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United States Senate

COMMITTEE ON HEALTH, EDUCATION,
 LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

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June 04, 2020

The Honorable Mike Pence
 Vice President of the United States
 The White House
 Office of the Vice President
 1600 Pennsylvania Avenue, N.W.
 Washington, DC 20500

Dear Vice President Pence:

As the country faces more than 100,000 deaths from COVID-19 – and the number continues to rise – Admiral Brett Giroir will reportedly no longer oversee COVID-19 testing and will not be replaced by a new testing lead.¹ Many challenges remain to ramp up testing in the U.S., including production of tests and test supplies, and significant parts of the country still lack access to consistent, reliable testing. Eliminating this role and deprioritizing this essential part of the COVID-19 response when our testing capacity is far off from what is needed to keep communities safe is wrong. I strongly urge you to reconsider walking away from this responsibility and putting the lives and livelihoods of people across the country at risk.

Since the first diagnosis of COVID-19 in January in my home state of Washington, I have raised concerns about efforts to develop and deploy COVID-19 diagnostic tests. Through February, we saw weeks of delay as the Centers for Disease Control and Prevention (CDC) failed to develop a functional test.² In March, Administration officials promised testing capacity was expanding, but no one was able to say how many tests were being manufactured and where they were being deployed.³ On March 12, I called on you to appoint a qualified public health expert to lead testing efforts for the federal government.⁴ The following day, Secretary Azar announced Admiral Giroir would coordinate COVID-19 diagnostic testing efforts.⁵

Over the past several months, testing capacity has expanded, from just over 5,000 tests being administered per day nationwide on March 12 to over 400,000 tests per day currently—but we are still falling far short of what is needed. Public health experts warn that, to safely reopen workplaces and schools, test patients and staff in nursing homes and other congregate care settings, and screen hospital patients, we need many more tests—with projections ranging from

¹ <https://www.npr.org/sections/coronavirus-live-updates/2020/06/01/867431135/white-house-coronavirus-testing-czar-to-stand-down>

² <https://www.nytimes.com/2020/03/02/health/coronavirus-testing-cdc.html>

³ <https://www.cnn.com/2020/03/10/politics/alex-azar-americans-tested-for-coronavirus-cnnv/index.html>

⁴ <https://www.help.senate.gov/ranking/newsroom/press/coronavirus-following-murray-letter-pence-appoints-new-head-of-testing-to-resolve-issues->

⁵ <https://www.hhs.gov/about/news/2020/03/13/secretary-azar-designates-admiral-giroir-coordinate-covid-19-diagnostic-testing-efforts.html>

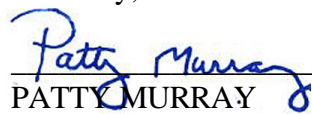
900,000 to millions of tests per day.⁶ We continue to face supply shortages, meaning states must compete with each other to procure the same materials required to administer a still limited number of tests.⁷ Furthermore, deliveries of badly needed testing supplies by the federal government to states have been plagued with delays, with supplies often arriving mislabeled and in disarray, among other issues. It is also clear the pandemic has disproportionately affected communities of color, perpetuating and exacerbating existing racial and ethnic health disparities.⁸ Yet, there remain significant gaps in data, including around testing, that limit the ability to target public health response efforts where we need them most.

Instead of leading on these issues, the Trump Administration has repeatedly failed to recognize the critical role the federal government must play in developing and implementing a cohesive testing strategy. After Congress required the Administration to develop a national testing strategy, the plan released by the Trump Administration placed the burden of testing on the states and continued to ignore significant testing needs faced by many communities.⁹ Similarly, after Congress required the Trump Administration to produce a report on COVID-19 demographic data, the Administration produced a woefully inadequate, four-page report that provided no new insight into the health disparities worsened by the COVID-19 response.¹⁰

Admiral Giroir's announcement that he will step down as testing lead in mid-June is yet another sign of failed leadership by the Trump Administration. The Department of Health and Human Services has confirmed Admiral Giroir will be returning to his role as Assistant Secretary for Health, and there are no plans to designate a new testing lead for the Administration.¹¹ These changes come as President Trump contemplated winding down the White House Task Force, and, although he reversed course, Task Force officials have largely ceased appearing in public.¹²

The nation needs the Trump Administration to take responsibility and lead, as the COVID-19 death toll rises and the testing capacity is nowhere near what public health experts anticipate is needed. It is unacceptable to eliminate the role of testing lead given the testing challenges facing the nation, and I strongly urge you to reconsider.

Sincerely,



PATTY MURRAY

Ranking Member

U.S. Senate Committee on Health, Education,
Labor, and Pensions

⁶ <https://www.nytimes.com/article/coronavirus-facts-history.html?>

⁷ <https://www.nytimes.com/2020/05/25/health/coronavirus-testing-trump.html>

⁸ <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>

⁹ <https://www.nytimes.com/2020/05/25/health/coronavirus-testing-trump.html>

¹⁰ <https://www.help.senate.gov/ranking/newsroom/press/murray-pallone-demand-more-data-after-trump-administration-submits-embarrassingly-skimpy-report-on-covid-19-health-disparities->

¹¹ <https://www.npr.org/sections/coronavirus-live-updates/2020/06/01/867431135/white-house-coronavirus-testing-czar-to-stand-down>

¹² <https://apnews.com/8cd84c260cb6d951ac57a6248542a44f>