

United States Senate  
WASHINGTON, DC 20510

July 22, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar:

We write to call on the U.S. Department of Health and Human Services (HHS or the Department) to monitor and address the needs of pregnant people during the coronavirus disease 2019 (COVID-19) public health emergency, and to express our concern over reports that the political needs and personal whims of the President are interfering with the publication of the best and most up to date scientific and public health information. During this nearly unprecedented global pandemic, it is crucial that the federal government make a concerted effort to account for the unique needs of pregnant people in its response to the COVID-19 pandemic, especially as the country continues to grapple with a severe maternal mortality and morbidity crisis fueled by racial, ethnic, and socioeconomic inequities; comorbidities; and inadequate access to the health care system – the same factors that have contributed to the substantial disparities in COVID-19 outcomes.

We understand that the unprecedented challenges of the COVID-19 pandemic have tested and strained our public health system. But in responding to these numerous and pressing challenges, the federal government cannot lose sight of its obligation to safeguard the health of our most vulnerable populations during the COVID-19 pandemic, including pregnant individuals.

A federal COVID-19 pandemic response without concerted attention to maternal health will only exacerbate the maternal mortality and morbidity crisis plaguing our nation: people in the United States die as a result of pregnancy and childbirth at a higher rate than in any other developed country, and the United States is the only nation among developed nations with a rising maternal mortality rate.<sup>1</sup> In particular, Black and Indigenous women in the United States are much more likely to die from pregnancy-related complications than white women, and women of color suffer disproportionately high rates of maternal morbidity.<sup>2</sup> These communities that are at greatest risk for maternal death and illness are also disproportionately affected by

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<sup>1</sup> NPR, “U.S. Has the Worst Rate of Maternal Deaths in the Developed World,” Renee Montagne and Nina Martin, May 12, 2017, <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>.

<sup>2</sup> Centers for Disease Control, “Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths,” September 5, 2019, <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

COVID-19. Indeed, early data show significantly higher rates of infection and death from COVID-19 among communities of color.<sup>3</sup>

Currently, our understanding of the specific impact of COVID-19 on pregnant people is limited, but pregnant individuals may be uniquely vulnerable to the pandemic. According to the latest COVID-19 information from the Centers for Disease Control and Prevention (CDC), pregnant women are more likely to be hospitalized and are at higher risk for intensive care unit admissions than nonpregnant women.<sup>4</sup> The CDC also found that Hispanic and Black pregnant women were disproportionately infected by COVID-19.<sup>5</sup> As of July 16, 2020, over 12,000 pregnant women have tested positive for COVID-19 and 35 pregnant women have died.<sup>6</sup>

However, the CDC's report on COVID-19 in pregnant individuals on which this information is based appears to have significant data gaps. For example, the CDC said that critical data on nearly three-quarters of pregnant women with COVID-19 was missing, such as data on their preexisting conditions or severity of the COVID-19 symptoms. CDC had no data on the pregnancy status of the majority of women of reproductive age with COVID-19 (roughly 326,000 women). Data collection on COVID-19 in pregnancy has lagged throughout the early stages of the pandemic. As a result, for the first six months of the pandemic, the CDC said "based on what we know about COVID-19, we believe pregnant people appear to have the same risk as adults who are not pregnant." The agency further warned that "pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza."<sup>7</sup>

These issues are especially urgent in light of reports of the Trump Administration sidelining scientists and public health experts, including a recent report that senior officials at HHS accused the CDC of "undermining the President" when it released the latest information on pregnant women.<sup>8</sup> According to the *Washington Post*, an HHS advisor criticized the CDC and said the report "reads in a way to frighten women...as if the President and his administration

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<sup>3</sup> Department of Health and Human Services, "Report to Congress on Paycheck Protection Program and Health Care Enhancement Act Disaggregated Data on U.S. Coronavirus Disease 2019 (COVID-19) Testing,"

<https://www.help.senate.gov/imo/media/doc/FY%202020%20CDC%20RTC%20on%20COVID-19%20Testing%20Data%20-%20CDCfinalclean.pdf>; Government Accountability Office, "Maternal Mortality: Trends in Pregnancy-Related Deaths and Federal Efforts to Reduce Them," March 2020, <https://www.gao.gov/assets/710/705331.pdf>.

<sup>4</sup> Centers for Disease Control and Prevention, "Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS CoV-2 Infection by Pregnancy Status – United States, January 22-June 7, 2020," June 26, 2020, Sascha Ellington et. al, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm>.

<sup>5</sup> *Id.*

<sup>6</sup> Centers for Disease Control and Prevention, "Tracking data on COVID-19 during pregnancy can protect pregnant women and their babies," June 25, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html>.

<sup>7</sup> Web Archive of Centers for Disease Control and Prevention, "Coronavirus Disease 2019: Pregnancy & Breastfeeding," June 25, 2020, <https://web.archive.org/web/20200625062740/https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>.

<sup>8</sup> The Washington Post, "CDC feels pressure from Trump as rift grows over coronavirus response," Lena H. Sun and Josh Dawsey, July 9, 2020, [https://www.washingtonpost.com/health/trump-sidelines-public-health-advisers-in-growing-rift-over-coronavirus-response/2020/07/09/ad803218-c12a-11ea-9fdd-b7ac6b051dc8\\_story.html](https://www.washingtonpost.com/health/trump-sidelines-public-health-advisers-in-growing-rift-over-coronavirus-response/2020/07/09/ad803218-c12a-11ea-9fdd-b7ac6b051dc8_story.html).

can't fix this and it is getting worse.”<sup>9</sup> If true, this statement represents a dangerous public health policy process at the Department, in which the President's bad moods and political needs are prioritized over the needs of the people of this country, and especially pregnant people and other vulnerable populations.

Moving forward, we strongly encourage HHS to reevaluate and strengthen its efforts to do so by patching holes in data collection, expanding surveillance efforts, improving public health communication, ensuring the proper inclusion of pregnant people in clinical trials for COVID-19 therapeutic and vaccine candidates, and addressing racial disparities in health care outcomes related to both COVID-19 and maternal health.

To help us better understand how HHS is planning to achieve those goals and how Congress can support broader efforts to respond to the public health emergency on behalf of pregnant people and their families, we request answers to the following questions by no later than July 31, 2020:

1. On June 4, 2020, HHS released guidance on data collection and reporting from public health laboratories.<sup>10</sup>
  - a. Why does this guidance not include pregnancy status as one of the “required” characteristics?
  - b. Will this guidance be sufficient to patch holes in CDC's data collection as identified in its report?
  - c. What additional steps can HHS take to improve data collection and reporting?
2. We understand the CDC is working to expand its Surveillance for Emerging Threats to Mothers and Babies (SET-NET) activity to include surveillance for COVID-19 in pregnancy. According to information provided to Senator Warren's office by the CDC, “Approximately 30 jurisdictions, representing about 3 million live births, have initiated or expressed interest in initiating voluntary reporting of surveillance data among pregnant women with confirmed SARS-CoV-2 infection.”
  - a. In which states, tribal nations, and territories is COVID-19 data being collected through this surveillance program?
  - b. Among states, tribal nations, and territories that are not being included in this program, what steps are being taken to ensure that pregnancy-related surveillance is occurring and proper data is being collected?
3. The National Institutes of Health (NIH) launched a study through the Maternal-Fetal Medicine Units (MFMU) Network to study the effects of COVID-19 during and after pregnancy.<sup>11</sup> What steps is NIH taking to ensure that participation in these studies is

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<sup>9</sup> *Id.*

<sup>10</sup> U.S. Department of Health and Human Services, “HHS Announces New Laboratory Data Reporting Guidance for COVID-19 Testing,” June 4, 2020, <https://www.hhs.gov/about/news/2020/06/04/hhs-announces-new-laboratory-data-reporting-guidance-for-covid-19-testing.html>.

<sup>11</sup> National Institutes of Health, “NIH-funded study to investigate pregnancy outcomes resulting from COVID-19 pandemic,” May 19, 2020, <https://www.nih.gov/news-events/news-releases/nih-funded-study-investigate-pregnancy-outcomes-resulting-covid-19-pandemic>.

inclusive of underrepresented populations and promotes racial, ethnic, geographic, and socioeconomic diversity?

4. In April, NIH launched ACTIV, a “public-private partnership to speed COVID-19 vaccine and treatment options,” which aims to “leverage[e] infrastructure and expertise from across NIH networks.”<sup>12</sup> However, NIH’s announcement failed to include the National Institute of Child Health and Human Development (NICHD)—which houses clinical trials focused on women’s health research—in its list of networks the new task force will consult.<sup>13</sup> Why was NICHD not included?
5. What efforts is CDC taking to develop, issue and communicate guidance to employers and public health professionals regarding the specific needs of pregnant workers? Is CDC collaborating with the Department of Labor to issue mandatory health and safety standards for infectious diseases to protect workers, including pregnant workers?
6. What efforts is CDC or HHS taking to increase public health communication efforts specific to pregnant people?
7. What is HHS doing to address the racial and ethnic disparities seen at the intersection of maternal health and COVID-19?
8. What additional efforts has HHS undertaken to address the maternal mortality and morbidity crisis during the COVID-19 pandemic?
9. What additional resources or authorities does HHS need from Congress to ensure that the agency and its subagencies can effectively protect the needs of pregnant people and their children during the COVID-19 public health emergency?
10. To what extent are political appointees at the White House, HHS, or CDC involved in the publication of CDC guidance and data on COVID-19? How are you acting to ensure that CDC’s scientific findings are not affected by the President’s moods or political concerns?

Thank you for your attention this matter. It is only with concerted effort—and prioritizing public health over politics—that we will be able to successfully navigate the concurrent public health emergencies of COVID-19 and maternal mortality. We look forward to working with you to ensure the needs of pregnant people are prioritized as we continue to grapple with the COVID-19 pandemic and its societal impacts.

Sincerely,

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<sup>12</sup> National Institutes of Health, “NIH to launch public-private partnership to speed COVID-19 vaccine and treatment options,” April 17, 2020, <https://www.nih.gov/news-events/news-releases/nih-launch-public-private-partnership-speed-covid-19-vaccine-treatment-options>.

<sup>13</sup> *Id.*

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Elizabeth Warren  
United States Senator

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Patty Murray  
United States Senator

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Debbie Stabenow  
United States Senator

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Kirsten Gillibrand  
United States Senator

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Richard Blumenthal  
United States Senator

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Cory A. Booker  
United States Senator

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Tammy Baldwin  
United States Senator

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Tim Kaine  
United States Senator

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Tina Smith  
United States Senator

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Amy Klobuchar  
United States Senator

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Ron Wyden  
United States Senator

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Kamala D. Harris  
United States Senator

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Chris Van Hollen  
United States Senator

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Jeanne Shaheen  
United States Senator

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Edward J. Markey  
United States Senator