Online Event

“A Conversation with Congresswoman Lauren Underwood”

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FEATURING:
Representative Lauren Underwood (D-IL),
Member, CSIS Commission on Strengthening America’s Health Security

CSIS EXPERTS:
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Transcript By
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J. Stephen Morrison: Good morning. I’m J. Stephen Morrison, senior vice president at the Center for Strategic and International Studies in Washington, D.C., where I direct our global health work.

Today’s conversation with Congresswoman Lauren Underwood is part of the CSIS Commission on Strengthening America’s Health Security. Congresswoman Underwood kindly agreed to join the commission last year, and this conversation is going to cover a number of critical issues with respect to both the domestic and the foreign environment vis-à-vis health security.

I want to offer special thanks to Andrea Harris and Jack DiMatteo on Congresswoman Underwood’s office staff, and also on our staff Amith Mandavilli, Clifton Jones, John Monts, and Chris Barnett.

Congresswoman Underwood represents Illinois’ 14th Congressional District, was sworn into the 116th Congress in 2019, and she’s now serving in her second term. She’s the first woman, first person of color, and first Millennial to represent her community in Congress. She’s also the youngest African American woman to serve in the U.S. House of Representatives. She serves on the House Committee on Veterans Affairs, on the Health Subcommittee there; and the House Committee on Appropriations, both the Homeland Security Subcommittee and the Ag and FDA Subcommittees. She co-founded and co-chairs the Black Maternal Health Caucus, which elevates the Black maternal health crisis within Congress. Just this week – congratulations, Congresswoman – I know that the bill H.R. 958 that you have co-authored with Congressman Gus Bilirakis on codifying and strengthening maternal care programming within the veterans community got voted out of full committee – that’s great news – with strong bipartisan support. Congresswoman Underwood graduated from the University of Michigan with a nursing degree, went on to complete two master’s degrees at Johns Hopkins University, joined the U.S. government – HHS, the Health and Human Services Department – as a career civil servant 2010, converted in the second Obama term to a political appointment as a special assistant and then senior advisor to senior officials within HHS.

Congresswoman, thank you so much for being part of our commission and giving us time today. I know your time is very short. We’ll honor that. We’ve got a little bit more than a half-hour to speak with you today. But welcome.

Rep. Lauren Underwood: Thanks, Steve. I’m really glad to be with you.

J. Stephen Morrison: So let’s start. I wanted to get your perspective on the American Rescue Plan Act and its $1.9 trillion emergency supplemental. You know, it includes very significant components, estimated over 400 billion (dollars), dedicated
to the COVID-19 response: testing, surveillance, vaccination, vaccine confidence. How significant is this in terms of addressing basic disparities in America, in your view?

Well, the lens of equity has been incorporated into every single investment that we’ve made into the American Rescue Plan, and I think that that in its own is historic, right? That is a key goal of the rescue plan, which is to make sure that we are offering this relief in an equitable way to the American people.

So, you know, the $20 billion, for example, for the national vaccination program includes resources for both pharmacies that have walk-in hours for their vaccinations, but also to get resources to the rural health clinics and the community health centers and those mobile vans, right, getting resources directly to primary care providers. We want these vaccines to be easy for the American people to get. No matter what kind of community they live in, no matter what their transit circumstances are, no matter whether or not they have health-care coverage, right, they should be able to get access to this lifesaving vaccine.

And I think that when we talk about disparities, the pandemic has put a bright spotlight on so many longstanding disparities. And when we have nearly 600,000 Americans who’ve died in this pandemic – you know, a disproportionate number being Black and brown, low-income people, essential frontline workers – we have to take extra steps to make sure that we are doing all that we can to especially protect those at highest risk of contracting the virus and ultimately dying of the virus.

Now, this is massive emergency spending bill –

Yes.

– that is trying to address many of these key gaps that we discovered in the course of this pandemic – gaps in our basic public-health capacities and other things, and you’ve referenced some of them. Do you think this is going to set the stage for a long-term, sustainable approach on strengthening public health in other areas in America?

Well, you know, I would argue that we did not just discover these gaps. These gaps have been on bright display for a long time. Our public-health workers have been working to the top of their capacity for decades. There has been a systematic disinvestment in local public health, and we tried to fix that with the Affordable Care Act. And then those funds were even diverted and, you know, they were – people were playing games with the public-health money. This is the opportunity to make investments in
community-based public-health initiatives, but they cannot be temporary, right, because now the American people fully appreciate that they have a health department. Now people know the name of their health department director because that person's on the news every day, and they are personally invested in the success of these community resources, right? People understand how critically important their health departments are. And so now we need to make these investments permanent, which will be a top priority of mine as a member of the House Committee on Appropriations.

So that's the next phase. The next phase is to convert this so that we don't fall back into a cycle of crisis followed by complacency, but that we make the transition to a sustainable basis. Do you think that's going to be possible on a bipartisan basis, looking ahead? I mean, we're a very divided country, but these are very bipartisan matters in some respects.

In some respects. You know, I think what's key is in our communities it's not even a partisan issue. This is about having the resources to deliver for a community and keep those residents safe. And so my priority through the appropriations process is to have sustained investments, making sure that both our domestic and our global public-health infrastructure can respond to COVID, which we know will be with us for many years to come. Let's just call it what it is.

But we also need to be prepared for the next pandemic, the next emergency, the next disaster. And so when I think about these kinds of resources, my priorities as an appropriator have included domestically, right, robust investments in local public-health departments, and then globally fighting for increased resources for Gavi, the Vaccine Alliance, right, to support the global immunization efforts; for USAID for the maternal and child health programs, which are so critically important; and then, obviously, global health security, which is what we're here to talk about today, including the pathogen genomics, which, you know, really enables us to quickly detect any kind of emerging new virus strains around the world.

Thank you. Thank you.

We are currently in a race against these virus variants.

Yeah.

It's scary. It's fully upon us here in America. It's very much driving what we're seeing in the horrible situation unfolding in India and Nepal. Vaccine supply in the United States has increased. The number of distribution sites has grown. The president earlier this week unveiled his new phase of giving states greater flexibility of moving towards more walk-in
pharmacies, mobile units, popups, massively expanding the distribution sites. Now, the speed and scale of vaccination efforts has accelerated. Coverage continues to rise rapidly. My question is: Are we going to approach a pivot point this summer, in your view, one where we reach a high enough percentage – the president has said this week he wants to hit 70 percent of adult Americans with their first dose by July 4th. Is that – is that reachable? And what will that pivot point mean, in your view?

Rep. Lauren Underwood:
Well, it’s certainly the goal. Right now we have 55 percent of U.S. adults who have had at least one dose of the vaccine. More than 83 percent of adults 65 and older have had one dose. And so, you know, the investments that we made in the American Rescue Plan to reduce the barriers to getting the vaccine out into communities will be critical in further increasing vaccination rates broadly, and especially in the communities that have the elevated case counts.

However, our success will be determined by, you know, the American people’s willingness to continue to get vaccinated. I am encouraged that, you know, we are having an explicit conversation about young adults now.

J. Stephen Morrison:
Yes.

Rep. Lauren Underwood:
And that is a key shift in the messaging. And easing the barriers for those young adults to be vaccinated – you know, in my community the high schools are setting up vaccine clinics, right – that’s a great step, and we need to continue to lean in in meeting young people exactly where they are to make it easy for them.

We learned this around voting and in our campaigns, right? (Laughs.) Young people thought it was so complicated to register to vote. They went to the DMV to get a driver’s license and were turned off, and so then they wouldn’t register to vote. And so we have to make it easy, make it accessible, and then they’ll do it.

J. Stephen Morrison:
In your district, who are the most difficult people to access, do you think? Who faces the greatest – the greatest barriers in access? And who – and who are the populations that are most hesitant or resistant to the vaccine, in your view?

Rep. Lauren Underwood:
OK. So Illinois is not doing as well as the country. In Illinois, we only have about 30 percent people who have been fully vaccinated, and that is consistent statewide and in my district. My district is half rural by geography. And so there is very much a cultural thing happening where some of our rural White men are less enthusiastic about the vaccine, and I think that, you know, we are going to have to change some culture there. I am not the one that they want to be hearing from – (laughs) – about their
need to be vaccinated, and I’m aware of that. And I think that it’s on us as a community to create an environment where that vaccine is socially acceptable.

J. Stephen Morrison: Well, we’ve seen – with respect to Evangelicals, Republican voters, rural residents, and younger conservatives – we’ve seen a lot more activism recently by Frank Luntz, the Republican pollster, doing focus groups with Brian Castrucci from the de Beaumont Foundation. It’s been very interesting in terms of who do they respond to. And it seems like – it seems that they’re not looking for political advice or guidance. They’re looking for trusted – people that they trust in their locality, their provider, maybe their local minister, and maybe fellow family members. It just seems that those conversations need to happen at a hyperlocal level. And they can have some impact.

Rep. Lauren Underwood: Yes. But that’s the case with everybody, right? So that’s, like, not a unique factor about this conservative population. But I do think that there has been maybe a lesser willingness for the more high-profile people within that social and cultural circle to lean in. And then you start to see the increased pressure on, like, the local leaders, which – who may not have an incentive to share their own personal health status or personal information the way that, you know, a mayor or, you know, somebody else who has a large following might be willing to. So it’s a leadership challenge. But we’re talking about shifting culture at this point. And this is not about education. You’re not going to teach people into this. This is not about even access, because they know where to go if they wanted to get it. It’s about creating some cultural norms.

J. Stephen Morrison: You know, we’ve been following very carefully the sort of survey work from Kaiser Family Foundation and Pew Research Center on American opinion. In the last 90 days, or the last 120 days, there’s been a dramatic shift of American opinion. Fully two-thirds of Americans either have received the vaccine or are eager to get it as quickly as possible. That’s a big shift. And the moveable middle, those that are asking legitimate questions that need to be answered in a respectful way, that population has shrunk from well over 30 percent to about 15 percent. And there’s been significant gains within the Black population, Hispanic, Native American. Why do you think we’ve made those advances, in your view?

Rep. Lauren Underwood: Well, I think it’s easy to shift opinion in a survey. It’s much more difficult to actually get the vaccines in their arms.

J. Stephen Morrison: Yes.

Rep. Lauren Underwood: If you want to have a theoretical conversation about someone, about the coronavirus vaccines and would it be useful in protecting them from
hospitalizations and death? I think that most people can acknowledge that as a fact at this point, right? We’ve all – not we’ve all – many have received that education. We’ve done a good job with that public-health messaging.

However, convincing them to make the time and to make it a priority, to make sure that they know that the vaccine is free, and make sure that they know where to go get it and that they need to get the two doses if they have Pfizer or Moderna, right? Like, all of that stuff I think is where we sort of need to catch up. This whole phenomenon of people falling off after their first appointment, that’s a real problem, right? People who understand and are willing to get the vaccine, but they’re just not pressed about it, right? They’re not going to prioritize and they’re not seeking out that appointment. They’re not – you know? And it’s not that they have anything against it. They’re just, like, whatever about it at this point. I think we need to get them to actually be vaccinated. I think that that’s not really being reflected in the polling, but it is being reflected in the vaccination numbers, which, you know, are not increasing, at least in my community, at the rate that we’d hope.

J. Stephen Morrison:

What more do you think needs to be done in your communities?

Well, there’s conversations about incentives. I think that, you know, we have to go to different places. That was what I was talking about with the young people, right. And, you know, we’ve done the obvious stuff now. So everybody who was, like, eagerly clamoring for it, I think that they’ve all been vaccinated.

Just recently have I been getting outreach from my health-care providers, you know, from CVS or Walgreens, that has my information saved, you know, proactively pinging me to come in. That needs to be dialed up, you know, using every mode of outreach to make sure that people understand how to do it, and then just like some cultural norms.

Listen, the companies who try to sell us stuff – I’m not talking about the pharmaceutical companies; I’m talking about consumer goods, right, like, you know, the grocery companies and the lifestyle brands and all that. They know how to get people to get out in a culturally relevant way. We need to be applying those techniques. And to a certain extent, I think HHS has done a lot of that research, because we did it when we first set up the Affordable Care Act and the marketplace and we were trying to convince people to log on to healthcare.gov and get the coverage.

I think we need to be deploying more of those tactics in a really surgical way, in a culturally relevant way, to these key demographics and not so much relying on, you know, my pastor said that we should get vaccinated,
so the van’s going to be here after church next week, right; like, we’ve gotten those folks vaccinated already. We need to do something different.

Yeah, yeah. So what has – in the period of this pandemic and engagement with communities around let’s get tested, let’s get vaccinated, what surprised you the most as a – you know, you’re a rarity, coming into Congress –

– at this acute moment, with a deep background in public health, an awareness of policy, but also a deep background of what this means in practice. So what has surprised you the most in this period?

Oh, there’s been many surprises. You know, there’s so much about health care and, you know, disease spread that we don’t control. But there’s many things that we did control with COVID and how temporary the American people were – like, the interest in that we’re all in it together; let’s embrace these mitigation strategies. And I’m not talking about the shutdowns. I’m talking about the mask wearing. I’m talking about the handwashing. I’m talking about actually respecting social distancing. I’m talking about, you know, that kind of stuff. It was a real short attention span. We didn’t really capture the American people’s interest in doing those things for very long.

And I would say now, culturally, people have completely moved on. And if you go to an airport – I don’t know if you’ve been to an airport, Steve, but it is horrifying in terms of, you know, the complete disregard of the public-health measures that need to be taken to protect people from disease spread.

Obviously, I’m from a state where travel and tourism are key to our economy, right, so I am not going to sit here and tell you, like, don’t get on a plane. But what I am going to say is, like, why are you, you know, acting like you couldn’t have ate at home and sitting here, you know, for three hours between the gate and on the plane with their mask under your chin, you know, in the middle of a pandemic, knowing that you haven’t been vaccinated? Like, that’s the kind of thing that I struggle with, and I’m on planes every week.

So what do people expect of you as an elected leader with special public-health expertise? What do people expect of you in terms of your leadership and your guidance?

I think that people appreciate that we’ve made resources available, the level of responsiveness and, like, amplifying what’s going on locally, because we are in the Chicago media market. And so there’s not a lot of information
that’s suburban-specific that our community can easily receive. So we’ve been a great hub of information.

I don’t think that they have expectations that I will solve this problem for them. And I think that, you know, depending on how they approach this conversation, whether they’re an entrepreneur or a parent or someone who’s struggling with childcare, right, they may have some expectations around solving those aspects of the economic impact of the pandemic. There’s a lot of expectations there. I don’t think there’s expectations on the health-care side.

J. Stephen Morrison: Yes. I want to ask about a couple of persistent problems we have.


J. Stephen Morrison: I mean, we have to get – in order to get control over the pandemic within our boundaries, we need to get our case count – if you listen to Dr. Fauci, we need to get the baseline down to no more than 10,000 cases per day.

Rep. Lauren Underwood: Mmm hmm.

J. Stephen Morrison: Now, we’ve brought it way down. I mean, in January, at the peak, we were running at 250,000 cases over a seven-day period, which was astonishing. But we’re down to a little under 50,000 right now.


J. Stephen Morrison: How – you know, in your view, is it realistic to think we’re going to be able to drive those numbers down to 10,000 between now and, let’s say, the end of the summer? And, if so, how is that going to happen, in your view?

Rep. Lauren Underwood: Yeah. Well, we can do it. We have the resources available to do it. It will require getting our vaccine numbers up and people who have completed their two-dose regimen, and also making sure that our public-health officials have the ability to do proper contact tracing, to, like, do it the way that they’ve been trained to do it, the way that we know can work as an effective public-health intervention.

And in order for that to happen, they have to have the funding for staff. They have to have the funding to do that kind of sustained outreach, and then make sure that they’re not diverting funds that would have otherwise gone to things like substance-use disorders and maternal child health and environmental health, right; that we can protect their budgets in these other areas –
Yes.

– and make sure that they are having an opportunity to spend their COVID-specific resources.

There’s been, I would say, some delays and confusion in getting some of these dollars out. And so that’s why, you know, it’s just really important we continue to hear from our local health officials that there are resource needs. And that’s just, I think, a function of the delayed transfer of resources.

Yes. And there’s a lot of concern right now that we’re lagging behind on surveillance and testing, whether it is PCR testing, antigens, serology, genome-map sequencing. Do you think that we’re going to be able to catch up?

Well, we’ve put $47.8 billion for testing, contact tracing and mitigation, and $1.75 billion for genomic surveillance. And so, you know, the investments will help accelerate efforts to expand the rapid and accurate testing so we can identify these variants. But I think that people are just less interested in getting tested. You know, they’re just kind of complacent and assume that they don’t have it.

And what’s tough about that is, at least in my community, right, the kids are all back in school in some form or another. And they’re out so frequently because they’re quarantining, because somebody in their class got COVID, right. And so, you know, that to me says that we need to continue to step up these testing and mitigation efforts.

We’re obviously in a race between the vaccinations and the variants, and we cannot let our guard down. And I think that, you know, the emergence of some of these over – you know, over-the-counter rapid tests – that’s what I’ll call them; I’m sure they have a technical name. I think that that’s good, but they’re still priced at a way that would keep people who are not incentivized to get tested, to take advantage of it. And I think that we need to do some cultural work there.

Yes. Do you think that there’s a tension between the desire to move really rapidly and scale up testing and vaccination versus the concern with equity? Is there a tension between those two, or can you reconcile them and achieve both?

I don’t think that there’s a tension. I think that some – every community doesn’t have the same equity concerns. And so I think the national equity conversation tends to focus on Black and Hispanic people and low-income urban communities, which is not representative of the full equity
conversation, right, because when we talk about equity, we’re also talking about the 65 and older, which have been largely vaccinated. We’re very successful, particularly for those in the nursing homes. You know, but then we weren’t as successful in this equity conversation in terms of health-care workers, right, which have, in many cases, chosen not to be vaccinated, despite their high-risk status.

In terms of essential workers, right, they’re the ones I think that have had the most access to the vaccine through their workplaces, as compared to maybe grocery clerks or, you know, other categories of essential workers. And so I think that the equity conversation is much more nuanced than just race and geography. And I don’t think that the press has been as good about sharing some of that nuance in respect to the policy decision-making.

And you would include in that considerations of gender, right? You would include considerations around those with chronic disorders, and those communities that are underserved. They may be communities of extreme poverty, right?

Or communities like I represent, that don’t have a hospital.

Yeah.

They don’t have the health-care resources that have been built into the, you know, foundational fabric of that community, which means that they – we need to take an extra effort to bring in the health-care workers to vaccinate the population. And so, you know, that’s the challenge in some rural communities. You know, if we had mobile vans – (laughs) – going around every community – not just a one-day pop up on Saturday every quarter for a vaccine clinic, but literally every day at the parking lot at the grocery store, right, talking to people and, you know, heavily encouraging and, you know, just matching the cultural framework, I think we might find some success. It’s about resource allocation and prioritizing. And I think that we have not gotten to that phase of, like, the cultural norming yet.

Yeah. Before we move to the international side, I want to focus on what seems to be a – for many people – a somewhat confusing moment that we’re in. We’re in a transition. We have a large proportion vaccinated, large – but still a long way to go. A third of our population fully vaccinated and, as you said, 55-56 percent having gotten – of adults having gotten – but we still have – we still have a long way to go. And people are a little confused. They’re confused as to are we still seeking to achieve herd immunity or is that going to be elusive?

When they listen to guidance from CDC on travel or on masking, they come away oftentimes a little confused as to what our – what the behavior of
those who are already vaccinated should be in those. Can you – and I know CDC struggles with this. They struggle with trying to be honest with the science and be nuanced in conveying the complexity of this situation that we face right now.

It must be hard for you, in trying to bring these realities across to your constituents and make – and make sense of all of this. Tell us a little bit. You know, first of all, it’s about herd immunity. Is that still a goal, or is it something else? And the second is giving people advice on reopening, and on masking, and travel, and other aspects of life.

Rep. Lauren Underwood:

Well, I think we need to be more precise in our conversations around, you know, goals and thresholds in this elusive concept of herd immunity, because we have a lot of people who don’t have a strong public-health background, certainly no background in epidemiology, using these terms incorrectly. And so I don’t use that phrase anymore because that is not one where we can speak with precision. But I think that in the context of COVID and, you know, where we need to be as a country we need to speak with precision.

I think that in terms of the other piece that you referenced, we are in this transition. But I think that folks are less committed to seeing it through once they feel like their situation is stable. What I mean by that is there’s a lot of people who got COVID. A lot of people who got COVID and know they had it, that may not be motivated to get vaccinated. Once they got COVID, they know they had it, they were fine, are not motivated to wear their masks. They’re not motivated to take any additional precaution because they had it, it was fine, they’re over it, we all just need to move on, right?

For me, this is, like, very much about a cultural issue. I see all the time, right? If 30 percent of the people have been fully vaccinated you can probably assume – (laughs) – another 20 to 30 percent feel like the pandemic is over for them because they either had it, someone in their family had it, and they’re just done. I think that CDC has done an OK job at communicating to the American people, under the Biden administration, about, you know, the changes in guidance as they receive it, you know, more broadly.

I think that there’s room for improvement for the, you know, school-based, employer-based, you know, very specific guidelines for people to follow as we continue to reopen. I think that that is the area that there is more gray that, you know, I certainly am looking for them to be more bold and specific about what we should be doing right now.

J. Stephen Morrison:

Thank you. Thank you. Let’s use the balance of our time to talk about U.S. leadership outside our borders. This is a sensitive issue. We’re in the midst
of a domestic crisis. We’re coming out of it, but still have to be very, very attentive and vigilant and carry that work forward. But we also are at risk that the world’s being divided into haves and have-nots. It could be really dangerous with variants circulating. There’s a justice and – social justice and ethical dimension to this. There’s a strategic dimension. We’re not going to reopen our economy, or global economy, if the world is divided into a few zones where we have very high coverage of vaccines and the rest of the world sort of left on its own.

Now, President Biden’s moved forward in certain ways. We had under former President Trump $4 billion signed into law in the December emergency measure going towards COVAX, towards Gavi, for procurement under COVAX. Eleven billion (dollars) in the American Rescue Plan, the 1.9 trillion (dollars). Eleven billion (dollars) towards U.S. foreign aid. We’ve begun to loan and provide surplus doses, Canada, Mexico, 60 million of AstraZeneca that will be going to a variety of folks.

My question is, as we’re – as Americans are feeling more and more secure, and we’re getting higher coverage and we’re feeling more confident about what’s happening at home, should the United States be turning strategically to try to coordinate the global response, in your view?

Well, I think we certainly have a moral imperative, and certainly it’s in our best interest to make sure that we are doing all that we can to crush this virus everywhere. And we continue to make the resource investments in the American Rescue Plan, right, $8.7 billion for global health funding for example, to do that. I think that if we are going to be successful, we’re going to need to continue to deploy the resources and supplies, including making the raw materials available for these countries to manufacture vaccine doses on their own. We obviously need to continue to support COVAX and other related efforts.

You know, and then, also, like, lend our expertise. That’s something that, you know, sometimes doesn’t get the spotlight that makes a huge difference when we can make, you know, experts from CDC and USAID available to assist countries that are having these surges. Obviously, you mentioned the AstraZeneca doses. And that’s good, that we’re, you know, going to be helping to manufacture additional vaccine.

But we also have to just continue to engage outside the context of this public-health emergency, right? Our attention has been concentrated on the pandemic over the past year. And as a result, I think we’ve really done some backsliding in terms of the progress that we’ve made on global health crises in general. And so that’s why I think it’s important to continue to fund, you know, groups like Gavi and other global health programs, so that we can continue to address HIV, and malaria, and TB, and other vaccine-
preventable diseases which remain huge threats around the world, and in some communities are larger threats than COVID. And we – they are continuing to count on us as well.

J. Stephen Morrison:

Thank you. Now, two things have happened recently that are connected to one another. One is the shock of what’s happening in India, which has – you know, obviously it’s hard not to be moved by the gravity of this and the horror, the scale of death and illness. And we haven’t seen the peak point yet. And this may change our whole view of what this phase of the pandemic globally is going to look like. We’re seeing a similar pattern in Nepal. There’s a fear that this could – we should see this pattern of a second wave in other large populations.

We also have seen the administration this week, with the U.S. Trade Rep Katherine Tai, taking a position to join the WTO in negotiations over suspension of intellectual – temporary suspension of intellectual property rights. You know, the motive behind that, I think, is to use U.S. muscle to try and come up with some solutions that are scaled to the need. And obviously there’s an immediate, acute six-month gap in vaccines. We’re going to have lots of surpluses, but we also need to build new capacity in manufacturing.

J. Stephen Morrison:

And it’s not just IP. It’s many different dimensions. But I’m encouraged the U.S. is stepping forward in asserting its political leadership to try and shape the marketplace. What are your thoughts on this? I know this is a – the decision on the IP is a controversial one, but it’s part of a larger question of U.S. leadership to try and scale solutions to the true scale of the challenges we face.

Rep. Lauren Underwood:

Yes, and that’s the point, I think. You know, we see the Biden-Harris administration trying to step up, build confidence, and to, you know, demonstrate their genuine interest in long-term positioning of the United States to be a member of the global community again, right? We saw that with their climate summit that they held. This feels very consistent in terms of a policy position, which is to say, you know, we have resources; we want to make them available; we’re committed to helping do this kind of long-term manufacturing capacity enhancement around the world; and you are our neighbor and we’re not going to turn our back on you. That’s sort of the point of view that I see.

And so, you know, while there may be controversies because there are huge financial implications of these decisions, I think that the values behind it have been completely consistent with where America has been as a global leader over the decades. And I think it’s also very consistent when you look
at the, you know, foreign policy moves that the administration’s made to date.

J. Stephen Morrison: Thank you.

I know we’re running out of time. Just one last quick question which we like to ask all of our guests, which is: What gives you the greatest hope and optimism looking ahead in the future with respect to COVID-19?

Rep. Lauren Underwood: Well, I am just really excited that, you know, our economy is doing better. People are working. People are making plans for the future. You know, this is graduation season. I’ve been recording all kind of commencement addresses, and they’re all filled with this idea that, like, the future is better than this dark year that we’ve all collectively experienced. The grieving that has been just so overwhelming, at least in my life – you know, the death notices just piling up, piling up, piling up – and that we can look ahead and know that it will be better.

I’m also really hopeful and optimistic that the bonds that we forged as literally neighbors in our communities will continue to grow and strengthen as we move out of this pandemic because we have built relationships with people that we would not have otherwise relied on every day. The bonds are strong, I think, and they’re deep, and I hope that people continue to invest in those relationships that they made out of, you know, the world becoming smaller. And I hope that that sense of community and partnership will sustain as we move forward because the challenges may not be called COVID-19 in the future. It might be something else, but we’ll still need to count on one another to move through it.

J. Stephen Morrison: Congresswoman, thank you so much for spending this time with us this morning and being so forthcoming and open across this full range of issues. So thank you so much.


J. Stephen Morrison: Thank you for being part of the commission and thanks for your leadership.


J. Stephen Morrison: We really need it. And so thank you so much.

Rep. Lauren Underwood: Take good care of yourselves, everybody. Thank you for having me.

J. Stephen Morrison: Thank you.

(END)