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# Congress of the United States

## U.S. House of Representatives

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March 10, 2020

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

Dear Secretary Azar:

We have received a letter dated March 6, 2020, in response to our letter to you, regarding employees of the Administration for Children & Families (ACF) and potential COVID-19 exposure. We appreciate that the U.S. Department of Health & Human Services (HHS) is investigating the whistleblower's allegation and understand that the investigation is not yet complete.

Despite providing some information, your response did not fully answer several of our questions that we expected HHS should have been able to answer even before the investigation was undertaken, including:

1. Were the U.S. Repatriation Program staff deployed to March Air Reserve Base and Travis Air Force Base properly trained in responding to infectious disease situations, and were they provided proper personal protective equipment?
2. Have all of the ACF employees deployed been tested now that they have the option? Has HHS been monitoring the ACF staff's contact with the public to determine whether they may be asymptomatic carriers or otherwise tracking their movements after leaving the quarantine area?
3. Was the HHS request for a \$9 million increase in the cap on U.S. Repatriation Program spending intended to fund new COVID-19-related activities by U.S. Repatriation Program staff? If not, what was the intended use of the additional \$9 million?

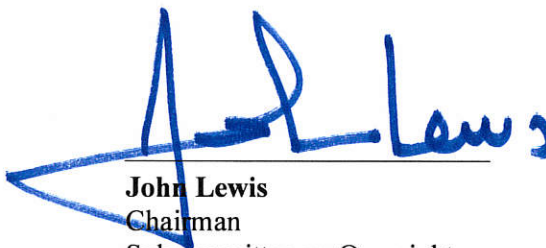
We also are attaching a detailed list of additional questions that should be answered in the course of a thorough investigation, if not sooner, and look forward to receiving a response to them as soon as information is available.

Thank you for your attention to this matter. We would appreciate receiving an answer to our outstanding questions, and a timeline for completion of your fuller investigation, by Monday, March 16, 2020.

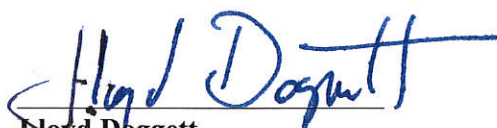
Sincerely,



**Richard E. Neal**  
Chairman  
Committee on Ways & Means



**John Lewis**  
Chairman  
Subcommittee on Oversight  
Committee on Ways & Means



**Lloyd Doggett**  
Chairman  
Subcommittee on Health  
Committee on Ways & Means



**Danny K. Davis**  
Chairman  
Subcommittee on Worker & Family Support  
Committee on Ways & Means



**Jimmy Gomez**  
Committee on Ways & Means

CC:

Sara Arbes, Acting Assistant Secretary for Legislation, Office of the Assistant Secretary for Legislation,  
U.S. Department of Health & Human Services

Lynn Johnson, Assistant Secretary, Administration for Children & Families, U.S. Department of Health  
& Human Services

Robert R Redfield, Director, Centers for Disease Control & Prevention, U.S. Department of Health &  
Human Services

## ATTACHMENT

We recognize the Department's assertion that there is an expeditious ongoing investigation into the COVID-19 response and associated issues related to the use of human services staff. Over the course of your ongoing investigation, we seek answers to additional questions, which are detailed below:

1. In the event the U.S. Department of State determines that individuals with little means need to be repatriated, and therefore require the temporary assistance of the US Patriation Program at HHS, what process is in place if it is determined that these citizens may have been exposed to a communicable disease and that a foreign or domestic quarantine may be appropriate prior to domestic relocation?
2. Which HHS Operating Division, Program Office, or Staff Division has responsibility for leading repatriations when U.S. citizens have been quarantined?
3. What training, including infectious disease training, is provided to ACF Repatriation Program staff and other individuals from the ACF Office of Human Services Preparedness & Response (OHSEPR) in assisting with repatriation? Please describe the scope of training, and the extent to which the training is reviewed and kept current.
4. What resources are ACF Repatriation Program staff and others within the ACF OHSEPR unit provided to safely conduct their repatriation responsibilities in the presence of an infectious disease outbreak?
  - a. What training do these individuals receive on how to properly utilize this equipment, including personal protective equipment?
  - b. What steps are taken to ensure that staff always have access to necessary personal protective equipment?
5. Has the U.S. Repatriation Program ever repatriated Americans following a foreign or domestic quarantine?
  - a. If so, please provide specific examples, including documentation or agreements outlining which offices have responsibility during these situations.
6. How does HHS determine the financial needs of the U.S. Repatriation Program, including when to ask Congress for additional funding and how much funding is needed?
7. Why was U.S. Repatriation Program responsibility transferred from ACF's Office of Refugee Resettlement over to ACF's Office of Human Services Emergency Preparedness & Response?
  - a. How did the operations, procedures, dedicated staff change as a result of this transfer?
  - b. What policies and procedures do CDC and ASPR have for domestic quarantines in the context of repatriating US citizens under this program?
8. How have Americans participating in the U.S. Repatriation Program been screened to determine that it is safe to evacuate them to the United States?
  - a. What actions are taken if an individual selected for repatriation is determined to be a health risk to others, before, during, and after transporting them to the United States?
9. For the COVID-19 repatriation response, how many federal agency officials—or others—may have been exposed to COVID-19 without the use of proper personal protective equipment?
  - a. How is HHS responding to potential concerns about the safety of its employees?
  - b. How steps can HHS take to improve the safety of its employees and the public?