It was inevitable that the Coronavirus pandemic would be politicized, and it is a tragedy that it was. From the start, I knew it was impossible to have a perfect response. We were facing a new virus that caused an entirely new disease. No one wanted to under react, and as a result, I feared the tendency would be to overreact and create unrealistic expectations regarding our ability to stop a highly contagious pathogen.

The challenges facing us were daunting. Our national strategic stockpile had been reduced during the H1N1 pandemic and had not been replenished. It took time to develop a reliable test, and even more time to scale up production to meet the demand. The fact that a large percentage of people that become infected exhibit no symptoms made the Coronavirus even more difficult to detect and contain.

I have tried not to criticize elected officials that had the responsibility to make very tough decisions with limited and highly imperfect information. Others have not been so reluctant. Perhaps my background in manufacturing taught me to be more understanding of those forced to deal with difficult situations.

The members of this committee have had front row seats to government's response - at both the federal and state level. We participated in dozens of conference calls and multiple hearings with agency officials that worked 24/7 to respond to an unprecedented event. It is always easy to criticize, but I for one, have been sympathetic with the challenges they faced and highly appreciative of their efforts.

As we are all aware, the Coronavirus is not going away. Even though it appears an effective vaccine may be developed and available in record time, people will continue to become infected and sick for months to come. We still need to develop effective therapies, particularly in the very early stages of the disease.

It is on this point that I have been, and will continue to be, highly critical of our collective dereliction in not robustly exploring therapies designed to stop viral replication and halt the progression of the disease. We are all aware that Tamiflu is only effective when prescribed early enough to stop the flu virus from replicating and before the patient becomes too sick. Why haven't federal agencies and the medical community applied the same logic and approach to the Coronavirus?

This question has baffled me since March, and there probably is not a single explanation. We do know the Coronavirus was politicized and used as an effective weapon in the presidential election. We also know some of the suggested therapies included off the shelf supplements and "off label" uses of widely prescribed drugs. The cost of these therapies is well under $50 versus a brand new drug, Remdesivir, that costs over $3,000 and can only be used in-hospital, and therefore does not prevent hospitalization in the first place. Could big PHARMA have played a role in discouraging less costly alternatives? The answer seems obvious, even though their methods will no doubt remain obscured.

This hearing is not about promoting any one particular therapy over others. But the absence of any serious NIH study or consideration of Hydroxychloroquine - either by itself or in combination with other drugs and supplements - is worth discussing. This is a drug that has been safely and effectively used to prevent Malaria and treat Lupus and Rheumatoid Arthritis for decades.

Yet doctors who have had the courage to follow the Hippocratic oath and use their "off label" prescription rights to treat their patients using hydroxychloroquine have been scorned and state medical boards have threatened to withdraw their licenses. The same has happened to pharmacists filling prescriptions for the drug in some states. Will those using Ivermectin and other off the shelf drugs being used "off label" to treat COVID patients suffer the same fate?

Since the onset of this pandemic, I have publicly advocated for allowing doctors to be doctors - to practice medicine, explore different therapies, and share their knowledge within the medical community, and with the public. I believe international, federal and state medical agencies and institutions have let us down. I fear too many have been closed minded bureaucrats, potentially driven by conflicting interests and agendas. Tragically, media and social media have failed to ask the right questions and censored what they do not understand.

My public advocacy has connected me to doctors who care and are trying to compassionately help their patients in spite of the bureaucratic roadblocks they have encountered. Over the last month, I have been included in an email group comprising over 250 practicing physicians from all over the world sharing their knowledge and experience. Three members of that group are here today.

To me, it is obvious that we should robustly explore every possible treatment to combat this pandemic at every stage of the disease. Why has there been such resistance to low cost, off the shelf therapies that might stop the progression of COVID-19 and help keep people out of hospitals and intensive care?

I hope today's hearing can answer that question and provide direction on how to correct this glaring blunder that has cost far too many lives.