

HOUSE ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH: PROTECTING SCIENTIFIC INTEGRITY IN THE COVID-19 RESPONSE

EXECUTIVE SUMMARY

On Thursday, the **House Committee on Energy and Commerce** convened a [hearing](#) to discuss the protection of scientific integrity during the nation's COVID-19 response. The hearing featured two expert witnesses, **Dr. Rick Bright, the former Director of the Biomedical Advanced Research and Development Authority (BARDA)**, and **Michael Bowen, the Executive Vice President of Prestige Ameritech** – the United States' largest surgical mask manufacturer. Most of the hearing was dedicated to discussing the government's response to the COVID-19 pandemic and Dr. Bright's whistleblower complaint. Democrats praised Dr. Bright for coming forward and shining a light on the Trump Administration's failure to adequately prepare the country for the COVID-19 pandemic. Republicans, on the other hand, questioned the necessity of such a hearing and defended the Trump Administration. The committee also discussed issues related to the United States' reliance on foreign suppliers for essential medical equipment.

OPENING STATEMENTS

Chairwomen Anna Eshoo (D-CA) began her [opening statement](#) by emphasizing the severity of the economic and public health crisis the nation faces as a result of the COVID-19 pandemic. She noted that millions of Americans are struggling to find work and over "80,000 souls," have lost their lives to the disease. Further, she pointed out that "government that was supposed to protect them has failed," alluding to the Trump Administration. Moreover, she noted the United States "is the greatest country in the world," and yet, somehow, we have the most cases and deaths from COVID-19 of any country in the world. Chairwomen Eshoo attributed this issue to the Trump Administration's delayed and ineffective response to the pandemic in the early months of 2020 and the U.S.' reliance on foreign countries for medical supplies. To that end, she noted that the U.S. "remains dangerously dependent on foreign countries," for our supply of life-saving drugs and medical equipment – specifically, PPE and ventilators. Lastly, she thanked the witnesses for testifying and emphasized, the "troubling" nature of Dr. Bright whistleblower complaint, stating "we can't have a system where the government fires those who get it right and reward those who get it completely wrong."

Ranking Member Michael Burgess (R-TX) began his opening statement by expressing similar concerns to that of Chairwomen Eshoo regarding the severity of the COVID-19 pandemic. He emphasized the "pain," COVID-19 is causing the American people. Because of these concerns, Ranking Member Burgess asked the committee why this was the first time they have held a hearing on COVID-19. He expressed dissatisfaction with the fact that committee was examining a "whistleblower complaint that is only one

week old,” instead of holding a hearing on issues associated with COVID-19 that affect the American people the most – issues like COVID-19’s impact on mental health, testing, racial disparities, and financial relief for healthcare providers. Further, he emphasized that “all whistleblower complaints must be heard,” and noted the allegations laid out in Dr. Bright’s complaint and testimony are very concerning. To that end, he expressed concern that the investigation of Dr. Bright’s whistleblower complaint is ongoing, and “no final determination regarding violation of whistleblower statute has been made.” He pointed out that the “customary” way for the committee to handle such a matter would be to allow the investigation to play out and then to hold a hearing “under oath in the Investigations and Oversight Subcommittee.” He noted that this hearing is premature and does a disservice to the investigation of Dr. Bright’s complaint. Lastly, he took a moment to thank doctors, nurses and other frontline providers who “go to work so we can stay home,” and also expressed concern regarding the “financial harm,” COVID-19 is having on hospitals and other providers.

Of note, in response to Ranking Member Burgess’s concerns regarding the necessity of the hearing, Chairwomen Eshoo pointed out that she called for a hearing on COVID-19 “all the way back on January 30th.” She noted that the hearing was supposed to feature “the heads of the health agencies, including Dr. Fauci,” but Secretary Azar turned down the invitation and refused to let them testify.

WITNESS TESTIMONY

To begin his [testimony](#), **Dr. Richard A. Bright, Senior Advisor at the National Institutes of Health (NIH) and former the Director of BARDA**, emphasized his lifelong commitment to public service, noting that, “regardless of my position, my job and my entire professional focus has been on saving lives.” During his four years as Director of BARDA, Dr. Bright noted he and his teams “successfully partnered with private industry to achieve an unprecedented number of FDA approvals for medical countermeasures against a wide variety of national health security threats” – including vaccine development and other life-saving treatments.

Next, he reflected on this time at BARDA and detailed what he described as his involuntary removal as Director on April 21st, 2020. Dr. Bright asserted that his removal is a violation of federal whistleblower protections, noting that he was “transferred to a more limited and less impactful position” at the NIH because of his insistence that the government invest “funding allocated to BARDA by Congress to address the COVID-19 pandemic into safe and scientifically vetted solutions, and not in drugs, vaccines and other technologies that lack scientific merit.” Specifically, Dr. Bright noted that he brought major concerns regarding the nation’s preparedness for COVID-19 to Health and Human Services (HHS) leadership on multiple occasions during the first few months of the year – and each time his concerns were downplayed or dismissed. For example, Dr. Bright stated that he sounded the alarm on the U.S.’ critical shortage of necessary medical supplies and personal protective equipment (PPE). He also explained that he had “resisted efforts to promote and enable broad access to an unproven drug, chloroquine, to the American people without transparent information on the potential health risks.” Dr. Bright claimed that each time he expressed such concerns he “faced hostility and marginalization from HHS officials,” and as previously noted, was subsequently demoted because of his efforts.

Moreover, Dr. Bright emphasized the dire nature of the COVID-19 crisis, stating that the U.S. healthcare system is being “taxed to the limit,” and the economy is spiraling out of control. To effectively combat the virus and avoid the worst, Dr. Bright noted that the U.S. needs a clear national strategy based on “guidance from the best scientific minds.” He empathized that such a strategy must include truthfulness. In particular, Dr. Bright noted “the truth must be based on scientific evidence – and not filtered for political reasons.” He explained that increased public education and awareness regarding basic public health measures – including handwashing, social distancing, appropriate face covering, and self-isolation, is necessary.

Dr. Bright also called for increased production of essential medical equipment and supplies, including PPE, noting that “shortages of critical supplies and protective gear increase the risk to our frontline healthcare workers.” Further, Dr. Bright explained that equitable distribution of essential equipment and supplies and the elimination of state vs. state competition is critical. Instead, he suggested the country establish a “national standard of procurement and distribution increases efficiency and reduces costs” as well as a national testing strategy. To that end, Dr. Bright noted that “we need tests that are accurate, rapid, easy to use, low cost, and available to everyone who needs them.” He emphasized that we need to be able to trust the results so that we can contact trace, isolate, and quarantine appropriately.

To begin his [testimony](#), **Michael Bowen, the Executive Vice President of Prestige Ameritech** – the largest surgical mask maker in the U.S. – expressed his concern with the nation’s continued reliance on foreign manufacturers for medical masks and other PPE. Specifically, he noted that a majority of medical masks worn in the U.S. are manufactured overseas. He explained that he believes such dependence on foreign supply chains unnecessarily exposes the U.S. to product diversion by foreign governments during pandemics or other crisis. Mr. Bowen insinuated that this is one of the major contributing factors to PPE shortages in the U.S. today, as the country continues to fight COVID-19.

To combat this problem and raise awareness, Bowen formed the Secure Mask Supply Association in 2014. Sadly, he noted that “the Secure Mask Supply Association’s warnings went unheeded,” for years, especially among government officials in HHS. Mr. Bowen noted that it was not until he met the directors of BARDA – Dr. Robin Robinson, Dr. Richard Hatchell, and Dr. Rick Bright – a few years ago, that anyone considered his concerns. He stated that Dr. Bright and others “were helpful and encouraged [him] to continue warning people about the mask supply [problem].” To that end, Dr. Bowen pointed out that the emails found in Dr. Bright’s whistleblower complaint were sent from him; stating that “they are merely the latest of 13 years of emails I sent to BARDA in my effort to get HHS to understand that the US mask supply was destined for failure.” Lastly, Mr. Bowen emphasized that had HSS officials taken heed of his warnings, and those of Dr. Bright, the U.S. could have secured its mask supply chain before the COVID-19 pandemic.

MEMBER DISCUSSION

To begin the period of questioning Chairwomen Eshoo asked Dr. Bright, “when you look at the first four months of the year would describe the Trump Administration’s response to COVID-19 as a success or a failure?” Dr. Bright responded by noting that he believes that there “were critical steps that we did not take in time,” which would have allowed us to better fight the virus. Further, he pointed out that earlier in the

year, as COVID-19 was starting to become a threat, he pushed HHS officials to address the national PPE supply shortages, and his warning was dismissed.

Questions regarding the efficacy of chloroquine and hydroxychloroquine came up throughout the hearing. Ranking Member Burgess noted that he has heard from many doctors in his home state who cite the significant benefits of using chloroquine and hydroxychloroquine to treat COVID-19. He asked Dr. Bright what his thoughts were on the matter. Dr. Bright noted that he has also heard similar “anecdotal claims,” about the two drugs but noted that it is “very difficult to understand data from these types of observational studies,” because they are not associated with a randomized control clinical study. Further, Dr. Bright pointed out that many randomized control studies of these two drugs are ongoing and thus far early data does not indicate much benefit to COVID-19 patients.

Congressmen Eliot Engel (D-NY) asked Dr. Bright when he thought an effective vaccine for COVID-19 would be available. Dr. Bright responded by noting that “usually it takes 10 years to create a new vaccine,” although some are estimating we could have COVID-19 vaccine in 12 to 18 months. Dr. Bright stated that he thinks estimates of 12 to 18 months are a bit aggressive and would worry about the safety of a vaccine if researchers and manufacturers move too quickly. Dr. Bright noted he believes it would take more than 12 to 18 months from when the researchers began their studies.

Towards the middle of the hearing, **Rep. Kathy Castor (D-FL)** asked Dr. Bright how early he knew that the U.S. would face shortages of N-95 respirators because of COVID-19. Dr. Bright responded by stating that he and his colleagues have “understood that America would face a shortage of N-95 respirators for a pandemic response since 2007.”

At the end of the hearing Congressmen Eliot Engel asked Mr. Bowen “what steps can the federal government take to incentivize” more medical manufacturing of PPE – including masks – in the U.S.? Mr. Bowen responded by stating, “I do not think this problem requires money, I think it requires that government say,” that foreign dominance in the PPE supply chain “is a national security problem.” Moreover, he pointed out that if the Centers for Disease Control and Prevention (CDC) made the purchase of foreign masks a legal liability then providers would buy American-made masks. Further, he emphasized that the mask shortage in the U.S. right now is “a 30-million-dollar problem, and it has come from people just trying to save a few pennies,” on masks.