

July 27, 2020

The Honorable Mike Pence  
The White House  
Office of the Vice President  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

The Honorable Robert R. Redfield, MD  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road NE  
Atlanta GA 30329

The Honorable Deborah Birx, MD  
Coronavirus Task Force Response Coordinator  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

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

Dear Vice President Pence, Director Redfield, Ambassador Birx and Secretary Azar:

The undersigned organizations write to strongly recommend that the administration immediately reverse its decision to bypass the Centers for Disease Control and Prevention (CDC) in the collection and analysis of COVID-19 patient data.

The CDC is an internationally recognized, world renowned source of surveillance data, science, and guidance on best practices on how prevent, and treat major public health issues. The CDC played a seminal role in disseminating data on the HIV epidemic starting in June 1981, when HIV was largely ignored by the White House. Yet, the CDC's role in responding to the urgent needs of the COVID-19 epidemic has been significantly diminished and sidelined – most recently, by the transfer of responsibility for managing daily reports on the impact of COVID-19 to the Department of Health and Human Services (HHS).

Accurate, timely and accessible data are key to informing public health departments and the public as a whole on appropriate state and local level response. Transferring the collection of COVID-19 data to a sole-sourced contractor at HHS has according to [news reports](#) already made it significantly more difficult for state and local health officials and the general public to obtain critical up-to-date COVID-19 data. Data previously available has suddenly become unavailable. This core information is essential in determining what COVID-19 initiatives are successful and which healthcare systems are straining or overwhelmed. There are also reports that some

health care providers are unable to input data into the new system, and are wasting an inordinate amount of precious time attempting to comply with this questionable new initiative.

Shifting this data from the CDC to HHS also sends a signal that the CDC no longer plays a pivotal role in coordinating our national response. Critics also charge the administration with purposely maligning the CDC in order to manipulate COVID-19 data. America must have confidence in the integrity of CDC and health data as highlighted by recent [statements](#) by former CDC directors Frieden, Koplan, Satcher and Besser as well as [statements](#) by other public health experts. Politicization of the data creates yet another serious impediment by fostering distrust and division, further endangering the cooperation needed to combat COVID-19.

If the CDC needs to improve data and collection and dissemination, more resources should be devoted to achieving that end rather than perilously shifting mid-course to a different untested system and process for submitting data that is apparently already causing more problems than it could ever solve. This new initiative has prompted even more criticism of the administration which is perceived as changing course in mid-stream in order to cause more chaos in order to obscure damaging COVID-19 data.

A recent letter by CDC staff chronicling evidence of institutional racism in its management is also deeply troubling. The CDC has much work to internally address a culture of institutional racism as described in the June 20, 2020 letter from 1,200 CDC employees to Director Robert Redfield. That letter importantly argues that the CDC needs to declare racism a public health threat, a long overdue declaration in the face of overwhelming evidence historical healthcare disparities experienced by people of color, resulting in unrelenting chronic morbidity and mortality.

Our recommendations are:

- Declare an immediate stop to the transfer of COVID-19 data collection and dissemination from the CDC to TeleTracking.
- Provide immediate unrestricted access to any data housed at HHS Protect for the CDC, media, hospitals, academic institutions and the general public.
- Public release of the contract/terms/bid process for awarding the HHS Protect contract to TeleTracking.
- Invest in a 21<sup>st</sup> century CDC-run information collection system that is able to efficiently and expeditiously obtain data from hospitals and health facilities, and successfully share that data with all relevant stakeholders. This is an important broader overall strategy for supporting and re-legitimizing the CDC as America's independent, authoritative public health agency.

- Lead with an independent, uncompromising, public health stance that does not capitulate to political pressure or ideology, but seeks to protect and serve the American people in all their diversity, and provides expertise and resources to the global COVID-19 pandemic response.
- Ensure that relevant global programs like PEPFAR, within which the CDC plays a key role in laboratory support and surveillance, are taking every possible step to respond to and mitigate the impacts of COVID-19, TB, HIV and malaria epidemics.
- Create an agency taskforce to respond to and address systemic institutional racism raised by recent letter from CDC employees to Director Robert Redfield.

Sincerely,

ACT UP NY  
African American Health Alliance  
AIDS Action Baltimore  
AIDS Alabama  
AIDS Foundation Chicago  
AIDS Project of the East Bay  
AIDS Treatment Activists Coalition (ATAC)  
AIDS United  
American Academy of HIV Medicine  
American Psychological Association  
American Society of Tropical Medicine & Hygiene  
Americas TB Coalition  
amfAR  
APLAHealth  
AVAC  
Black AIDS Institute  
Cascade AIDS Project  
CHANGE (Center for Health and Gender Equity)  
Fenway Health  
Food is Medicine Coalition  
HealthHIV  
HIV Medicine Association  
HIVE @ San Francisco General Hospital  
House of Blahnik  
Howard Brown Health  
Hyacinth AIDS Foundation  
International Association of Providers of AIDS Care  
John Snow, Inc. (JSI)

Los Angeles LGBT Center  
MPact Global Action for Gay Men's Health and Rights  
National Coalition of STD Directors  
NMAC  
North Carolina AIDS Action Network  
Partners in Health  
Positive Women's Network-USA  
Prevention Access Campaign  
Ryan White Medical Providers Coalition  
San Francisco AIDS Foundation  
San Francisco Community Health Center  
The AIDS Institute  
The Well Project  
TPAN  
Treatment Education Network  
Treatment. Action Group  
United States People living with HIV Caucus  
Wesley Health Centers/JWCH Institute, Inc.