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October 20, 2023

The Honorable Senator Bill Cassidy, M.D.
Ranking Member
United States Senate
Senate Health Education, Labor, and Pensions Committee (HELP)
428 Senate Dirksen Office Building
Washington, DC 20510

Sent via Email to: CDCTModernization@help.senate.gov

Dear Senator Cassidy, M.D.:

On behalf of our 40,000 members, the Academy of General Dentistry (AGD) is writing in response to your request for information (RFI) to reform and improve the Centers for Disease Control and Prevention (CDC). The COVID-19 response made evident the many weaknesses in the country's preparedness for pandemics. The U.S. endured demonstrably poor COVID-19 outcomes compared with many other nations¹ and the U.S. health authorities must learn from the multiple deficiencies in our COVID-19 response.

Dentistry has a long and successful history in leading in infection control as it did during the HIV/AIDS crisis. Dentists know how to limit transmission of disease via aerosol generating procedures and were successful in limiting COVID transmission.² Unnecessary regulatory and legislative burdens impede dentistry's successful history of infection control.

AGD COMMENTS ON THE CDC'S PANDEMIC RESPONSE AND POTENTIAL FOR IMPROVEMENT:

Medical scientists well versed in data about viral infections and pandemics, with knowledge of fundamental biology, should provide the Executive branch with recommendations as to the best ways to mitigate disease and death. The most vulnerable populations must be targeted for extra protection and true fatality rates should be calculated.

Fostering Innovation and Collaboration

Testing

Initially, the Centers for Disease Control and Prevention (CDC) lagged by several weeks in providing an antigen test to determine positivity for SARS-CoV-2. While Germany had a test that was functional, the U.S. lost several weeks in rolling out a test designed to identify positivity of the SARS-CoV-2 virus. This was an unfortunate occurrence and must not be repeated in the future. Validated testing must be available to the public almost immediately.

¹ Johns Hopkins University of Medicine, Coronavirus Resource Center Mortality Center. [Mortality Analyses - Johns Hopkins Coronavirus Resource Center \(jhu.edu\)](#)

² Araujo, M, et. al. [COVID-19 Among Dentists in the United States, A 6-month Longitudinal Report of Accumulative Prevalence and Incidence](#). JADA 2021;152(6):425-433.

Dental offices should be able to administer tests to help identify asymptomatic individuals. This protects dental staff, as well as the general public, providing for earlier notification of an infected individual, and allowing for quicker treatment and quarantining.

Making Data Work for Everyone

Data and Surveillance

The public relies on the CDC for accurate, reliable information, particularly during a once in a century pandemic. The CDC must examine how to best collect data in a timely manner with over 3000 partners in federal, state, and local governments. Epidemiological data should be available to the public. Summaries of the data should be presented in a transparent manner and timely schedule. Peer review is necessary for CDC scientific publications.

Randomized Trials

The AGD is not aware of the CDC conducting a single cluster randomized trial to determine appropriate social distancing protocols, community masking effectiveness, off-label use of therapeutics for treatment of SARS-CoV-2, or other important issues during the three-year pandemic.

Improving Upon What Works Well

Leadership

Rear Admiral Timothy Ricks provided exemplary leadership during the COVID-19 pandemic by dispensing timely information and coordinating efforts within the dental community. A central point-person for the dental community must be available to review and disseminate information that is both accurate and appropriate. This individual should also be available for input to identify shortcomings in recommendations and guidance, thus making timely adjustments possible.

Mechanisms to Modernize

PPE/Strategic National Stockpile

When allowed to re-open dental offices, dentists had a very difficult time obtaining the personal protective equipment (PPE) needed to safely treat their patients. The dental community must be allocated sufficient supplies of PPE during national emergency events. Personal protective equipment and patient protective equipment are critical to a rapid national pandemic response. Stocks in the Strategic National Stockpile must be in abundant supply at all times. PPE and other essential medical devices must be ready to be deployed at a moment's notice, available for use, and not past their expiration dates. Although the Senate Homeland Security Committee report referenced below found that drug shortages pose a national security risk, medical devices including PPE should also be considered in the same context since the scarcity of PPE created a national security risk during the COVID-19 pandemic.

API

The Senate Homeland Security Committee issued a report on the U.S. drug supply chain and found that drug shortages pose a health and national security risk.³ Many active pharmaceutical ingredients (API) are not currently available in the United States. Congress should consider initiatives to strengthen our national medical/dental supply chain.

Mission Creep

The CDC's original mission in 1946 was "Surveillance, detection, and prevention of communicable diseases." The agency's current mission statement is "CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same."⁴

Good Guidance Practices

The CDC did not adhere to good guidance practices during the COVID-19 pandemic as compared to the Food and Drug Administration's (FDA) good guidance practices (GGPs) to develop, issue, and use guidance.

Recommendations and guidance from national agencies such as the CDC, the National Institutes of Allergy and Infectious Diseases (NIAID), the National Institute of Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) were often in conflict with each other, particularly on masking recommendations.⁵

Many state dental practice acts adhere to CDC guidance. It is therefore critical and imperative that the CDC's guidance be based on the most stringently executed and reputable science.

Bayh-Dole Act

In 1980, The Bayh-Dole Act (Public Law 96-517) was passed into law and allowed researchers, universities, and non-profit organizations to participate in patent and royalty rights to technology they developed from federal government funded research. The intention of the Act, at the time, was to increase drug development and speed the time to market for products. The funding of National Institutes of Health (NIH) grants continues to grow virtually every fiscal year. Some policy makers question if funding for basic science grants is receiving commensurate financial support.⁶ Therefore, it may be appropriate for Congress to assess the functionality of the NIH grant programs and if they are achieving their intended purpose in serving the greater public good.

CDC Foundation

³ U.S. Senate Homeland Security & Governmental Affairs. Short Supply: The Health and National Security Risks of Drug Shortages. March 2023. [Drug-Shortages-HSGAC-Majority-Staff-Report-2023-03-22.pdf \(senate.gov\)](https://www.senate.gov/imo/media/doc/Drug-Shortages-HSGAC-Majority-Staff-Report-2023-03-22.pdf)

⁴ CDC Mission, Role and Pledge <https://www.cdc.gov/about/organization/mission.htm>

⁵ Academy of General Dentistry. August 26, 2020. Communication to CDC's Mr. Hannan about mask guidance. https://www.agd.org/docs/default-source/advocacy-papers/cdc-letter-8_27_20-final.pdf?sfvrsn=f122cea5_0

⁶ *The Bayh-Dole Act: Selective Issues in Patent Policy and Commercialization of Technology*. Congressional Research Service. December 3, 2012.

https://www.everycrsreport.com/files/20121203_RL32076_836129be0e45a4049a32a64c143ec94df38236be.pdf

Since its inception in 1992, the CDC Foundation has received over two billion dollars from donors, mostly from the corporate sector.⁷ While exercising its oversight authority, Congress may want to ensure that firewalls for conflicts of interest are stringent and adhered to rigorously.⁸

CDC Authorization

In general, the authorization of the CDC should be an explicit act of Congress as well as Congress providing rigorous oversight to the agency. As many dentists are small business owners, we must be held accountable for our finances/budgets. CDC programs and centers, institutes, and offices, if appropriate, should all be authorized by Congress. We hope that Congress can resume a regular appropriations process in the future and that monies are allocated for an agreed upon specific purpose rather than being allocated from a general appropriations fund.

The AGD appreciates the chance to provide information to the Senate HELP committee as it seeks to reform the CDC. If you have any questions please contact Dan Buksa, JD, CAE Associate Executive Director of Public Affairs at 312-440-4328 or via e-mail at Daniel.buksa@agd.org.

Sincerely,



Hans P. Guter, DDS, FAGD
AGD President
HPG/jk



Darren S. Greenwell, DMD, MAGD
AGD Dental Practice Chair

Cc: Colleen Lawler, CAE, IOM
Executive Director
Academy of General Dentistry

⁷ CDC Foundation. <https://www.cdcfoundation.org/our-story>

⁸ Project on Government Oversight, et. al. Citizen Petition to Robert Redfield, MD. November 5, 2019. <https://usrtk.org/wp-content/uploads/2019/11/Petition-to-CDC-re-Disclaimers.pdf>