

Opening Statement of Ranking Member Morgan Griffith
Subcommittee on Oversight & Investigations Virtual Hearing
“A Shot at Normalcy: Building COVID-19 Vaccine Confidence”
May 26, 2021
As Prepared for Delivery

Thank you, Chair DeGette, for holding this hearing on building COVID-19 vaccine confidence. I also want to thank the witnesses for taking the time to join us today, especially Dr. Karen Shelton, who is from my district, and doing some great work to serve southwestern Virginia.

We have come a long way since the first confirmed cases of SARS-CoV-2, the virus that caused COVID-19, were diagnosed in the U.S. in January 2020. Today, we have three safe and effective vaccines with enough supply for every American age twelve and up who wants one. So far, over 61 percent of the U.S. population has received at least one dose.¹ While we are well on our way to returning to normalcy, we still have work to do to reach the higher rates of vaccinations necessary to eliminate the virus’ significant threat to our public health.

At the beginning of the national vaccination campaign, demand exceeded supply. Now, the U.S. faces the opposite problem—the vaccine supply is plentiful and exceeds the number of people in line to be vaccinated.

¹ <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

The current unvaccinated population varies in its demographics, intentions, and concerns about the COVID-19 vaccines. There are about 13 percent of individuals who say they will “definitely not” receive the COVID-19 vaccine.² Yet, there is a slightly larger share of individuals, 15 percent, who are waiting to see how the COVID-19 vaccine is working on other people before they receive their shot.³ These individuals could be persuaded to get COVID-19 vaccines by receiving answers to their questions and concerns.

The leading concerns that contribute to vaccine hesitancy are that the COVID-19 vaccines are not as safe as they are said to be, and that individuals will experience side effects following vaccination. Individuals are also concerned about what is actually misinformation about infertility and other possible long-term effects from getting the COVID-19 vaccines. Trusted messengers need to meet these Americans where they are, by listening to their concerns and asking permission to share accurate information to help them reach the right decision for each individual while reinforcing their safety, dignity, choice, and autonomy.

My home district is a region of rural communities. The Centers for Disease Control and Prevention (CDC) released a study last week that people in rural areas

² <https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/messages/messages/information>

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are receiving the COVID-19 vaccines at a lower rate than those in urban areas.⁴

My district is actually doing pretty well, but this study demonstrates a need to identify barriers many rural communities are facing and find solutions to remove them.

Additionally, I have heard from my district on reasons why there are lower rates of vaccination. Two common factors contributing to the lower rates are a lack of information on the technology of the COVID-19 vaccines as well as a lack of access to receive the vaccine. The good part about these barriers is that they can be removed. We can provide accurate information on the decades of development for the mRNA technology in two of the vaccines and that there were no cuts in safety requirements just cuts in red tape. We can find innovative ways to bring vaccines to the people through mobile vaccination clinics. Public health practitioners should continue collaborating with health care providers, pharmacies, employers, faith leaders, and other community partners to identify and address barriers to COVID-19 vaccination in rural areas or other communities.

Another key group of individuals who benefit from receiving the vaccine are children. Yes, COVID-19 is usually milder in children as compared to adults, but some children can get very sick and suffer complications from COVID-19. It is crucial to target messaging and provide accurate information and resources to this

⁴ https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e3.htm?s_cid=mm7020e3_x

population so parents can make the best decision for their children. According to the CDC, more than half a million children between ages 12 to 15 received a Pfizer vaccine just one week after it was approved for this age group. This is a great accomplishment, and I hope we can continue to work with advocacy groups to provide parents with the necessary information to make this decision so that they are confident in getting their children vaccinated.

I look forward to hearing from our witnesses today on what messages and strategies work best to remove barriers to a much higher level of COVID-19 vaccination throughout the U.S. so that we can all return to normalcy.

Thank you, Madam Chair, I yield back.