

# United States Senate

September 25, 2020

Robert R. Redfield, MD  
Director  
Centers for Disease Control and Prevention  
395 E Street, SW, Suite 9100  
Washington, DC 20201

Dear Director Redfield:

Thank you for replying to my August 25, 2020 letter, in which I sought to provide the Centers for Disease Control and Prevention (“CDC”) the opportunity to clarify specific areas in which disinformation and confusion have occurred. It still is my hope that better dissemination of the facts will improve our health and economic response to the COVID-19 pandemic and restore trust in America’s public health system.

While I appreciate your full responsiveness to some of my previous questions, other answers in your reply were ambiguous or unresponsive. Therefore, I’d like to provide you another opportunity to provide clear answers.

Specifically:

1. In my previous letter, I noted that there were reports that CDC and some states were combining the count of antibody tests with diagnostic tests. I asked whether CDC had corrected this problem and, if so, what steps had CDC taken to correct the problem. You replied that CDC was “making progress in addressing the issue.”

If CDC is currently “making progress[.]” by what date does CDC anticipate that it will have fully resolved this problem?

2. In my previous letter, I noted that federal and state mandates on federal, state, and private health financing programs and entities have created incentives for providers and hospitals to “up-code” by including coronavirus as a diagnosis in order to obtain higher or guaranteed reimbursements. This could impact CDC’s COVID-19 data. I asked what actions CDC had taken to ensure that “up-coding” did not impair CDC data. You did not state what actions CDC had taken to protect CDC data; rather, you responded that it was the responsibility of other entities of HHS to address this problem.
  - A. Is CDC aware of the actual or potential impact that “up-coding” may have on CDC-reported COVID-19 data?
  - B. Has CDC itself taken any action to reduce the impact of “up-coding” on CDC-reported COVID-19 data? If so, what specific actions has CDC taken?
  - C. Has CDC itself taken any action to account for the impact of “up-coding” on CDC-reported COVID-19 data? If so, what specific actions has CDC taken?

- D. Does CDC bear any responsibility for ensuring the accuracy of CDC-reported COVID-19 data? If not, who bears this responsibility?
  - E. Does CDC bear any responsibility to account for factors that may impact CDC-reported data COVID-19 data? If not, who bears this responsibility?
  - F. Please identify each of the other entities at HHS whom you believe bear the responsibility for ensuring the accuracy of reported CDC data. What, if any, communication has occurred between CDC and those entities to ensure the accuracy of reported data?
3. In my previous letter, I asked, of all the individuals who were treated for coronavirus in hospitals within states along the U.S.-Mexico border, how many were identified as foreign nationals. You responded that CDC does not collect that data.

Does any entity of the federal government collect the data in question?

4. In my previous letter, I asked CDC both how many Americans had recovered from COVID-19 and whether CDC was aware that other countries had released data on this point. You replied that states do not report the number of recovered Americans to CDC; reporting COVID-19 recoveries at the national level is difficult due to the scarcity of this information and the potential for inaccuracies in reporting; and there is no standard method for determining recovered COVID-19 patients at the national level.
- A. What specific states are not reporting this data to CDC?
  - B. Does CDC have a definition of “recovery” for COVID-19 patients? If so, how many individuals meet this definition? If not, (1) why has CDC not created said definition and (2) by what date does CDC plan to create said definition?
  - C. Does CDC have a standard method for “determining recovered COVID-19 patients?” If so, how many individuals meet this standard method? If not, (1) why has CDC not created said standard method and (2) by what date does CDC plan to create said standard method?
  - D. Is the CDC aware that other countries have released data on this point and the absence of clear recovery data from the CDC has created confusion among Americans?
5. In my previous letter, I asked, of those deaths attributed to coronavirus, how many of those deaths would have likely occurred at some point this year because of other causes? You responded that provisional data shows “substantially more total excess deaths in 2020 compared with expected.”

- A. Please express numerically the “total excess deaths in 2020 compared with expected.”
  - B. Please express numerically what qualifies as “substantially more total excess deaths” when comparing 2019 to 2020 data and 2020 expected data to 2020 actual data.
  - C. Please delineate the causes of these 2020 excess deaths. For example, was a death caused by COVID-19 or suicide.
  - D. Please provide demographic data for these 2020 excess deaths.
6. In my previous letter, I asked CDC what percentage of those who have contracted coronavirus are estimated to have mild symptoms or symptoms not requiring hospitalization. You stated that CDC is “taking action” to estimate these rates.

Please state directly what percentage of COVID-19 patients are estimated to have mild symptoms or symptoms not requiring hospitalization and describe the methodology used to determine such estimates.

7. In my previous letter, I asked whether CDC had studied or analyzed whether any protest rallies held during the period of March 2020 to the present contributed to or increased the spread of coronavirus. CDC stated that it has not studied this issue and does not plan to study this issue in the future.

Were there any reported COVID-19 infections attributable to any protest rally held between the period of March 2020 to the present?

Sincerely,



Ted Cruz  
United States Senator