



Capitol Hill Steering Committee on Pandemic Preparedness & Health Security



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Health Security

Transcript from May 25, 2022: Funding and Sustaining Long-Term Investments in Pandemic Preparedness

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Welcome to today's webinar funding and sustaining long-term investments in pandemic preparedness.

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Our moderator, Anita Cicero, will now begin

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Thank you. Well welcome everyone. Thank you so much for joining today for another Capitol Hill Steering Committee on Pandemic Preparedness and Health Security, as my colleague just said, my name is amita Cicero.

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And I am the deputy director at the Johns Hopkins Center for Health Security in the Bloomberg School of Public Health, As many of you know, our Center for Health Security launched the Capitol Hill Steering Committee

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with the bipartisan support of a 11 Congressional leaders, including Senator Burr, as well as a number of other former administration officials.

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These leaders are all committed to making our country and the world more prepared for the greatest health security threats in the future.

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We're very grateful, too, that this effort is supported by the open philanthropy project when we started these webinars.

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I don't think we would have predicted at that time that the Covid 19 pandemic would have led to over 100 million American lives lost as well as the trillions of dollars in us economic losses.

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These collective losses really demonstrate. We think that the United States needs to bolster it's public health.

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American emergency preparedness posture. it's been challenge always to inspire sufficient funding for ongoing public health preparedness work.

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We have a history in the country of generally short-changing public health, preparedness in the face of past outbreaks.

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Our Federal Government has typically acted quickly and responded to public health emergencies by providing sometimes very generous amounts of one off emergency money.

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But then that is typically followed by years of chronically underfunding our health security programs.

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So in today's, session we wanted to consider whether there are viable avenues for achieving consistent long-term funding for health, security and pandemic preparedness.

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We've asked our panelists to to think optimistically and creatively to consider ways that we can break the standard feature.

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Famine approach to funding long term health preparedness the President's Fy, 23 budget request included 80 88 point, 2 billion in mandatory funding to quote fund transformative improvements in our capabilities to

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prevent, detect and respond to emerging biological catastrophes.

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So in this session we're going to explore both the outlook for this budget request as well as surface.

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Any other ideas that could increase by bipartisan collaboration to secure preparedness funding, so that we can become a more resilient nation.

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Today we have a wonderful lineup of panelists We're, very honored to be joined by Senator Richard Burr.

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Dr. Raj Punjabi, Who's special assistant to the President and Senior Director for global Health Security at the White House National Security Council, my colleague, Dr.

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Crystal Watson, who is senior scholar at the Johns Hopkins Center for Health Security.

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Dr. Tom Frieden, President, and CEO of resolved to save lives, and Mr.

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Bill Hogglin, whose senior Vice President at the Bipartisan Policy Center. Our first speaker, who I will introduce is Senator Burr. Senator, very good to have you.

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Back. Thank you so much, Senator burr was first elected to the House of Representatives in 1,994, and serve 5 terms in the House.

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He's serving he's currently serving north Carolina and his third term in the Senate.

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During his time in the House, Senator Berlin Ledge legislation modernizing the Fda.

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And he began his work to improve our nation's bio defense and pandemic preparedness.

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Capabilities in the Senate. Senator bur currently serves as ranking member of the Help Committee promoting innovation in America's healthcare system and creating the right government structure for Us.

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Bio defense and pandemic preparedness, and response. Have been priorities of his throughout his time in Congress. so i'd like to take an extra moment to really thank Senator Burr for your outland out outstanding

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leadership as you end this final term in the Senate.

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Senator Burr has been extremely productive bipartisan thought leader, and he's achieved historic legislative victories over the last 18 years since the terrorist attacks of 2,001 he played a key

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role in every major piece of legislation on bio defense and pandemic preparedness.

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In 2,004. He helped draft and pass the project.

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Biochild Act. this legislation was groundbreaking, and that it set aside 5.6 billion over 10 years to incentivize the private sector to invest in developing medical countermeasures for national security

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threats. When he was elected to the Senate in 2,005, he was selected to share the subcommittee on Bioterrorism and public health preparedness.

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There he worked closely with senator ted kennedy to create today's pandemic response framework through the drafting passage and reauthorization of the pandemic and all hazards preparedness

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act fondly known by all of us as pop-up.

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This critical legislation created the Hhs Assistant Secretary for preparedness and response as well as creative Barta, which, as we know, has formed the basis of the operation.

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Warp speed response during the covid 19 pandemic.

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So, Senator Berth, Thank you so much for your leadership throughout your career.

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Your retirement will really be a loss for the country, but we hope it is the start of a great new chapter for you personally, so I will now turn the microphone over to you.

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Thank you so much. Well, Nita, thank you. January third I get my parole papers hopefully.

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It comes with no ankle bracelet, and I can actually enjoy the other side of the rainbow a little bit.

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Listen! and I think you summed up where we are, and more important we have to go to.

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But just remind everybody. 2 and a half years ago, Con. we started in Covid, and Congress has provided an unprecedented amount.

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A pandemic relief funding in response to a virus that presented at least in my lifetime some of the darkest days, so that that i've seen no vaccines, no antivirals,

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no treatments. no plan except for the framework that was in place, that allowed through papa and through Barta, of some of these things to be initiated. But at the end of the day this was about American

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ingenuity. This was about innovators. this was about company stepping out i'm sure don't Prudent would agree with me.

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I never envisioned that we would see merc manufacturer for Pfizer. but we actually saw it happen, and we can't take that for granted next time. So we're we're patty and I

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are working on a framework called Reven Act, which will sort of set the architecture for the next 2 decades.

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For response to a a threat to the United States.

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But it's understandable that people are concerned and should be concerned about Congress's willingness to continue to fund in Barta's lifetime.

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It was on life support 2 different times because they didn't see a threat that was real.

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Therefore they cut the funding of the national stockpile, and they cut the funding, and it was a few of us that had to aggressively work with members of Congress to continue the funding to bring it back up to a viable

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entity that we envisioned when we created the fact that we're in a discussion right now about the next investment into Covid is not partisan I think it's natural as a matter of fact, I keep in

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my pocket, and this is a cord that i've shown the White House all 9 times that we've gotten together when they've said, What does it take?

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And I said it takes a plan detailed plan let's put one together.

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It takes Offsets That's the reality of where We are right now. and it takes a vote on title 42 an issue about Covid and not about immigration.

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You see It's it's impossible to sign under something and put something together, if it can't pass out the United States in it.

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What Senator Blend and I have tried to do is to structure pathway for an additional investment in that takes us into the fall.

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That. lets us address some of the changes that need to be now I'm. only speaking personally, and myself.

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If I saw a plan today first on the list the first line of defense would be therapeutics.

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It wouldn't be vaccinations because of the trend that we've seen on the reluctance of American to get vaccinated, and that trend started from the first inoculation as long as we're the boosters and we're

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we're in uncharted ground, as it relates to potentially 6 month old to to 5 year olds. but I believe the numbers will be very low.

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So I believe, going into the fall believe in that by vaccinations we can.

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We can make that our first line of defense I think that's a mistake.

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It, but it's a debate i'm trying to stimulate to happen, not just in Congress, but but across the country with people who who are invested in this issue, especially with academia.

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I think the administration has done something extremely extremely bright and that's the announcement to test and treat but it can't stop there as you head into the fall and they don't it's absolutely essential that we put

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Covid, and we put flu together that if you're gonna test and treat for Covid.

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You have to test and treat for flu at the same time.

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And here's an amazing thing that probably all of you know but I just learned the actual task.

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The test for flu, and Covid is about a third less expensive than the test.

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Just for Covid. Let me say that again. The test for Covid is a third more expensive than the test for Covid, and flew together.

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And as we move into the fall, the number one challenger we're gonna have is with with parents of kids or kids who have parents? and do they have the flu?

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Do they have covid We need to integrate it into one.

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Stop shopping, and if you're gonna put the focus on test and treat, then the test is matched with a therapeutic.

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We need a next generation of therapeutics. We need one robust research and development and the therapeutics.

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And we always have the vaccine to fall back on, to keep utilizing with the public.

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But here again, defense of the vaccine looks to be about 4 months now, and that's data here.

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It's data from this through its data from around the world and you're only gonna get the American people to go so far.

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I believe. but it does cry for a great deal of more transparency, and that's why I plan.

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I think, is absolutely the crucial we continue to engage with the administration.

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Hopefully, these 3 things to allow us a pathway to on the Republican side get the votes that we need to get the legislation passed. I i'm not sure that i'm not sure of Why, the reluctance

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is there, but clearly, for the investment needs to be made not only by the Federal government, but by the private sector.

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They have to see light at the end of the tunnel.

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They have to know where our destination is we're going to and without that plan.

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It's just a continuation. of of what we've then attempting to do only to find out that the variants are smarter than in fact, we are having said that i'm delighted to have been with you

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this morning. it's my hope that sometime in June. we'll be able to put a package together and allow David Kessler, to make commitments for the fall I will tell you right now

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by our account we have 400 million vaccine doses.

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Our waste rate right now is 60% meaning of a vile that we open up.

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We get 2 shots out of it, and we waste 3.

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We have 600 million home tests. Those are primarily at the postal service.

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So there's not an a immediate problem that we have and the fact is that unless the United States intends on stockpiling a tremendous amount of home test we'll be in a situation where we're gonna have to

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try to figure out how to either warn based manufacturing in the Us.

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Or become reliant again on foreign sources for these I think the latter is not something that I prefer.

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It's something that I fought tremendously against but The reality is that we can't force people to take the test, even when they're free in this example delivered for free by the postal service it

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it. It requires a degree of education, not fear, but education, that we have yet to start that process with.

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So with that I I turn it back over to you and I apologize to the other, because i'll probably have to leave to go back downstairs and vote again in just a few minutes.

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But I thank you. Well, well, thank you so much, Senator.

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You touched on a number of rich topics, and really wish you were able to stay on, and and not just on this webinar, but til you know past the end of the year.

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But if you have a chance, There are people up here that want to get rid of me as soon as I can.

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Well, part of the reason we created this steering committee really is to expand the number of leaders like yourself, who are fully fluent in public health, preparedness, and and response to national security issues.

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So. So thank you again for that. I had a quick compound question to to ask you before you go, and that is what do you think the biggest funding gaps are in?

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Not, you know the current needs for Covid, but

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The funding gaps in Federal pandemic preparedness and the Bio Defense arenas, and also after living through a pandemic.

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Do you think that Congress has the information it needs to evaluate the economic value of investing in preparedness something that in the past has been challenging to to convey?

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I think I think the information is probably there for us to gather.

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That could make the case for members of Congress. But members of Congress have a shelf life memory of about 2 years.

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Tom, would you agree with that? if 2 years, if nothing significant happens?

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Yeah, maybe shorter than that. Then there are priorities that are going to be funded over the investment in something that's futuristic.

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Oh, it's much the same way that ceos look at when they're invested in long-term.

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They're not going to be there when these factories open they're going to be rotating often.

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Ceo's gonna be somewhere else. so they don't necessarily process all the information, the way that they should have.

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If they did, they'd all locate north Carolina so that proves it right.

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There. Oh, I I am optimistic that now that nih is finally awarded 9 grams that deal with Covid around the country to Academic institute 2 shoes for antiviral research that we're sending the

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right message. we're beginning to reach out and and pull in the that academic collaboration that's absolutely essential to this.

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I say this is my observation we've done a lot really good over to administrations in Covid, and we've done several things really really bad into administrations in Covid and Tom heard me say this that

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when we tabletop response, and it was to anthrax, and I think h 5 n one when we did.

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Papa and barta what we found the number one thing that we couldn't fail on was communications, and the number one thing we failed on in this is communications.

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We through the first administration, the press conference being hijacked by the President, and in this administration the lack of transparency with data.

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We've lost the American people they don't know they don't know what guideline to follow.

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They don't know whether their kids should wear masks or not wear a mask, and I think one of the changes we've dragged and making it in prevent act is that when guidance comes out there should be data that comes

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out so that the medical community actually can look at the data, and if they disagree with it they can raise that disagreement publicly.

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But if we solely leave it up to government

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I. I think my assessment 2 and a half years into Covid.

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Is that any administration will fail because the agencies don't have the same collaboration that they need to have, and you can't just you can't just run this from a standpoint of of zars is I

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like to say over the past year, and a half we've had 3 people there were persons for a policy in many cases.

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The same day they contradicted each other. you can only have one, and they have to speak with the authority of the President on something as serious as this.

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So. we we do restructure and and institute mission control in the Prevent Act.

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I think it's the right direction and I openly admit

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This is no reflection on anybody that served as Asper, but an assistant secretary at Hjs does not override a secretary of Hhs.

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The heads of of 4 different agencies come into play under the umbrella the National Security Council at the White House, and the Vice President and President just doesn't happen so, if this has to be placed inside the white and

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and that has to be the assumption for threats in the future.

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And more importantly and well with that. Thank you so much, Senator.

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Thank you for your your leadership, and for participating on today's important call.

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We really appreciate it. Great thank you thank you let's see, we'll get on to our panel discussion.

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Now our first panelist is Dr. Raj Punjabi, and and thank you so much, Raj, for joining.

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We know you're running very quickly, and and are a busy man, so thank you for joining

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Rush has been recognized by Time Magazine as one of the 100 most influential people in the world.

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He is a physician, professor, epidemiologist, entrepreneur, and public servant.

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He currently serves as special assistant to the President and Senior Director for the Global Health Security in Bio Defense at the White House National Security Council.

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Previously. Raj was appointed by President Biden as the third Us.

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Global malaria coordinator to head the President's malaria initiative led by Usaid and co-implemented by Cdc prior to serving in the Biden Harris administration Raj served

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as CEO of last mile health an award-winning, nonprofit organization.

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He co-founded in 2,007 to save lives in the world's most remote communities, He has served on several boards and advisory groups, including as a gabby champion advisor to the global financing

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facility at the World Bank Group, an external reviewer for who's guidelines on community health and worker programs and external reviewer of W.

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H. O's guidelines on community health worker programs and advisor to the Who ambassador for the health workforce.

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He has chaired the community. health exemplars and global health study with the office of Bill Gates and the Gates Foundation rush.

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Thank you again. So much for joining us i'll turn it over to you.

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Thanks, Anita, and i'm sorry to see the Senator go.

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I I am glad he was on I originate from North Carolina.

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That's where I grew up second half of my childhood after immigrating here from West Africa, and I wanted to just express my gratitude of any of his teams to lawn for his his leadership on pandemic

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preparedness. and also so let me start by just saying how grateful administration has been for the resources that have been provided for.

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Covid 19. In the response to date I actually saw this firsthand before coming to the Administration.

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Really the progress that is possible. No doubt the loss of over a 1 million Americans is something that we all mourn.

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One of those people were my aunt, who unfortunately was in, you know, compromise, and died in the latest amicron wave. and at the same time we have to recognize that the investments that Congress has made in the first you know American

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rescue plan, and another efforts has made a difference.

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2 years ago. in fact, I was sitting in a parking garage at the ridest hospital in massachusetts in May, 2020 when we didn't have vaccines when we didn't have the therapeutics that

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Senator Burr mentioned, and we were testing people in a parking garage because we didn't have the space.

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We were not prepared to have such a surge of patients with Covid 19.

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We were asked to wear the same gown all day to see patients.

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I was afraid of taking the infection back home to my family.

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I remember walking into the door after a clinic session, and having to take off all of my scrubs you know, to say my my 8 6 and 4 year old at the time were amused to see their dad walking in their

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underwear, but I was afraid. in fact, them. and the last time I felt that way Anita was responding to an outbreak of Ebola in West Africa.

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When we saw one out of 10 of our fellow health workers die when we didn't have ebola vaccines, and we didn't have rapid tests, and we also lacked Ppe 2 years after that episode a year after that episode in

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Massachusetts. we had covid vaccines available, and in those same communities where I've been afraid about getting infected and infecting my family, we were delivering vaccines out in mobile outreach vans

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and in community centers and while a lot has been made of what Hasn't gone well, it's important to recognize that the vaccination programs that and the testing and treatment efforts according to a commonwealth report and

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independent source reports that over 2.3 million lives were saved.

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American lives were saved importantly in all, 900 billion dollars of health care dollars were saved because of prevented hospitalizations.

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Similarly, when you look around the world at Ebola, the 2,014 outbreak in West Africa that devastated so many people in the country, I grew up in very different than the Ebola Outbreak

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of Drc. that Drc. the democratic public of Congo faces.

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Now we have within days Ebola vaccines available.

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We have search capacity in that setting of course there's still more to be done, to make sure that fewer patients die and ensure that that we get this outbreak under control.

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We now have a monkey pox outbreak that is spreading across the planet, and has been reported across several countries, and we have over 200 confirmed or suspected cases, as of yesterday.

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Several in the United States. There is no reason not to take infectious diseases seriously, and you can count the number of American lives lost to Covid or the global number of lives lost to covid or the fear.

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And anxiety we all feel when we see, and then in merging, reemerging, infectious disease, like monkey pots affecting non-andemic areas, or share concern for the places of nigeria where

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they outbreak had already been brewing I Don't think this group needs to know why it's important to take infectious diseases seriously, but we have plenty of recent memory and current news and and lost loved

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ones, and fear for others that remind us of it. So what do we have to do about it?

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Well, I I am proud that this administration restored. The President kept his promise to restore the so-called pandemic office that I lead at the National Security Council.

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Senator Burr was referring to the need for that kind of coordinated effort in the White House.

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That's what we do. and in september the administration laid out an initial plan, not just focusing on the pandemics of today and the outbreaks of today.

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But really a plan to take pandemic preparedness seriously.

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We worked with our colleagues in the office of Science and Technology policy, as well as across departments and agencies to release in September the American pandemic preparedness plan which laid out the groundwork for investing

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in transformational capabilities to reduce the impact of future biological incidents.

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Of course, naturally occurring deliberate and accidental biological threats, National security Adviser Jake Sullivan announced last month, as some of you may have heard.

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Now we're now finalizing our nation's next national bio defense strategy and its implementation plan.

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You can think about that as our plan to stop future pandemics and strengthen health, security, and bio-prepare in bio-defense.

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And and it is possible, with a plan like that as Senator Burr and and you know, colleagues at the Bipartisan Bio Defense Commission have recognized to take pandemic threats off the table it's

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technically possible to do it. but while progress is possible. we know it's not inevitable. The difference between possibility and inevitability is will and leadership and investment.

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So that's why the President put forward to Congress as part of his 2,023 budget request a historic number of 88 point, 2 billion dollars to invest in pandemic preparedness by defense and global health security

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with funds available over 5 years that is aligned with this implementation plan that I mentioned in the revised Strategy, and it will transform our capabilities to prevent detect and defeat biological threats in the us and around the world and put us

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on track to take the pandemic threat off the table altogether.

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Had we had these capabilities in January, the twentieth 20, we believe it would have transformed the Us.

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Response to the covid pandemic but we are where we are now, and it's a chance to honor the lives that have been lost, and by preparing well for the next one.

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So let me just explain the 5 things this budget request is about Number one.

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It's about transforming our ability to produce and deliver countermeasures.

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By that I mean basic research and advanced development and manufacturing and vaccines, test and treatments.

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The kinds of which we have available now for monkey pox, which makes monkey pox less of a threat to the United States because we do have license vaccines available for it.

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And we have therapies that can be used against it.

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We want more of those for more threats before they present themselves.

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This will also ensure that we have the ability to develop prototype vaccines against each of the viral families capable of causing human pandemics before an outbreak happens Again, Monkey Pox is an

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interesting example, because we have testing capability that's been invested in for smallpox, which is in the same family as the orthodox family with monkey pox, we're actually able to immediately leverage at the state level

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our laboratory research, our laboratory response network to to be able to provide states like Massachusetts, the ability to provide diagnostic testing.

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And that is also a key part of the counter managers.

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We have to develop. This makes a difference in real people's lives. I mean, was just in touch with the colleagues of mass general hospital over the weekend, because they were able to have that state lab do that kind of testing they were

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able to work with us to get the vaccines. that are now available, and already being provided or offered to the health care providers who had been exposed at first patient.

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That's how we end this outbreak and That's why this type of innovation is critical.

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We also will have funding in here, if enacted, to provide therapies, be able to have therapies in advance of an outbreak, addressing both the pathogens themselves and the inflammation that they induce

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these resources would build all ultimately Anita to a series of ambitious goals, including developing effective vaccines and therapeutics within 100 days of identifying a biological threat, producing sufficient quantities to vaccinate the United

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States population within a 130 days, and supporting surge production to rapidly meet global needs.

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The second big area of investment is to strengthen our public health infrastructure and early warning capabilities, so that we're able to detect a novel outbreak as soon as it starts and contain it before it's too

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late. The third area is to invest in modernizing and streamlining our regulatory infrastructure by providing funding to support the rapid evaluation of medical countermeasures.

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We've seen that is vital when we're trying to prove for instance, you covid therapies in this crisis.

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The fourth area is, of course, to transform global health. security. there is no domestic only response to multinational global outbreaks.

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That's. true for covid it's true for monkey pox, and it's been true for Ebola and other threats.

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So this will include this budget request and an investment to support a new pandemic preparedness and Global Health Security Fund at the World Bank, which will allow us to leverage the financing of other institutions.

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We announced a couple of weeks ago at the global covid summit that the President posted with co-hosts from other countries; that, in fact, nearly a 1 billion dollars has been mobilized.

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You know half of that money is not us money half of that money is really money that the president's put as a down payment from current funding that we had available.

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But it's allowed us to bring the European union a European Commission on board Germany on board, and there are other countries that can multiply the dollars we put in, so that we are holding this responsibility for a global problem with other countries alongside

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us, and the last area is, of course, advancing Bios safety and biossecurity in the Us.

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To flow, and globally to prevent deliberate and accidental biological incidents, and that will include funding for applied research and innovation in bio safety and security here and abroad.

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I want to say that while these investments are necessary, and future pandemic preparedness, the 88 billion dollar historic request by the President, it's also important that Congress and the executive branch work together to really

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resolve the other gaps we've we've seen including on the when it comes to data authorities.

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Senator Burr made a very good point about being more transparent with data.

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I think one of the critical things we have to do for example is to ensure that we secure legislation that would modernize Cdc's authorities to require public health data reporting.

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We talk. Tom Friedens report, and 4 other Cdc directors have called for this.

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We need to move past our inconsistent and fragmented data reporting.

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If we want to have real-time and interoperable data that will reduce burden on providers while improving the ability for the Federal Government states and local jurisdictions to respond to emerging threats and this is

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important right now, because if we lose those authorities coming out of this emergency the Cc.

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Will have a much harder time in being able to actually even track vaccinations, or where cases are.

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And we will need these authorities alongside the appropriate resource levels.

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To also ensure we're prepared for future biological threats and pandemics.

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So let me just set it close by, saying, Look, 88 billion dollars may sound like a lot on surface.

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This is orders of magnitude less than what we spend on other forms of defense, like military defense.

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For instance, you know, this 17 billion dollar a year request 88 billion dollars over 5 years has Really, when you compare it to what we spend on missile defense, which is 20 billion dollars per year or on preventing terrorism which is a

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170 billion dollars per year. And you compare the debts.

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We have the fact that a 1 million Americans have lost their lives more than all the wars combined of the twentieth century that Americans have faced.

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We have to really put our money where our priorities are and ensure we're also investing in biodefense.

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So look this has a high return. it's not just the right thing to do.

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It's a smart thing to do one of the figures I wanted to leave you with, as you can, as we all consider how to make help.

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Congress Act on this request is that this is has a high Ri

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Some studies show that a single dollar of pandemic preparedness investment could prevent over a \$1,000 of potential loss in Gdp.

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Not a theoretical when you think about the loss that Covid has inflicted around the world and in the United States.

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But let me just say that's a 1,000 old return on investment it's a truly astounding figure.

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So this isn't just the right thing to do it's the smart thing to do, and it's the way to keep our country safe with that i'll turn back to you and it's right Well, thank you so much for your

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remarks and and for describing why this is

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This request is a priority for the Administration really appreciate you.

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Being here. Our next speaker is Dr. Crystal. Watson.

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Crystal is a senior scholar at the Johns Hopkins Center for Health Security and Assistant Professor at the Bloomberg School of Public Health.

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Her research focuses. You're Come, sir, her research focuses on preparedness and response and risk assessment.

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She's also been tracking Federal budget spending on bio defense health, security for many years now, and Crystal, really looking forward to hearing your remarks, and and what you have found over the years over to

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you. Thanks so much, Anita. Let me just bring on my slides, so you can see them here.

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I'll go through quickly, but thought it was helpful to share some slides since we're talking about numbers.

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I I just wanted to first look at kind of the the breadth and history of of funding across health security.

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It's spread widely across government agencies and departments Many times we primarily think about funding for development of drugs and vaccines, medical countermeasures which is obviously crucially important but in

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reality. There are many programs that are needed for building core capacity to respond to public health.

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Threats, and particularly infectious disease threats.

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We need core capacity and public health and healthcare to respond to undertake robust disease, surveillance in both humans and animals.

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Develop communications and combat miss and disinformation.

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Assess, risk, and forecast disease events, all these are part of health security and require sustained support for systems to function at the levels that we really need to prevent, respond to and recover from these emergencies which we know are becoming more frequent So

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you can see on the slide all many of the agencies that that participate in health security and have critical programs in this area.

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What We've seen over the years. is a significant decline in sustain Federal appropriations as aita alluded to earlier.

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In particular, we've seen this decline in programs that build core capacity within state and local governments and the healthcare system.

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To respond just one example here. you can see the trends in the Cdc's.

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Cooperative agreement grants to states and localities, and orange, and the Asper grants to healthcare entities in purple.

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So, while funding has been slightly elevated over the last several years, it is certainly not recovered from these previous declines.

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We also see what I need to mention is this cycle of panic and neglect, with infusions of emergency funding when an outbreak or another emergency happens.

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But that funding is quickly used up for response, and then we go back to this very low baseline, where funding is inadequate.

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So why is this such a problem? I think there are few main reasons.

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First, we're not funding most health security programs at the levels that will create this robust capacity to begin with Second, there's a lot of unpredictability here in annual funding and emergency funding which

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makes building systems, the hiring people, and buying and maintaining physical assets even very difficult.

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And third, when we have emergency appropriations, which we know are needed in emergencies.

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On top of annual funding it's very difficult for funding recipients to use those funds effectively in an emergency and turn them into execution of a good response all of the emergency funding for

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Covid, I think, has been warranted and needed, but we know it will not make it a big difference in our long-term preparedness, unless we really structure it in a way that is sustainable.

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So just finally i'll turn turn to this slide we do have different options, some of which we've already talked about today.

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So I won't go into much detail. but to make this this funding and these programs more sustainable.

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One example is, is bio shield, as Senator Barro already mentioned.

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When this was established it was a significant amount of money over 10 years, and really gave confidence to industry that that the funding would be there, so they could invest in making medical counter measures for something that didn't

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have another outside commercial market for these products the Government really needs.

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And obviously in this year's budget request we see this this proposal for mandatory funding spread across 5 different department apartments and agencies, and I won't go into detail because Dr.

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Pajabi. That explained it. very well. these are just a couple of the options.

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We have to create more sustainable funding and resources, and I I know my colleagues will talk more about this, so I think i'll turn it back over to you, now, Anita,

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There we go. Thank you so much, Crystal. Our next speaker is Dr.

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Tom Frieden. Tom is President, and CEO of resolve to save lives prior to his work.

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With resolve to save lives. He served as Cdc.

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Director, and was the Commissioner of the New York city health department.

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So i'll truncate your intro Tom and turn it over to you for your remarks.

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Thank you for joining. In fact, here is that the Us.

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And the world were underprepared for Covid, and we are hurtling quickly into the neglect.

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Part of the panic neglect. cycle this is a Now we're never moment to prepare for future and emerging threats.

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There will never be a moment as teachable as this moment and There's a real risk that we're not going to learn the lesson, and the lesson really is that a threat anywhere?

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Is a threat everywhere. Imagine a building with many rooms in it, and some of them don't have sprinkler systems or fire suppression systems.

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That building is in trouble, and that's the situation in the world where we have blind spots.

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We are vulnerable we're looking at more than a 1 million deaths in the Us.

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And probably more than 18 million deaths globally, and more than half of those deaths were preventable in 2,020, preventable by better more targeted, more prompt public health action.

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In 2021, and 2022 by better vaccination.

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Vaccination does Wayne, in terms of immunity in 4 to 6 months, but it does not win in terms of protection from severe illness and death.

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Nearly as quickly, and what we're learning is that different vaccines have different dosage.

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Schedules. Many vaccines are 3 dose schedules, and the dose schedule of covid vaccination, at least for these first generation.

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Vaccines, maybe 3 doses we need sustained and flexible funding.

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The Us. spends depending on your how you count it roughly 300 times more on our military defense.

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Then we spend on our health defense or if you look at health care spending. We spend \$11,000 on health care per person in this country, but only about \$286 on public health protection for every person in this country,

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that's only a difference of 30 to 40 fold instead of 300 to 400 full.

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Now, as we look at what gets funded and what gets done, there are, I think, 3 Major dichotomies, and we've got to be on the right side of each of these, because the gravitational pull is going to be in

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the opposite direction, and the first dichotomy is stuff versus staff, you know. Response.

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You have to buy stuff in protection and preparedness. you have to train people and establish systems, develop many of the things that are in the prevent Act, such as Ota authority for Cdc.

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Which allows it to work efficiently in any emergency, embedding thousands of Cdc.

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Staff, and State and local health departments they're already 500 to a 1,000 now.

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But there should be 10 times that people who learn on the front lines and then rotate back to Atlanta, so that there is an aligned vision between federal, state, city, and local public health.

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We need to address the data authorities and make regular the center for forecasting and analysis.

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So there's a lot that we need to do on the staffing side, not just the stuff side data systems early warning labs, coordination.

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The second I economy after stuff versus staff is response versus protection and prevention. response.

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Yes, Congress gives billions of dollars. They gave it in Ebola.

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They gave it in Zika. they gave it an h one n one. They've given it hugely in covid, but what we need is money that's not going to fall off a fiscal cliff, and I I

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will say there are a few ways to do that. but we need to be ready to address Covid.

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Now be ready for the next variant and protect against future period i'm, all in favor of fiscal responsibility and absolutely cutting direct costs were appropriate.

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But fiscal responsibility also means making investments that will save lives and save money if we get one pandemic every 30 years, and it costs trillions of dollars like this one.

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It's going to have a huge return of investment to spend the 18 billion dollars that's in the mandatory funding request.

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We really can't afford not to make these investments Now, because this is the make or break year to prevent the next pandemic.

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We know that it's already fading in the rear view mirror for people while there are still a 1 million families leaving lots of above one.

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Well, there's still hundreds of thousands or maybe millions of people suffering with long covid that we still don't fully understand that there's still new diseases emerging whether it's severe.

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Hepatitis and children or monkey pox or drug resistant organisms, or the next one that may be emerging that we don't know about.

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Yet. I I really urge everyone here to tell their member of Congress, or if you worked in Congress, tell your boss that the time to act this now there are a few different ways to do that, and we can get into that in the discussion period

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But this is the make or break moment for health protection.

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We have to work, not just on stuff, but also on staff, not just on response from protection, not just on the Us.

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But also globally, because the next health threat could come from anywhere, and we don't work in the military by only having a police force at home.

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We work in the military by having alliances with other countries, by sharing information, by having forward up station staff, who there to work with others and strengthen the capacity of countries around the world.

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And that's what cdc in the us government has done, not enough, not broadly enough, but can do much more, but not without money.

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And there are routes to get additional resources as President Biden said when he was Vice President, You show me your budget.

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I'll show you. your values, and right Now those values don't include protection against the next pandemic, and this is the moment to change that.

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Thank you, Tom. Our next speaker is Bill Hoveland.

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Bill is a by a bipartisan policy center.

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Sorry senior Vice President. In this capacity he helps direct and manage fiscal health and economic policy analysis Before joining that center.

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He had served as a vice president of public policy for Sigma, and worked on health care reform issues.

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He spent 33 years in Federal Government service, including 25 years on the Us.

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Senate staff. He served as the director of Budget and Appropriations in the office of Senate Majority Leader Bill Frist, and he assisted in evaluating the fiscal impact of major legislation and helped to

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coordinate budget policy for the Senate leadership.

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So you see with that, by a why, we've invited bill and looking forward to your remarks, Bill, Thank you, Anita, and recognizing the time constraints here i'll try to truncate my remarks, that

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I had first of all, thank you in the Center for putting this very important discussion.

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I also want to point out that the bipartisan Policy Center, about a year ago, issued a report where we asked for in a bipartisan way, Senator dashboard.

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Senator, my last boss on the Hill, Dr. Bill Frist asked for a creation of a 4.5 billion dollar mandatory account for the public health.

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A boy called the Public Health infrastructure account and we ask that we increase the funding for the public health prevention and Public Health Fund from about a 1 billion dollars to to 4 billion. dollars. So I want to be clear at the outset that

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I'm very strongly supportive of what Dr. Friedman and others have said here this morning on the support for the need for this kind of investment, but it always seems like the budget to Guy gets to go uncomfortably, last

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because maybe the message is not always that pleasant. to hear.

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The discussion, as I understand, is on the 88 billion dollars in mandatory funding over the next 5 years.

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I want to focus on just the Hhs portion of this, which is 82 billion for the 4 agencies.

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As for Cdc. and I. H. and Fda, I want to real quickly deal it in 3 3 points that I want to make on the outlook of the budget, the calendar, and then I have a suggestion that we might want to

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think about in terms of ways to advance this. the 88 to 82 billion dollars, 88 billion dollars.

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I want to make clear, Raj, and others that have already mentioned It's only 16 billion dollars annualized.

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You have to be very careful about this. The Budget authority Request is 40 billion dollars for the current fiscal year.

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Now it doesn't all spend out 40 billion But that 40 billion is important to know. That's what the request is in the budget for this year in a in about an hour.

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And the Re. This brings me by first point. In about an hour the Congressional Budget office will issue its report on the outlook onto the budget.

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For going forward. I don't know what that's gonna say but I am convinced that it's gonna show that the Federal deficit is coming down and that's important.

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But let's keep in mind a major but it's coming down.

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But then the trend line is growing again as we go forward. And so we have to recognize that about 65% of Federal spending right now is mandatory.

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50% of the Department of Health and human services spending is mandatory. So when you're asking for another 40 billion dollars in Ba.

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In 20 that's a that's a tough tough road to ho!

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Here right now. My second point is the calendar to be honest with you.

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We don't have a lot of time. when you look up to coming back from the recess there are the the houses on you take out to Fourth of July recess.

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You're out for the whole month. of august basically there's only about 50 days of that there'll be insertion going forward. so we don't have a whole lot.

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Now I admit that the appropriators think that they can do a lot in June.

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And July, and I hope they do but we also have to recognize that that that passing appropriation bill with these kind of funding, particularly with being the labor hhs, it's always a controversy it's going to

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be very difficult in the higher. So my final suggestion is, is is recognizing the calendar.

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Recognizing that this is an election year, unfortunately, in terms of that always creates problems.

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My thought is the probability of a chain that and and with the probability.

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Let's be honest of a possible change in control of one of the Chambers in Congress.

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My thought is that we may want to The committee may want to think about going into 20 23 the next Congress. And here here's my quick proposal.

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If roughly, 82 billion dollars is being proposed over 5 years to Rogers at a Point that's about 16 billion a year the committee.

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What might want to consider creating a dedicated funding source for that spending.

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And here's where I come to it just so happens that the Federal excise tax on tobacco brings in about 11 billion a year, and the in in a similar amount on the alcohol.

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Tax. Why not create it? Compromise create a a dedicated trust fund for Public health, a Public Health Trust fund, I call it.

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It would then become a regular as Dr. Friedman said It's something that would be permanent. It would be there.

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It's going forward. Those taxes come in and obviously I also think that those 2 areas to tobacco taxes as well as alcohol, have a public health component to

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Now be fair about this. Unfortunately, while spending would not be offset, and that remember, duck that to Senator Bird said that one thing you have to consider in this very divided Congress is the offsets Well, technically.

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They're not offset they're paid for what you might wanna do then is to adjust those taxes in such a way, which we did in our report that I mentioned at the outset, and I think it's easily you

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could easily create the amount of resources from those 2 funding sources that we create a trust fund that would be automatically appropriated into carrying forth these programs.

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So that's my I I think in the interest of time here.

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I will complete my statement at this point, and thank you again.

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I need that for the putting this on and the committee for its work.

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Thank you, Bill, we we asked for specific recommendations and mechanisms and you threw one out there on the table that that's terrific.

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So maybe i'll i'll ask tomat or or Raj, if you have any reaction to that, And then also just throwing out like what mechanisms do you see? how how can we actually achieve this shared goal that I think we all

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have Well, first off I have to say Bill that I love your idea

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I don't know if it's politically feasible but it would be a huge win a tobacco tax and alcohol tax.

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These are huge wins. They give you more revenue, and they save lives.

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And because now you're 5 out of 6 Americans don't smoke 5 out of 6 Americans don't oppose it to backward tags.

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Alcohol is a little more complicated than the lobby is even more fierce than the tobacco lobby. But and and alcohol has a a false halo.

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There is no health benefit to drinking. it may taste good and maybe something you enjoy doing. but the idea that it reduces heart attacks and strokes is actually probably not correct.

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I'd increase his mortality with with drinking but so so I would love to seek to back on alcohol taxes.

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You could you could add sugar suite and beverage tax there, too, and you'd you'd even have some benefit on obesity.

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I think there are a few structural ways to address the budget.

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That would be the best. Actually, I like your idea better than anything.

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I was gonna mention. Another way is to have as the administration has proposed mandatory funding, so that it doesn't have the discretionary budget caps each year.

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A third way, we suggested earlier, is something that we called, and Senator Frist was one of the introducers of this idea.

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Bipartisan idea, the health defense operations, budget designation, The concept there was that it would be discretionary money.

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Congress would retain oversight authority over it. It would be an annual appropriation.

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It would be specific for not agencies, but specific budget lines.

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So Congress could have a good sense of what they were going to do.

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But Congress wouldn't have to make the devil's dilemma of Fund head start or Alzheimer's research, or preventing a pandemic that may never happen because that's not a decision that's going to be made

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in favor of the American people on a reliable basis, and allowing, cap piercing for limited number of lines that are about our health.

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Protection is a third approach, a fourth approach, and not alternative to these, but complementary, is to think about PEPFAR as a model. PEPFAR has bipartisan support.

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It also resides at the state department so we doesn't the budget doesn't conflict with very clear domestic health priorities.

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It's very hard to get HHS dollars for global health, because you're taking them out of that head start You're taking them out of community health clinics you're taking them out of CDC some

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of them go for CDC's work overseas but so the PEPFAR model is important because it is truly whole of government.

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It's highly effective. it's got bipartisan support related to that is the global fund model a global fund model the Us. gives \$1.

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But only if other countries give \$2 and that's a great return on investment that could be done with the new financial intermediary fund that the World Bank is setting up some of which would best be spent by the Global fund others

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by Sappy Gavi wh and finally I think we need to address the issue of accountability, and we've suggested a metric that we call 7 1 7, that every single outbreak would be found within 7 days

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reported within one day, and all the central control measures in place within 7 days for the Us.

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And for every country in the world, every single outbreak.

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And what we found is we've piloted this and a few continents in many countries is it every time you do this analysis.

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You identify problems, and you can quickly fix those problems so it's both an account of the ability framework that could make Congress comfortable.

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How are we doing? We're only at about 2025% in the countries that we've looked at.

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So far meet that benchmark and that's Okay, it's a new benchmark you got to show progress. But we should be able to get to 100% and That's a real important thing and it also allows rapid

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quality improvement. So thank you, thank you and apologies that we have we're quickly running out of time.

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But maybe Raj. Did you want to have any final comments or or react anything you've heard today?

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Well, let me thank you, Andy, Then just Tom and Bill for some of those ideas, and so for your engagement as well.

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I I think that look we're shared and aligned on the interest the options to get there.

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You know. I think this admiration is eager to hear from our colleagues on the hill, and from others about ways we can get to that shared interest.

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We're not so So i'll leave it at that but I think that if the case has been made the budgets clear even on Tom's last point about the impact of these kinds of investments i'll let me leave you

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with that just how this can work mass. General Hospital had a case of monkey pox, a new biological event in the Us.

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On May twelfth. In less than 7 days the Cdc.

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Had confirmed that that was a positive monkey box case.

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First 7 in one. in one day it was reported, and in 7 days, just this past Sunday vaccines were deployed to Mass General Hospital to start vaccinating the almost 200 health workers who had been exposed I called them myself.

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To check I used to work there and that's why we can feel more confident with this response, and we still got a lot more work to do.

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But it's. because it works and again the difference between it working and not happening is will and leadership progress is possible, but not inevitable.

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And so if you all have creative ways for us to get this budget enacted the President's budget enacted, we're all ears, and we're happy to have follow up conversations.

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Thank you very much, and with that I will wrap it up.

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Really do appreciate your comments and and suggestions today, and I encourage us all to continue to have education, communication, coordination with those on the hill and in the administration to look for ways forward on this budgeting issue

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and our next Capitol Hill Steering Committee will be happening at the end of July.

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On July 20 eighth, so we look forward to seeing you again.

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Then thanks so much, and have a good day. Thank you all.