

VIRGINIA FOXX, NC
Chairman



ROBERT C. "BOBBY" SCOTT, VA
Ranking Member

MAJORITY – (202) 225-4527

MINORITY – (202) 225-3725

COMMITTEE ON EDUCATION
AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES
2176 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6100

January 12, 2023

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Becerra:

The Members of the 118th Congress were recently sworn in and, with this new Congress, we have new leadership in the House of Representatives. As the newly elected Chair of the Committee on Education and the Workforce, it is my responsibility to ensure accountability and transparency from federal agencies under the Committee's jurisdiction. With this letter, I am officially putting you on notice that your agency has an obligation to provide timely and complete responses to inquiries and requests made by the Committee.

During the first two years of the Biden administration, agencies have failed to comply fully with congressional oversight letters. I hope that this will end and we can expect robust responses from you in a timely manner to every letter sent from the Committee or its members. Enclosed are copies of letters Committee Republicans sent to which the Department of Health and Human Services (HHS) has not provided full responses:

1. A July 29, 2021, letter inquiring about HHS' decision-making on COVID-related guidance; and
2. A December 22, 2022, letter regarding HHS' actions around promoting parents' rights and transgender children.

The Committee expects HHS to provide timely and complete responses to each letter enclosed. You are instructed to respond in writing by no later than January 27, 2023, with your plans for responding to each letter. Enclosed is a copy of the Committee's instructions to be followed for responses to oversight requests. HHS is expected to

The Honorable Xavier Becerra

January 12, 2023

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comply with them as it responds to each of the letters cited in this letter and all others issued by the Committee during the 118th Congress. Failure to do so may result in the Committee taking more robust actions to ensure compliance with its oversight requests.

Sincerely,



Virginia Foxx
Chairwoman

Enclosures

MAJORITY MEMBERS:

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July 29, 2021

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Becerra:

I write to express my concerns with the Centers for Disease Control and Prevention's (CDC) current weak leadership, political interference, and constantly changing guidance, which is undermining the credibility of the office and the Department of Health and Human Services (HHS or Department).

President Biden's CDC Director, Rochelle Walensky, is failing to manage the CDC in a responsible, professional, and non-partisan manner. As an example, agency emails obtained by Americans for Public Trust reportedly show that CDC officials—including Director Walensky—were in regular contact with the American Federation of Teachers (AFT) in the weeks leading up to the CDC's promulgation of muddled and controversial school reopening guidance, which occurred on February 12, 2021.¹ Additionally, on March 29, Director Walensky said she had a feeling of "impending doom" when it came to the pandemic,² yet that same day, on the Rachel Maddow Show, she seemed to contradict herself, saying vaccinated individuals no longer carry the virus, a claim CDC career scientists later corrected.³ Later that week, the CDC said that vaccinated Americans could safely travel again, but Director Walensky then said the CDC did not actually want them to travel.⁴ On May 13, the CDC published guidance stating that

¹ <https://nypost.com/2021/05/01/teachers-union-collaborated-with-cdc-on-school-reopening-emails/>.

² <https://www.cnn.com/videos/health/2021/03/29/cdc-walensky-warning-30-million-cases-vpx.white-house.>

³ <https://www.nytimes.com/2021/06/10/health/walensky-cdc-covid.html>.

⁴ *Id.*

vaccinated individuals no longer need to wear masks, but less than three months later, on July 27, the CDC reversed its guidance and stated that vaccinated individuals do need to wear masks indoors.⁵

I am also concerned that Director Walensky is causing a brain drain at the highest levels of the CDC in her efforts to push politically motivated guidance. President Biden and Director Walensky pledged to make sure career scientists' voices were heard, with Director Walensky stating they were "muzzled" by the Trump administration.⁶⁷ Instead, Americans saw an exodus of the top career CDC scientists, including Dr. Nancy Messonnier, the former director of the CDC's National Center for Immunization and Respiratory Diseases, who announced her resignation after 25 years with the CDC,⁸ and Dr. Anne Schuchat, Principal Deputy Director of the CDC, who announced her retirement after 33 years with the CDC. According to Politico, Dr. Schuchat's retirement decision followed several clashes with Director Walensky.⁹

At the Education and Labor Committee hearing in which you testified on June 16, 2021, you amplified my concerns by claiming you were unaware of conflicts between Director Walensky and career scientists. This was either a purposeful misrepresentation of the problem's severity or an apparent lack of understanding of what is happening within your agency.

To understand fully the Biden administration's purported approach to making decisions grounded in science, the impact of Director Walensky's leadership and management choices, and the most recent change in the CDC mask guidance, please respond to the following questions no later than Thursday, August 12, 2021:

1. On July 4, 2021, President Biden declared a "summer of freedom" from COVID-19.¹⁰ Please answer the following questions relating to the scientific basis for requiring vaccinated individuals to wear masks since July 4, 2021:
 - a. What percentage of vaccinated individuals aged 18 and above have experienced breakthrough infections?
 - b. What percentage of vaccinated individuals aged 12 to 17 have experienced breakthrough infections?

⁵<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>.

⁶ <https://www.washingtonpost.com/politics/2020/03/24/biden-campaigns-false-claim-top-cdc-official-was-silenced/>.

⁷ <https://www.forbes.com/sites/jackbrewster/2021/01/24/cdc-director-agency-was-muzzled-under-trump/?sh=354e35786fed>.

⁸ <https://www.politico.com/news/2021/05/17/cdc-covid-masks-walensky-489160>.

⁹ <https://www.politico.com/news/2021/05/17/cdc-schuchat-steps-down-489077>.

¹⁰ <https://twitter.com/POTUS/status/1411683838552645632?s=20>.

- c. What is the hospitalization rate for vaccinated individuals aged 18 and above?
 - d. What is the death rate for vaccinated individuals aged 18 and above?
 - e. What is the hospitalization rate for vaccinated individuals aged 12 to 17?
 - f. What is the death rate for vaccinated individuals aged 12 to 17?
 - g. What percentage of vaccinated individuals aged 12 to 17 who were hospitalized or died were either immunocompromised or had comorbidities?
 - h. What is the hospitalization rate for individuals under age 12?
 - i. What is the death rate for individuals under age 12?
 - j. What percentage of individuals under age 12 who were hospitalized or died were either immunocompromised or had comorbidities?
2. The CDC's July 27 guidance states that all students, regardless of their vaccination status, must always wear masks at school, even among other fully vaccinated individuals.
 - a. What is the scientific justification for treating vaccinated students at school differently from vaccinated adults outside of school? What data was used to make this decision?
 - b. Does this guidance apply equally to schools that do not enroll students under the age of 12?
 - c. Does this guidance apply to camps?
 3. There are currently eight states that prohibit local mask mandates in schools. How will this guidance impact states that have explicitly banned mask wearing in schools? Do you stand by your statement at the June 16 hearing that the CDC statement is merely guidance and cannot and will not be enforced as mandatory requirements on schools?
 4. Senior administration officials learned about the CDC's May 13 change in mask guidance the evening before the announcement, and the President was not briefed on the guidance

until the morning of the announcement.¹¹ On what date did the CDC initially consult the White House regarding the July 27 change in mask guidance? To what extent was the White House included in this decision-making process? Did the CDC Director confer with the Secretary of Education prior to the updated guidance being released?

5. What outside entities or groups were consulted in the process of creating the new CDC mask guidance?
6. White House Press Secretary Jen Psaki stated that President Biden was briefed on the change to the CDC mask guidance on the morning of July 27 by National Institutes of Allergy and Infectious Diseases Director Anthony Fauci.¹² Did Director Walensky brief President Biden on the change to the mask guidance? If not, why not?
7. Please provide all emails related to the July 27, 2021, CDC mask guidance sent or received by any individual who is a political appointee, possesses a who.eop.gov email account, is in HHS senior career leadership, or is in Office of Management and Budget senior career leadership.
8. What is the Department's interpretation of Section 564 of the *Federal Food, Drug, and Cosmetic Act* as it applies to federal, state and local vaccine mandates?
 - a. Does the Department believe that loss of employment reasonably allows the patient the option to refuse administration of the product?
 - b. How does the Department define the term "consequences"?
 - c. Does the Department consider COVID-19 testing to be a reasonable alternative to vaccination when a patient refuses administration of a COVID-19 vaccine that has not been fully approved?
9. Since your June 16, 2021, testimony at a Committee on Education and Labor hearing, have you been made aware of any reports of personal or political conflicts or disagreements between Director Walensky and current or former career staff at the CDC?

¹¹ https://www.washingtonpost.com/politics/biden-masks-cdc/2021/05/20/6467e66e-b974-11eb-a5fe-bb49dc89a248_story.html.

¹² <https://www.youtube.com/watch?v=u6AqQhYQ4ZQ>.

I look forward to receiving responses to these queries. Please contact Taylor Hittle (taylor.hittle@mail.house.gov) and Brad Thomas (brad.thomas@mail.house.gov) with Committee staff should you have any questions.

Sincerely,



Virginia Foxx
Ranking Member

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BRAD FINSTAD, MINNESOTA
JOE SEMPOLINSKI, NEW YORK

December 22, 2022

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Secretary Becerra:

The family is the most basic unit of society and as such, “parents have the inalienable right and responsibility to educate and rear their children.”¹ Unfortunately, there are people who want to override parents’ decisions. These efforts result in the erosion of parents’ rights to make medical decisions for their children. And in some cases, those decisions have resulted in parents losing all rights when it comes to their children.

Child protective services (CPS) has taken children from the homes of loving parents because they do not support irreversible, life-altering surgeries and other medical interventions on their children who have been diagnosed with gender dysphoria. For example, in California, Abigail Martinez lost custody of her daughter and a court permitted only one hour of visitation each week because Ms. Martinez did not want her daughter to receive gender-transition interventions.² In Illinois, Jeannette Cooper lost a custody battle with her ex-husband over their daughter’s decision to receive gender-transition interventions.³ And, in 2018, a Cincinnati couple lost custody of their 17-year-old daughter because they would not consent to cross-sex hormones.⁴

¹ “Principles,” American College of Pediatricians, accessed November 21, 2022, <https://acpeds.org/about>.

² Tori Richards, “Mother of trans teenager: Los Angeles County killed my daughter,” *Washington Examiner*, March 22, 2022, <https://www.washingtonexaminer.com/news/mother-of-transgender-teenager-los-angeles-county-killed-my-daughter>.

³ Alec Schemmel, “Mother who questioned 12-year-old daughter's gender transition loses custody battle,” *The National Desk*, August 1, 2022, <https://fox17.com/news/nation-world/mother-who-questioned-12-year-old-daughters-gender-transition-loses-custody-battle>.

⁴ Kevin Grasha, “Judge throws out lawsuit by parents of transgender teen held at Children's Hospital,” *Cincinnati Enquirer*, November 21, 2018, <https://www.cincinnati.com/story/news/2018/11/21/federal-judge-throws-out-lawsuit-parents-transgender-teen/2077892002/>.

Unfortunately, instead of standing up for parents, the current administration has pushed to make it easier for children with healthy bodies to access puberty blockers, cross-sex hormones, and life-altering, irreversible surgeries.⁵ The Department of Health and Human Services (HHS) has weaponized its Office for Civil Rights (OCR) and Section 1557 of the *Affordable Care Act* to threaten providers and plans that refuse to assist children diagnosed with gender dysphoria in receiving surgical or hormonal medical interventions.⁶ Through guidance for schools,⁷ threats about ending funding for school meals,⁸ and policy statements regarding other social services,⁹ the administration has advanced an ideological agenda that other countries are recognizing is harmful to children.¹⁰ Meanwhile, parents are facing concerning threats from states and the courts if they do not endorse these radical, experimental medical interventions for their children.

While some states have safeguards in place to protect children from these unsafe medical protocols, several states have adopted broad nondiscrimination policies based on gender identity that jeopardize parental rights.¹¹ I am particularly concerned with how parents are treated in these cases by CPS and the medical field, which offers psychological interventions for children

⁵ “Gender-Affirming Care and Young People,” U.S. Department of Health and Human Services, Office of Population Affairs, accessed November 21, 2022, <https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>.

⁶ “HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy,” U.S. Department of Health and Human Services, Office for Civil Rights, accessed November 21, 2022, <https://www.hhs.gov/sites/default/files/hhs-ocr-notice-and-guidance-gender-affirming-care.pdf>.

⁷ “The U.S. Department of Education Releases Proposed Changes to Title IX Regulations, Invites Public Comment,” U.S. Department of Education, accessed November 21, 2022, <https://www.ed.gov/news/press-releases/us-department-education-releases-proposed-changes-title-ix-regulations-invites-public-comment>.

⁸ “AG Knudsen Sues Biden Administration Over Threat To Hold School Lunches Hostage To Its Transgender Agenda,” Montana Department of Justice, accessed November 21, 2022, <https://dojmt.gov/ag-knudsen-sues-biden-administration-over-threat-to-hold-school-lunches-hostage-to-its-transgender-agenda/>.

⁹ Aysha E. Schomburg, “A Message in Support of LGBTQI+ Children and Youth Who Are Involved with the Child Welfare System,” U.S. Department of Health and Human Services, Administration for Children & Families, March 2, 2022, <https://www.acf.hhs.gov/blog/2022/03/message-support-lgbtqi-children-and-youth-who-are-involved-child-welfare-system>.

¹⁰ In May 2021, a Swedish hospital stopped prescription puberty blockers and cross-sex hormones to minors and earlier this year, a Swedish health board issued guidelines stating that the risk of these protocols outweigh the benefits. See Becky McCall and Lisa Nainggolan, “Referrals to Gender Clinics in Sweden Drop After Media Coverage,” *Medscape*, February 3, 2022, <https://www.medscape.com/viewarticle/967835>, and Thomas Linden, “Uppdaterade rekommendationer för hormonbehandling vid könsdysfori hos unga [Updated recommendations for hormone therapy for gender dysphoria in young people],” *Socialstyrelsen*, February 2, 2022, <https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/uppdaterade-rekommendationer-for-hormonbehandling-vid-konsdysfori-hos-unga/>. Similarly, England’s National Health Service (NHS) recently issued draft guidance expressing concerns over a “gender-affirmative care” model due to the risks it poses to children and in July 2022, the NHS closed the UK’s gender identity clinic for children due to the “considerable risk” the model of care posed to children. See “Interim service specification: Specialist service for children and young people with gender dysphoria (phase 1 providers),” United Kingdom National Health Service, accessed November 21, 2022, https://www.engage.nhs.uk/specialised-commissioning/gender-dysphoria-services/user_uploads/b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf, and Jasmine Andersson and Andre Rhoden-Paul, “NHS to close Tavistock child gender identity clinic,” *BBC News*, July 28, 2022, <https://www.bbc.com/news/uk-62335665>.

¹¹ Lindsey Dawson, Jennifer Kates, and MaryBeth Musumeci, “Youth Access to Gender Affirming Care: The Federal and State Policy Landscape,” Kaiser Family Foundation, June 1, 2022, <https://www.kff.org/other/issue-brief/youth-access-to-gender-affirming-care-the-federal-and-state-policy-landscape/>.

as young as three who are diagnosed with gender dysphoria and offers psychological, medical, and surgical interventions for adolescents diagnosed with gender dysphoria.¹² One of the most harmful actions occurs when government agencies intervene between children and parents, as when CPS removes a child from the custody of his or her parents because the parents will not consent to their child undergoing these experimental treatments, or when government agencies or courts strip medical decision-making authority from a parent because that parent opposes these treatments for their child.

CPS serves an important role in our communities, working to get children out of abusive and neglectful homes. However, a parent's (or parents') decision-making about medical care for their child cannot be characterized as abuse or neglect simply because the government or specific health care providers disagree with the parent's (or parents') decision. CPS is overworked and understaffed enough attending to its actual responsibilities, and it should not be distracted from that work to further political agendas.¹³

To ensure I understand the guidance given to states through the Administration for Children and Families (ACF), we request you provide responses to the following requests within two weeks of receipt of this letter.

1. Please provide a list of all documents provided to grantees in the *Child Abuse Prevention and Treatment Act (CAPTA)*, the *Family Violence Prevention and Services Act (FVPSA)*, and child care programs that discuss “gender minorities” or youth who identify as gender diverse, non-binary, or transgender. Please note which of those documents speak to parents’ rights.
2. Please provide all email responses from January 2021 to the present to questions from CAPTA grantees regarding “gender minorities” or youth who identify as gender diverse, non-binary, or transgender. Please note which of those responses discuss parents’ rights.
3. Please provide accessible links to, or electronic or hard copies of, all speeches that have been delivered by the Secretary of HHS, the Assistant Secretary of ACF, the Principal Deputy Assistant Secretary of ACF, and the Deputy Assistant Secretary for Policy of ACF that mention “transgender rights” and related topics regarding “gender minorities” or youth who identify as gender diverse, non-binary, or transgender. Please provide a list of which of those speeches discuss parents’ rights.
4. Please provide any data available on the number of CPS contacts made by hospitals or gender clinics due to parents not supporting the administration of puberty blockers, cross sex-hormones, so-called “gender affirmation” surgeries, or other medical interventions on their child diagnosed with gender dysphoria.

¹² “Child & Adolescent Gender Center,” University of California San Francisco Benioff Children’s Hospitals, accessed November 21, 2022, <https://www.ucsfbenioffchildrens.org/clinics/child-and-adolescent-gender-center>.

¹³ “How does turnover affect outcomes and what can be done to address retention?” Casey Family Programs, accessed November 21, 2022, <https://www.casey.org/turnover-costs-and-retention-strategies/>.

5. Please provide a list of all meetings of the Secretary, Assistant Secretary of ACF, Principal Deputy Assistant Secretary of ACF, and Deputy Assistant Secretary for Policy of ACF with children's hospitals or clinics that serve children with gender dysphoria or who identify as gender diverse, non-binary, or transgender.

6. Please provide a list of planned regulations and guidance documents for CAPTA, FVPSA, and child care programs that will discuss policies related to gender diverse, gender minority, or transgender issues. Please include the estimated timing of these documents.

Sincerely,



Virginia Foxx
Ranking Member
U.S. House Committee on Education and Labor

Responding to Committee Document Requests

1. In complying with this request, you should produce all responsive documents that are in your agency's possession, custody, or control, whether held by you or other past or present employees of the executive branch, or a representative acting on your behalf. Your response should also produce documents that you have a legal right to obtain, that the agency has a right to copy or to which you have access, or that you have placed in the temporary possession, custody, or control of any third party. Requested records, documents, data, or information should not be destroyed, modified, removed, transferred, or otherwise made inaccessible to the Committee on Education and the Workforce (the "Committee").
2. If any entity, organization, or individual denoted in this request has been, or is also known by any other name than that herein denoted, the request shall be read also to include that alternative identification.
3. The Committee's preference is to receive documents in electronic form (i.e., email, CD, memory stick, or thumb drive) in lieu of paper productions.
4. Documents produced in electronic format should also be organized, identified, and indexed electronically.
5. Electronic document productions should be prepared according to the following standards:
 - (a) The production should consist of single page Tagged Image File ("TIF"), files accompanied by a Concordance-format load file, an Opticon reference file, and a file defining the fields and character lengths of the load file.
 - (b) Document numbers in the load file should match document Bates numbers and TIF file names.
 - (c) If the production is completed through a series of multiple partial productions, field names and file order in all load files should match.
6. Documents produced to the Committee should include an index describing the contents of the production. To the extent more than one CD, hard drive, memory stick, thumb drive, box, or folder is produced, each CD, hard drive, memory stick, thumb drive, box, or folder should contain an index describing its contents.
7. Documents produced in response to this request shall be produced together with copies of file labels, dividers, or identifying markers with which they were associated when they were requested.
8. When you produce documents, you should identify the paragraph, question number, or request number in the Committee's request to which the documents respond.

9. It shall not be a basis for refusal to produce documents that any other person or entity—either inside or outside of the executive branch—also possesses non-identical or identical copies of the same documents.
10. If any of the requested information is only reasonably available in machine-readable form (such as on a computer server, hard drive, or computer backup tape), the agency's staff should consult with the Committee staff to determine the appropriate format in which to produce the information.
11. If compliance with the request cannot be made in full, compliance shall be made to the extent possible and shall include a written explanation of why full compliance is not possible.
12. In the event that a document or portion of a document is withheld on the basis of privilege, provide a privilege log containing the following information concerning any such document or redaction: (a) the privilege asserted; (b) the type of document; (c) the general subject matter; (d) the date, author, and addressee; and (e) the relationship of the author and addressee to each other.
13. If any document responsive to this request was, but no longer is, in your possession, custody, or control, identify the document (stating its date, author, subject, and recipients) and explain the circumstances under which the document ceased to be in your possession, custody, or control.
14. If a date or other descriptive detail set forth in this request referring to a document is inaccurate, but the actual date or other descriptive detail is known to you or other agency employees, or is otherwise apparent from the context of the request, you should produce all documents which would be responsive as if the date or other descriptive detail were correct.
15. The time period covered by this request is included in the attached request. To the extent a time period is not specified, produce relevant documents from January 20, 2021, to the present.
16. This request is continuing in nature and applies to any newly-discovered information. Any record, document, compilation of data, or information, not produced because it has not been located or discovered by the return date shall be produced immediately upon subsequent location or discovery. Such submission shall include an explanation as to why the information was not produced originally.
17. All documents shall be Bates-stamped sequentially and produced sequentially.
18. If physical documents are to be delivered, two sets of documents should be delivered, one set to the Majority Staff in Room 2176 of the Rayburn House Office Building and one set to the Minority Staff in Room 2101 of the Rayburn House Office Building during Committee office

hours (9am-5pm, unless other arrangements are made) and signed by members of the respective staffs upon delivery.

19. Upon completion of the document production, the agency's written response should include a written certification, signed by the agency head or his or her designee, stating that: (1) a diligent search has been completed of all documents in your possession, custody, or control which reasonably could contain responsive documents; and (2) all documents located during the search that are responsive have been produced to the Committee.
20. If the agency does not expect to produce all documents responsive to this letter by the date requested, the agency's staff shall consult with the Committee as soon as it is known the agency cannot meet the deadline, but no later than 24 hours before the due date to explain: (1) what will be provided by the due date, (2) why the agency believes certain materials cannot be produced by the due date, and (3) the agency's proposed timeline for providing any omitted information.
21. The agency's response to questions and request should be answered or provided in separate document and not included inside a narrative response.

Definitions

1. The term "document" means any written, recorded, or graphic matter of any nature whatsoever, regardless of how recorded, and whether original or copy, including, but not limited to, the following: memoranda, reports, expense reports, books, manuals, instructions, financial reports, working papers, records, notes, letters, notices, confirmations, telegrams, receipts, appraisals, pamphlets, magazines, newspapers, prospectuses, inter-office and intra-office communications, electronic mail (e-mail), contracts, cables, notations of any type of conversation, telephone call, meeting or other communication, bulletins, printed matter, computer printouts, teletypes, invoices, transcripts, diaries, analyses, returns, summaries, minutes, bills, accounts, estimates, projections, comparisons, messages, correspondence, press releases, circulars, financial statements, reviews, opinions, offers, studies and investigations, questionnaires and surveys, and work sheets (and all drafts, preliminary versions, alterations, modifications, revisions, changes, and amendments of any of the foregoing, as well as any attachments or appendices thereto), and graphic or oral records or representations of any kind (including without limitation, photographs, charts, graphs, microfiche, microfilm, videotape, recordings and motion pictures), and electronic, mechanical, and electric records or representations of any kind (including, without limitation, tapes, cassettes, disks, and recordings) and other written, printed, typed, or other graphic or recorded matter of any kind or nature, however produced or reproduced, and whether preserved in writing, film, tape, disk, videotape, or otherwise. A document bearing any notation not a part of the original text is to be considered a separate document. A draft or non-identical copy is a separate document within the meaning of this term.
2. The term "communication" means each manner or means of disclosure or exchange of information, regardless of means utilized, whether oral, electronic, by document or

otherwise, and whether in a meeting, by telephone, facsimile, email, regular mail, telexes, releases, or otherwise.

3. The terms “and” and “or” shall be construed broadly and either conjunctively or disjunctively to bring within the scope of this request any information which might otherwise be construed to be outside its scope. The singular includes plural number, and vice versa. The masculine includes the feminine and neuter genders.
4. The terms “person” or “persons” mean natural persons, firms, partnerships, associations, corporations, subsidiaries, divisions, departments, joint ventures, proprietorships, syndicates, or other legal, business, or government entities, and all subsidiaries, affiliates, divisions, departments, branches, or other units thereof.
5. The term “identify,” when used in a question about individuals, means to provide the following information: (a) the individual’s complete name and title; and (b) the individual’s business address and phone number.
6. The term “referring or relating,” with respect to any given subject, means anything that constitutes, contains, embodies, reflects, identifies, states, refers to, deals with, or is pertinent to that subject in any manner whatsoever.
7. The term “agency” means any department, independent establishment, or corporation of the federal government. For the purposes of responding to oversight requests, the Committee expects information to be provided from all sub-agencies of an agency and not just the information that is immediately available to the addressee or the addressee’s immediate sub-agency.