov/briefings-statements/remarks-president-trump-fox-news-virtual-town-hall/).

100,000 and 240,000 American lives lost, and that's with full mitigation and us learning from each other of how to social distance.”⁶ Clearly, these projections far exceed those given by President Trump.

This week, the *New York Times* reported on a briefing paper that bore seals from your two Departments and contained modeled projections indicating that after a nearly 6-week period in which the majority of states have implemented some form of stay-at-home requirements leading to the closure of wide swathes of our economy, deaths may rise during May to reach unprecedented levels. According to the “COVID-19 HHS/FEMA Interagency VTC,” the models indicate deaths could rise through May and exceed 2,500 per day by June 1. The briefing paper also indicates that the total caseload could rise sharply to perhaps as many as 200,000 cases a day. While this briefing paper is undated, it includes daily case and death counts through May 1, suggesting the modeling may have been done recently.⁷

There is little context around the briefing paper and nothing to clarify the assumptions about conditions (including the re-opening phases that states might be in at different points during the month of May) on which its projections are based. Johns Hopkins University reportedly said that “researchers at its school of public health produced the study” for FEMA. The university said in a statement that the study included only “preliminary results” and that “it is not accurate to present them as forecasts.” However, Hopkins then added that “The information illustrates that there are some scenarios, including the premature relaxation of social distancing, that are likely to cause significant increases in the number of COVID-19 cases and deaths in the United States.”⁸ Regardless of whether these are preliminary results, the statement also made clear that there are modeling results that can be used as forecasts showing possible increases in caseloads and deaths as states roll back stay-at-home orders. At a minimum, it appears that as the *New York Times* warns, “Any notion that the coronavirus threat is fading away appears to be magical thinking, at odds with what the latest numbers show.”⁹

Reliable Projections Are Urgently Needed

Media reports indicate that the White House has sought to distance itself from the grim numbers contained in the “COVID-19 HHS/FEMA Interagency VTC.” White House spokesperson Judd Deere reportedly stated that, “This is not a White House document, nor has it been presented to

⁶ Fox News, Dr. Deborah Birx on efforts to find COVID-19 treatments, vaccines and push to reopen America (May 2, 2020) (online at www.foxnews.com/transcript/dr-deborah-birx-on-efforts-to-find-covid-19-treatments-vaccines-and-push-to-reopen-america).

⁷ Department of Health and Human Services and Department of Homeland Security, “COVID-19 HHS/FEMA Interagency VTC,” (undated) (online at <https://int.nyt.com/data/documenthelper/6926-mayhhsbriefing/af7319f4a55fd0ce5dc9/optimized/full.pdf#page=1>).

⁸ The Hill, *Johns Hopkins: Dire analysis in CDC documents not meant for COVID-19 death forecasts* (May 5, 2020) (online at <https://thehill.com/homenews/administration/496164-johns-hopkins-dire-analysis-in-cdc-documents-not-meant-for-covid-19>).

⁹ New York Times, *With New Hot Spots Emerging, No Sign of a Respite* (May 6, 2020) (online at www.nytimes.com/2020/05/05/us/coronavirus-deaths-cases-united-states.html).

the coronavirus task force or gone through interagency vetting.” Deere also stated that, ““This data is not reflective of any of the modeling done by the task force or data that the task force has analyzed.””¹⁰ However, if these numbers are not reliable, it is not clear which of the Administration’s many projections are the ones on which Congress should rely to understand the testing and supply chain management efforts required to meet coming needs. And this issue is urgent. A few days ago, President Trump pressed states to reopen, and even claimed that, “Some states, I think, frankly, aren’t going fast enough.”¹¹

The White House has issued Guidelines for Opening Up America Again, which set forth “Gating Criteria” that are to be met before a state or locality lifts restrictions, including such criteria as downward trajectories in cases or positive tests. The Guidelines lay out a 3-phase approach to lifting restrictions imposed to slow the spread of the coronavirus. Finally, the Guidelines identify “Core State Preparedness Responsibilities” that states should be able to meet to ensure that they are prepared to address the challenges that will arise as economic activity resumes.¹²

Among the Core State Preparedness Responsibilities identified in the Guidelines are the “Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results” and the “Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results.”¹³ It remains unclear both what level of screening and testing is adequate and what level of screening and testing the Federal government is prepared to support. However, presumably, the measurement of “adequacy” will be more strenuous if the infection rate climbs as states reopen.

Another of the Core State Preparedness Responsibilities identified in the Guidelines is the “Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need.”¹⁴ To be able to determine if they can meet these responsibilities, states need to know what level of patient surge could occur. The “COVID-19 HHS/FEMA Interagency VTC” briefing report contains a page indicating that there have been 107 airbridge flight missions that have delivered 78.5 million N95 respirators and 17 million gowns, among other types of PPE.¹⁵ However, it is clear that there is still significant unmet need for PPE

¹⁰ National Public Radio, *White House Rejects Government Report Projecting Rising Coronavirus Death Toll* (May 4, 2020) (online at www.npr.org/sections/coronavirus-live-updates/2020/05/04/850143460/white-house-rejects-government-report-projecting-rising-coronavirus-death-toll).

¹¹ The White House, Remarks by President Trump in a Fox News Virtual Town Hall (May 4, 2020) (online at www.whitehouse.gov/briefings-statements/remarks-president-trump-fox-news-virtual-town-hall/).

¹² The White House and Centers for Disease Control and Prevention, *Guidelines Opening Up America Again* (accessed May 4, 2020) (online at www.whitehouse.gov/wp-content/uploads/2020/04/Guidelines-for-Opening-Up-America-Again.pdf).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Department of Health and Human Services and Department of Homeland Security, “COVID-19 HHS/FEMA Interagency VTC,” (undated) (online at <https://int.nyt.com/data/documenthelper/6926-mayhhsbriefing/af7319f4a55fd0ce5dc9/optimized/full.pdf#page=1>).

in the Nation, and the briefing paper does not provide any information on any Federal assessments regarding the level of additional supplies that will be needed over the coming months. The briefing paper also does not identify any plans to obtain and distribute that level of supplies, including whether states will continue to receive even basic Federal assistance.

Finally, the Guidelines for Opening Up America Again also indicate under Core State Preparedness Responsibilities that states must have plans in place to, “Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.”¹⁶ It is unknown if, under current projections, the Trump Administration believes that any states will be likely to need to restart a phase or return to an earlier phase after they begin lifting social distancing requirements.

Document Requests

Members of Congress on both sides of the aisle have repeatedly asked DHS and HHS for the goals or projections that are guiding current supply chain management efforts, but none have been given to us either in publicly available documents or during the weekly telephonic briefings we have received. Further, the Guidelines for Opening Up American Again do not include any specific numerical benchmarks, and the Guidelines do not detail the caseloads that States will be likely to face as they prepare to carry out the extensive responsibilities that have been imposed on them by the Federal government. However, at least one set of projections included in documents apparently produced by your agencies—the “COVID-19 HHS/FEMA Interagency VTC”—suggests that caseloads could dramatically increase, implying that the burden states may face may continue to increase.

It is past time for the Administration to start leveling with the American people. Congress and the American people need the data and information that will enable us to understand projected trends in coronavirus caseloads under various scenarios and, relatedly, the Nation’s actual needs for testing and PPE. Without such data, we cannot assess whether Federal and state efforts are likely to meet these needs, or what additional steps are necessary to ensure we are prepared to diagnose and treat those who may fall ill with coronavirus in the coming months.

I therefore write to request that DHS and HHS provide to the Committee by May 20, 2020, documents sufficient to show:

1. The current and all historic projections utilized by HHS, DHS, and FEMA from December 1, 2019 through the present of likely caseload and morbidity for each month in 2020, including all assumptions that are factored into the projections (including the methodology used to construct each model and each model’s assumptions regarding the timelines for states to move through the re-opening phases set forth in the Guidelines for Opening Up America Again);

¹⁶ The White House and Centers for Disease Control and Prevention, *Guidelines Opening Up America Again* (accessed May 4, 2020) (online at www.whitehouse.gov/wp-content/uploads/2020/04/Guidelines-for-Opening-Up-America-Again.pdf).

2. The current and all historic projections provided to the White House Coronavirus Taskforce by HHS and/or DHS since the inception of the Taskforce of likely caseload and morbidity for each month in 2020, including all assumptions that are factored into the projections (including the methodology used to construct each model and each model's assumptions regarding the timelines for states to move through the re-opening phases set forth in the Guidelines for Opening Up American Again);
3. The projected impact on morbidity and mortality that the reopening of states will have, including the demand for both testing and for PPE that morbidity and mortality trends will generate in each month remaining in 2020;
4. The percentage of testing and PPE needs in each month of 2020 that will be met through Federal efforts;
5. Any projections from December 1, 2019 to the present identifying states that may need to restart or return to an earlier phase under the Guidelines for Opening Up America Again due to increases in caseloads that occur after the state begins to relax social distancing guidelines; and
6. How HHS and DHS are using modeling and forecasting to inform scenario planning and operations.

In addition, the Committee requests that HHS and DHS provide on an ongoing basis by the 5th day of each month any new projections or forecasts of COVID-19 cases, deaths, and PPE needs provided to the White House Coronavirus Task Force and/or used by DHS and/or HHS to guide any type of scenario plan or operational adjustment, including plans for the acquisition and distribution of testing supplies and PPE.

I appreciate your urgent attention to this critical request.

Sincerely,



BENNIE G. THOMPSON
Chairman