Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, Georgia 30329-4027

Dr. Redfield:

I remain very concerned about the COVID-19 pandemic and its past and potential future impact on the cruise line industry. I appreciate the work that the Centers for Disease Control and Prevention (CDC) has done in issuing the Third Modification and Extension of No Sail Order on September 30, 2020.¹ That order indicated, “Cruise ships continue to be an unsafe environment with close quarters where the disease spreads easily and is not readily detected.”²

However, I am worried about impairments to the independence of the CDC’s science-based and unbiased public health advice based on reported interference from the White House and political leadership at the U.S. Department of Health and Human Services (HHS) as well as pressure from the cruise line industry.³ With more than 346,000 new COVID-19 cases in the United States in just the last seven days alone and more than 215,000 deaths since the start of the pandemic, the number of COVID-19 cases in the U.S. continues to grow dramatically every day.⁴ As I mentioned

² Ibid, p.2.
⁴ Coronavirus Resource Center, Johns Hopkins University, accessed here: https://coronavirus.jhu.edu/region/united-states
in the letter to you on May 1, 2020, I am concerned about the public health implications posed by COVID-19 to both passengers and crews regarding any decision to resume cruise line operations.

I was alarmed to read recent press reports that allege the CDC wanted to extend the No Sail Order to February 15, 2021, but after intervention by the White House, the extension was shortened to October 31, 2020.\(^5\) According to these press reports, the President’s Coronavirus Task Force made this decision to shorten the extension of the No Sail Order at a meeting on Tuesday, September 29, 2020, after input from the cruise line industry.\(^6\) The date of October 31, 2020, is particularly of note as it is also the date the largest cruise lines represented by a major trade group had already agreed to voluntarily suspend passenger operations.\(^7\)

The September 30, 2020, No Sail Order reinforces the difficulty of containing COVID-19 outbreaks on cruise ships. That order indicated that from March 1, 2020, through September 28, 2020, CDC cumulative data showed “a total of 3,689 confirmed cases of COVID-19 or COVID-like illness cases on cruise ships and 41 deaths.”\(^8\) During this same timeframe, more than 82 percent of cruise ships in U.S. waters were affected by COVID-19.\(^9\) This included a total of 102 outbreaks on 124 different cruise ships.\(^10\) Even with passenger service suspended, four cruise ships currently have ongoing or resolving COVID-19 outbreaks onboard among their crews.\(^11\)

The past six months has shown that it is exceptionally difficult to fully prevent cases of COVID-19 from emerging onboard cruise ships even when there are a limited number of crew members, no guests and precautions in place to prevent the spread of the virus. The CDC’s original No Sail Order was put in place on March 14, 2020. However, since mid-April 2020, with only crews on board these ships, the CDC found five percent of crew members on board cruise ships in U.S. territorial waters tested positive for COVID-19, 24 required hospitalization, 15 required medical evacuations and two were placed on ventilators.\(^12\)

The No Sail Order that CDC just issued last month uses multiple cases to illustrate the unique challenges of both preventing and containing the spread of COVID-19 on board cruise ships. In one of those cases, a cruise line had a testing and quarantine policy in place that required all

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\(^6\) Ibid.


\(^8\) CDC No Sail Order, p. 2.

\(^9\) Ibid.

\(^10\) Ibid.

\(^11\) Ibid.

\(^12\) Ibid, p. 9-10.
embarking crew to be tested prior to boarding the ship, and each embarking crew member immediately began a 14-day quarantine in a private cabin, as the CDC has recommended.\textsuperscript{13}

However, one crew member who tested negative for COVID-19 in his home country and began the standard 14-day quarantine period on the ship in a private cabin was found dead in his bed nine hours later.\textsuperscript{14} Post-mortem testing indicated he was positive for COVID-19.\textsuperscript{15} In addition, it was discovered that this crew member failed to indicate he had a dry cough and itchy throat when boarding the ship, although he indicated he had these symptoms to his family.\textsuperscript{16} In another case, a crew member on the same ship who had tested negative for COVID-19 in his home country, developed COVID-19 symptoms while in quarantine on the ship, and later tested positive for COVID-19 when all crew onboard were tested.\textsuperscript{17} Fortunately, in this instance, the spread of the virus was contained.\textsuperscript{18} Incidents like these are even more dangerous on a cruise vessel filled with passengers and a full crew.

The insidious nature of COVID-19 and the physical infrastructure constraints on cruise ships makes containing potential outbreaks on board these ships an incredibly difficult task even with the best practices and procedures in place. Such outbreaks can endanger the health and safety of both guests and crew, placing them in precarious, potentially life-threatening situations that can ripple into local port communities having economic and serious health implications.

For instance, in Norway, 41 crew members and 21 passengers were confirmed to have COVID-19 after two voyages of the \textit{MS Roald Amundsen} between July 17-24 and July 25-31 of this year.\textsuperscript{19} In this case, before the outbreak was announced the cruise ship operator permitted passengers to disembark on July 31 \textsuperscript{16} “potentially spreading the virus to dozens of towns and villages along Norway’s western coast and setting off an effort by public health authorities to trace and locate the nearly 400 potentially exposed passengers,” the CDC wrote in its recent No Sail Order.\textsuperscript{20} It may be difficult to fully enforce best practices once the No Sail Order is lifted leading to these sorts of errors and ensuing potential public health consequences as a result.

In the United States, cruise ships with fewer than 250 passengers and crew that do not anticipate overnight stays are excluded from the CDC No Sail Order.\textsuperscript{21} In Alaska, UnCruise Adventures had to cancel a trip in early August in mid-voyage after a passenger on the \textit{Wilderness Adventurer} tested positive for COVID-19.\textsuperscript{22} The ship did not fall within the CDC’s No Sail Order since it had a passenger capacity of only 60 guests and 25 crew and was not intending to have an

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\begin{footnotes}
\textsuperscript{13} Ibid, p. 11.
\textsuperscript{14} Ibid.
\textsuperscript{15} Ibid.
\textsuperscript{16} Ibid.
\textsuperscript{17} Ibid.
\textsuperscript{18} Ibid, p. 11-12.
\textsuperscript{19} CDC No Sail Order, p. 13.
\textsuperscript{21} CDC No Sail Order, p. 6-7.
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overnight stay. However, according to the CDC, “[t]he incident necessitated a contact tracing investigation by Alaska public health authorities and the quarantine of passengers at a hotel in Juneau and of crew on board the ship.”

As I mentioned in our letter of May 1, 2020, the House Committee on Transportation and Infrastructure has broad jurisdiction over maritime transportation issues, including those issues related to passenger vessels and various international treaties, including the International Convention for the Safety of Life at Sea (SOLAS). All cruise ships—regardless of what flag they are registered under or where they sail—must operate in full compliance with SOLAS convention standards which regulate maritime safety-related issues.

As the Chair of the Subcommittee on Coast Guard and Maritime Transportation, I take my oversight responsibility seriously. I first wrote to you more than five months ago requesting records related to the CDC’s role in helping to inform the cruise line industry of the public health threats posed by COVID-19. Since then, the Committee has received a single production of records from CDC that encompasses a total of 180 pages. That is unacceptable.

I believe that the CDC has a critical role to play in ensuring the health and safety of the public on and off cruise ships regarding the Nation’s response to the COVID-19 pandemic. I hope that you understand the critical role that the U.S. Congress plays in carrying out our oversight responsibilities to the public as well. While I understand your staff has been engaged in collecting records responsive to our original May 1st request—and I look forward to the delivery of those records as quickly as possible—the pace of the CDC’s response and production to the Committee so far has been completely unsatisfactory. I expect a fuller, quicker response moving forward.

In addition, in order to ensure that the Committee has the most up-to-date information regarding how the cruise line industry and the Federal Government, particularly the CDC, is responding to the COVID-19 crisis and its impact on the cruise line industry I am requesting that you provide the Committee with the additional records listed below.

1. Our original records request letter on May 1, 2020, limited the scope of that records search from January 1, 2020, to the present. Please ensure that all the records requested in our May 1, 2020, letter include searches of all of those records up through October 2020. A copy of our May 1, 2020, letter is enclosed for reference.

   a. Please also ensure the above records search includes a copy of all e-mails sent to eocevent431@cdc.gov by crew members on ships in or intending to be in US waters regarding questions or concerns about COVID-19.

2. A copy of all records and communications, including, but not limited to, emails, instant messages, and text messages discussing, referring to, or referencing preparation or issuance of the September 30, 2020, No Sail Order. Such records should include all drafts of the No Sail Order.

Order, in addition to all memorandum, reviews or related analysis about the No Sail Order. These communications should include:

a. All communications between any CDC employee and any cruise line industry affiliated official, including, but not limited to, ship’s crew, officers, or medical or health care related staff as well as any other corporate employee;

b. All communications between state and local officials and CDC employees regarding the No Sail Order, including, but not limited to, local medical treatment capabilities and virus tracing capacity;

c. All communications between any CDC employee and any HHS employee; and

d. All communications between any CDC employee and any individual regarding or referring to the President’s Coronavirus Task Force (a/k/a the White House Coronavirus Task Force or White House Task Force).

I appreciate your attention to this matter. Please see the attachment for instructions regarding the preparation of these records. Please deliver one set of these records electronically to the Majority Staff and one set of records electronically to the Minority Staff.

I request that delivery of these records begin on October 27, 2020. As with our previous request, we will consider a rolling production of these records if you are unable to fully complete this response by this date.

To make arrangements for electronic delivery of these records, or if you have any questions regarding this request, please have your staff contact [redacted] or via e-mail at [redacted].

Sincerely,

SEAN PATRICK MALONEY
Chair, Subcommittee on Coast Guard and Maritime Transportation

Enclosure: May 1, 2020 Letter from Chairs DeFazio and Maloney to CDC Director

cc: The Honorable Bob Gibbs, Ranking Member, Subcommittee on Coast Guard and Maritime Transportation