

Ranking Member Portman Opening Statement

Senate Homeland Security and Governmental Affairs Committee: Preparedness for COVID-19: The Initial Pandemic Response and Lessons Learned

April 14, 2021

As Prepared for Delivery:

Thank you, Mr. Chairman. I appreciate the fact that our oversight so far – and we have sent a lot of letters and done a lot of interviews – that that oversight has been not just bipartisan, but nonpartisan. And that we have been able to set aside politics, and focus on the facts and past events, but also on the road ahead of us and how we can learn from what happened during this unprecedented, tragic coronavirus situation.

First though, I want to take a moment to acknowledge the extraordinary loss that our nation has experienced. As of this morning, 559,741 Americans have died because of COVID-19. And like just about all Americans, I have lost friends. I have also lost former staff members and we all join with the families in grieving those we have lost during this pandemic.

I also want to express my gratitude for the work and the sacrifice of those who have been on the frontlines. Particularly those health care professionals who have been out there on the frontlines for all of us, 1,541 of whom died fighting this pandemic.

COVID-19 has been catastrophic, there's no mistake about that. It also presented an unprecedented challenge to, in many ways, an unprepared U.S. public health system. Why were we unprepared? That's one of the questions we'll get into today.

Unlike emergencies more localized in nature, a pandemic is not a singular event. COVID-19 has stretched across our entire country, in fact, the entire globe, with no regard for borders or beliefs. The scope is unprecedented. It has stressed our supply and healthcare systems—including our critical frontline personnel as we said — and it has stressed it often to a breaking point. And we have seen the economic damage. Millions have lost their jobs as a result of pandemic restrictions.

We are here today to understand some important issues: the United States' preparedness and initial efforts leading into the COVID-19 pandemic; the initial federal response; and to identify recommendations to improve federal preparedness for future pandemics and other public health threats.

We owe it to those Americans who did die as a result of COVID-19, to their families and countless others who are struggling to make ends meet to make this a serious, nonpartisan oversight effort. Looking at the steps the federal government took in the initial days of the pandemic, we've got to learn from the experience for the future.

To that end, I think there are three issues that are important to address. First, CDC surveillance systems and the lack of testing limited our early response. We know that China irresponsibly downplayed the initial severity of COVID-19. In my view, there's no

question about that. That presents questions about our ability to work with global partners, particularly China, to identify and combat pandemics in their nascent stages.

But, how did we do in the United States at recognizing and communicating COVID-19 cases, symptoms, and deaths, once the pandemic reached our shores? The CDC can only communicate and address the issues it knows about and understands. In many instances, what we found out, is that COVID-19 cases manifested in patient symptoms and were ultimately the cause of death, but that information was slow to reach the CDC. Why was that? Instead of seeing real-time data, the CDC was only seeing fragmented, historical data. Adding to surveillance challenges, diagnostic testing was slow to develop, and then slow to scale up to the level required by the pandemic. Why was that? It is critical that we enable state and local public health officials to communicate effectively and directly to the CDC. We also must have the capability to scale up testing when needed. We know those things. We've got to talk about how to do that better. In a future pandemic, this could mean the difference between quick, life-saving decisions, or confusion, and the needless loss of life.

Second, who was in charge? Where was the accountability? This is something I look forward to asking some of our distinguished panel about today because they have a lot of experience in how these things are managed. The reoccurring narrative in interviews with former government officials, like the ones we have today, and public health professionals is that, in the initial stages of the pandemic, leadership roles were not well-defined and they still are not well-defined, in my view, in some respects. This resulted in confusion at the federal, state, and the local level, and likely slowed our initial response considerably.

But we knew this was going to be an issue. In 2019, HHS ran an influenza pandemic tabletop exercise called Crimson Contagion. That exercise identified the lack of defined leadership as a major challenge. The exercise found that insufficient and conflicting statutory authorities defining leadership roles hampered the federal government's ability to effectively respond to a pandemic. Confusion about leadership was also an issue identified following the 2009–2010 H1N1 pandemic. So this should be a cautionary tale for us as we continue our review: it's not enough to identify issues; we've got to be forward-thinking and actually implement solutions to the issues we discover.

Third, this unprecedented pandemic crippled the U.S. medical supply chain in the initial weeks of the pandemic. Why was that? It was due, in large part, to a longstanding over-reliance on China for pharmaceuticals and other medical supplies, including PPE. Reports indicate that China, as early as December 2019, increased imports and decreased exports of medical supplies as their own needs increased, dramatically shrinking U.S. purchasing ability. Compounding this issue was the lack of an organic medical supply stockpile here in our country.

The Strategic National Stockpile, SNS, which we'll talk a lot about today — the largest federal repository of pharmaceuticals and critical medical supplies, available for rapid delivery to support the response to a public health emergency, was not adequate when those state and local supplies are depleted and it was, frankly, understocked. We need to talk about why and again, how to prepare for the future. The SNS was never replenished,

despite urgent requests, after the 2009 H1N1 pandemic, and, further, was never meant for a nationwide response. This, too, was an issue that we knew about. Past pandemic exercises and lessons learned from prior pandemics—such as H1N1—told us that supply chain resiliency was an issue. Now, let's consider this. A critical supply chain with a single point of failure. A Strategic National Stockpile – that was never meant for a national response. I understand the supply chain has mostly recovered, and the stockpile is re-stocking, but we can't allow these issues to impede a future pandemic response.

The tragic loss of life, the devastating impacts on the economy and American workers, and also the destabilizing effect on global stability and security, has taken a toll on all of us and all nations. Given the extent of existing issues within the public health system I just discussed, it is little surprise that the initial pandemic response was chaotic and unorganized.

Again, Mr. Chairman, I appreciate the non-partisan nature of this review so far, and I stress the importance of identifying a bipartisan way forward. We've got to figure out how to come together, learn from these lessons, and be better prepared next time. I thank our witnesses for being here today. I look forward to hearing from them and I look forward to hearing their thoughts on the way forward.”