Less than four months ago, on March 1—when the coronavirus had caused a little more than 3,000 deaths worldwide and 2 deaths in the United States—The New York Times reported: “With its topnotch scientists, modern hospitals and sprawling public health infrastructure, most experts agree, the United States is among the countries best prepared to prevent or manage such an epidemic.”

Even the experts underestimated the ease of transmission and the ability of this novel coronavirus to spread without symptoms.

Those qualities have made the virus – in the words of infectious disease expert Dr. Anthony Fauci, “my worst nightmare.”

“In the period of four months, it has devastated the world,” Dr. Fauci said recently in remarks at a virtual convention.

This committee is holding this hearing today because, even with an event as significant as COVID-19, memories fade and attention moves quickly to the next crisis.

While the nation is in the midst of responding to COVID-19, the United States Congress should take stock now of what parts of the local, state, and federal response worked, what could work better and how, and be prepared to pass legislation this year to better prepare for the next pandemic, which will surely come.

On June 9, I released a white paper outlining 5 recommendations for Congress to prepare Americans for the next pandemic:

1. Tests, Treatments, and Vaccines – Accelerate Research and Development
2. Disease Surveillance – Expand Ability to Detect, Identify, Model, and Track Emerging Infectious Diseases
4. Public Health Capabilities – Improve State and Local Capacity to Respond
5. Who Is on the Flagpole? – Improve Coordination of Federal Agencies During a Public Health Emergency

I have invited comments, responses, and any additional recommendations for the Senate Committee on Health, Education, Labor and Pensions to consider. This feedback will be shared with my colleagues, both Democrat and Republican.

This is not a new subject for any of the witnesses we have today. Fifteen years ago, then Majority Leader of the Senate, Bill Frist, said in a speech at the National Press Club that a viral pandemic was no longer a question of if, but a question of when. He recommended what he calls a “6 point public health prescription to minimize the blow — communication, surveillance, antivirals, vaccines, research, stockpile/surge capacity.”

Sen. Frist is one of our witnesses today. I am including two of his speeches in the hearing record. Our next witness, Dr. Joneigh S. Khaldun serves as the Chief Medical Executive and Chief Deputy
Director for Health at the Michigan Department of Health and Human Services, where she has worked with other state and federal agencies to coordinate Michigan’s response to COVID-19.

Another witness is Dr. Julie Gerberding, who served as the Director of the Centers for Disease Control and Prevention under President George W. Bush, and helped lead preparedness efforts and the response to SARS, West Nile Virus, H5N1 avian influenza, and the rise of multi-drug resistant bacteria like MRSA.

Another witness is Governor Michael Leavitt, who served as Governor of Utah and as U.S. Secretary of Health and Human Services and Administrator of the Environmental Protection Agency under President George W. Bush.

Following the emergence of H5N1 avian flu, Governor Leavitt increasingly focused his efforts on pandemic preparedness. As Secretary in 2007, he said this: “Everything we do before a pandemic will seem alarmist. Everything we do after a pandemic will seem inadequate. This is the dilemma we face, but it should not stop us from doing what we can to prepare.”

Congress has passed legislation to prepare for pandemics before: During the past 20 years, four Presidents and several Congresses enacted nine significant laws to help local, state, and federal governments, as well as hospitals and health care providers, to prepare for a public health emergency, including a pandemic.

Congress provided over $18 billion to states and hospital preparedness systems over the last 15 years to help them prepare as well.

In writing those laws, Congress considered many reports from presidential administrations, Offices of Inspectors General, the Government Accountability Office, and outside experts.

The reports contained warnings that the U.S. needed to address the following issues: better methods to quickly develop tests, treatments, and vaccines and scale up manufacturing capacity; better systems to quickly identify emerging infectious diseases; more training for the health care and public health workforces; better distribution of medical supplies; and better systems to share information within and among states, and between states and the federal government.

Many reports also warned that while states play the lead role in a public health response, many states did not have enough trained doctors, nurses and health care professionals; had inadequate stockpiles; and struggled with funding challenges. In some instances, overreliance on inflexible federal funding contributed to these problems.

Looking at lessons learned from the COVID-19 crisis thus far, many of the challenges Congress has worked to address during the last 20 years still remain.

Additionally, COVID-19 has exposed some gaps that had not been previously identified. These include unanticipated shortages of testing supplies and sedative drugs, which are necessary to use ventilators for COVID-19 patients.

Memories fade and attention moves quickly to the next crisis. That makes it imperative that Congress act on needed changes this year in order to better prepare for the next pandemic.
I look forward to hearing from our witnesses today and I also appreciate the feedback we are receiving on the white paper. I have set a deadline for June 26 on that feedback so the committee has time to draft and pass legislation this year.

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