

United States Senate
WASHINGTON, DC 20510

July 21, 2020

Vice President Mike Pence
Chair
White House Coronavirus Task Force
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Vice President Pence:

We write to you today to inquire about the research, surveillance, and public education efforts underway within the Administration regarding the long-term health impacts of coronavirus disease 2019 (COVID-19). These efforts are particularly important given that the coronavirus pandemic is spiking in dozens of states, and the Trump Administration appears to have given up on containing it based on hopes that “Americans will grow numb to the escalating death toll and learn to accept tens of thousands of new cases a day.”¹ As the number of new COVID-19 cases in the United States reaches new highs on a daily basis, the failure to fully understand, communicate, and address the chronic long-term morbidity risks from the disease would represent a new and dramatic public health failure on top of the Trump Administration’s initial and ongoing failure to contain the disease.

President Trump has falsely tried to assure the public that “99%” of coronavirus cases are “totally harmless” and has repeatedly claimed that the virus will one day just “disappear”² Similarly, Vice President Pence claimed that Americans can “take some comfort in the fact that fatalities are declining all across the country,” calling it “very encouraging news” that an increasing number of coronavirus cases are occurring in younger victims.³ Peter Navarro, a top adviser to President Trump, called “a falling mortality rate ... the single most important statistic to help guide the pace of our economic reopening.”⁴

¹ Washington Post, “Trump and Biden campaigns shift focus to coronavirus as pandemic surges,” Yasmeen Abutaleb and Josh Dawsey, July 6, 2020, https://www.washingtonpost.com/politics/trump-and-biden-campaigns-shift-focus-to-coronavirus-as-pandemic-surges/2020/07/06/53a4ec50-bd62-11ea-80b9-40ece9a701dc_story.html.

² Associated Press, “AP FACT CHECK: Trump falsely says 99% of virus cases benign,” Hope Yen and Calvin Woodward, July 6, 2020, <https://apnews.com/897fbd91ee077ce1901cdac63e0a9141>; Washington Post, “20 Times Trump said the coronavirus would go away,” July 20, 2020, https://www.washingtonpost.com/video/politics/20-times-trump-said-the-coronavirus-would-go-away/2020/04/30/d2593312-9593-4ec2-aff7-72c1438fca0e_video.html.

³ CNBC, “As U.S. coronavirus cases spike, country will ‘be seeing more deaths,’ Dr. Fauci says,” Will Feuer, June 26, 2020, <https://www.cnbc.com/2020/06/26/as-us-coronavirus-cases-spike-country-will-be-seeing-more-deaths-dr-fauci-says.html>.

⁴ USA Today, “Anthony Fauci has been wrong about everything I have interacted with him on: Peter Navarro,” July 14, 2020, <https://www.usatoday.com/story/opinion/todaysdebate/2020/07/14/anthony-fauci-wrong-with-me-peter-navarro-editorials-debates/5439374002/>.

But using fatality rates as the sole measure of effectiveness in mitigating the COVID-19 pandemic – essentially acting as if the only potential risk from COVID-19 is death – would ignore the growing evidence of the chronic health impacts of the disease. Indeed, according to Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases at NIH, “I have never seen a virus or any pathogen that has such a broad range of manifestations ... Even if it doesn’t kill you, even if it doesn’t put you in the hospital, it can make you seriously ill.”⁵

There is evidence of patients continuing to feel the effects of COVID-19 well after they are discharged from hospitals or beyond the average known time of recovery, and some may face long-term health problems long after the pandemic is over. It is critical that the federal government conduct appropriate research and collect and disseminate appropriate data about the potential chronic health impacts of COVID-19 – and do so without muzzling public health officials and medical professionals – in order to adequately inform decisions about reopening schools and businesses and assess the ongoing risks of the pandemic.

Since the start of the pandemic, scientists across the world have undertaken heroic efforts to research and understand the epidemiology and pathology of COVID-19, including the disease’s transmissibility, potential treatment options, and the development of a vaccine. But current gaps in short-term data collection and lack of long-term data hinder our knowledge of the disease’s chronic health impacts.

The CDC cites on its website a preliminary study of the largest cohort of reported persons with COVID-19 in which roughly 20% of those studied presented with severe to critical illness symptoms, including dyspnea, hypoxia, respiratory failure, shock or multiorgan system dysfunction.⁶ Earlier this month, the Journal of the American Medical Association published a detailed review of 143 patients who had been hospitalized with COVID-19, finding that almost 13% were symptom-free within two weeks of being discharged; a significant number still suffered from fatigue, difficulty breathing, joint pain, and chest pain, with many suffering multiple symptoms.⁷ These risks are not confined to the elderly: CDC is “investigating reports of multisystem inflammatory syndrome in children (MIS-C) associated with ... COVID-19, which may present with Kawasaki disease-like features.”⁸ Anecdotal reports confirm that even young people can suffer from severe chronic symptoms⁹ – and medical experts warn that:

[W]hile some patients may fully recover ... others will suffer long-term damage, including lung scarring, heart damage, and neurological and mental health effects. ... Other preliminary evidence, as well as historical research on other coronaviruses like severe acute respiratory syndrome

⁵ Financial Times, “Anthony Fauci: ‘We are living in the perfect storm,’” Hannah Kuchler, July 10, 2020, <https://www.ft.com/content/57834c2c-a078-4736-9173-8fb32cfbbf4e>.

⁶ Centers for Disease Control and Prevention, “Coronavirus Disease 2019: Clinical Care Guidance,” Last Reviewed June 30, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

⁷ Journal of the American Medical Association, “Persistent Symptoms in Patients After Acute COVID-19,” Angelo Carfì et al., July 9, 2020, <https://jamanetwork.com/journals/jama/fullarticle/2768351>.

⁸ Centers for Disease Control and Prevention, “Kawasaki Disease,” Last Reviewed June 4, 2020, <https://www.cdc.gov/kawasaki/index.html>.

⁹ Vox, “The emerging long-term complications of Covid-19, explained,” Lois Parshley, June 12, 2020, <https://www.vox.com/2020/5/8/21251899/coronavirus-long-term-effects-symptoms>.

(SARS) and Middle East respiratory syndrome (MERS), suggests that for some people, a full recovery might still be years off. For others, there may be no returning to normal.¹⁰

In the face of this mounting evidence, President Trump and other White House officials have falsely and dangerously continued to belittle the risks of the growing pandemic. Earlier this month White House Press Secretary Kayleigh McEnany falsely claimed that the “the world is looking at us as a leader in Covid-19” because of the United States’ “low case mortality rate,” and President Trump tweeted that “we now have the lowest Fatality (Mortality) Rate in the World.”¹¹

CDC understands that more information is still needed to answer questions regarding severity and morbidity,¹² such as why some individuals are at greater risk for complications than others and why some people experience COVID-19 symptoms lasting far beyond the average two-week expected time frame to recovery.¹³ As CDC and NIH continue to conduct and coordinate research efforts, it is critical that the agencies collect, analyze, and disseminate data on the long-term impacts and severity of the disease, conduct research to understand the risks, and appropriately inform policymakers, the public and medical professionals of them.

To help us understand how the Trump Administration is researching, monitoring, and evaluating the chronic long-term health impacts of COVID-19, we request answers to the following questions by no later than July 31, 2020:

1. How is the Task Force evaluating the long-term health risks of COVID-19 for the millions of Americans that will survive the disease?
2. How are these risks being factored into Task Force actions and recommendations alongside the mortality risks of the disease? Specifically, how does the Task Force evaluate and assess these risks with regard to reopening schools, businesses, and the economy?
3. How are CDC, NIH, and other federal agencies conducting long-term surveillance or other research on survivors of COVID-19, including those who presented with non-severe symptoms and those who presented with severe symptoms? How is this information being transmitted to and used by the Task Force?
4. What data are CDC, NIH, and other federal agencies collecting from patients, health care providers, and other sources, and how are the agencies using this data to

¹⁰ Vox, “The emerging long-term complications of Covid-19, explained,” Lois Parshley, June 12, 2020, <https://www.vox.com/2020/5/8/21251899/coronavirus-long-term-effects-symptoms>.

¹¹ CNN, “Fact-checking Trump’s claims that US coronavirus death rate is the lowest worldwide,” Tara Subramaniam, July 7, 2020, <https://www.cnn.com/2020/07/07/politics/trump-coronavirus-death-rate-lowest-fact-check/index.html>.

¹² Centers for Disease Control and Prevention, “Studying the disease,” July 1, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/studying-the-disease.html>.

¹³ Vox, “The emerging long-term complications of Covid-19, explained,” Lois Parshley, June 12, 2020, <https://www.vox.com/2020/5/8/21251899/coronavirus-long-term-effects-symptoms>.

understand and inform long-term risk assessments? How is this information being transmitted to and used by the Task Force?

5. Please provide a list of studies that CDC, NIH, and other federal agencies are currently undertaking or funding to understand the non-mortality related impacts of the disease, and, if publicly available, the findings or preliminary findings from these studies.
6. How are CDC, NIH, and other federal agencies collaborating with each other and with other federal agencies regarding studies into the morbidity and long-term impacts of COVID-19? How is the Task Force coordinating these efforts?
7. How are CDC, NIH, and other federal agencies collaborating with state, local, Tribal, and territorial public health officials, universities, and other governments and international organizations to research and understand the long-term impacts of COVID-19? How is the Task Force coordinating these efforts?
8. What additional resources or authorities are needed from Congress to ensure that the agencies can effectively conduct this type of research?
9. On July 14, 2020, HHS announced changes to hospital reporting protocols, under which data on COVID-19 in hospitals will now be reported directly to an HHS contractor rather than to CDC.¹⁴ Will this change affect CDC's ability to obtain and analyze data on the medium- and long-term health risks from COVID-19?

Sincerely,

Elizabeth Warren
United States Senator

Tammy Baldwin
United States Senator

Tina Smith
United States Senator

Bernard Sanders
United States Senator

CC: National Institutes of Health Director, Dr. Francis Collins, and Centers for Disease Control and Prevention Director, Dr. Robert Redfield.

¹⁴ New York Times, "Trump Administration Strips C.D.C. of Control of Coronavirus Data," Sheryl Gay Stolberg, July 14, 2020, <https://www.nytimes.com/2020/07/14/us/politics/trump-cdc-coronavirus.html>.