

## **Chairman Bill Foster (D-IL)** of the Subcommittee on Investigations and Oversight

Investigations and Oversight Subcommittee Hearing: Data for Decision-Making: Responsible Management of Data during COVID-19 and Beyond

## Wednesday, September 23, 2020

Good morning, and welcome to this virtual hearing of the Subcommittee on Investigations and Oversight. Today's hearing focuses on how data drives the decision-making at every level of the response to COVID-19. Ensuring the integrity, transparency, and accuracy of this data, free from political influence, is crucial to keeping us safe and prepared. The American public should never doubt that Federal data collection and management efforts serve one purpose alone: informing public health decisions with the best available science.

COVID-19 has presented an unparalleled challenge to our nation's public health infrastructure. Epidemiologists, hospital administrators, and government data scientists have worked tirelessly to adapt existing systems for the ever-evolving landscape. With the CDC's National Healthcare Safety Network's COVID-19 module, launched in late March, an existing system was expanded to meet an urgent need at the peak of the initial COVID-19 crisis. Experienced CDC surveillance scientists collected, cleaned, and analyzed emerging data to produce region-specific reports on COVID-19, and published the reports publicly on the CDC website. Local and state health authorities, as well as hospitals and infectious disease modelers, were able to use these reports to gauge the severity of the crisis in their region and make decisions on resource management, and disease control measures, and coordinating with nearby cities and states. While it was not a perfect system – NSHN was reportedly overstretched and under-resourced for this huge task – hospitals had the benefit of working with CDC epidemiologists they had cultivated a relationship with for years.

In April, HHS contracted with TeleTracking Technologies to institute a totally new system. This system would be entirely dedicated to the management of COVID-19 data. In July, reporting to the new system became mandatory. There is much to be said about the burden this switch placed on hospitals, and our witnesses today are well equipped to answer our questions about the effects of this transition over the past two months. Beyond implementation issues, this switch away from CDC has called into question the role of career scientists in the TeleTracking system. The stakes could not be higher, because it is so important that the public trust the COVID-19 data underlying public health decisions. Moving the Federal government's primary database from

CDC – and its expert epidemiologists – to HHS places this all-important data at risk of political manipulation.

Unfortunately, concerns about political manipulation of COVID-19 information are not unfounded. We have repeatedly seen attacks against CDC scientists for the sake of bolstering the President's claim that he has successfully controlled the virus. Just this month, it was reported that HHS political officials have attempted to edit, delay, and prevent the publication of the CDC's Morbidity and Mortality Weekly Reports. Only under a cynical administration hostile to science could these CDC reports be considered "hit pieces" aimed at undermining the President.

There will always be political pressure to mis-report public health information, whether from politicians themselves or from industries or groups who stand to benefit from misleading the public about the risk posed to their bottom line or political message. As the pandemic continues to spread, we must ensure that COVID-19 data is protected from inappropriate influence and is transparent, accessible, and accurate. As a Member of the Select Subcommittee on the Coronavirus Crisis, and as Chairman of this Subcommittee, I am committed to ensuring that decision-makers at all levels, across the United States, have access to reliable data unmarred by political influence. I look forward to hearing from our witnesses today about how we can best invest in public health infrastructure and disease surveillance that can serve us through this pandemic and beyond.