

Center for Strategic and International Studies

TRANSCRIPT
CSIS Event

“Establishing a Bipartisan COVID-19 Commission”

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FEATURING
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Co-Chair of the Blue Dog Coalition

Representative John Katko (R-NY),
Chair of the Republican Governance Group

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KATHLEEN H. HICKS:

Good morning, everyone. Thank you for joining us at CSIS for this two-part event that we're going to have today on "Establishing a Bipartisan COVID-19 Commission." It's my pleasure to kick off our event today with a conversation between two members of Congress who are co-sponsoring some bipartisan legislation to establish such a commission, and then we'll follow up with an expert panel hosted by my colleague Steve Morrison.

So first, let me introduce the members who have been so gracious as to join us today. First, we have Congresswoman Stephanie Murphy. She represents Florida's 7th District. She serves on the House Ways and Means Committee. And she's co-chair of the Blue Dog Coalition, which is a caucus in the House of Representatives comprising 26 self-described fiscally responsible Democrats who are leading the way to find commonsense solutions. She's joined today by Congressman John Katko, her co-sponsor for this bill. He represents New York's 24th District, and he serves on the House Homeland Security Committee. He also serves as ranking member of the Cybersecurity, Infrastructure Protection, and Innovation Subcommittee. And he's chair of Republican Governance Group. That's a caucus comprising self-described center-right Republicans dedicated to promoting fiscal responsibility, personal independence, and strong national defense.

Congresswoman Murphy, Congressman Katko, thank you so much for joining us today for this discussion.

REP. STEPHANIE MURPHY:

Great to be with you.

REP. JOHN KATKO:

Happy to be here. Thank you for having us.

MS. HICKS:

So let's start with the why. And, Congresswoman Murphy, let's start with you. Why this legislation now? And why you?

REP. MURPHY:

Well, we're in the middle of a searing national crisis. You know, unfortunately, the U.S. now holds the inglorious position of having the most confirmed cases of COVID-19 than any other country. And we have more confirmed deaths than any other country. And, you know, it's been a crisis that has been both a health crisis as well as an economic crisis. And I think the American people deserve to know the full truth about why our country appears to have been caught so off-guard. You know, I was working on pandemics in – at the Department of Defense back in 2005, when we were looking at potentially having the avian flu spread here. And even then there was, Congress passed in 2006 the pandemic preparedness bill. The Department of Homeland Security wrote a strategy for how to prepare for

pandemics. And yet, somehow these efforts didn't manage to really catch the attention of leaders or convince them to put substantial and sustained resources into securing this country against pandemics.

And so I'm looking at this commission, which I'm happy to be doing this with my colleague John Katko, making it a bipartisan objective look, once we are through this crisis. Because we know that when we examine crises we can get good recommendations and ways forward to make sure that we protect our country and not find ourselves caught so flat-footed the next time. And I think a commission – a bipartisan commission moving once we're through the immediacy of this crisis – is really important to securing our future.

MS. HICKS:

Representative Katko, I'd love to get your perspective on why this was an important bill for you. And you're from New York, one of the epicenters right now for this virus. Is that a key piece of why you felt this was important?

REP. KATKO:

Yeah, but even going back from – the answer is yes to that, but even going back further than that, I was a federal organized crime prosecutor for 20 years and right in the midst of doing that 9/11 hit. And when 9/11 hit, the first question all of us asked is, how could this have happened? How did we – how did we have our guard down so much? What could we have done better?

And so when Stephanie called me about getting involved in this bill, I was absolutely interested because there's no better way to analyze the situation and a sober analysis that hindsight can give you, and I think if you do that in a nonpolitical manner and you do it with people like Stephanie, who are just absolutely a pleasure to work with and the politics always takes a back seat to doing what's right, we can find out what happened.

I agree with Stephanie. We were not as prepared as we should have been. The stockpiles weren't where they should have been. And it's not a gotcha. It's not to blame one person or another person. It's just to find out what happened, what can we do better, moving forward, and how can we make sure this never happens again. And when we took those actions after 9/11, and I was at the forefront of a lot of that and as a prosecutor, things changed dramatically, and our guard is up much higher than it's ever been with terrorism.

And as this world becomes smaller and as people travel more and you have exposure to different people in different countries, we should have foreseen stuff like this that could have happened. I mean, why we didn't as a country and why we didn't from a

policy perspective is something that we need to find out, and we need to do it in the right manner without politics involved.

And if you look at what happened with the 9/11 commission, a lot of really good things happened out of that: The Department of Homeland Security, the way we worked better with our foreign counterparts, the way we share information better. Those were all intelligence failures (sic) we didn't have before we have now, and it's made us a much safer country because of it. And that's why I'm very interested and I really appreciate Stephanie, whom I work with on a lot of things. She's kind of my counter on the Democratic side. We work together on a lot of things and that's why it's been a pleasure to be involved in this.

MS. HICKS:

So, Congresswoman Murphy, can you walk us through the central elements of the legislation? How would a commission be set up? How are you looking to ensure its bipartisanship, its access to information it may need? Please.

REP. MURPHY:

So it is set up very much like the 9/11 commission where the members will be picked with some expertise – people with expertise on these particular issues. It will also not only – the commission not only will do a historical record and time line of what happened but it will – and talk about the response, it will also provide a set of concrete recommendations for action just the same way that the 9/11 commission did, and these – the commissioners will use their expertise to make those recommendations, which I think allows those recommendations to carry some weight and, ultimately, it would be up to the elected officials to determine whether or not to implement these recommendations.

My hope and, more specifically, it's 10 experts appointed, equally balanced between Republicans and Democrats. Really, as John had said, you know, we're not trying to make this a politicized thing. This virus hasn't discriminated between Democrats or Republicans or Independents. It affects every American equally, and so our look back on this should carry with it all of the, you know, imprimatur of being as apolitical as possible and so that's why we have it equally divided that way.

And when I say experts, these people would have deep expertise in fields like public health and medicine and emergency response and public administration, and then that way when their recommendations come out of this commission it will carry weight, and the recommendations will be public just the way the 9/11 report was so that the American public can be brought in and understand what happened and see what is recommended and then hold their elected officials accountable for implementing these recommendations or not, you know, picking and choosing.

I believe, from a perspective of legislating, that we should always legislate from a place of fact and information and science. And so the hope is that, when we set up this commission, it will provide us a report that will give us that kind of information to legislate from and that it will also be a report that influences our government for decades to come.

I mentioned in my first answer a couple of things that we had done at sort of the department level to talk about pandemics, but it didn't penetrate. And I think it's going to take a 9/11 commission-style report to not just become, you know, shelf ware, like some reports out of our departments and agencies can tend to do. It's going to take that level of authority for us to have the information we need to act on it and be better prepared for the future.

MS. HICKS:

So Representative Katko, you both have mentioned the importance of bipartisanship. Obviously, because the current president is a Republican, this is a particular concern, I'm sure, for Republicans. Looking back at the 9/11 commission, the commissioners wrote in 2014, 10 years after they had published it, we remain convinced that bipartisanship in national security is essential. The recommendations in the 9/11 commission report would not have been taken up with such urgency had the report been less than unanimous or perceived as a partisan document.

How are you rallying Republicans around the idea of a commission?

REP. KATKO:

By that very notion, and by saying look what happened after 9/11 with that commission. Look how we changed things. Look how much better we are exchanging information in the antiterrorism field. Look what we've done in every district in this country to set up task forces where you have federal, state, local law enforcement working together. Look what we've done to work with our foreign counterparts to better exchange information. And look how we have better addressed the alarm bells in the terrorism field.

And all those things happened because we didn't blame anybody in particular. We just blamed the process or the shortfalls, identified them, and said, you know, it doesn't really matter who's to blame. It's just here's what we've got to do to make it better moving forward.

And that's why it was brilliant for Stephanie to suggest in the bill that we not start this until after the pandemic is over, because at that point we have the – it's over; it's done with. And as people

are moving on with their lives, you have experts in public health, medicine, emergency management, public administration, all the other individuals that can really give a good, sober analysis of an after-action report on steroids, if you will, as to what happened and what we can do better.

We did the exact same thing with the 9/11 commission and it worked – in my opinion, it worked very well. We're a much, much safer country. And the exchange of information, which was a key lacking ingredient of the 9/11 – pre-9/11 – in the terrorism field is no longer there. The exchange of information is real time and fantastic. And that is something – if we can get that type of change in the pandemic field, I think we'll be better off. And I think that this is not the last time we're going to see a pandemic, but we have to be better prepared than we were this time. There's no question about it.

MS. HICKS: So on the timing, Congresswoman Murphy, what is the timing that you anticipate for – at least if this is the bill that goes through? There's a number of bills that have been proposed. This, I think, from you all has a relatively late start point. What is that timing?

REP. KATKO: Yeah, but our bill is the best bill. (Laughs.)

REP. MURPHY: To put a finer point on that bill – on that point that John made, I'm really proud of this bill because it's a bipartisan bill. And not all of the House bills proposing a commission are bipartisan. And to be really clear, I mean, in order for this bill to get through a divided Congress and, you know, to get a bill through the Senate, it has to be bipartisan. We have to really approach this not as Democrats or Republicans but as Americans. How are we going to make this country stronger and better? There'll be a number of legislative vehicles that will come up this year, I imagine, where this would be appropriate to move.

I think at this point we've introduced the bill and we're working on building support and, you know, building that support evenly. I really appreciate having – working with John on this, because he can help build the support on his side and I'll build the support on mine; you know, letting people know that we're not trying to play gotcha. We are just trying to take an objective, apolitical look at a crisis and make sure that we're better prepared for it.

I think, you know – I think sometime this year, I think probably not in this next bill – that's, you know, coming together pretty quickly and we're focused on the immediacy of mitigating the economic and health-care damage that's being incurred right now – but I'm sure that there will be an opportunity later this year for us to – for a legislative vehicle for this bill to be a part of. And in

the interim, what we'll be doing is building momentum and support for it.

MS. HICKS: And is it fair to say that the legislation is likely to indicate that a commission wouldn't begin until after the presidential election.

REP. MURPHY: Absolutely. That's critical that we – and our bill is the – I think one of the few that indicates that this is going to be on the other side. Probably, you know, you could appoint members in January or February of 2021, assume that we are through the bulk of this crisis. And if not, you know, we can make the necessary adjustments. But the final report won't be due until 2022. And it would be – if it's a second term of Trump, it has no impact on, you know, his – on a reelect for him. And if it's a President Joe Biden, you know, that doesn't have an impact on him either. And we really wanted to make sure that this was not a gotcha at this administration. And pushing it out beyond the presidential and into a time when, as a nation, we're through the hot spot of this was critically important.

MS. HICKS: So, Representative Katko, picking up directly on that, for the 9/11 Commission, the commissioner spoke at the time, and then later, of how important the families were, the survivors were, to the 9/11 Commission both coming together, being formed, and then for its recommendations to be acted upon. Are you seeing that sense from people today out in the public? Is there a public cry, if you will, around people who've either suffered themselves from COVID or have had family members who've succumbed, or maybe they're frontline health workers?

REP. KATKO: Oh, sure. Of course there's that. And of course, they want to be heard and express their frustrations. But you know, don't forget there's another side of this. And that is the financial destruction of our economy. And you hear from so many people who have worked their whole lives, and their businesses and their families have been destroyed financially because of it. So there is an awful lot of that on both sides to examine. We need to do that. One thing I want to make – expand on what Stephanie noted. The fact that Stephanie is representative of the sensible wing – I shouldn't say that – the more legislative wing of her party, and mine is the same way, and we're all about getting things done, moving things forward – that represents an awful lot of people. And that's why it's important for us to be at the tip of the spear here, and to get the bill moving. It's very important for us to do that.

And also, the Problem Solvers Caucus is another vehicle of 25 members that are Democrats and 25 that are Republicans. And we're going to put this bill through there, and we'll pick up the support from them as well, I'm quite confident. And that's how

you get the ball rolling. So the victims that have gone through this, the victims and their families that have gone through this, the people that have suffered financial devastation because of this, they all need a voice. And we all need to learn from them what happened. For example, you hear things like, well, if I just had business interruption insurance that covered this, it would have been all right. But business interruption insurance doesn't cover pandemics. Well, is there something they can do about that, or is there something we should be doing about that? All those types of things have to be considered in this commission moving forward, for sure.

MS. HICKS:

You know, there's also this aspect of the international challenges that come around a pandemic. You know, just the very nature of it being a pandemic means it's global. Is your vision, either of you, your vision for this commission that it will look at the domestic issues for the United States, but also at the global aspects of pandemics?

REP. KATKO:

If you don't mind I'll go first, because I've had to deal with that on the terrorism side. It's the exact same on the terrorism side. We had to look at Saudi Arabia. We had to look at how these camps happened in Afghanistan. How did we let this problem metastasize internationally from a terrorism standpoint, and how did we turn a blind eye to that? Why – we knew they had these terrorist training camps in Afghanistan and did nothing about it. And after the fact we went in and did something, obviously. But absolutely would have to look at the international aspect of this.

I did a congressional delegation for anti-terrorism looking at the foreign fighter travel thing. We have to look at not just terrorism that comes to our shores, where is it coming from and how it is being developed where it is and how can we stop it in its tracks over there. I think the same thought process will be going on here.

MS. HICKS:

Congressman Murphy?

REP. MURPHY:

Well, we specifically wrote into the bill a requirement for the commission to look at the relationship between the U.S. government and foreign governments. And when I was working on the avian flu, we know that a lot of our military entities – and we have Navy medical facilities all over the world – and they often are the first sort of trip wire to see that something is coming up, something is popping, and letting us know. So we have to have this commission integrate, you know, our global presence and the, you know, alarm signals that we have that exist with the cooperation and interaction between U.S. and foreign governments.

And then, you know, I'm sure that as a part of this the commission is going to look at our supply chain and our trade relations with foreign – with other governments, and whether or not we should leave ourselves as vulnerable as we did today. And I serve on the Trade Subcommittee. I am a proponent of global trade. I believe it creates wealth for Americans, and there are a lot of benefits to it. But on certain specific core national security elements, should we not think about incentivizing domestic production? I mean, all of these things need to be a part of the broader lookback on how this crisis was handled in our country and how prepared we were for it.

MS. HICKS:

So we have had the opportunity to have audience members send questions in, and so I'm going to pull some of those now because I think we have a few minutes. The first question comes from – apologies if I mispronounce your name, Joseph – Joseph Anelli, who is a veterinarian from the National Association of Federal Veterinarians, and he asks what needs to happen to make sure that this is not forgotten three years from now, especially with congressional funding being limited to one-year blocks?

REP. MURPHY:

Well, I think that's the purpose of elevating it to this commission. You know, I had chaired other attempts by our government, departments and agencies to write reports, to prepare the government for a pandemic. Much of that became, you know, shelf ware. And the funding ebbed and waned depending on who was at the wheel. And I think a congressional report that is made public, that has the gravitas, like the 9/11 commission did, will hopefully provide the visibility and the momentum that is necessary to make some of these funding challenges, you know, go away and make the funding streams more consistent, and that it will transcend administrations and Congress, that it will just be a reflexive core of what we do as Americans to keep our country safe, much the way 9/11 is. I mean, you know, nobody imagined a Department of Homeland Security prior to 9/11. Nobody imagined the kinds of things that we do in an airport to make sure that nobody gets on board with something that could be problematic. All of those things happened as a result of the 9/11 Commission because it was elevated to that level. And the report with its recommendations goes to Congress, and Congress has an opportunity to act on it, and a responsibility to act on it. And because it's public, the American people can hold us accountable for whether or not we act on it.

MS. HICKS:

Representative Katko, do you want to respond as well?

REP. KATKO:

Yeah, I think Dr. Anelli hits a very good point. Americans have a very short-term memory. You can talk about some things that happened this year that are not even at all in the front of people's minds at all anymore, let alone things that happened a few years

ago. So it's incumbent upon this commission to be populated with the right people that can do a very good job and then publicize that job and make it something that Stephanie, myself, and others in Congress can take and run with.

I'd liken it to something that's similar that's coming out in the cybersecurity realm right now. They have this thing called the Cybersecurity Solarium, and it came out with all these recommendations for cybersecurity, which is a huge issue right now in this country. And it's not only come out with recommendations, because it's suggested legislation, to advocating on Capitol Hill. And, yeah, I'd venture to guess you'll see a lot of that come into legislation this year.

This commission has to do the same thing, that it starts making sure you populate it with the right people and nonpolitical people, prominent people that are respected and so when they speak people can listen to them and say, yeah, that guy's got credibility, that woman's got credibility, and we got to listen to them. So it's incumbent upon not only that we have this commission that is populated with the right sort of people – that are pillars of the community, that are highly respected, that can – when they say something we can get – that they get listened to.

MS. HICKS:

We have another question, which is: How do you see this bill intersecting with the Advancing Emergency Preparedness Through One Health Act and – which is also bipartisan and bicameral, and also with the global health security bill that is being proposed?

REP. KATKO:

Well, to the extent there's overlaps, there's overlaps, right? So I think that the bottom line is this bill has to be something that is ubiquitous because it's looking at the entire picture from the pandemic side – where it started, how it started, what did we miss there, what – is our relationship with China the way it should be, how can we improve that, how can we make that better – all the way through to how can we better anticipate finding cures and the whole supply chain issue that Stephanie mentioned, and should we bring manufacturing back here, all those issues. And then look at the financial side of things: How can we better anticipate the negative impacts if we have another pandemic on businesses? How can we better protect them so we don't have to shell out \$7(00), \$800 billion or a couple trillion dollars of packages? How can we better do everything?

So this commission, I think, has – is far more reaching, and it would mesh with anything else anyone else is doing. And to the extent there's overlaps, we can always work them out. But the bottom line for this commission is it's got to look at the entire

picture, and – just like the 9/11 commission did. It had very general marching orders that they had, and then they looked at the entire thing. And because they looked at the entire thing, it was far more effective.

MS. HICKS:

Representative Murphy?

REP. MURPHY:

No, I agree with what John said. You know, the way legislating works, oftentimes you get the ideas out there and it can be complementary and you can build support, and whoever manages to, like, sprint for daylight first and get theirs across the finish line into law, you know. And so I think, you know, it can be complementary. It is broad and allows the commissioners to go where they want to go.

I think a couple things that, you know, we will be rethinking maybe as a society and as a country will be, you know, our – the social safety net and whether, you know – is it sufficient to support economic crisis? I know that we are struggling right now to provide the support that we need to provide to workers and employers and in the health-care space more broadly, so I'm sure that we'll kind of take a look at some of those things.

You know, crises have the ability to highlight the shortcomings or the outstanding things that a country or a society does. And I can imagine in our look-back we're going to – we're going to see those things.

And then the other – I think on the other side of that we'll probably see how incredible our innovation in our businesses are in the health-care space and how quickly they are trying to pivot towards treatments and vaccines. We lead the world in this. And so we're going to see the good and the bad, and hopefully be able to make some decisions about where to invest and what to correct. And that will work in a complementary way, I think, with a wide range of legislation.

REP. KATKO:

Mmm hmm.

MS. HICKS:

Let me let you two close by offering a few words to those who are maybe listening and thinking a commission's a great thing, but I'm pretty anxious today and I'm worried about my family and I'm worried about my job. What would you say to those who are just incredibly anxious, of course, about the state of our government, the state of our economy, and the state of our health at this point? Representative Katko, I want to start with you.

REP. KATKO:

Yeah, I would say so are we, and we feel you. We have – we have spouses. We have children. We have elderly family members we

worry about. We've had – my sister owns a restaurant that was highly successful for 20 years and now they're trying – they're fighting like hell just to try and hang on. We have the exact same life experiences that all of you have and it's very, very difficult for all of us. But I can tell you this much, that there's an awful lot of good people.

Stephanie mentioned the health care field fighting for you. There's an awful lot of good people in Congress that are fighting for you. And if you really think about what's happened during this crisis, you haven't heard a lot of political vitriol. What you've heard is us coming together, putting down the swords, and getting those packages together.

Now, the next one might be a little more of a brawl. We'll see. But when the fire was on and the alarms were ringing, we came together and got to the front lines: unemployment insurance benefits, helping out small businesses, trying to bail them out, keeping hospitals afloat. We did an awful lot very, very, quickly and got the money to the front lines very quickly. That's the best about America, because when there's a crisis we come together and we have come together and we've worked very well together. That's the good news.

The better news is that there's a lot of people in Congress, like Stephanie and myself, who are perfectly willing to work across party lines even if it means it gets some people in our own party mad at us for doing so, and that's fine. That's what we're supposed to do. We're supposed to work together and get things done, and we're going to get things done. And that's why this bill is so important because we have to give people hope that this is never – we're going to get through this, number one, and number two, we're going to do everything we possibly can to make sure it never happens again on this scale, and we can only do that by working together as a country like we did in a time of crisis.

And I can tell you, Stephanie is a phenomenal member of Congress and she's very easy to work with, and I couldn't care less whether she had a D or an R after her name. I only care that she wants to work together and a lot of – there's a lot more people in Congress that think like that than you might imagine.

MS. HICKS:

Representative Murphy?

REP. MURPHY:

Well, just going off of what John just said, you know, when I worked at the Pentagon, as you know, Kath, like, we never said, hey, are you a Democrat or are you a Republican.

REP. KATKO:

(Laughter.) Yeah, that's true.

REP. MURPHY: It's mission first, right?

REP. KATKO: Right.

REP. MURPHY: Like, what is our mission and let's figure out how to do this the best way we can together, and it feels like that kind of moment right now. I mean, if you think back, we passed four major bipartisan bills in a matter of six weeks with many of us not being able to travel and, you know, with the crisis unfolding, basically, every 24 hours. It was – you know, the situation was changing.

And we were able to do that, I think, because, just as John says, you know, although if you watch cable news you won't see he and I on there very often. You won't see voices like ours on cable news exploding heads because we're busy trying to get stuff done. And but if you're – you know, you're a(n) average American and you're seeing that and you're worried about your health and you're worried about your economic future, I can see why it's an uncertain time or a disconcerting time.

But rest assured that there are a lot of people just like John and I who are trying to do the best that we can for our constituents, understanding exactly what they are going through and trying to get, you know, the right solutions passed into law so that people can actually benefit from it.

You know, and I also get that we've passed these four bills and trillions of dollars and there's still people in America who are, like, but what did – what did you do for me, and we get that. And so that means that there's more that we can do and there's more that has to be done, and it has to be done in a bipartisan way to get through a divided Congress and signed by a Republican president. And there are a lot of folks like us who are focused on that. We're in this together and we're going to get through this together.

REP. KATKO: Absolutely.

MS. HICKS: Congresswoman Stephanie Murphy, Congressman John Katko, thank you both for the time you gave us today and also for your leadership in Washington.

I'm going to turn it over now to my colleague, Steve Morrison, who's put together a phenomenal group of experts to reflect on some of the lessons we've had in the past, some of the efforts we've had in the past, to look at global health challenges.

Over to you, Steve.

J. STEPHEN MORRISON:

Thank you very much, Kathleen, and congratulations to Congress, Congresswoman Murphy, and Congressman Katko, on this initiative, which is very promising. I'm very encouraged that we have these four pieces of legislation and that they align quite closely with one another. Yours, of course, is the best. But this is showing us that there's an emerging consensus, an emerging bipartisan consensus. Early days, but very important to see evidence of that. Also very impressed by the power of the 9/11 commission precedent that figures in all of these. It's quite interesting to see that.

I want to – first, before I introduce our speakers and say a few words about what we're going to do I want to thank the team that put this all together: John Monts, Clifton Jones, Christine Brazeau, Alec Blivas, Kate MacPhail, Maddy Clough, Anna Carroll, and Michaela Simoneau. It's quite a large group of people that made this possible for us today, and I just think they deserve some special thanks.

We're going to take the next hour to carry forward the conversation, building on what we heard from the two representatives. And we'll structure our conversation around three fairly simple questions, which track closely to what – some of what we've heard already: Why a commission? What's the rationale? What's the value proposition? What should it do? What should its priorities be domestically and internationally? And how to navigate this treacherous political environment that we occupy now and that we'll continue to occupy as we get into the end of this year and into next year.

We want this dialogue to be very lively and provocative and interactive. Our speakers are all very expert. They're all close friends. But we want to draw on the experience of both the 9/11 commission as well as the experience of those many studies that were conducted after the Ebola crisis in West Africa in 2014-2015.

We're very fortunate to have with us Dr. Suerie Moon, from the Graduate Institute in Geneva, where she's the co-director of the Global Health Centre and Visiting Lecturer. I first got to know Suerie when I served on the Harvard-London School study group on the Ebola aftermath, the after-action review, which she was the secretariat for that. And she subsequently went on to do a broad study of seven major reviews and drawing out what the common themes were, but even more importantly, looking what the impacts were. So we're going to ask her to share with us some of what that tells us that's relevant to today. She's also a leading thinker on global governance in the health sector, and particularly with reference to equity and access to vaccines, to therapies, to

diagnostics, issues that are going to be very important as we move forward.

The CSIS Commission on Strengthening America's Health Security was founded two years ago; published a major study in November, "Ending the Cycle of Crisis and Complacency;" outlined seven core steps that the United States should take to break the cycle and create a sustainable U.S. approach. These recommendations remain very – highly relevant today and to any future COVID-19 commission.

We're very fortunate to have today with us two individuals who've played a major role in the work of the commission. Julie Gerberding, executive vice president and chief patient officer at Merck, is the former director of CDC under President George W. Bush and co-chairs the CSIS Commission on Strengthening America's Health Security.

Christine Wormuth is the director of RAND's International Security and Defense Policy Center and served 2014 to '16 as undersecretary of defense for policy in the Department of Defense under President Obama.

I'm going to now turn to our first question. Why do we need a bipartisan commission to review the U.S. response? What's the rationale? What's the core problems we're going to address? How do we make the case to American people?

I'd like to ask Julie to kick things off. Thank you, Julie, for being with us.

JULIE GERBERDING, M.D.:

Thank you, Stephen. Thank you so much to our representatives. It's so refreshing to be having a conversation about a bipartisan approach to really moving the needle on the dial in terms of our overall preparedness.

I think what we've learned in the context of this pandemic is that our health security is a major pillar of our national security. And our national health security is truly a global pillar of global health security. And we need to up our game so that we're really addressing this issue with the same degree of intensity, investment and introspection that we put into other dimensions of our national-security platform.

I went back and read the 9/11 commission report summary again in the context of this conversation and the pending legislation. And I was really struck by the four failures that were referenced in that report – failure of policy, failure of capabilities, failure of management, and overall failure of imagination. And I really

think the framework for examining our pandemic preparedness response also will bring up some of those very same failures.

Clearly, we have had many exercises focusing on pandemic preparedness. CSIS did such an exercise with members of Congress in January of 2019, and we learned a lot from that. It helped shape some of the recommendations that the Commission's report made. But I don't think we had fully grappled with not only the health impact of managing a pandemic but the profound economic impact on individual families and citizens and businesses and the true preparedness dimension that had to move way beyond the health agenda into the economic agenda. So it makes sense, given the gravity of the situation that we're dealing with and the multidimensional nature of the impacts and the requirements for improvement over time, that a comprehensive lookback be conducted. So I totally understand the premise and the requirement.

I would also just say that I think we shouldn't wait until 2021 to get this going. I know we don't do a lookback in the middle of a response, but there are many opportunities along the way to conduct operational after-action reviews. And we have to capture the learning as we go, I believe, in an adaptive response, because I don't think we have the luxury of waiting a couple of years before we make decisions about how we need to improve. We need to continuously improve, and that was one of the major observations from the Commission report. We need a doctrine of continuous learning and improvement and resilience so that we're always one step ahead of where we were yesterday in thinking about these biothreats that I'm sure will continue to emerge and threaten us. So this process that you've outlined, I love the bipartisan nature of it. I don't think it would have any credibility without that. And I appreciate that your intent is to really bring together our best learning and the best expertise that we can provide to our government, and really in a pan-government way. Clearly the federal level is the primary focus, but this is going to be relevant to governments at every level of our jurisdiction, and hopefully will also inform our engagement in the international community as well.

So I will just stop there, but thank you for your focus and your interest and your leadership. Thank you.

MR. MORRISON:

Thanks so much, Julie.

Congressman Katko and Congresswoman Murphy, I do hope you can stay with us for a few minutes. We're going to hear from Christine and Suerie on this first question. We can rotate back to you for some additional thoughts if you care to do that.

Christine.

REP. KATKO: Sure. I've got a hard stop at noon today, so just so you know. I'll let you know that.

MR. MORRISON: OK.

REP. KATKO: All right. Thank you.

MR. MORRISON: Christine.

CHRISTINE WORMUTH: I would just add to what Julie said

I think, you know, I'm struck. I agree with you, with the failure framework, and there have certainly been many failures in our ongoing effort to respond to this incredible crisis. But I think to some extent it was less an issue perhaps than 9/11 in terms of a failure of imagination. Because as you know very well, and as Steve knows, and Suerie knows, this was not a black swan event. This was something that we've known for a long time we were not prepared for. So I think I'm really pleased with the legislation that the two members of Congress are bringing forward because, in my mind, it will really take the kind of commission the two of you have envisioned to elevate this issue sufficiently to ensure that it gets the attention and that we're able to hopefully make many of the changes that have been recommended by a whole number of previous blue-ribbon commissions and studies.

You know, sadly, it's taking this crisis event to give us the opportunity to really move forward in a lot of the areas, Julie, that you mentioned where we know we need attention, whether it's in terms of policy, whether in terms of its capacity building, whether it's resourcing for agencies like CDC, departments like HHS, USAID. I really feel strongly that this is a moment that we have to seize if we are really going to ensure that we learn the lessons from this experience and use those lessons to make ourselves, and hopefully countries around the world, better prepared to deal with a future event like this.

And I will just stop there, Steve.

MR. MORRISON: Thanks, Christine.

Suerie.

SUERIE MOON, M.D.: Yeah. First, thanks very much for having me. It's a pleasure to join you all. Here in Geneva, you can probably see it's already evening where I am. I wanted to really congratulate both

Congresswoman Murphy and Congressman Katko on putting forward, I think, a very important and hopefully a – you know, a proposal that will be widely supported. And I do think that we have seen from our experience with the post-Ebola reviews that conducting this kind of review can be deeply impactful. We had probably four or five major reviews that were carried out by a number of groups around the world, some of them governmental, some of them more academic. We had over 50 in total that I counted. And what was interesting to see from all of these different reviews was actually how much agreement there was on some of the core – the core priorities.

And I think what's interesting about these priorities is, as Christine was saying, we actually know a number of the threats already. We know what needs to be done. And a big challenge has always been to mobilize enough political will or political leadership to actually drive through some of the changes we need and to mobilize the money to pay for putting the systems in place. And I think this is where a bipartisan commission is so important because we see that a highly politicized outbreak can actually – sometimes the politicization can really get in the way of having a science-based, public-health-based approach to getting it under control. On the other hand, we absolutely need strong engagement from political leaders to actually get our systems up to where they need to be, certainly, to address the next – the next pandemic.

And so I think it's not necessarily rocket science. I think there is – there are a number of strong recommendations that a bunch of the post-Ebola panels put on the table, again, some of which were recommended and some of them – some of which were implemented and some of them not, and perhaps we can get into that in a few minutes. But what I do think was very, very powerful was the unified voice that then gives political leaders the backing to push through some reforms that might not have been so easy to do otherwise. So I just want to begin by congratulating our two members of Congress for taking this forward.

MR. MORRISON:

Thanks so much, Suerie.

Why don't we turn back, while Congressman Katko and Congresswoman Murphy are still with us, and offer them the chance to say a few words? Congressman Katko?

REP. KATKO:

Thank you. And when – Christine, when you were talking I thought about something, and that was the number of alarm bells that were going off pre-9/11, the amount of chatter that was ignored, the threats that were ignored or just weren't paid attention to. That, coupled with a dysfunction of where they shared the intelligence, really created the problems of 9/11. And sometimes

in our country, unfortunately, we don't get everyone's attention until we get punched right in the mouth like we did on 9/11, like we did on this thing. And that's why I think we have a – you know, is it Dr. Moon, Suerie Moon, and Julie – this is why we have an opportunity now, because this has been – we have gotten punched in the mouth, devastatingly so. And because we have people's attention, we have a short opportunity, a short window in which to take that opportunity, and run with it, and make the necessary changes that you all talk about.

And so it's so important that this commission be set up the right way. And what Stephanie came up with, and which I fully support, is a structure of the commission, and it will work. I'm positive of that.

And I'll just tell you one other one that is probably coming around the corner that no – people just – we're trying to get their attention on, they're just not paying attention enough, is the cybersecurity issues. That is permeating every aspect of our lives, and there's all kinds of alarm bells going off, and we haven't done enough to secure it yet. And I hope we don't have to wait until something like this happens before we do that.

But it's the same type of idea. We've got to – now that we've had this cataclysmic event, we've got to work together, all of us. And the best way to do it is have a good, independent structure like Stephanie proposes in her bill to get around it, and wrap our arms around it, and encourage it, and get it done, and get it done the right way.

MR. MORRISON:

Thank you. Thank you.

Congresswoman Murphy?

REP. MURPHY:

Well, I completely agree with John. And you know, I think, Suerie, what you said is true today as it was 15 years ago, when I think I first started working on this, is that we know what we need to do, right? We know what is necessary to be prepared to fight a pandemic. The commission will allow us to evaluate the areas in which we fell short of what we – you know, public-health officials and epidemiologists have set out as to what you need to do to be able to respond to a pandemic. We can find out where we fell short.

And then – and I think, since this is being lived by the public so viscerally right now and with so much disruption, that we as legislators will have the public support when we seek to actually implement the recommendations and to provide the funding for, and the resourcing, to do what we need to do.

And I – so, again, you know, John mentioned this, that this is the right moment, you know, after we get through the main firefight with this pandemic, and on the other side to take the review, bump it up against what we know we need to do, and where there are shortcomings make significant investments. And with the public’s support and legislator’s focus I think we can get it done for the country and for the future.

MR. MORRISON:

Thank you very much.

I wanted to make just one point, which is after the 1918 Spanish Flu – this is something that John Barry in his work, “The Great Influenza,” a point he made, that Americans came away from that devastating loss of lives demoralized and ashamed. And they turned away. They didn’t – they preferred not to talk about what had happened and the mistakes that were made. And there’s only one memorial – even though that loss of life exceeded and continues to exceed the loss of life from major wars – there’s only one memorial in all of the United States to what happened here in the United States in 1918 as a testimony.

And I think that argues – in a curious way it argues in favor of using a commission of this kind in order to honor and memorialize the many lives lost and the gross suffering. And framing it in those terms that we owe it – we owe something to those people whose lives shouldn’t have been taken in this period. And that is a unifying concept, I think, that needs to be registered. I mean, the numbers lost already are staggering and astonishing. And that can paralyze us and demoralize us, but we can also use it to inspire. And I think what you’re proposing is something that offers people the chance to lift up their game and think about the future and make the best conclusions about a terrible set of situations that have unfolded here in America, and elsewhere outside – in the entire world.

I want to ask – come back to Suerie to talk to us a bit about her vision of what should be the priorities? How do we pick our spots? This is a – this is an ambitious plan. And it will, with sufficient time, and sufficient staff, and serious commitments, it will get through that work. One-year time frame is short. It’s short. But it would be very aggressive and ambitious. But we’re going to have to sort through and pick some spots. And I thought we could ask Suerie and then Christine and Julie to give us some thoughts around prioritization.

Suerie.

DR. MOON:

Thanks a lot, Steve.

So as we were beginning this session, it really struck me that the 9/11 disaster, as much of a historical moment as that was for Americans and for the United States, it actually directed affected a relatively small number of people if we compare that to what's going on with COVID-19 today in terms of the numbers of people who have lost a loved one, know somebody who has become ill, the numbers of people who have lost their jobs, and the magnitude and the number of sectors that are touched by the ongoing pandemic really dwarfs, in some ways, 9/11. And I think the work of this commission is going to be – in fact, have to be much broader in scale. And it makes the work harder in some ways than the 9/11 commission, as hard as that is to necessarily see clearly right now.

But getting to, you know, what some priorities might be, I think that it's important for us to look at where have we made some progress, and where should we in fact be pleased with how both at the domestic level and also at the international level we've been able to make quite significant progress in a short period of time. And I think one of those areas is absolutely accelerated scientific research, collaboration, the creation of a dedicated fund called CEPI to invest in vaccines. We've had a lot of changes at the World Health Organization, for example, in that it's much more prepared for responding to outbreaks. Certainly much more prepared and on its toes than it was five years ago.

We have a lot more knowledge of how well-prepared all countries are, whether we're talking about the United States or other countries in the world, than we did five years ago. And I think before it was a bit of a black box. And of course, we don't know as much as we need to know, and a lot of the weaknesses in national preparedness are being exposed with the ongoing pandemic. But we're also seeing strength. We're also seeing where is it that countries are actually ready to – ready to react? And I think these are all important steps forward that show that with some investment and political capital you can actually make important changes that have helped us today, that made our response stronger today.

If I were to highlight some areas where I think we absolutely need some further attention, looking at – looking at what has been happening in this outbreak, I think the money is absolutely – you know, it's the clearest signal, of course, to the level of political commitment that governments have to an objective. And we've seen that despite some of the quite modest proposals, I would say – there was an estimate from one of the post-Ebola reports done by the National Academies of Medicine that estimated that less than 5 billion (dollars) per year would need to be invested

worldwide in order to really bring the world up to the level of preparedness needed.

And at the time, 5 billion (dollars) sounded like a lot. Today when we're talking about multibillion, trillion-dollar economic rescue packages, I think it sounds like what it is, which is pennies – you know, peanuts compared to what the – what the fallout will be. And so I think the question of how do we really mobilize and protect that financing and ring fence it so that it is secure, and that it doesn't go up and down? Because we know that the political risk of it going up and down is very high. And I think this is true both for domestic investments and international investments. I think this is really a key part of the puzzle.

I think one of the second areas where we haven't had enough attention – and this is coming up very clearly and was already mentioned a couple times – is the question of production of drugs, and vaccines, and diagnostics, but also who gets access to them. And this was not something we focused on a lot after Ebola. But it's certainly becoming a very clear priority right now. We know that countries – I've seen over 70 countries have put export bans in place. These export bans affect the United States and every other country in the world. We have supply chains of raw materials being broken. We know that countries are very, very nervous that when drugs and vaccines are developed that they are not going to be able to get access to them. And even within the United States, we know that people are worried as to whether they're going to be first or last in line. And will their health insurance cover the costs of getting access to the kinds of care that they need?

And so this question of: How do we make sure that people can feel secure that they will have access to the incredible advances of science and technology that we've done a lot to drive forward? We've done a lot to invest in R&D. We've done a lot to make those systems work faster. The scientific and technological leaps forward, I think, are really mindboggling. And I really have to applaud the scientific community for leaping into action. But if we don't match that at the same time with very clear arrangements for how do we make sure that people know – and this is not just Americans but people around the world – people really know that they're going to get access to those products, I think we're going to have a real political firestorm on our hands.

So I'm going to stop there. I think there's probably a lot more to say about WHO and the international health regulations, but I think that's a whole 'nother kettle of fish. So I'll leave it at that.

MR. MORRISON:

Thanks, Suerie.

Christine and then Julie. Christine.

MS. WORMUTH:

Yeah. I certainly agree with everything that Suerie had to say. You know, I think in terms of priorities the commission should really be looking at – first of all, if you sort of think of the health challenge as being about trying to prevent these kinds of outbreaks in the first place, trying to really do that, focusing on building up public health infrastructure, whether it's here in the United States or around the world, then there's detection. If you're not able to stop it there's the response phase, which we're in now, and then ultimately the recovery phase. So that's, you know, one way to sort of think about the lifecycle, if you will, of what we're dealing with.

But I think that the priority categories in my view are really around organizations, and policies, rules, and authorities. So all of the things about how are our institutions, if you will, structured to deal with that lifecycle of tasks? And, you know, are we appropriately organized and structured in that way? You know, I think many of the after-action reports from Ebola indicate that we are not. There's been a lot of discussion, you know, in our country recently about the issue of, you know, whether there needed to be a more senior or larger office inside the White House that was focusing on these kind of things, and the fact that the Trump administration eliminated the position in the National Security Council that was responsible for that – you know, that's just one small micro-example.

Another big bucket is the issue of funding and resources. And I just couldn't agree more with Suerie's point that, you know, \$5 billion a year seemed like just too high of a mountain to climb, but now it looks like child's play compared to what we're putting out with these stimulus packages to try to staunch the economic pain that we're all feeling in the country.

And then I think there's a huge category around capacity building. And again, there are – there's domestic capacity. Do we have – and I would include the issues of innovation and speeding vaccine development, other medical countermeasures. All of that I would put there. But it's also, again, about strengthening our own public-health infrastructure so that we have a national stockpile that is adequate and is well maintained and that our hospitals all around the country have greater capacity, you know, on a more regular basis.

But also that's, you know – as all of the speakers at this event have indicated, the virus doesn't know boundaries. It doesn't care about whether you're a Republican or Democrat or, you know,

where the borders are. So this is something globally we need to help countries build up their capacity. And there's been a lot of work in that area, but I think there's much more that needs to be done. And it's tied, in my mind, very tightly to the issue of resources and coming up with funding streams and mechanisms to help less-developed countries, more fragile states, be able to increase their capacity as much as we need to work on that here at home as well.

And I'll just stop there, Steve.

MR. MORRISON:

Thank you so much.

Julie, what should our priorities be?

DR. GERBERDING:

So, you know, scale is – obviously the theme that cuts through many of the comments that have been made so far is the ability of our health system to surge the ability of our stockpile to meet the needs of this largescale event, et cetera, et cetera.

But I still go back to the imagination issue because I've been involved in dozens, if not hundreds, of exercises relevant to pandemic preparedness. And we never dealt with the economic reality of what sheltering in place would mean to individual families, to gig workers, to low-paid people, and all the folks who keep our communities and our societies running for our convenience and pleasure in a lot of senses of the word.

So I think there's an economic preparedness for the mitigation phase of a pandemic that really needs a great deal of attention. And we're fortunate that we can blast a lot of money through the emergency-supplemental process in there to try to help. But as we're hearing, you know, it trickles down more slowly than we wish. And people are really, really harmed by this; harmed, you know, in food security, harmed in personal security, harmed in health security.

We're seeing, just from a Merck perspective, a reduction in the people asking for medication payment assistance, not because they don't need assistance but because they're not going to the doctor at all. They can't, partially because they're in quarantine and partially because they've lost their jobs, lost their insurance, and they're frightened about how they would pay.

So we've got to do much better in the mitigation-impact assessment and preparation so that we know what we will do when we have to.

I think the other dimension of this that hasn't probably – it's been certainly exercised and thought about a lot, but it has to do with the harmonization of communication, not just across the United States and our political jurisdictions, but really globally, in helping people be prepared for where are the reliable sources of information. I don't think we have an estimate yet of the damage done by misinformation and mythology, but certainly we're all aware of some of the impacts that that failure to really credential reliable information and resources for people has – have created.

So those are just a couple of areas I think that need special attention in the context of a commission.

The last thing I would say is probably something that might not be on the radar screen, but you mentioned it in the construct of prevention. And we really need to think differently about the one-health scenario, the intersection between human, animal and ecosystem health. If you just go back at the emerging infectious diseases we've contended with in the last 20 years, virtually all of them have had animal sources. And yet our ability to really understand what's going on in the animal kingdom and relate that to spillover and the kinds of interventions and ecosystem engagement that we need to understand the epidemiology of that and, hopefully, find better strategies to mitigate. And then, to what extent does the CEPI agenda extend beyond human health into the animal health arena? Because some of these conditions in animals are things that our livestock or our food production industry needs to be worried about as well.

So I do think that the preemption and prevention need to be an important part of this. I'm afraid they might get lost in the conversation about the overall response. So I just wanted to highlight those as a special feature.

MR. MORRISON:

Thank you. Thank you, Julie.

MS. WORMUTH:

Steve, could I just – I just wanted to underscore something that Julie brought up, which is, I think, completely on point, which is the need to think about the economic resilience of our society and the fact that that will be relevant not just in this kind of a public health crisis like we're experiencing but going back to something that Congressman Katko said about a cyber event, for example.

You know, the threats are growing very significantly on the cyber side and the chances of – you know, Secretary Panetta used to always talk about a cyber Pearl Harbor. Something like that is possible at this point and I think, you know, we would similarly need to be able to have more resilience built into our society to be able to grapple with that kind of an event were it to happen. Or

even – you know, again, coming from the Defense Department background, you know, we really are thinking in the future we are going to be dealing with much more sophisticated military challenges from countries, potentially, like China and Russia.

And if we ever, heaven forbid, were in a conflict with one of those two countries, here in the United States I think we would experience it much differently than we've experienced the military interventions in Iraq and Afghanistan in the last 20 years and we really would need to have much more economic resilience here at home. So I think it's something that, you know, is more broadly applicable than just to a future pandemic event.

MR. MORRISON:

Thank you. Thank you, Christine.

We're going to turn to the third question, which is what kind of strategy is needed to move this forward, and I want to say a few things that are sort of the devil's advocate position. When you look at the – moving the strategy forward at home and moving it – moving it forward abroad, it's pretty stark, right. We are – we are – at home we are a very tribalist and a very deeply divided society with lots of distrust that has accumulated around those divisions, and bipartisanship, which we've said is essential to the success of this commission, is quite frayed. I mean, we have seen strong bipartisanship in moving the funding mechanisms through Congress and that is an encouraging sign. But we haven't seen a whole lot of bipartisanship in many other areas.

When we talk about what makes success in the 9/11 commission, it was getting the facts out. It was having subpoena power, expedited judicial review. It was being able to control the narrative. It was being able to show leadership and build trust and have public hearings and use all of those instruments.

In today's weaponized social media environment that's going to be a lot tougher to be successful, I believe, and we are in – you know, we're coming against the backdrop of the Mueller investigation, of the impeachment investigation, of the stonewalling, of subpoenas, and we're living in a very weaponized social media, a kind of post-factual world, and urgency will fade and exhaustion and fatigue will settle in.

So those are some of the things that I think we need to keep in mind, not to defeat ourselves but to think about what kind of strategies can allow us to get beyond that and navigate that. And when you look internationally and you ask, what kind of coalition is going to form today to drive an international reform effort that's going to be essential – Suerie referenced WHO and the – we'll

inevitably come back to revisiting the strengths and weaknesses of WHO and many of these age-old debates about that.

But, today, it's a void out there in terms of international leadership. It's astonishing, the level of initiative and high-level engagement except if, perhaps, with the IMF and World Bank jumping in early, there has been just a desert, a void, and that is very striking by comparison with 2014 and '15. So we have some stark challenges in front of us, I think, as we think about the strategy. We shouldn't underestimate just how formidable all that will be.

Christine, if you could help kick this section off with your thoughts about what should we – what should we keep in mind as we try and move this agenda forward?

MS. WORMUTH:

Sure. Well, I think we can't be naïve and we can't underestimate the challenges that will arise, I think, to actually standing up a commission like the members of Congress are calling for. And, Steve, you just laid out all of the obstacles that there are. It is – it is truly concerning to see right now how much partisanship is bleeding into how Americans are experiencing this pandemic event. And it is – you know, the tribalism that we have is getting in the way of us being able to do the right things from a public-health perspective, and I know that's certainly very concerning to me.

I think one – you know, the starting place is having it be bipartisan and having voices like both of the congresspeople who joined us earlier making the case for why this is important. And I think one thing to emphasize to Americans is that this isn't about pointing fingers and blaming for the sake of blaming. This is – accountability is important, but I would argue that it's really learning the lessons from this experience and applying them so that we will be better prepared in the future. That's why this really matters.

And as, Steve, you know, this challenge, the – you know, multiple administrations have grappled with these kinds of health challenges. Not on this scale, but whether it's been a Democratic administration or a Republican administration, they have all had difficulty. So this is not, you know, uniquely about the current administration and how it's doing. So I think making that clear, and making a strong case for why this is going to help everyone and not be about a blame game, is an important piece of the strategy.

I think another really important piece of the strategy is taking a page from the 9/11 commission playbook, which is enlisting

invested stakeholders who will want to see us learn lessons from this terrible experience. And that is going to be the families who have lost people to COVID-19. It's potentially going to be, you know, all of the frontline health-care workers, people who have been on the frontlines in terms of grocery stores and pharmacies. I think all of those people feel – many of them, I think – that they are being asked to make, you know, very significant sacrifices while other people are not doing their part. I think those groups are going to have a vested interest in seeing a commission like this come forward. So I think trying to build a coalition here inside the United States of parties who are not political but who see the value of this commission is an important part of the strategy.

And I think on the – on the international side or sort of on trying to build more global movement, if you will, to trying to better prepare in the future, you know, I heard something the other day on the radio that said a lot of times countries don't know that they want the United States to lead until the United States starts leading. And I think, you know, we're not in the best position as a country right now to take that leadership role because we have stepped away from so many other important global priorities, things like the Paris Climate Agreement or the Trans-Pacific Partnership. But I think in my mind the United States is still the only country who I think could really start rallying others behind it and trying to form a coalition to work together. And I think there's still a very strong case that the only way you can really effectively grapple with these kinds of global health challenges is if we do it globally. So I – you know, I believe the United States still has the potential to step up and try to – try to start rallying the international community in a way that we have not yet seen to date.

Steve, you're muted.

MR. MORRISON:

I'm sorry. That's a great point in terms of grounding this effort in addressing inequities and the – and the fundamental biases that have run through in terms of those that are marginalized, those that are poor, those that are of color. I mean, the burden of this within our society is being borne – and I would add, obviously, the elderly and those that are infirm – it's being borne by the most vulnerable and disenfranchised populations in many cases, and that is going to be an important element in trying to navigate and trying to build legitimacy and credibility for this. Julie, what's your thoughts?

DR. GERBERDING:

In addition to everything that we just discussed, I think we need to also remember the private sector. Small and large employers are absolutely critical to future planning and engagement, but also can be extremely powerful political allies in a relatively nonpartisan

way to move these agendas forward. Businesses have been devastated by this – by this pandemic, and I think the rallying point around a united front on never again – (laughs) – never again should we be in this incredibly vulnerable position. That’s a really powerful vector of change and engagement at a congressional level that we shouldn’t overlook. So I do think that, just as individual citizens and the affected people need to tell their stories, we also need to hear from the private sector and really understand how they have experienced this because ultimately, as businesses fail, it just creates additional hardship for employees and for the people who are in the downstream channel of the supply chain or the commercial chains that they affect on a global basis. So I’d just make a strong plea to include private-sector participation in the – at least the testimony, if not the commission itself.

MR. MORRISON:

Thank you.

Suerie?

DR. MOON:

Yeah. Thanks, Steve.

I wanted to come back to, I think, one of the themes that you’ve raised, and also that Julie raised, around economic vulnerability, because I think, yes, on the one hand this virus does not discriminate between countries or political party in the sense that anyone can be affected and infected, but we also know that it does discriminate every effectively, as every illness that I’m aware of does, that every major public-health crisis exposes fault lines in society. And in the U.S., you know, that includes people who don’t have a social safety net, people who have to go to work or who have lost their jobs and have lost their insurance, as Julie was mentioning earlier, who don’t know how they’re going to pay for health care. I mean, the fault lines in American society and the inequalities that have been exposed through this crisis I think will be a major – I think preoccupation is too light a word for it, but it will have to be the focus of not only this commission, but I think a much broader national debate for quite a long time to come.

And what that means for the U.S. internationally, I think, is that we probably should not expect a major return to the leadership role that we saw the U.S. playing in 2014 with respect to the West African Ebola outbreak, for example. The U.S. leadership role on global health security, I think, has been ebbing, has been in decline for a number of years already. And the Trump administration decision to cut funding to WHO in the middle of this crisis is surprising in many ways but it’s also, I think, the next step in a chain of decisions that have been taken that reflect a U.S.

withdrawal from an international leadership role, as Christine was saying.

I think I would disagree with a couple points that were raised earlier as to whether there's anyone else who can fill that vacuum or who is – who is, in fact, filling that vacuum. I think we do see – post-Ebola, we saw the government of Germany playing a very important leadership role, especially at WHO, to drive through some of the reforms that we're all benefiting from today. I think we've seen the G-20 and the leadership of the EU trying to mobilize both solidarity as well as, you know, big pools of funding to try to get a global response to become coordinated. Yes, it would have been better if governments could have moved faster. Yes, we miss U.S. diplomatic efforts and contributions and financial and technological contributions. Absolutely, the world is worse off not having that U.S. engagement. But I don't think that the world is sitting back and waiting for a leader to arrive.

And this is my perspective from Geneva. I'm far enough away you can't throw tomatoes at me. (Laughs.) But I think the reality that many Americans – and you know, I'm an American myself, so I very much include myself in this category – I think what we have to realize is that there is a very different attitude today towards U.S. leadership in the world coming from outside the U.S. And I think that the decision to hobble WHO, to cripple WHO just when a number of other countries are really beginning to rely on it more – and by this I mean developing countries. We know the epidemic has shifted – will begin to shift, has already shifted to Africa, to Latin America. And these are countries that rely much more on support from WHO for technical guidance, for equipment, for financial support.

I don't think governments will forget quickly. I think there will be a longer-term political price to pay in terms of U.S. diplomatic relationships with other countries because of some of the decisions that have been taken. And I do hope that the attitudes will change. I do hope that there will be strong and cooperative contributions to international efforts coming from the U.S.

And I think we do see that from private actors. We did see that from companies. We see that from foundations. I think the Gates Foundation, for example, has been very much out in front. Bill Gates himself has been, I think, playing a very important leadership role. But we don't see it yet from the government. And I think we should not underestimate the longer-term damage to reputation, to partnerships, to diplomatic reserves, that some of the decisions that the Trump administration is taking today may have in the longer term.

I think you're on mute, Steve.

MR. MORRISON:

We have a little bit of time remaining, and we have a couple of questions that have come forward from those that are watching this. One has to do with mental health, with anxiety, depression, panic. Where does that sit in this particular domain as we think about a commission moving ahead? Where does mental health fit? We hear more open discussion of this here in Washington. It's been interesting to see more open discussion with respect to the White House task force and others that are thinking and talking about all of this.

Julie, what's your thoughts on the mental-health dimension and how this commission could best help advance that agenda?

DR. GERBERDING:

I mean, it's really top of mind for me in my day job at Merck, where I'm helping support the COVID response effort. There are so many disruptions. We have essential personnel who are making medicines and vaccines that have to get out to patients, not just COVID patients but all patients. So they have to be at work. But their families are disrupted. Their day care is closed. They have their own worries about the safety of the workplace.

And then we have the vast majority of our workforce at home, adjusting to the challenges of homeschooling and the lockdown, basically. Fortunately, some of our offices, for example, in China and Korea, have come back to work, so we're trying to learn from them.

But I think we're well aware that the mental-health stresses that people are experiencing are not trivial. And we're, as an employer, doing everything we can to make our employee-assistance program and resources available to talk about mental health in coping; ask managers to check in regularly on their people. You know, are they doing well? If you have any concerns, you know, these are the resources available. So that's just the viewpoint of one employer. But I think – I'm talking about people who have jobs and are continuing to be paid.

What really worries me, again, is that fault line of the disenfranchised and the people who are the hardest hit by this and the incredible mental-health issues that are emerging. We're hearing reports of increases in domestic violence, increases in child abuse. I don't know what's happening with substance use in this context, but I can't imagine that that isn't a resource that some people are relying on for coping.

So we don't really know at this point what the full impact is. I'm sure it's not going to be trivial. And it needs to be factored into

resilience planning going forward. It's not just an economic lens. It's broader than that. But it is, again, one of these really wicked problems in our society that is only exacerbated when they're in the middle of a broader crisis like we're currently experiencing.

So I hope the commission includes an assessment of mental-health support services and resilience planning, because at the end of the day that's what really matters to individual people the most.

MR. MORRISON:

Thank you.

Christine, your thoughts?

MS. WORMUTH:

Yeah, I would agree with Julie. I mean, I think an important place for that is in this whole issue of resilience and the broader points that Suerie made about the social safety net. And, you know, at a certain point there would be anxiety. You know, we would be experiencing anxiety no matter what kind of social safety net we have, because this is a new event, there's so much uncertainty. But if we had a stronger safety net, if people weren't worried about whether they had access to health insurance, for example, I think the mental health issues would not be as severe as they are likely in reality right now.

The other point I would add is it has struck me that I think, you know, uncertainty is hard for people. It's certainly hard for me. And I think one of the things that is – you can reduce people's anxiety and uncertainty by having consistent messaging about what needs to be done, what the facts are, what people need to be concerned about, what they should be doing to protect themselves and their families. And that is something that, it strikes me, that we have not had a lot of consistency around the messaging at the – at the national level. And that's something, I think, again, that the commission could look at, is the connection between the public communications and now that helps reduce uncertainty and anxiety in the public.

MR. MORRISON:

Thanks, Christine.

Suerie, your thoughts? You've already touched a bit on this, but I'm sure you have more to add.

DR. MOON:

I wouldn't certainly consider myself a mental health expert, but I do think it highlights how widespread the implications of this pandemic are, and all of the different aspects of society that this crisis is touching. I've heard colleagues of mine who are historians compare this to the Second World War in terms of what is the big reckoning not only at a national level, but also – in every single country, but also internationally. What is the big reckoning

that's going to need to happen after this crisis period is behind us? And it touches on not just health, and not just safety nets, not just economy, but also mental health, on child wellbeing, on domestic relationships between men and women, on, I mean, every aspect of life that we can imagine. Nothing has been untouched. And so the kind of broad and deep reckoning that we're all going to have to do I think is not even yet something that we can imagine. And this is going to be – this is going to be worldwide. So a commission is a great way to start in the U.S. I think it will be – it will be one of many.

MR. MORRISON:

Thanks, Suerie.

I want us to end on a positive note. I do think that the concept of a commission is inherently or innately a hopeful thing. It's a turn towards a kind of constructive optimism. And that's good, because that – we need to be creating things in the landscape that we can point to with that in mind. And I want to ask each of you to close with a minute or two of thoughts around what does give us strength in this moment, and what gives us the greatest hope in this moment. I'm going to ask Christine to lead off, and then Suerie, and the I'm going to ask Julie to close.

Christine.

DR. GERBERDING:

Christine, you're on mute.

MS. WORMUTH:

Oh, I'm sorry. (Laughs.) That's a hard question. I think, you know, one thing that we can be hopeful about is all of the moments that we've all undoubtedly seen where people are really stepping up to help each other – whether it's just simple things like neighbors going and getting groceries for people who can't go get them, or providing assistance to people who lost their jobs. Just, you know, all of that, I think, is incredibly hopeful. But I also think that this commission, again, is inherently hopeful because it's about learning and being able to take that learning and better prepare ourselves.

And I think one of the things that was also very effective about the 9/11 Commission, that I would hope that a commission around the pandemic would also do, is the fact that they came back periodically, you know, whether it was every year after they issued their report or every five years, and they did sort of a report card and update on how well the country was doing in terms of implementing their recommendations. I think that was very effective, and is a very good idea to keep in terms of going forward, in terms of thinking about how can we maximize our chances to really make some of these changes and implement the recommendations? So I think that's hopeful as well.

MR. MORRISON:

Thank you. When I was reflecting back on the 9/11 commission and what an extraordinary development and achievement that was, part of it came back to Tom Kean and Lee Hamilton. You know, it came back to these two personalities who were so credible, and so civil and decent, and so committed to this. And they carried – they carried the whole train with them, through some pretty rough waters. I mean, the course of that 9/11 Commission was not all sweetness and light. A lot of it was really tough. And so we need to think about where's the next Tom Kean and the next Lee Hamilton at this moment. And it's not too late to start thinking about that.

So, Suerie, your thoughts on where is the strength and hope in this situation?

DR. MOON:

Thanks, Steve.

I would fully agree with you. I think leadership is absolutely crucial. And we have seen very impressive feats of leadership from around the world. I think that after a first kind of really dark period in which many countries closed their doors, they closed their eyes. They were very focused inward. We had a massive collapse in international cooperation. I think, to be optimistic, it's Friday evening here in Geneva. I think I can be a bit optimistic. I think we're turning a corner.

I think that a number of governments have opened up and said: There's no way that we're going to get this outbreak and this pandemic under control without a much deeper level of cooperation than we've seen so far. And I think that governments are starting to move very seriously in that direction. So that gives me hope. It's, I think, on the international scale exactly what Christine was saying, in terms of acts of solidarity between neighbors and between friends and family. It's what we're seeing at the – at the international level.

MR. MORRISON:

Thank you, Suerie.

Julie, you get the final word here this afternoon.

DR. GERBERDING:

Well, I really do – you know, the carpe diem, the seize the day opportunity of the commission is an important perspective. And I completely agree with what both Christine and Suerie have said about leadership. And I'm kind of a grassroots sort of person. And while I'm not actually that optimistic about the near term, because I'm very concerned about the evolution of this pandemic, and the developing world, and in other areas that haven't anywhere near the resources that we have here to manage it, I also

am heartened by the incredible spirit of resilience and innovation that I see not just in the U.S., but popping up all over the world.

And I have to admit, I'm a little bit of a YouTube junkie now, but I love it when people all over the world are singing the same song or playing the same piece of music, because it tells me that they really do intend to survive this, and that we'll make music again.

MR. MORRISON:

Thank you so much, Julie.

I want to close here by just thanking Julie, Suerie, Christine, for taking the time to be with us this afternoon. Thank you for your service to the cause over many decades, the commitment, the leadership, the ideas that you bring to the table here. It's very important that we be able to rally your talent and your perspective at this moment. I want to thank my colleagues at CSIS who put this all together in rocket speed and carried it out beautifully. And I want to thank Kathleen Hicks for reaching out and suggesting that we do this. The idea began with Kathleen saying: Hey, let's do this. The time is right. Let's do it. And I want to thank the two members of Congress, John Katko and Stephanie Murphy, for their leadership and for being with us today, which gave us a very nice focus around what's possible. So thank you.

DR. MOON:

Thank you, Steve. Thanks, everyone.

MS. WORMUTH:

Thank you, everyone.

(END)