



COMMITTEE ON  
**SCIENCE, SPACE, AND TECHNOLOGY**  
REPUBLICANS Frank Lucas, Ranking Member

## **Opening Statement of Ranking Member Jay Obernolte as Prepared for Delivery**

Investigations and Oversight Subcommittee Hearing – The New Normal: Preparing for and Adapting to the Next Phase of COVID-19

*March 31, 2022*

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Good morning. Thank you, Chairman Foster, for convening this hearing. And thanks to our witnesses for appearing before us today.

We are here today to discuss “the New Normal” and how we can best prepare for and adapt to the next phase of COVID-19 and beyond. I’m glad that we’re here today looking forward at what’s to come, and I believe to be successful we need to examine what worked and what didn’t over the past two years of this pandemic. I think we can all agree that the government’s response hasn’t been perfect. So we need to consider what lessons we’ve learned so that we can avoid making similar mistakes in the future.

First and foremost, to establish a “new normal” we need to set specific goals for combating COVID-19 to guide the implementation of reasonable policies. We can’t expect zero transmission, so we need commonsense policies that not only protect the most vulnerable, but also allow our schools, workplaces, and business to return to normal operating status as quickly as possible. Containing the virus must be a priority, but so is avoiding additional long-term consequences, like those being reported in children from mask mandates.

Second, we need public health officials to clearly communicate these goals and policies so that Americans know what to expect as we move forward. I can’t emphasize this enough. Americans were told to “trust the science” but the science wasn’t being fully and clearly communicated. That led to a lot of mistrust and vaccine hesitancy. So we must clearly communicate up front what we do and don’t yet know about the virus itself. And we need to give people the facts on the various mitigation measures that are being proposed. Public health leaders and the CDC must also avoid missteps of the past two years. They should not withhold data from the public due to fear that such data could be misinterpreted. This only serves to erode trust and create a perception that the government is hiding something. Public health decisions aren’t based on medical factors alone – they must take into account other

factors including social, economic, or other risks. That should be communicated. Only through clear and concise communication about what is known, what is unknown, and what is changing can we hope to restore Americans' trust in the public health apparatus.

Additionally, we need to look at past COVID relief funding to inform future appropriations. There is no doubt that more funding is needed for testing, vaccines, therapeutics, and the infrastructure necessary to allocate each where it is needed. Moving forward, however, we absolutely must be more responsible with hard-earned taxpayer dollars, especially given the high rate of inflation. This means investing in areas where we can get the most bang for our buck. For example, rather than blanket handouts to states for things like luxury high-rise hotels and minor league baseball stadiums, future COVID relief funding should be measured and targeted to ensure that those at high risk and our most vulnerable populations get the vaccines, treatments, and testing that they need. Indiscriminately throwing money at the problem is not a solution—it just creates further problems.

We also need to take a good hard look at various health issues that have taken a backseat to COVID-19 during the pandemic. We should examine the adverse health consequences—physical, social, and mental—that have either cropped up during or been exacerbated by our response to COVID over the past two years. We are just beginning to see the tip of the iceberg in terms of looming mental health challenges, developmental issues in young children, and other adverse consequences of COVID-19 beyond the disease itself. These challenges cannot remain unaddressed.

Finally, we in Congress should lead by example. I'm disappointed but not at all surprised that earlier this week the Speaker extended the "covered period," allowing remote committee proceedings and vote-by-proxy to continue in the House until at least May 2022. This was done under auspices of a public health "emergency," making the "new normal" look more and more like the old normal. What's the justification for this when our kids are back in school? How can we in good faith ask Americans throughout the country, in both the private sector and Federal workforce, to get back to work when the House refuses to do the same? How can we ask the American public to adhere to public health guidance and mitigation measures, and to follow CDC recommendations, when the Speaker isn't doing that? Throughout the pandemic, we've seen far too many examples of "rules for thee but not for me." As we move forward to the "new normal," public leaders must lead by example and adhere to the same rules that they expect the American people to follow. This, too, would go a long way in restoring Americans' trust in their public health officials and elected leaders.

In closing, we can't move into the new normal without reestablishing trust with the American people. We do that by establishing specific goals for public health, by clearly communicating and empowering Americans to make informed decisions about their own health; by spending judiciously, and by returning to normal here in Congress. We represent the American public

here in the House, and we should trust our constituents to do what is needed to overcome this pandemic. If we do this, just maybe we can begin to reestablish Americans' trust in our public health apparatus. If we don't, I'm afraid the new normal may be nothing more than the old normal. And that is unacceptable.

Thank you, Chairman Foster, for convening this hearing. And thanks again to our witnesses for appearing before us today. I look forward to our discussion.

I yield back the balance of my time.