October 28, 2020

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

Dr. Robert R. Redfield, M.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Secretary Azar and Director Redfield:

We write to request more information about the Department of Health and Human Services’ (HHS) and Centers for Disease Control and Prevention’s (CDC) efforts to understand and respond to the alarming excess mortality rates in the United States associated with the coronavirus disease 2019 (COVID-19) pandemic. Newly released CDC data reveal that “an estimated 299,028 excess deaths occurred from late January through October 3, 2020, with 198,081 (66%) excess deaths attributed to COVID-19.”¹ These are highly alarming data, revealing that, in addition to the horrific toll known from COVID-19 in the United States, over 100,000 more fatalities may have been directly or indirectly associated with the pandemic.² This new accounting of excess fatalities is particularly disturbing because it comes as President Trump continues to downplay the toll of the pandemic with a series of blustering falsehoods about the about the disease “affect[ing] virtually nobody”³ as he attempts to distract the nation from his failed response to the pandemic.⁴

While the COVID-19 fatality rate measures the deaths known to be directly caused by COVID-19, the excess mortality rate is a useful measure for understanding the total impact of the public health emergency: it captures deaths that may not have been correctly diagnosed or

² Id.
CDC’s new estimates indicate that the pandemic has taken a much higher toll than the more than 216,000 deaths reported to date – and they show that risks may be higher for young people than presently understood, finding that “the average percentage change in deaths over this period compared with previous years was largest for adults aged 25–44 years (26.5%).” And the CDC findings confirm that “some racial and ethnic subgroups experienced disproportionately higher percentage increases in deaths.” The Hispanic and Latinx population experienced the largest average percentage increase over this period (53.6%). Deaths were far above average for the American Indians/Alaska Native community (28.9% above average), Black community (32.9% above average), and Asian American community (36.6%).

It is critical that public health agencies identify the reasons for the excess fatalities associated with, but not directly caused by, the pandemic. Some of the gap can presumably be explained in part by weaknesses in data collection or reporting. But gaps in care caused by the pandemic, or other unknown factors associated with the pandemic that increase risk factors for other fatalities may also play a large role. Alarming, more than 134,200 people have died from dementia or Alzheimer’s during the pandemic—an increase of 13,200 more deaths than would have been expected to occur as a result of dementia or Alzheimer’s prior to the pandemic. Social isolation has added barriers to mental stimulation for dementia patients, a critical preventative measure in slowing dementia’s progression. As a result, “doctors have reported increased falls, pulmonary infections, depression and sudden frailty in patients who had been stable for years.” This same isolation may have contributed to an increase in deaths due to drug overdoses. Preliminary data shows an increase in overdoses across the country, and experts fear that this year, overdose deaths could reach an all-time high. Deaths attributed to heart disease and diabetes have also surged. Experts believe that patients have “suffered through cardiac events, strokes, hyperglycemia and other health difficulties at home, likely fearful of seeking care in hospitals.”

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7 Id.
8 Id.
10 Id.
11 Id.
14 Id.
Throughout the public health emergency, President Trump has repeatedly lied to the American people in an effort to downplay the severity of the pandemic,\(^\text{15}\) including by falsely repeating that the COVID-19 pandemic has been more deadly in Europe than in the United States.\(^\text{16}\) In fact, “people in the United States are dying at rates unparalleled elsewhere in the world.”\(^\text{17}\) According to a recent study published in the Journal of the American Medical Association, which looked at per capita death rates in 2020, “excess all-cause mortality was higher in the US than in all high-mortality countries.”\(^\text{18}\)

Regardless of the President’s ignorance, his shamelessness, or his serial falsehoods, HHS and CDC have a duty to safeguard the public health and should be taking steps to more fully understand the excess mortality rate and curb rising mortality caused directly or associated with COVID-19. To help us understand what your agencies are doing to further these goals, we request answers to the following questions by no later than November 10, 2020:

1. What specific data is CDC and HHS collecting on the excess mortality rate in the United States since the onset of the COVID-19 pandemic?

2. What is HHS’ and CDC’s understanding of the reasons for the excess mortality rate in the United States since the onset of COVID-19 pandemic?

3. Please provide a summary of all detailed data available on the excess mortality rate in 2020, including any unpublished information on the excess mortality rate over time, the excess mortality rate by location, the excess mortality rate by age, race and ethnicity, the excess mortality rate among individuals with preexisting conditions, and the specific causes of the excess mortality rate.

4. The CDC website notes that, “estimates of excess deaths … may not be due to COVID-19, either directly or indirectly. The pandemic may have changed mortality patterns for other cause of death” and acknowledges, “Future analyses of cause-specific excess mortality may provide additional information about these patterns.”\(^\text{19}\) What is the federal government doing to better understand the country’s excess mortality rate and rise in mortality that is associated with, but not directly caused by, COVID-19?


5. How is increasing mortality unrelated to COVID-19 factored into federal government actions and recommendations in COVID-19 response efforts? Specifically, how does the federal government evaluate and assess these associated causes of death in its guidance and distribution of resources?

6. CDC has provided specific guidance for the collection and submission of postmortem specimens from deceased known or suspected COVID-19 cases. How will CDC ensure that states are appropriately conducting post-mortem testing? What is CDC’s plan for reporting this information?

7. How is HHS collaborating with other federal agencies and within its subagencies to combat excess mortality associated with, but not directly caused by, COVID-19?

8. How is HHS collaborating with state, local, Tribal, and territorial public health officials to research and understand excess mortality associated with, but not directly caused by, COVID-19?

9. What additional resources or authorities are needed from Congress to ensure that the agencies can effectively conduct this type of research and reduce excess mortality risks?

Sincerely,

/s/ Elizabeth Warren
Elizabeth Warren
United States Senator

/s/ Tammy Baldwin
Tammy Baldwin
United States Senator

/s/ Tina Smith
Tina Smith
United States Senator

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