

Opening Statement of Greg Burel
Committee on Energy & Commerce, February 3, 2021

Chairwoman Eshoo, Ranking Member Guthrie and members of the Committee, thank you for the opportunity to testify today. I had the privilege of serving as Director of the Strategic National Stockpile for almost 13 years until my retirement January 2020. I am now President of Hamilton Grace, LLC, and am an elected fellow of the National Academy of Public Administration.

COVID-19 has exposed the fragility of our nation's medical supply chain. It brought to the fore the vital need to consistently and properly resource our preparedness for health security threats. The most glaring supply chain problem was the inability to provide Personal Protective Equipment due to political and geographic vulnerabilities. We must channel what we have learned into better policies to prevent this from happening again. We must simultaneously address today's response while preparing to meet future health security needs.

To address the fragile supply chain, we must invest in sustained domestic critical healthcare manufacturing. Without regular investment post COVID-19 domestic manufacturing will wane again as the crisis abates and demand recedes while competition from low-cost foreign sources will undercut new domestic manufacturers. Continued domestic manufacturing is a national security imperative.

We find ourselves trying to successfully vaccinate our whole population. Rapid, mass delivery of medicine will always present challenges, but advanced preparedness investment, planning and use of operating distribution systems will better facilitate the process. Successful government led medical response must engage the whole commercial healthcare supply chain.

We must pivot from our long history of inconsistent, inadequate preparedness funding to long term mandatory sustainable preparedness. How we drive policy changes today will define our success or failure now and in future response. We have witnessed the devastating effects of lack of preparedness on our nation's health, our population's mortality, our economic status and thus, our overall national security. To respond now and lay the groundwork for future needs, I offer the following recommendations.

First, to rely on our healthcare system to help bring an end this crisis, we must engage all commercial healthcare distributors and manufacturers. Vaccines are not readily and easily available at expected dispensing sites. This is partially due to shortage but is also due to a lack of distribution partner engagement. A sole distributor cannot reach the full breadth of dispensing capability. This is especially a problem for those unable to spend hours online searching for available vaccines and navigating failing websites to register. It is a particularly vexing problem for those without technology resources or abilities, many of whom are our most vulnerable of citizens. Americans have learned to go to their trusted pharmacy or physician for vaccines but current distribution makes this nearly impossible.

Second, we must clearly assign responsibilities to the appropriate entities. The SNS has long been the lead to acquire, manage and deliver countermeasures to secure the civilian population's health in emergency, but SNS appears sidelined during this response. Other federal departments have been assigned responsibilities SNS should lead effectively. As a result, success in buying and delivering the right products has been at times inconsistent. Engaging SNS expertise can make sure we get the right thing to the right place at the right time.

SNS needs significant increased appropriations if it is to be our bulwark against failing supplies of vital medical material in crises. Making these appropriations mandatory rather than discretionary would help to achieve better preparedness.

Third, we know as a crisis abates so does the urgency for sustaining preparedness. We cannot continue to claim we are ready only to act shocked when we find ourselves unprepared because we couldn't afford to meet the need. We must invest in purchasing domestic capacity or otherwise providing incentives for manufacturers to sustain domestic production and create greater material stocks. We must support and resource a regulatory structure that is friendly to domestic manufacturing while respecting the science that assures safe and effective products. Emerging domestic manufacturers cannot bear long lead times for approvals while consuming investment funds that cannot offer a return. These actions will help create flexibility in an otherwise lean supply chain that can cushion surging needs.

As the current crisis subsides, we must incentivize those manufacturers who will boldly enter a domestic market to continue consistent production. We must incentivize them to improve capability, plants and machinery to achieve better quality and higher output. Establishment of an aggressive government investment platform driven by clear needs for critical products would allow the us to develop and maintain this domestic base.

Finally, we must improve planning for medical supply delivery and dispensing at all government levels and in the commercial sector. At one time, SNS supported state, local, tribal and territorial officials with dedicated "consultants" to assure plans were in place and staff knew how to manage material. A return to linking the medical logistics professionals in SNS directly with these public health officials will assure strong preparedness planning. The reported losses of precious vaccine doses that may have remained viable with better expert support, for example, in simply managing cold chain requirements is a prime example of needed improvement.

The path forward must incorporate elements of all these considerations, and include a stronger partnership between federal, SLTT and the commercial healthcare manufacturing and distribution sector. We must unyieldingly fund health preparedness in the United States.

I look forward to your questions and I remain available to assist the nation in these endeavors.