

Statement before the U.S. House Committee on Homeland Security on “Confronting the Coronavirus: Perspectives on the Response to a Pandemic Threat”

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Chairman Thompson, Ranking Member Rogers, and other distinguished Members of the Committee – I am truly grateful for the opportunity to appear before you today on the topic of “Confronting the Coronavirus: Perspectives on the Response to a Pandemic Threat”.

I have been engaged in professional activities related to the prevention and control of infectious disease threats throughout my entire career, from the early response to AIDS during my tenure as a faculty member at the University of California, San Francisco, to years as CDC Director during the anthrax, SARS, West Nile virus, avian influenza, and other outbreaks, and now as the Chief Patient Officer at Merck & Co., Inc. where I led the Vaccine Division for several years and more recently supported the development and deployment of Ervebo, our Ebola vaccine that is currently deployed in the Democratic Republic of the Congo outbreak.

I also Co-Chair with former Senator Kelly Ayotte the Center for Strategic International Studies (CSIS) Commission on Strengthening America’s Health Security, which recently released a report entitled *Ending the Cycle of Crisis and Complacency in U.S. Global Health Security*. Members of Congress who also serve on the Commission include: Senators Murray and Young, and Representatives Bera, Brooks, Cole, and Eshoo, in addition to several security experts. I am pleased to review the recommendations of the full report and its implications for the COVID-19 outbreak that we are dealing with now and pandemics that will inevitably strike in the future.

We began the Commission’s work with a simple understanding: health security is national security, in a world that is increasingly dangerous and interdependent. Biological threats – outbreaks from natural, intentional, and accidental causes – are occurring more often, and at the same time, the world is increasingly insecure, violent, and disordered, and it is exactly in these danger zones where an increasing number of biological outbreaks occur.

Globalization and the rise of international trade and travel mean that an outbreak in a disordered setting with a compromised health system can quickly become a pandemic, threatening the United States and the rest of the world. Policymakers increasingly recognize these threats can undermine the social, economic, and political security of nations.

Unfortunately, this recognition occurs when a health crisis strikes – coronavirus, measles, MERS, Zika, dengue, Ebola, pandemic flu – and U.S. policymakers rush to allocate resources in response. Yet, all too often, when the crisis fades and public attention subsides, urgency morphs into complacency. Investments dry up, attention shifts, and a false sense of security takes hold.

That realization led us to conclude that **the U.S. government needs to break the cycle of crisis and complacency and replace it with a doctrine that can guarantee continuous prevention, protection, and resilience.** Accordingly, the Commission advocates for a package of strategic, affordable actions to advance U.S. health security.

The Commission commends the recent advances in U.S. health security and biodefense policy, including the release of the National Biodefense Strategy last fall and the Global Health Security Strategy this year. These are positive steps forward, which we should build upon.

1. We recommend that health security leadership at the White House National Security Council (NSC) be restored.

Health security is national security. Strong, coherent, senior-level leadership at the NSC is essential to guarantee effective oversight of global health security and biodefense policy and spending, speed and rigor in decision making, and reliable White House engagement and coordination when dangerous pandemics inevitably strike. Leadership on the NSC can bring about key, targeted new investments while achieving much-needed reform of fragmented programs and higher efficiencies in the use of scarce resources.

2. 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.

We recommend that the U.S. government expand the Defense Threat Reduction Agency's (DTRA) geographic authorities to operate in all continents where health security threats exist. Furthermore, support for military overseas infectious research laboratories should be sustained. The Department of Defense's (DOD) biological research and development programs often focus on diseases not studied in other venues and result in medical countermeasures that would otherwise be delayed or not developed at all.

3. We need to exercise multilateral leadership to persuade partner countries to invest more of their own resources in preparedness.

We recommend that Congress advocate for U.S. leadership to launch a five-year challenge at the World Bank that would incentivize long-term investment by fragile and conflict-affected countries in their own basic health security capacities.

The Commission recommends that Congress increase contingency funding levels for the CDC and the United States Agency for International Development (USAID), and that the U.S. government make annual contributions to the World Health Organization's (WHO) Contingency Fund for Emergencies so we can access adequate, quick-disbursing resources when a health or biosecurity crisis strikes.

4. The Commission advocates for the establishment of a U.S. Global Health Crises Response Corps.

This organization would build upon and integrate existing CDC and USAID capabilities, and work with local partners to respond early to outbreaks and biosecurity incidents in disordered and insecure settings.

5. The Commission also advocates for the U.S. government to strengthen and adapt programs and capacities to deliver health services in fragile settings that meet the special needs of acutely vulnerable populations, especially women and children.

This means ensuring the continuity of immunization programs, the protection against and response to gender-based violence (GBV), and the strengthening of the delivery of maternal and reproductive health and family planning assistance.

6. 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.

We assert that the U.S. government should directly invest in the Coalition for Epidemic Preparedness Innovations, or CEPI, an international alliance that finances and coordinates the development of new vaccines to prevent and contain epidemics. The U.S. government should also redouble its efforts to develop a universal flu vaccine.

In addition, to ensure that the U.S. has a sufficient arsenal to treat the secondary infections that will occur from the coronavirus now and similar public health threats in the future, Congress should advance reimbursement reforms to incentivize the development of new antibiotics. The current antibiotic market is broken; if Congress does not act to ensure that antibiotics are valued appropriately, we will continue to see small biotechnology companies declaring bankruptcy and large pharmaceutical manufacturers exiting this arena.

Thank you for the opportunity to address you today, and I look forward to hearing your perspective. It is my sincere hope that we can work closely together to advance the U.S. health security agenda.