Prepared Statement of Ranking Member Richard Burr
The Path Forward: A Federal Perspective on the COVID-19 Response

July 20, 2021

Chair Murray, I am pleased to hold this hearing today, our third panel with members of the administration this Congress to discuss COVID-19.

To our witnesses, welcome and welcome back. Some of you are old hands at this, and others are relatively new.

Dr. Fauci and Dr. Walensky, thank you for returning to the Committee for the third time this year to discuss this pressing matter.

Ms. O'Connell, welcome to your first hearing before the Committee in your newly confirmed role as ASPR.

I'm glad we were able to get you confirmed so quickly.

You have a lot of work in front of you and all of us, Republicans and Democrats, are ready to help you and the fine folks at ASPR get the job done.

Dr. Woodcock, welcome back to the HELP Committee. The FDA has benefited from your leadership and you are the right person at the helm as we continue to grapple with the pandemic.

I hope that we'll see you again soon at another hearing to talk about the great things you've been doing at the FDA. Preferably a confirmation hearing.

I look forward to hearing each of your perspectives on our current response to COVID-19 and where we should go from here.

I have spent the better part of my career in Congress working to prepare our country for the unthinkable, and anticipating what we may need to respond to it.

These early efforts had the support and leadership of many colleagues here now, including Senator Collins and our chair, Senator Murray. Senator Casey has been an important partner on preparedness with me, working to reauthorize PAHPA and continue to keep a focus on these issues during peacetime.

All of this effort was with the hope that we would never have to act on the authorities we provided.

But it was also with an eye to what may be around the corner.

Each law we wrote was designed to build on the lessons that we learned from each event, such as Zika, West Nile, SARS, and the anthrax attacks.

We tried to anticipate what we didn't think of the last time around so we were better prepared for when the big one came.

This Committee has been holding hearings on the COVID-19 response since March of 2020.

At the very first hearing, I raised concerns with our ability to keep pace with this virus, to track its whereabouts, and understand the impact it would have on the lives of the American people.

We have the authorities needed, but we were, and still are, faced with many unknowns.

Each step of the way, we need to look around the corner and ask ourselves "what do we need to do today to keep up with this virus 30, 60, and 90 days from now."

CDC estimated in mid-June that the Delta variant accounted for more than 30 percent of all COVID-19 cases. As of mid-July, the cases caused by the Delta variant may be approaching 60 percent.

The good news is that cases are significantly down from their peaks. The bad news is that the Delta variant is surging, and vaccines have slowed because of hesitancy or resistance.

I can tell you that the next few weeks and months will require us to answer some very difficult questions, especially as we work toward the last few miles of administering the vaccine in this country.

COVID-19 won't just go away. We need all Americans who can get the vaccine to get the vaccine. If you won't do it for yourself, do it for your friends and family, for your neighbors and your local community. Do it so your grandchildren can go back to school or so your grandparents can go out to eat.

Not only is the Delta variant a concern, but we need to look around the corner to the next mutations of the disease.

So, I'd like to know if we are performing enough sequencing to be able to quickly detect the presence of variants, and are we tracking the right metrics to understand the shift and drift of the virus so that we can see, in real time, what new variants may mean for our response.

Last week, one vaccine company announced that it was ready to file with FDA for emergency use for booster shots.

Do we need booster shots, when do we need them, and what does this mean for a widely available vaccine?

Israel started offering boosters last week.

I'm worried that American leadership is no longer what it once was when it comes to public health, and other countries are outpacing us. We have the same data as Israel does, why aren't we making the same decisions?

Messages from public health experts won't be followed if Americans don't believe in the experts. The White House has the power to shape messaging, but it shouldn't shape science – in any administration.

The last Administration lost the attention and trust of Americans with two hour press briefings. This Administration shouldn't lose theirs for the sake of the teachers' unions.

We need to know that what we are being told by the experts is the unvarnished truth. Don't tell us what you think we can handle, and don't tell us what the Administration thinks we should hear. Level with us.

As we sit here today, we are just months away from the flu season.

How do we get ready for the colder months headed our way, and the flu and cold season it will bring along with it?

Are the flu shots ready? Will we have enough?

These questions should have been thought about weeks ago, as they are already on our doorstep.

The same is true for our legislative efforts and the long-term changes we need to make now, while lessons learned from the COVID-19 response are top of mind.

The ASPR must play a more prominent role, managing the threat landscape in peace time, and commanding the public health and medical response during an emergency with better coordination among federal agencies, better availability of data and public health surveillance, stronger partnerships with innovators and the private sector, building on the good work of BARDA, and visibility into our supply chain for critical drugs and supplies, which also needs to be more sustainable. The CDC must be reformed to become a more focused, accountable, and transparent

partner in public health and public health preparedness, and learn to adopt and leverage 21st century technologies.

The NIH should build on its ability to accelerate basic research, leaning on its long expertise in partnering with academia to better understand the pathogens that pose the greatest risk, and what tools we may have on the research bench to combat them.

And the FDA should build on the great successes they have had, staying the more nimble and creative agency it has become during the COVID-19 response.

This is especially important as the agency works to make final its user fee agreements and transmit them to Congress for our approval next year.

Now is the time to anticipate what is next.

I encourage each of you, in the critical role that you play, to engage with this Committee to provide insight into the COVID-19 response, as you have over the last 18 months, but even more importantly – to look ahead.

We have a window to update our public health and medical preparedness polices, taking into account lessons learned from COVID-19, and this Committee intends to act before the attention of Congress turns to other matters.

It's hard to believe, but memories will fade. I've had to fight to keep funding for pandemic and threat awareness too many times to count.

I hope to pass that baton on to my colleagues to protect these important programs.

But before I leave, I feel a great responsibility to make things better in one final bill.

I'm glad that Chair Murray is an active and able partner in that effort, I appreciate her commitment to this bipartisan concern, and I think we have a real opportunity to make improvements.

This effort will be our focus going into this fall, and we welcome your feedback, insight, and expertise.

There is nothing more important than the health and security of our nation.

I thank the chair.