

**Committee on Energy and Commerce**

**Opening Statement as Prepared for Delivery  
of**

**Subcommittee on Oversight and Investigations Chair Diana DeGette**

***Hearing on “Lessons from the Frontline: COVID-19’s Impact on American Health Care”***

**March 2, 2022**

Over the past two years, this Subcommittee has held eight hearings examining the COVID-19 response—covering everything from vaccine development and deployment to the impacts of the pandemic on children.

Today, this Subcommittee continues this examination, building on its long history of pandemic preparedness oversight. We’ll hear from on-the-ground health care providers how the pandemic has impacted their own lives, the health care systems they work in, and the patients they serve.

Their frontline perspectives will provide insight into how we can better protect the safety and health of our communities throughout the remainder of this pandemic and help us better prepare for future public health emergencies.

While our witnesses today represent an array of experiences, there are many other types of health care providers serving a range of communities that have felt similar impacts from this pandemic—emergency medical technicians, nursing home and in-home health care providers, and physical and occupational therapists, to name a few.

As we all know, the COVID-19 pandemic has impacted nearly every aspect of American life. The health care system is no exception, which has faced these impacts head-on.

Resource constraints and workforce shortages existed long before the pandemic started but have been exacerbated to alarming degrees over the last two years. A recent poll found that nearly 1 in 5 health care workers quit their jobs during the pandemic and nearly one-third of those remaining have seriously considered finding new jobs.

We heard some of the reasons for this from the mental health experts who testified before the Subcommittee two weeks ago. I’ve heard similar experiences during a recent visit with some of Colorado’s hospital workers. As I know many of you can attest, their feelings of burnout, exhaustion, and unmanageable stress are echoed in hospitals and health care settings throughout the country.

We must find a way to ensure these critical workers have the support they need.

Of course, the cascading impacts of COVID-19 do not stop with the workforce alone. The COVID-19 surges due to new variant waves have led to significant capacity constraints within hospitals.

And when hospitals are overwhelmed, patient care can suffer. Heart attacks, car accidents, and other emergencies don't stop for COVID-19.

Routine preventive care and so-called "elective" procedures—often involving life-saving treatment—have been delayed due to surges in the pandemic.

But the end of a COVID-19 surge does not necessarily bring the relief we hope for, as patients seeking backlogged services flood facilities.

Moreover, the combination of workforce strains and capacity challenges further compound historical inequities and health disparities—presenting further barriers to care for people of color and other underserved communities.

There is no single solution to these challenges, but we do have the tools to help alleviate some of these concerns today. The most effective way to fight the pandemic and lessen the burden on our healthcare system is for eligible Americans who have not yet gotten the COVID-19 vaccine to get vaccinated.

CDC data shows that unvaccinated adults are 16 times more likely to be hospitalized and 14 times more likely to die from COVID-19 than fully vaccinated adults. Further, unvaccinated adults are an astounding 41 times more likely to die from COVID-19 than those who have been fully vaccinated *and* boosted.

The science is clear. Vaccines are safe and effective, and they are our best shot at alleviating the impacts of future surges of COVID-19 on our health care system.

But vaccines alone will not help us prepare for future public health emergencies. We must identify what steps we can take now to rebuild and strengthen the health care workforce so that burnout, trauma, and resulting impacts on patient care can be avoided.

And, critically, we must ensure that future public health emergencies do not inflame existing disparities in access to care and health outcomes for vulnerable populations and marginalized communities.

Congress and the Biden Administration have begun to address some of these concerns through investments in prevention measures and health care workforce and systems support, but more must be done.

As a nation, we have relied on health care workers to bear a significant burden these last two years—working long hours and extra shifts, often at great risk to their own health and that of their families. We owe a debt of gratitude for their leadership and sacrifices.

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I look forward to their insights and recommendations for how we can work to keep America safe and healthy throughout the remainder of this pandemic and for the future.