

Chairman Peters Opening Statement As Prepared for Delivery
Full Committee Hearing: COVID-19 Part II: Evaluating the Medical Supply Chain and
Pandemic Response Gaps
May 19, 2021

Today's hearing, the second in a series examining the federal government's response to the Coronavirus pandemic, will focus on vulnerabilities in our medical supply chain that were fully exposed last year, as the United States struggled to secure desperately needed supplies to combat the spread of COVID-19.

Despite years of warnings about the dangers of our nation's overreliance on foreign sources and manufacturers for critical medical supplies, our nation was still unprepared to acquire the masks, gloves, gowns and ventilators needed to treat the significant number of COVID patients, stop the spread, and save lives.

And while the federal government had plans in place and authorities available to help address these longstanding supply chain challenges, the Trump Administration failed to use them at the onset of the pandemic to coordinate an effective, unified federal response.

To date, this tragic and historic public health crisis has taken the lives of more than 586,000 Americans, left untold economic destruction in its wake, and resulted in long-term health consequences for thousands of Americans.

Thanks to the ingenuity of American scientists and the Biden Administration's actions to ensure rapid distribution of vaccines, there is light at the end of the tunnel.

However, as we learned in our first oversight hearing, the loss of life, the damage to the health and livelihoods of countless Americans, and the suffering caused by this pandemic, were not inevitable.

Swift, decisive action, and a comprehensive national strategy from the previous Administration, could have reduced the devastation this pandemic wrought on our communities.

The federal government should have taken early action to ramp up production of personal protective equipment, and other critical medical supplies, by issuing emergency contracts or fully invoking the Defense Production Act.

Instead, the Trump Administration left individual states to secure supplies and combat the virus on their own. Instead of a coordinated federal effort to secure and direct supplies where they were needed most, the Trump Administration's inaction forced states, and even individual hospitals, to bid against each other for limited protective gear.

This forced our frontline health care workers to resort to wearing trash bags, snorkel masks, and other ineffective alternatives when they couldn't get appropriate medical supplies.

Access to sufficient PPE, like N95 respirators, face masks, gloves and gowns, could have helped save lives, including the nearly 4,000 health care workers who gave their lives on the front lines to fight this pandemic.

Even though we had limited information about how this virus spread when cases first started spiking in the United States, the warning signs about our supply chain were already there.

As early as July 2019, the Federal Emergency Management Agency outlined that a “worst case” pandemic scenario, like COVID-19, would result in a shortage of medical supplies, beds, and health care workers as hospitals became overwhelmed.

In December 2019, I released a report warning of the serious national security risks posed by our overreliance on foreign nations for critical drugs.

Last Congress, I pressed for legislation that would help increase domestic production for critical drugs and medical supplies to address these threats.

I will continue working with my colleagues to find commonsense solutions to ensure that our nation is better prepared in the event of a future crisis.

I want to thank our witnesses for joining us today, and I look forward to hearing their perspectives on the challenges our country faced, the impact these shortages had on health care workers and the public, and how we can strengthen our medical supply chain to prevent a similar disaster in the future.

We have received significant interest in this hearing and I now ask unanimous consent that all statements submitted to the Committee, including those from the American Hospital Association, Michigan Hospital Association, Henry Ford Health System, Munson Health Care, Sparrow Health System, Trinity Health, and Premier be entered into the record.

Without objection, the statements will be entered into the record.

With that, I turn it over to Ranking Member Portman and thank him for joining me to conduct these oversight efforts with a strong, bipartisan approach.