



Senate Committee on Health, Education, Labor, and Pensions

COVID-19: Lessons Learned to Prepare for the Next Pandemic

June 23, 2020

10:00 AM, 430 Dirksen Senate Office Building

Purpose

The purpose of this hearing is to examine strategies used to combat the COVID-19 pandemic and identify best practices to prepare against future outbreaks.

Members Present

Chairman Alexander, Ranking member Murray, Senators, Burr, Casey, Collins, Baldwin, Cassidy, Murphy, Roberts, Warren, Murkowski, Kaine, Hassan, Smith, Jones, Rosen

Witnesses

William First, Former US Senate Majority leader, Nashville, TN

Joneigh S. Khaldun, MD, MPH, FACEP, Chief Medical Executive And Chief Deputy Director For Health, Michigan Department of Health and Human Services, Lansing, MI

Julie L. Gerberding, MD, MPH, Executive Vice President And Chief Patient Officer, Merck & Co., Inc., Co-Chair, CSIS Commission on Strengthening America's Health Security, Kenilworth, NJ

Governor Michael O. Leavitt, Former U.S. Secretary Of Health And Human Services, Salt Lake City, UT

Opening Statements

(17:00) Chairman Alexander said that less than fourth months ago, the COVID-19 situation was much different than it is today. At the time, most experts were far from certain that this virus would carry through all parts of the United States. Since that time, the virus has come to represent an unprecedented burden on the nation and individual families. While the nation is in the midst of responding to COVID-19, the United States Congress must examine what is working and what isn't working. Congress must be prepared to pass new legislation this year. Chairman Alexander released a paper with five recommendations which include: accelerate vaccine development, improve disease surveillance, rebuild federal and state stockpiles, improve public health capabilities and finally improve federal agency coordination. This is unfortunately not a new issue. It has also been a question of when a viral pandemic will occur, rather than if. COVID-19 has exposed gaps in the nation's public health system which have always been present.

(27:25) Ranking member Murray said that it is crucial to understand everything that has gone right and wrong in response to COVID-19. Unfortunately, the White House is pretending that this pandemic is over. The White House claims that the fight against COVID-19 has been won despite an increase in cases in many states. This problem does not start or end in the White House.

Republicans in both the House and Senate seem happy to pretend that there is no pandemic. This virus has not been the great equalizer. Instead it has exposed health disparities that have existed within the nation for decades. Systemic racism is fundamental problem in the United States. It has also become clear that guaranteed paid sick leave is a policy necessity. This pandemic will not be over until a vaccine has been developed that is safe, effective as well as free and accessible for everyone. The process needs to be free of political interference.

Testimony

(38:52) Mr. Frist said for too long, we have lurched from one public health crisis to another – retroactively appropriating emergency funds and so avoiding a large-scale pandemic through a great deal of American ingenuity and, sometimes, an even greater dose of good luck. But with COVID-19, our luck has run out. The following are six recommendations to respond to future global health pandemics. First, is communicating with the public. To allay irrational fear, communication — of accurate, reliable, consistent information—must be the bedrock of every public policy response. Second, the US need a real-time domestic and international threat detection system. Third and fourth, the US needs to invest in developing antiviral agents and vaccines. Only the federal government can fund research at the scale necessary to create tests, treatments, and vaccines for a pandemic. Fifth, the nation needs to make meaningful investments in R&D to create a “Manhattan Project for the 21st Century”. Finally, the US must strengthen the National and Strategic Stockpile.

(44:30) Dr. Khaldun said COVID-19 has and continues to ravage communities across the country. As of June 20, 2020, Michigan had 61,084 confirmed COVID-19 cases and 5,843 deaths. While we have made tremendous progress in slowing the spread of this disease in Michigan, we recognize that now is not the time for victory laps. Across the country, communities of color are disproportionately being infected by and dying from COVID-19. For example, despite making up only 14 percent of Michigan’s total population, African Americans represent 31 percent of COVID-19 cases and 40 percent of deaths. Since the beginning of the COVID-19 outbreak, Michigan has been challenged by the lack of a consistent, science-based federal strategy and message about the true threat of the disease, mitigation strategies, and potential treatments. A clear, accurate, and consistent message is needed at the national level alerting people to the risks of the disease, how and when to get a test, the importance of contact tracing, and basic public health messaging relaying the benefits of wearing masks and practicing social distancing. As a country, we were not prepared for COVID-19. We did not have the testing capabilities, testing supplies, or personal protective equipment needed to adequately respond. Governments and hospitals have had to compete for resources, often against the federal government. Combined with delayed and sometimes unusable supplies from our federal partners, this created unneeded uncertainty in an already difficult situation. We need a national strategy and leadership to ensure a smooth supply chain that makes sure the right supplies are arriving when and where needed. Nationally, less than three percent of the annual \$3.6 billion spent on health is dedicated to public health and prevention, and this proportion has been decreasing since 2000. COVID-19 has shown the problems with this disinvestment. To ensure the U.S. can continue to respond to COVID-19 as well

as the next emerging threat, we need to invest long-term in our public health departments and programs.

(49:30) Dr. Gerberding said that experts have predicted for years that a pandemic of this magnitude would occur, and significant progress has been made over the last decade in increasing our capabilities and readiness. Now that we are in the midst of the experience, while we must focus on the immediate task at hand, we can already see some of the vulnerabilities in our system that need to be addressed for the future. We must increase our posture of readiness for future infectious disease threats, with science, capability, and capacity in the U.S. and across the globe. We must ensure there is a robust market for innovation and continue collaboration, partnership, and strategic investments across the public-private continuum. Manufacturing and distributing a vaccine under normal circumstances is exceedingly complex, requiring hundreds of steps, thousands of complex tests, all validated to ensure that every single vial has the identical high quality and safety. When we think about what will be needed to address the pandemic, we are talking about orders of magnitude beyond what we as an industry are currently doing and which truly exceeds the current global capacity. First and foremost, we recommend permanent health security leadership as a central pillar of the National Security Council (NSC) by a credentialed and qualified expert. Second, we need to invest directly and consistently, over the next decade, in the capacities of low-income countries. The best approach to protect the American people is to stop outbreaks at the source. The Global Health Security Agenda has a proven track record in building health systems and health security preparedness in low- and middle-income countries, financed through a \$1 billion Ebola emergency supplemental funding. We recommend sustaining that success, not disrupting or curtailing it. It is also important to prioritize a “one health” research agenda, including significantly augmenting research to understand the intersection of human, animal, and ecosystem factors that promote the emergence and spread of infectious diseases and how to reduce and contain these threats. The last area of priority concern is to plan strategically, with strong private-sector partners, to support targeted investments that will accelerate the development of new technologies for epidemic preparedness and response.

(55:30) Gov. Leavitt said that on matters related to public health emergencies, the federal government excels in two areas. First, the federal government collects and distributes money. While public health is a core function of states, the federal government is a significant supporter of this state-based infrastructure. Second, the federal government provides leadership, support, and coordination to the states and local agencies that are the front lines of any response. As a practical matter, however, the federal government is challenged to execute uniformly across the entirety of this vast, diverse nation, and thus roles should be assigned with care. With those limitations, the federal government is highly dependent on states to meet emergency response needs. All disasters are local. When it is a hurricane or flood, particular areas of the country become the focus. While the response is led at the local level, the federal government is needed. In the current pandemic, at times there was confusion by some on matters such as the purposes of the Strategic National Stockpile (SNS), the procurement of personal protective equipment (PPE), and who had the authority to make public health decisions. In the middle of a pandemic, emergency finger-pointing is unproductive and costly. Roles and responsibilities must be communicated clearly before an

emergency occurs to encourage swift decision-making and response. Due to the unparalleled impact that a pandemic has on the health, economy, and security of the entire country, the federal government must ensure the capacity to domestically manufacture enough vaccines to protect all Americans. A pandemic virus does not stay within state lines. These investments must be sustained over time. Detailed and accurate data is essential for the federal government to coordinate and states to execute a response to a public health emergency. The lack of an established process to share near real-time data electronically leads to duplicative, time-consuming processes at CDC and other federal health agencies, to aggregate and organize data already stored electronically at the local level.

Questions and Answers

(1:00:50) Chairman Alexander asked why there should be focus on the next pandemic while in the middle of a current pandemic. **Mr. Frist** said that it is important to always be learning and applying lessons. Furthermore, there should be a second surge which would almost mimic a second pandemic. **Chairman Alexander** asked what type of manufacturing capability the federal government should have. **Gov. Leavitt** said that federal investments in manufacturing have been swept to the side. At the very least the federal government needs to maintain its current manufacturing capacity. **Chairman Alexander** asked if the federal government should create more manufacturing plans. **Dr. Gerberding** said that a partnership model works best.

(1:06:40) Ranking member Murray asked what can be done to address the immediate impact of COVID-19 on communities of color. **Dr. Khaldun** said testing should be free and accessible in minority communities. There also need to be work place protections for essential workers. **Ranking member Murray** asked what specifics commitments the administration should make to build trust in the vaccine process. **Dr. Gerberding** said that the administration should commit to transparency and the safety of the vaccine should be monitored by the National Academy of Medicine. **Ranking member Murray** asked how a public health infrastructure fund should be used. **Mr. Frist** said that it would create a reserve capacity to respond to a pandemic or any other emergency.

(1:13:00) Sen. Burr asked what recommendations should be made so the CDC can improve public private partnerships. **Dr. Gerberding** said that the CDC should remember that the private sector is powerful and can dramatically help to scale up manufacturing and resources. **Sen. Burr** asked what the Committee should do to encourage the creation of multi-manufacturing facilities. **Gov. Leavitt** said that there needs to be annual appropriations when there is not a crisis. **Mr. Frist** said there needs to be increased funding. There should be mandatory appropriations.

(1:20:11) Sen. Casey asked how social determinants of health have affected individual's ability to receive treatment. **Dr. Khaldun** said that factors such as housing insecurity, lack of transportation and lack of insurance prevent individuals from accessing treatment. **Sen. Casey** asked if people of color are more likely to be frontline workers. **Dr. Khaldun** said yes. **Sen. Casey** asked what parts of the response require coordination with the federal government. **Dr. Khaldun** said there should have been a more urgent testing response. The federal government also needed to provide more

PPE. **Dr. Gerberding** said the federal government needs to support local health officials in the distribution of a vaccine.

(1:25:50) Sen. Collins asked if there are specific incentives that the Senate should consider to increase domestic manufacturing. **Mr. Frist** said that the incentives need to be financial. This could be in the form of direct tax credits or a direct funding. **Sen. Collins** asked how Congress can help address racial disparities amid COVID-19. **Dr. Gerberding** said there needs to be a dramatic increase in testing in underserved areas.

(1:32:10) Sen. Baldwin asked if employers should have clear and mandatory rules through an emergency temporary standard to protect workers. **Dr. Khaldun** said yes. **Sen. Baldwin** asked how supply shortages have disrupted the ability to combat the pandemic. **Dr. Khaldun** said these shortages resulted in a delay in testing and treatments.

(1:36:00) Sen. Cassidy asked how to improve process in the CDC. **Dr. Khaldun** said that modernization is greatly needed. There needs to be rehearsal testing strategies that happen before pandemics. **Sen. Cassidy** asked if communities should move beyond mitigation and into suppression. **Dr. Khaldun** said that she is not sure if the mitigation strategy should be over.

(1:42:00) Sen. Murphy asked if the US should joining CEPI as they develop a COVID-19 vaccine. **Dr. Gerberding** said yes. **Sen. Murphy** asked if the supply chain crisis is fixed. **Dr. Khaldun** said no. There are supply chain challenges and limitations.

(1:47:00) Sen. Roberts asked what can be done to continue facilitating coordination between public health and agriculture sectors. **Mr. Frist** said that administrations need to try to facilitate partnerships between these types of entities. There should be constant communication and data sharing when appropriate.

(1:53:30) Sen. Warren asked if it is true that Michigan is experiencing supply chain problems. **Dr. Khaldun** said yes. **Sen. Warren** asked if Michigan needs more resources for contact tracing. **Dr. Khaldun** said yes. **Sen. Warren** asked if there should be a national contact tracing strategy. **Dr. Khaldun** said yes.

(2:00:00) Sen. Murkowski asked if there needs to be a national contact tracing program. **Mr. Frist** said yes. The next pandemic could come within three months. Contact tracing will be essential in mitigating the burden of this. **Gov. Leavitt** said yes.

(2:09:10) Sen. Kaine asked if early testing, contact tracing, isolation and treatment should be the template for future pandemics. **Gov. Leavitt** said yes. We should remember that any medical intervention has a side effect. Every response needs to be tailored to fit the need.

(2:15:08) Sen. Hassan asked what strategies help reduce the infection rate in Michigan. **Dr. Khaldun** said that there has been a massive response by state and local health departments.

Michigan has focused on bringing testing into communities and working with community partners. Michigan has also invested in contact tracing. There are still outbreaks happening across the state. **Sen. Hassan** asked how the federal government can help. **Dr. Khaldun** said they need more transparency on when supplies will be delivered and what supplies will be delivered.

(2:19:30) Sen. Smith asked what can be done so black women are not turned away from getting healthcare they need. **Dr. Khaldun** said there should be mandatory implicit bias training for all health professionals. This also needs to be incorporated into medical schools. **Sen. Smith** asked how to make sure that public health messages are reaching communities of color. **Dr. Khaldun** said that establishing community partnerships is essential. Trusted community leaders are the best way to get a message across.

(2:25:30) Sen. Jones asked how to incentive the manufacturing of PPE. **Mr. Frist** said that the market needs a mix of tax credits and public funding to encourage manufacturing. It is certain that another pandemic will occur. **Sen. Jones** asked how Medicaid crowds out state funding. **Gov. Leavitt** said that public health generally has been underfunded. It is just a fact that Medicaid budgets have dramatically gone up. This makes it harder to allocate more state funds for public health. The answer is not necessarily to cut Medicaid, but it is important to understand.

(2:32:00) Sen. Rosen asked what challenges exist to getting reliable information on COVID-19. **Dr. Khaldun** said it is hard to get accurate information on new and innovative research surrounding COVID-19 and treatment options. **Sen. Rosen** asked how Congress can help public health officials get accurate data. **Dr. Khaldun** said there needs to be a uniform surveillance system across the country. **Sen. Rosen** asked if telehealth has improved patients outcomes. **Dr. Khaldun** said yes. Telemedicine should be used more going forward.

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