

**Prepared Statement of Ranking Member Richard Burr**  
**Next Steps: The Road Ahead for the COVID-19 Response**

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November 4, 2021

To our witnesses, welcome back to the HELP Committee.

Thank you for your service to the American people.

Each time you all come before the committee, I charge you to look ahead to the next 30, 60, and 90 days and figure out what we needed to do to keep up with the virus.

I will say it again – you are the adults in the room, and you need to look around the corner to anticipate what we will need.

More than 90 days from our last hearing and we still have much to do to ensure we are better prepared, and better at responding, than we have been in the previous weeks and months.

As we get closer to the two year mark of living with COVID-19, we need to take stock of the current state of our response and identify the next crucial steps that will lead us out.

Senator Murray and I have been working closely together to develop a pandemic bill, and at some point in the near future Senator Murray and I will release a discussion draft of the reforms we believe are needed to improve our nation's response.

I very much appreciate the ability to work together on an issue so important to our national security.

We've obviously delayed from our previous schedule, but given the intent they appear to have on other big legislation it is impossible for us to get that draft out until that's concluded.

We need to use all of the tools at our disposal to keep pace with the virus, which continues to evolve.

Recent reports have surfaced of a new sub-variant that some are calling 'Delta plus,' which has accounted for an increasing proportion of cases in the UK in the past month.

Cases and hospitalization rates are down in the U.S., but this Administration cannot declare victory prematurely again, like they did this summer.

That mistake only brought us to the place we are today – with shortages of tests and therapeutics, and a continued lag in extremely important data about the disease.

In September, even the CDC warned of a shortage in point-of-care and over-the-counter tests and to expect increased demand for lab-based testing.

To state the obvious, we need more rapid tests that are available and in stock.

North Carolinians are also calling my office desperate for help in accessing therapeutics, and even with new announcements of an oral therapeutic, Americans are waiting for these drugs

This Administration bears 100 percent of the responsibility for the lack of testing and lack of therapeutics. You got complacent and you let your foot off the gas. You didn't order enough tests, you didn't purchase enough therapeutics, and now you are rationing what we do have.

The private sector will respond to purchasing agreements and to contracts. They cannot and will not produce things that their customers are not ordering.

Congress has given you billions upon billions of taxpayer funds. We've demonstrated bipartisan commitment to giving you the cover to purchase vaccines, tests, and therapeutics even if we don't use them.

The Administration has squandered time and resources you already have available to you and the American people are suffering as a result.

As we look ahead, we need plans in place to handle COVID as an *endemic* disease that will be a part of our lives for the foreseeable future.

So my question, and the headline for this hearing, is simple: What's the plan?

We need to take stock of lessons learned to strengthen our ability to be ready for the next threat that we may face, but also learn from successful approaches and put those into everyday practice.

We need to identify information gaps and map out how we are going to address them so we can make the best decisions based on sound data.

Most importantly, we need strong leadership.

We need a nominee for FDA commissioner, and this Administration cannot drag its feet on a new leader for the NIH. Both nominees will have challenging missions to complete under difficult circumstances and nearly impossible shoes to fill.

Qualified, nonpartisan leadership at these agencies is paramount.

Dr. Woodcock – I am still rooting for you.

Testing was a success until the Biden Administration turned it into a failure.

We must leverage the laboratory community and test developers to bring more innovative, rapid, at home, and point of care tests to market. We need to not let our guard down, as you did this summer.

We are reaching the time of year where we are all looking forward to spending time with loved ones, and access to testing will help this happen safely.

But we are still behind. These tests, which we need to keep our businesses and schools open and families safe, are still far too difficult to find for most Americans.

Testing shortages and delayed test results are keeping children out of school, parents away from the office, and limiting our understanding of where the virus is circulating in our communities.

The Administration had to scramble to order 200 million at-home tests per month, many of which won't even be ready until December. That's not enough.

In early October, FDA announced that it authorized new tests to expand access to reliable at-home testing. Europe has been using these same tests for seven months.

Just this past weekend, my two-year-old grandson was notified on Friday that his teacher tested positive. A teacher of a preschool class, masked 100 percent of the time that they were there. They did the appropriate thing. They shut the class down for a week.

The problem was that his siblings could no longer go to school. The school not only required him to be tested before his sister could return to school, but didn't accept an at-home test for a negative test for the two-year-old. They required a PCR test. It's confusing. America does not understand the standards that we've

set. And, in that case, she lost three days of school. Even though they could afford the PCR test, how many families can't?

The American people are tired of accepting 'better late than never' from our public health agencies.

And the testing shortage will only get more pronounced if the Department of Labor issues its threatened Emergency Temporary Standard, which will create an even larger demand for tests for those who don't choose to get vaccinated.

One recent survey found that 59 percent of unvaccinated workers are still not likely to get the vaccine, despite the mandate from this Administration.

With the heavy-handed vaccine federal mandates on employers, this Administration completely disregards the legitimate question raised by many Americans, and specifically, by Doctors Paul and Marshall – what role does natural immunity play in protecting against this virus?

I have said before that I do not believe that federal government mandates will solve the problem. We are seeing cops and firefighters quit, and pilots engage in sick outs. The nation's military and contractors worry about our preparedness if personnel are fired over these mandates.

And just this morning, a mandate from CMS to all health care providers that accept Medicare and Medicaid that if they don't mandate to their workforce, they are no longer participants in Medicare and Medicaid [this] will only suggest to

doctors not to accept Medicare or Medicaid patients. If in fact, they choose as a medical professional not to be vaccinated.

Soon there likely will be controversies over whether to require the vaccine for children when even your own experts raised great concerns about mandating children get these vaccines.

I urge you to back away from these mandates and instead use your platforms to educate and encourage. Inform, don't be divisive.

While more therapeutics and more tests are the tools that we need to manage the constant demands of this virus, we also need better information to make the best decisions.

We need real time data to understand and get ahead of COVID today and to detect the next emerging infectious disease or other public health threat in the future.

So far, Congress has dedicated \$1.1 billion to improve our public health data sharing and turn it into actionable information through our surveillance systems.

But we still do not have the up-to-date and actionable data we need to answer some of the most common questions from the American people.

Effective communication of information and data is the best way for public health officials to win back the trust of the American people. And it's clear to me that the CDC has lost the trust of the American people.

Show Americans the evidence for why the tough choices are the right ones, don't just expect people to comply.

Use the best information available at the time, even if it isn't perfect, and, update actions taken as the information evolves.

This is a particular challenge for what is supposed to be our leading public health agency: the CDC.

An agency that I have watched agonize over having perfect, clean data to make a decision for Americans.

By the time we get their data, it is often too late.

We still do not have answers to basic questions.

We need real, usable information about masks – how well do different types of masks work? When should we use them?

The CDC continues to change its posture on the collection of information on breakthrough cases – how many breakthrough cases result in hospitalization, how many do not?

CDC is not a place where the nation looks for real time data, and we need to change that.

The CDC is too focused on writing academic papers about something that happened weeks or months ago. When Americans want real time data they are forced to look elsewhere, like Johns Hopkins University or to HHS Protect.

I worry that the new approach to HHS Protect will not be able to overcome the complacent, academic culture of CDC, without serious reforms, so I will be watching very carefully.

We must all come to terms with the reality that this virus is here to stay.

It is vital that the four of you sitting here today take the initiative to lead – empower Americans with the data, tools, and clear and actionable guidance needed to get back to normal.

The more people that get vaccinated to protect against COVID, the better.

The more tests available to Americans to detect and diagnose COVID, the better.

The more therapeutics we have to rapidly treat COVID, the better.

The more we can continue to learn from this experience, the better prepared we will be.

I thank the Chair.