Advancing U.S.-China Health Security Cooperation in an Era of Strategic Competition

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A Report of the CSIS Commission on Strengthening America’s Health Security
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About the CSIS Commission on Strengthening America’s Health Security

The Covid-19 pandemic has exposed deep and diverse weaknesses in U.S. global health security policy and infrastructure and has triggered massive health, economic, and social crises. The CSIS Commission on Strengthening America’s Health Security will drive discourse and develop concrete, pragmatic action agendas for U.S. health security policy in the Covid-19 era. The commission brings together a distinguished and diverse group of senior leaders and is advised by a group of preeminent subject experts. Initiated in April 2018, the commission will continue its efforts through the fall of 2022.

The commission is directed by J. Stephen Morrison, senior vice president and director of the Global Health Policy Center. More information on the commission can be found on its dedicated microsite at https://healthsecurity.csis.org.
Acknowledgments

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While all of the people noted above contributed to our thinking and have made us smarter, any mistakes and shortcomings in the final report are the sole responsibility of the authors.
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Executive Summary

Although the United States and China have entered a period of strategic competition, bilateral cooperation on health security is more important than ever. The Covid-19 pandemic, with its novel nature and devastating impact globally, represents a critical opportunity for bilateral cooperation. The current environment is stark and forbidding, and one must remain realistic about what can be achieved in the near term. But the opportunity space for engaging China remains larger than the risks of not doing so.

With this goal in mind, the CSIS Commission on Strengthening America’s Health Security created a Working Group on U.S.-China Cooperation on Health Security in the spring of 2021, appointing both authors as co-chairs. The purpose of the working group is to explore potential areas of cooperation with China and to offer concrete, pragmatic proposals for the commission’s consideration. Based on consultations with the working group members, counterpart experts in China, and suggestions from members of the commission, the authors developed a range of proposals to expand cooperation in six areas: vaccines and therapeutics, travel, public health infrastructure, biosafety and biosecurity, supply chain resilience and security, and countering disinformation.

A high-profile strategy to promote cooperation may achieve minimal traction when facing barriers that are difficult to overcome. Three areas of cooperation—travel, public health infrastructure, and supply chain resilience—stand out as most likely to deliver substantive results in the short term. They face relatively few barriers to implementation but could generate major positive spillover effects. Cooperation in another three areas—vaccines and therapeutics, biosafety and biosecurity, and countering disinformation—also promises high benefits for improving health security but faces higher substantive and political hurdles. That said, both sides can shape the environment for future cooperation by investing in reassurance and confidence-building measures.

The proposals suggested here can be advanced through a mixed, forward-looking strategy that involves mobilizing multiple stakeholders in promoting U.S.-China cooperation over health security. Paving the way for effective cooperation, however, demands intervention from top leaders from both sides. The Biden administration has demonstrated this by sending a U.S. climate envoy to China. Now it is time for the administration to send another senior leader to Beijing to talk about cooperation over public health. The United States and China can build on the Biden-Xi virtual summit held in mid-November 2021, where there was recognition of the importance of cooperating on issues, such as climate change and health security, where U.S.-China interests intersect. Just as the two sides have begun to cooperate in tackling climate change, they should be able to do so in a similarly pressing issue area.

This report describes a broad agenda for U.S.-China health cooperation. There are political, economic, and practical obstacles at almost every turn, and the United States should proceed with appropriate caution and care. At the same time, strengthening America’s health security is critical to the national interest and needs to be understood as an urgent challenge. Time is of the essence.
Why Cooperation Is Needed and in America’s Interest

The United States and China have entered a period of strategic competition. While China views America as the biggest obstacle to its national rejuvenation and a potential threat to the rule of the Chinese Communist Party, the United States conversely perceives China as the most important geopolitical threat facing it and the rules-based international order in the twenty-first century. Although American concerns about China are entirely justified given the country’s more repressive turn domestically, assertive actions externally, and its intense party-state capitalist economy, there is no choice but to find some modus vivendi with China to tackle challenges on climate, nonproliferation, health security, and other public goods issues. Doing so is no gift to China but rather in the deep self-interest of the United States.

U.S. involvement in China’s health sector can be traced back to the nineteenth century. Except for an interregnum during the Mao era, this form of U.S.-China historic cooperation has endured over time, brought mutual gain, generated goodwill, and cemented relations across generations. Even today, U.S.-built hospitals and medical schools continue to function, serving as quiet reminders of American generosity and friendship from a bygone era. Cooperative public health activities were among the first to be set up following the resumption of official bilateral exchanges in the 1970s. Indeed, they have also been among the most successful areas of U.S. engagement with China over the past four decades. Health cooperation has involved exchanges of specialists, coordination of scientific research projects and programs, joint organization of seminars and conferences, and the exchange and provision of
biological standards, reagents, and samples for laboratory tests and control. Bilateral cooperation over health survived the collapse of former Soviet Union (which shook the strategic foundations of U.S.-China relations) and the 1989 Tiananmen crisis (which triggered sanctions in other areas). Since the beginning of this century, concerns about common challenges such as HIV and SARS have provided additional impetus for the two nations to work together to strengthen health security at home and globally. During the 2009 H1N1 pandemic and the 2013 H7N9 outbreak, disease control agencies in both countries collaborated closely to share epidemiological data and virus samples, conduct joint research on the viruses, and develop diagnostic kits and vaccines. In fighting the 2014 Ebola epidemic in West Africa, staff from the U.S. Centers for Disease Control and Prevention (CDC) worked with Chinese public health personnel in Sierra Leone and Liberia. The cooperation played an important role in saving lives and turning the tide of the epidemic.

The Covid-19 pandemic, with its novel nature and devastating impact globally, represents another critical opportunity for bilateral cooperation. Indeed, when U.S. government officials first learned about the outbreak in early January 2020, their initial response was encouraging. The Trump administration offered to send a team of experts to China and to provide other forms of assistance to help China fight the novel coronavirus. But for more than a month, Beijing showed no interest in the U.S. offer. Meanwhile, potential U.S.-China cooperation to battle Covid-19 was overshadowed by growing concern within large segments of the Trump administration and in Congress about China's growing power and its efforts to gain greater legitimacy internationally for its authoritarian system. Tensions escalated in the spring of 2020 when then-president Trump declared, with no evidence, that the virus emanated from the Wuhan Institute of Virology, began referring to the virus as “the Chinese virus” and “kung flu,” and severed U.S. membership in the World Health Organization (WHO). Washington's skepticism was reinforced by China's initial coverup of the outbreak and a later rebranding campaign that featured aggressive efforts to spin the image of China as a role model in pandemic control and a leader in providing global public goods. As the virus wreaked havoc globally and the Trump administration faced criticism for its inability to effectively handle the crisis, China's efforts to assert itself in the pandemic only made the call to “hold China accountable” more justifiable. The escalating confrontation over the pandemic's origins spurred a rise in recriminations, misinformation campaigns, and conspiracy theories. In the meantime, fear of China's global ambitions has in part prompted the U.S. government to launch its own health diplomacy to counter China's influence campaign.

As public health–related exchanges between the two countries are increasingly scrutinized through a national security lens, there is rising hesitancy by politicians, scientists, and public health experts on both sides to speak out about the continued shared value of cooperation. Although the United States and China signed a significant bilateral cooperative agreement in early November 2021 to tackle climate change, there is no serious parallel discussion between the two countries for addressing other global challenges such as combating the pandemic and strengthening global health security. The seemingly steady drift into a new long-term standoff somewhat akin to the Cold War and the lack of dialogue on a wide array of areas of shared common interest has transformed the health sector from a zone sheltered from broader bilateral tensions to an area of the most acute and polarizing sensitivities. The U.S. side did note in its readout of the Biden-Xi virtual meeting that health security is one area where American and Chinese interests intersect, but that is still far from taking actual cooperative action.
To be sure, there are good reasons to be skeptical about the value and appropriateness of cooperation now. China is where the Covid-19 outbreak was first detected, yet Chinese government officials were tight-lipped at the beginning about the nature and scale of the outbreak. The authorities delayed notifying the rest of the world about the danger of human-to-human transmission until January 20, 2020. Moreover, Beijing is still refusing to share raw data and give permission for the retesting of samples, which is necessary to determine the virus’s exact origins and prepare for the next pandemic. China has explicitly denied the notion of a leak from the Wuhan Institute of Virology, while state media and some Chinese officials have spread disinformation about possible U.S. origins of the virus. In July, Beijing rejected the WHO’s proposal for a second-phase probe of Covid-19’s origins. It remains unclear to what extent China will support the newly formed International Scientific Advisory Group for Origins of Novel Pathogens (SAGO), which represents the WHO’s most aggressive effort to date to bring new life to the largely stalled investigation.

Despite the current pandemic highlighting the global costs of China’s behavior on a massive scale, it is still in the U.S. national interest to identify and pursue the most critically important areas of cooperation with regard to the pandemic and health security more generally. Doing so will save the lives of Americans, Chinese, and others and help better prepare for the next pandemic, the occurrence of which is not a question of if but when. Indeed, the trajectory of Covid-19’s spread, the disruption to global supply chains, and the prominence of China’s “mask diplomacy” and “vaccine diplomacy” all manifest the critical role China has assumed in global health security.

The current environment is stark and forbidding, and all parties must remain realistic about what can be achieved in the near term. But the opportunity space for engaging China remains larger than the risks of refusing to test engagement. As discussed below, there is clearly shared national interest in cooperation in critical areas of health security and public health. Such cooperation cannot be paralyzed by the current tensions between the United States and China. Cooler heads will likely prevail and space will open for sensible, pragmatic forms of cooperation that bring mutual gain and strengthen common health security. A moment may arrive when top leaders on each side judge that such a change of course is warranted. It is time to prepare for that moment now.

Furthermore, the legacy of extensive and enduring U.S.-China cooperation around public health has not completely dissolved. Despite the downsizing of its presence under the Trump administration, the U.S. CDC is restoring its staff in China. This report is not advocating highly public and formalistic dialogues only for the sake of public relations or steps that are meant simply to put the Chinese system in a more positive light. Rather, it is meant to advance concrete, expert-driven interactions that facilitate genuine progress on a range of issues where Chinese involvement would make a constructive difference. Over time, the highest levels of leadership may reassess and conclude that health is an area where confidence and trust can and should be restored, that the origins roadblock can somehow be eased, and that a step-by-step approach can show pragmatic, concrete results and begin to reopen cooperation.

With this goal in mind, the CSIS Commission on Strengthening America’s Health Security created a Working Group on U.S.-China Cooperation on Health Security in the spring of 2021, appointing the authors as co-chairs. (The list of members is in the appendix.) The purpose of the working group is to explore potential areas of cooperation with China and to offer concrete, pragmatic proposals for the commission’s consideration. Experts from think tanks, universities, industry, and the U.S.
government were invited to join the working group, many of whom have served the United States in both Democratic and Republican administrations and have handled challenging past episodes in the U.S. relationship with China. In the group’s first meeting, held on May 20, 2021, members reviewed an initial draft memo that laid out a structured view of the key sectors where cooperation remains vitally important, considering both their substantive value and political feasibility. Although there are strategic, moral, and competitive pressures that may limit the potential for cooperation, working group members endorsed several of the proposals and made more of their own. Through a bilateral dialogue meeting held in mid-July 2021, the authors reached out to experts from China to gather their perspectives on what would be valuable and feasible. This was followed by semi-structured interviews with a number of commission members and experts, who offered candid and constructive comments and suggestions on the six proposed areas of cooperation.

The present report, written for the commission’s December 2021 meeting, takes into consideration the ideas expressed from the commission and working group members, many of which were integrated into this report. As originally intended, this report reflects the authors’ opinions and is not meant to be a consensus document.
Potential Areas of U.S.-China Health Cooperation

The Covid-19 pandemic creates tremendous unrealized potential for U.S.-China cooperation in health security. This chapter lays out six concrete, actionable streams where there could be collaborative work: vaccines and therapeutics, international travel, public health infrastructure, biosafety and biosecurity, supply chains, and countering disinformation (see Table 2.1). Some of these proposals could be immediately applied to addressing elements of the current pandemic; others are meant to address longer-term challenges in strengthening public health in both countries and globally. Here, the purpose is to summarize and explain the various areas deserving focus. Chapter 3 discusses the relative priority and feasibility of these proposals.
Table 2.1: Proposed Areas of Cooperation

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<tr>
<th>AREA</th>
<th>SPECIFIC SUGGESTIONS</th>
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<tr>
<td><strong>Vaccines and Therapeutics</strong></td>
<td>• China should significantly increase its contribution to COVAX/the ACT Accelerator to increase global vaccine supply.</td>
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<td>• The United States should support the sharing of mRNA vaccine technologies with China or the licensing of Chinese vaccine makers to mass produce mRNA vaccines to meet the global demand for vaccines.</td>
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<td></td>
<td>• Both countries should jointly launch an international fund to collect data to study the effectiveness of vaccines administered worldwide.</td>
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<td>• Both countries should collaborate on the mass production and speedy distribution of therapeutics to lessen the symptoms of Covid-19.</td>
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<td></td>
<td>• Both countries should facilitate discussion on the pros and cons of an intellectual property waiver at the World Trade Organization.</td>
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<td><strong>Travel</strong></td>
<td>• Both countries should resume 10-year visas and allow mutual recognition of proof of vaccination, and China should reduce its mandatory arrival quarantine.</td>
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<td>• Both countries should hold a dialogue on easing travel restrictions for international students and businesspeople.</td>
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<td>• The U.S. State Department and China’s Ministry of Foreign Affairs should coordinate consultations with officials and stakeholders responsible for immigration, civil aviation, public health, major airports, and major airlines.</td>
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<td>• Both countries should facilitate multilateral dialogue in the International Civil Aviation Organization.</td>
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<td><strong>Public Health Infrastructure</strong></td>
<td>• Both countries should sign a new U.S.-China MOU on public health cooperation, including on joint research, temporary medical facilities, sharing biological samples and data, public health institutional building, and health system strengthening.</td>
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<td>• Both countries should hold negotiations leading to a working agreement on sample sharing.</td>
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<td></td>
<td>• Both countries should hold negotiations leading to a working agreement on surveillance on animals in China.</td>
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<td>• China should post a health attaché to Washington, D.C., and the United States should increase U.S. CDC staff in China.</td>
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<td>• Both countries should endorse the value of academic exchange and research.</td>
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<td></td>
<td>• Both countries should exchange experiences and lessons on risk communication, mass testing, contact tracing, quarantining and lockdown measures, building surge capacity, and overcoming vaccine skepticism.</td>
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<tr>
<td><strong>Biosafety and Biosecurity</strong></td>
<td>• Both countries should cooperate in sharing biosecurity-related samples, genetic materials, and data.</td>
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<td>• Both countries should work together to develop medical countermeasures for biosafety accidents or bioterrorist attacks, as well as protocols for addressing novel pathogens and accidents.</td>
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<td>• Both countries should cooperate to ensure transparency in government regulations and guidelines and develop codes of conduct on dual-use research of concern.</td>
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<td>• Both countries should hold Track-2 dialogues of scientists and scholars of global biosecurity governance.</td>
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<td>• Both countries should hold exchanges between militaries about biodefense and hold reciprocal visits of labs of concern.</td>
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Supply Chains

- A special U.S.-China bilateral committee should be established to stabilize supplies and create negative lists of medical products that are exempt from fair-trade penalties.
- Both countries should develop more confidence-building measures, including sustaining constructive mutual dependence in the medical and health sectors.
- The two sides should consider permitting a temporary waiver of WTO rules during pandemics related to dumping, subsidies, and government procurement.

Countering Disinformation

- Both countries should encourage dialogue and exchanges among the journalism community on public health issues.
- A Track-1 dialogue between the two governments should be held on crisis communications and countering disinformation.
- Both countries should make investments in tools to identify fake news.
- Both countries should support programs that raise news literacy about public health issues.
- Both countries should facilitate visa renewals for journalists and facilitate their reporting on these issues.

Vaccines and Therapeutics

Given that the global gap in accessing vaccines and therapeutics makes the emergence and spread of new variants more likely, only prolonging the pandemic, it is in both sides’ interest to ramp up global supply and administration of vaccines and therapeutics. Ending the pandemic early is particularly important to China, whose zero-tolerance strategy is increasingly experiencing diminishing returns. As early as January 2021, Beijing indicated interest in both sides talking about jointly distributing vaccines in the developing world.6

China and the United States are both leaders in the production and export of Covid-19 vaccines. The United States and its allies have the technology to produce some of the world’s most effective vaccines (which have become more important as the highly transmissible delta variant has undercut the efficacy rates of Chinese vaccines), while China has the ability to mass produce vaccines more quickly and deliver them more efficiently than the United States to many parts of the globe. To vaccinate the world at a faster pace, the United States could encourage China to increase its financial contribution or contribute a significant portion of its vaccines to COVAX, the vaccines pillar of the ACT Accelerator. The emergence and spread of the delta variant nevertheless increase the demand for vaccines with high efficacy rates in and outside of China.

The efficacy of China’s original vaccines is relatively low, but there are multiple routes to China having available mRNA vaccines. The United States could support the voluntary sharing of mRNA vaccine technologies with China or the licensing of Chinese vaccine makers to mass-produce mRNA vaccines to meet the global demand for vaccines. (Note that BioNTech and China’s Fosun Pharmaceutical Group have built a joint venture in Shanghai to produce mRNA vaccines, and the United States has both financial and scientific influence over Moderna.) In addition, there are some candidate Chinese mRNA vaccines currently in late-stage trials that also could eventually be shared internationally. Beyond production and distribution, the United States and China could also jointly launch an international fund to collect data to study the effectiveness of vaccines administered worldwide.
In addition to cooperation on vaccines, the United States and China should also find ways to collaborate on the mass production and speedy distribution of therapeutics to lessen the symptoms of Covid-19. Back in 1989, Merck & Co., Inc., known as MSD outside of the United States and Canada, signed a break-even deal with China’s Ministry of Health, allowing China to access hepatitis-B vaccine technology, which saved millions of lives in China. The U.S. government should encourage similar agreements to be signed to authorize China to mass-produce U.S. companies’ antiviral Covid-19 drugs.

A related issue to cooperation on vaccines is whether the United States and China should help develop a consensus within the World Trade Organization (WTO) regarding an intellectual property (IP) waiver and subsequent steps to promote technology transfer, supply of related input materials (adjuvants), and guidance with production, storage, and distribution. Developing countries have argued that access would be faster and cheaper if an IP waiver were to be given, but industry and other experts have suggested otherwise. For example, they argue that a waiver would likely not be helpful in this instance, in part because of how long it would take to achieve, and because other steps, including large-scale donations and technology sharing, are already underway and likely will be more effective. There is also concern that an IP waiver would be a disincentive for the private sector to quickly ramp up research and invest significant resources whenever future vaccines are needed. At a minimum, the United States and China should help lead a discussion about the advantages and disadvantages of an IP waiver and the alternative pathways to create regionally distributed hubs for manufacturing and distributing the most promising vaccines.

Travel

Since the outbreak in China became known, a lack of coordination on international travel has been a major issue in the global pandemic response. Travel between the United States and China has understandably dropped dramatically, but it has created major inconveniences for companies, students, business people, families, and tourists, as well as related industries (e.g., aviation, hotels). Cooperation in biomedical research and development has been significantly disrupted. American universities and their communities have also been hard hit, as students from China make up the largest share of international students, with an even higher proportion in the full range of STEM (science, technology, engineering, and math) fields. The lack of direct access to China is already exacerbating the misperceptions and mistrust in U.S.-China relations. Limits on travel are not only hurting the United States but also damaging China’s economy and international reputation. As almost all countries are moving away from containment-centric pandemic control, the last thing China should want is to be isolated on the global stage. As the risks lessen, Washington and Beijing need to proactively prepare for restoring two-way travel on a gradual basis.

Compared to joint distribution of vaccines globally, renewing travel should not be as difficult. Coordinating visa and travel policies can be achieved through clear communication, setting of common standards, and sharing of travelers’ data. More specifically, it involves simplifying the entry requirements, including resumption of the 10-year visa and recognition of each country’s proof of vaccination. China should relax its highly onerous restrictions on inbound international travel for those who can demonstrate they have been vaccinated, especially the three-week quarantine in designated hotels at personal expense after entry. Coordination on travel becomes even more imperative as the Biden administration has begun to lift severe travel restrictions on over 30 countries, including China. This makes traveling to the United States easier, but the return trip to China remains difficult, raising the issue of reciprocity.
To move forward with these steps, the State Department and Chinese Ministry of Foreign Affairs should coordinate formal consultations on international travel, involving U.S. and Chinese immigration authorities, transportation regulators, civil aviation regulators, public health authorities, top arrival airports, and major airlines. The goal should be to produce a memorandum of understanding (MOU) that outlines principles, norms, and a roadmap to restoring normal travel between both countries.

The United States and China could also provide leadership for a multilateral conversation, perhaps through the International Civil Aviation Organization (ICAO), about renewing international travel. This could address a range of topics, including vaccine certification mechanisms and documentation, entry and exit procedures, testing, and consular access for visitors.

Public Health Infrastructure

The pandemic underscores the unrealized potential in U.S.-China cooperation over public health infrastructure. China has done a lot to build scientific and medical infrastructure over the past few decades, often with U.S. assistance. However, due to a variety of political imperatives, that system has not functioned well, and its healthcare system was overwhelmed in the initial stages of the outbreak. Still, China managed to contain the spread of the virus by early April 2020 and has sustained an extremely low infection rate ever since. By the end of October 2021, it had close to 80 percent of its population fully vaccinated.

Similarly, even though the United States was among the countries that scored the highest in the global health security index before the pandemic, it became one of the poorest performers in responding to Covid-19. Complacency, miscommunication, a fragmented federal structure, and incompetence hampered the ability of the U.S. public health infrastructure to effectively weather the crisis. Through Operation Warp Speed, the United States demonstrated its ability to innovate, but by mid-November 2021, over 760,000 Americans had died of Covid-19 and no more than 60 percent of the population had been fully vaccinated.

Both sides can learn from each other’s experience in coping with the crisis in order to better prepare for future outbreaks. The two sides should consider signing a MOU to revitalize bilateral public health cooperation. The MOU should place emphasis on developing infrastructure to better facilitate the creation of temporary medical facilities, carry out research, improve sharing of biological samples and data, and monitor the spread of infectious diseases. As a first step to improve biosurveillance, it should encourage both countries to negotiate a working agreement on sample sharing, which would enable scientists to verify genomic sequences and better track the evolution of pathogens in the beginning of outbreaks. Given the sustained threat of zoonotic diseases to humans, they should also reach an agreement on the surveillance of animals in China. China should immediately post a health attaché to its embassy in Washington to serve as the point person for bilateral cooperation in public health. The U.S. CDC should increase the number of staff operating inside China to monitor and respond to outbreaks more effectively. The MOU should also send a clear signal that the United States continues to encourage academic exchange with Chinese scientists, including facilitating Chinese scientists to apply for grants and conduct public health research at U.S. universities and institutes. The United States should also consider holding roundtable series that allow frontline public health officials from both sides to “compare notes” and candidly exchange their experience in pandemic control, including
risk communication, mass testing, contact tracing, quarantining and lockdown measures, building surge capacity, and overcoming vaccine skepticism.

**Biosafety and Biosecurity**

In light of the potential devastating effects of biological incidents—whether naturally occurring, accidental, or deliberately caused—it is in the interest of both the United States and China to cooperate on biosafety and biosecurity. The two countries should cooperate in raising awareness of biosafety; sharing biosecurity-related samples, genetic materials, and data; developing medical countermeasures against biosafety accidents or bioterrorist attacks; and mapping out the protocols for how healthcare providers or public health authorities can address novel zoonotic diseases or potential biosafety accidents.

The two sides also should work together to strengthen global biosecurity governance, which involves revising the International Health Regulations (IHR) or developing new norms to make the existing governance regime more relevant and effective in responding to biosafety or biosecurity threats. Just as the United States and the Soviet Union signed agreements to prevent a nuclear war during the Cold War era, the United States and China need to manage their geostrategic rivalry so that they can cooperate to prevent accidents, abuse, and misuse in biotechnologies. They should cooperate to ensure transparency in government regulations and guidelines and develop codes of conduct on dual-use research of concern, especially gain-of-function research. Track-2 dialogues consisting of scientists and scholars of global biosecurity governance can be tasked to develop certain mutually accepted norms or protocols over the use of biotechnology. The two countries should also consider expanding their military-to-military exchanges, such that they might visit each other’s sites where government-sponsored biodefense work is conducted.

A fundamental question the CSIS Commission on Strengthening America’s Health Security and the broader policy community need to assess is whether cooperation with China in this area is entirely conditioned on first resolving issues around the origins of Covid-19. The WHO’s investigation trip in January 2021 did not resolve doubts, and the Biden administration and Congress have both emphasized the need to fully and finally resolve any doubts about the possible origins of the virus. Getting to the bottom of the pandemic’s origins is vital but should not be an absolute obstacle to cooperation. The origins issue might become thornier after the National Institutes of Health (NIH) admitted funding possible gain-of-function research on potential pandemic pathogens in the Wuhan lab. Now that the window is rapidly closing on the biological feasibility of conducting the probe, a pragmatic approach should be developed so that the origins issue does not become the stumbling block for cooperation in other important areas of biosecurity and biosafety.

**Supply Chain Resilience and Security**

The Covid-19 pandemic created an immediate, short-term disruption in global medical equipment and pharmaceutical supply chains caused by a combination of long supply chains, a sudden and dramatic rise in demand globally, and insufficient emergency stockpiles. It highlights the prominent role China has played in supply chains for drugs and certain kinds of medical equipment, especially personal protective equipment (PPE). Given the dangers of overdependence on any one supplier, particularly one with a fraught political relationship, it makes sense for the
United States to diversify supply chains toward like-minded countries, onshore some production, expand stockpiles, and increase transparency about their status (akin to steps used to monitor the national oil reserve). That said, these are long-term policies that will not help in the short term. Moreover, the strength of China’s research and development, manufacturing capacity, and large domestic market mean that maintaining substantial production in China will likely be a part of any smart, forward-looking solutions to supply chain resilience.

For these reasons, even as the United States seeks to diversify and onshore some supplies, greater cooperation with China remains important to ensuring supply chain resilience and security. The Biden administration issued an initial report on medical supply chains in June 2021, but the data from that report were incomplete and insufficient to the task. In addition to its own additional analysis, the United States and China should also create a special bilateral committee consisting of high-level officials and stakeholders from both countries to meet regularly and examine the status of supply chains to identify any potential vulnerabilities. Special attention should be focused on two fronts: (a) determining the levels of mutual dependence in the medical and health sectors, including PPE, medical devices, raw materials and chemical intermediaries, and active pharmaceutical ingredients (APIs), including vitamins, antibiotics, and hormones; and (b) determining the stress levels on various supply-distribution channels and potential solutions in the short and long terms.

A central issue that policymakers need to resolve is under what circumstances to waive standard international rules regarding fair trade, government procurement, and national security. In general, the United States and China, perhaps through the G20 or WTO, should examine the pros and cons of reaching an agreement that during major health emergencies, international trade in drugs and medical equipment would be exempted from standard treatment under antidumping and countervailing duties rules, with the purpose of ensuring sufficient supplies from domestic and international sources. An agreement might also address issues of emergency state funding for the sector, invocation of statutes mobilizing private-sector manufacturing, such as the Defense Production Act, and procedures related to government procurement. Two decades after joining the WTO, China has still not joined the Government Procurement Agreement (GPA), a situation that complicates cooperation on this front. But perhaps working out potential boundaries of possible exceptions for government procurement in the health sphere may be a pathway to accelerating broader progress on this front.

**Countering Disinformation**

During the Covid-19 pandemic, there has been a parallel pandemic of false information from a wide range of sources, and journalists have faced intense pushback from their governments, a skeptical public, or both. It has contributed to vaccine hesitancy and refusal and generated considerable confusion. In China, some officials have spread the conspiracy theory that the virus was a biological weapon leaked from the U.S. military lab in Fort Detrick (and then inflicted on Wuhan). And state and social media outlets have also deliberately tried to discredit vaccines developed in the West. For its part, some in the United States have gone beyond existing evidence to put forward the Wuhan lab-leak scenario not as a theory but as a certainty. This has also been accompanied by a rise in attacks on the Asian American and Pacific Islander (AAPI) community as well as vaccine hesitancy among a substantial minority of the population, all of which sows greater social conflict and reduces the ability to end the current pandemic and avoid future ones.
In order to dispel misperceptions and minimize damage to future relations, bilateral cooperation should be explored along several fronts. First, dialogue and exchanges between the U.S. journalism community and the more liberal and professional elements within the Chinese media world should be held to discuss reporting on the pandemic and public health issues more generally. This dialogue should help Chinese journalists gain a better understanding of how news stories are made and published in the U.S. media. Second, rather than deny visas or expel journalists, both sides should agree to create a more hospitable atmosphere for journalists reporting across one another’s borders. Not only should more visas be granted (on which agreement was recently reached), but obstacles to reporting on the pandemic and public health in general should be radically reduced, with restrictions only permitted in narrow circumstances directly related to corporate trade secrets, patient privacy, and national security. Third, the two governments could also discuss through a Track-1 dialogue how to more effectively and fairly engage in crisis communications, and social media companies in both countries could share information about ways to develop artificial intelligence tools to better identify fake news and limit its circulation. Finally, the two countries’ media and educational institutions should make raising news literacy about pandemics and public health a priority for cooperation.
Priorities and Feasibility

Given the broader downturn in U.S.-China relations and an excessively charged atmosphere in Washington that makes advocating cooperation with China politically risky for both the administration and members of Congress, a functionalist argument that simply asserts the benefits of cooperation will not be sufficient to convince policymakers to take action in the aforementioned areas. It is also unrealistic to treat all six areas or specific proposals within a given area with the same level of urgency. As a result, prioritization is necessary in order to effectively mobilize the country’s limited resources and the political capital of policymakers. Moreover, the likelihood of cooperation in each area must be considered. A high-profile strategy may achieve minimal traction when facing barriers that are difficult to overcome. Below is an assessment of the priority and feasibility of cooperation in the six areas, summarized in Table 3.1.
Table 3.1: Priority and Feasibility of Cooperation

<table>
<thead>
<tr>
<th>AREA</th>
<th>PRIORITY</th>
<th>FEASIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines and Therapeutics</td>
<td>Highest impact; most urgently needed</td>
<td>Relatively low feasibility due to constraints such as distributional consequences, domestic resistance, and geopolitical considerations</td>
</tr>
<tr>
<td>Travel</td>
<td>High impact from easing travel restrictions and facilitating people-to-people exchanges</td>
<td>China’s zero-tolerance policy most significant barrier to implementation</td>
</tr>
<tr>
<td>Public Health Infrastructure</td>
<td>Promises to improve core disease surveillance and response capacities in both countries and help the world prepare better for future disease outbreaks</td>
<td>Strong potential due to successful track record and lessons learned from Covid-19 pandemic; potential disincentive in declining U.S. leverage</td>
</tr>
<tr>
<td>Biosafety and Biosecurity</td>
<td>Direct and significant contribution to improving global health security, with potential spillover effects</td>
<td>Promising but has to overcome the issue of lack of transparency and politicization of the origins probe</td>
</tr>
<tr>
<td>Supply Chain Resilience</td>
<td>High impact in mitigating security concerns and reducing risks of overdependence on China and shortages (e.g., in drugs, PPE)</td>
<td>Strong possibility for unilateral steps, but potential opposition to bilateral cooperation, with U.S. domestic pressures to shorten and diversify supply chains a possible stumbling block</td>
</tr>
<tr>
<td>Countering Disinformation</td>
<td>Potential to detoxify atmosphere in bilateral relationship and facilitate cooperation in other areas</td>
<td>Technically feasible, but major potential obstacles in lack of political will for China to reduce media interference and U.S. reluctance to regulate social media</td>
</tr>
</tbody>
</table>

**Vaccines and Therapeutics:** In light of the pressing need to contain the virus’s spread and the inadequacy of existing mechanisms such as COVAX in meeting global demand, U.S.-China cooperation over Covid-19 vaccines and therapeutics could result in the rapid scaling up of global vaccine and therapeutics supply, which is essential to mitigate the devastating impact of Covid-19 and bring a speedy end to the pandemic. This is the most urgent area of potential cooperation.

Significant obstacles will need to be overcome to translate this high-impact strategy into policy reality. In China, the government appears to prefer homegrown mRNA vaccines in its future vaccine rollout. (It thus far has not approved the use of Pfizer/BioNTech vaccines, allegedly to preserve confidence in Chinese vaccines.) In the United States, the Biden administration may not have the leverage to persuade vaccine makers to transfer technology to China, not to mention that doing so could be criticized domestically for allowing Beijing to freely benefit from the hard efforts of American and European medical innovation. Thus far, U.S. vaccine diplomacy has been aimed at competing with China over geopolitical influence, not cooperating with China in the delivery of global public goods. That might explain why President Xi Jinping was absent in the virtual Covid-19 summit (which sought to expand global vaccine access) convened by President Biden on September 22.

**Travel:** Coordinating visa and travel policies with China will ease travel restrictions instituted during the pandemic. Beneficiaries of this strategy would be quite broad and include airlines, tourism industries, the business community, universities and research organizations, tourists, international
students, and Chinese Americans. It also would allow people with established relationships with China to interact with their Chinese counterparts. Such people-to-people exchanges of ideas and information are critical when negative perceptions and disinformation are contributing to growing hostility between the two peoples.

Compared to other proposed areas of cooperation, coordination of visa and travel policies faces relatively few barriers to implementation; common sense and communication is all that matters. The biggest hurdle to overcome is China’s zero-tolerance strategy, which not only makes anybody who wants to visit China akin to being persona non grata but also effectively ends international travel for Chinese and international residents in China. Chinese leaders may be concerned about the possible spike of cases after relaxing their zero-Covid approach, but this concern can be mitigated by the availability of highly effective vaccines and therapeutics. The end of the Beijing Winter Olympics in late February 2022 presents a window of opportunity for the pivot.

**Public Health Infrastructure:** U.S.-China cooperation on public health infrastructure promises to improve core disease surveillance and response capacities in both countries. Benefits yielded from the bilateral cooperation also help the world prepare better for the future disease outbreaks through speedier information sharing and more effective and collaborative early actions. The United States has been engaging China in public health for decades. The relatively successful experience of cooperation, in conjunction with the lessons learned from the Covid-19 pandemic, should facilitate realization of the strategy. But since China has significantly increased its investment in research and development, the lure of attracting U.S. funding has become less valuable in leveraging cooperation from the Chinese side. The widely perceived “success” of China and “failure” of the United States in responding to the pandemic also create disincentives for Chinese scientists and public health officials to learn from their U.S. counterparts. Nevertheless, the reality is that both sides have their comparative advantages in elements of public health infrastructure, and collaborating would bring substantial concrete benefits.

**Biosafety and Biosecurity:** There have been issues related to biosafety and biosecurity in the United States and China since the beginning of this century. A strategy promoting U.S.-China cooperation in this area not only improves global health security but also may have positive spillover effects in other areas such as public health infrastructure and countering disinformation. Implementing such a strategy has the potential to succeed given the history of bilateral cooperation in sample and sequence sharing and Track-2 dialogues between Chinese and American scientists and scholars over the issue of biosecurity. Yet, as shown in the U.S.-China spat over the origins of the pandemic, a lack of transparency and trust is hampering further cooperation in this area. Because gain-of-function research is linked to the lab leak theory, neither the NIH nor its Chinese counterparts are interested in exploring cooperation in the area. Driven by disinformation and obfuscation efforts, the blame game over Covid-19 also curtails popular support for cooperation. The alleged gain-of-function research in Wuhan makes it even less likely for the United States to fund collaborative research that may have biosecurity and biosafety concerns. The fear of being accused of engaging in anything illicit may disincentivize U.S.-China scientific collaboration.

**Supply Chain Resilience and Security:** Resilient and secure supply chains not only reduce the risk of shortages of drugs, PPE, and medical products caused by exogenous shocks but also mitigate the national security concerns over U.S. dependence on China for raw materials, APIs, and PPE. China also has incentives to cooperate because robust supply chains allow the manufacturers of APIs and PPE to
have stable access to the U.S. market and the Chinese people to have sustained access to the effective drugs and medical devices made in the United States. Compared to issues that promote common interests only (e.g., joint development of drugs), the development and implementation of some set of rules or conventions to avoid mutually undesirable outcomes such as supply chain disruption would potentially be self-sustaining.

At the same time, greater cooperation on mitigating supply chain risks must overcome the concerns in both countries about overdependence on the other and about onshoring manufacturing (for both the United States and China) or diversifying supply chains to like-minded countries (for the United States). Hence, any progress in this area will require policymakers in Beijing and Washington to recognize that maintaining commercial and research ties while also implementing reforms to strengthen supply chain resilience will be in both countries’ national interest.

**Countering Disinformation:** Cooperation in this area would help detoxify the atmosphere in the overall bilateral relationship, thereby facilitating cooperation in other areas, such as global vaccine supply and biosecurity and biosafety. Since it involves mostly information sharing and exchange, it is technically feasible and could build upon other existing programs and mechanisms, such as U.S.-China people-to-people exchanges carried out by the National Committee on U.S.-China Relations, the Asia Society, and other organizations.

That said, expectations about potential progress need to be realistic. The Chinese government intensely tries to shape the narrative around all public policy issues and has in place a wide array of restrictions on official media, semi-official publications, and social media. Restrictions against foreign media have grown substantially and have involved the expulsion of American journalists, limiting the ability of the remaining press corps to report the news, even on topics such as the Olympics. Conversely, given the fragmentation of American media and social media and the growing spread of the anti-vaccine movement, along with the protections provided by the First Amendment, the U.S. government faces an uphill battle in countering domestic disinformation, let alone in cooperating with China. In the near term, the most that can be hoped for is some kind of truce between the United States and China with regard to journalist visas, unenforceable pledges to not engage in disinformation, and greater engagement among individual journalists.
This report has sought to explain why greater U.S.-China cooperation is needed now and in the best interests of both countries and the wider world. It has identified concrete, practical areas where cooperation could occur and specific steps that the two governments and stakeholders could take. At the same time, an analysis of the political feasibility and need for prioritization suggests that care must be taken in determining where to proceed first and what approaches are likely to generate benefits without creating substantial opposition and resistance.

None of these measures can be launched and sustained without full commitment from both countries’ political leadership. While China cannot attribute all the tensions and problems in U.S.-China relations to the U.S. side, the United States cannot take China’s interest in cooperation as a given without demonstrating the political will to improve the overall bilateral relationship. Paving the way for effective cooperation demands intervention from top leaders on both sides. The Biden administration has demonstrated this by sending a U.S. climate envoy to China. Perhaps the next step would be for the administration to send another senior leader to Beijing to talk about how to reinforce cooperation on public health. One benefit of a high-level visit would be to overcome potential bureaucratic obstacles created by the organizational restructuring of China’s National Health Commission, which may not have the authority and incentives to engage serious discussion with its U.S. counterpart (i.e., the Department of Health and Human Services). The United States and China can build on the momentum from the Biden-Xi virtual summit in mid-November 2021 to elevate health security.
cooperation on the bilateral agenda. If the two sides can cooperate in tackling climate change, they should be able to do so in a similarly pressing issue area.

Collective health security can be advanced through a mixed, forward-looking strategy that involves mobilizing multiple stakeholders in promoting U.S.-China cooperation. In view of the trust gap between the two countries, priority should be given to measures that are achievable, have high impact in the immediate future, and have few downsides. Using this criteria, three areas of cooperation stand out: travel, public health infrastructure, and supply chain resilience. Cooperation in these areas faces relatively few barriers to implementation but can generate major positive spillover impacts. Nevertheless, in implementing cooperation in these and other areas, both countries have to navigate carefully and overcome historically high hostilities, including misperceptions and misunderstandings of one another held by elites and the public on both sides.

In recognition of the political hurdles, the two countries should rely on existing venues or mechanisms that have a track record of successful cooperation, such as between the U.S. CDC and the Chinese Center for Disease Control and Prevention or between the U.S. Food and Drug Administration (FDA) and China’s National Medical Products Administration (NMPA). The Collaborative Program on Emerging and Re-emerging Infectious Diseases and the U.S.-China Health Care Forum established in 2005 could be resurrected for diplomatic conversations. Given the declining U.S. leverage in China, successful cooperation will require the Biden administration to pay closer attention to the actual needs of China. Both sides should also tap the resources and existing networks developed by non-state actors, including foundations, the private sector, and the local state.

Cooperation in the other three areas—vaccines and therapeutics, biosafety and biosecurity, and countering disinformation—also promises high potential to improve health security but faces higher hurdles. The pressing need to end the pandemic makes it particularly imperative for the two sides to cooperate on the global supply of vaccines and therapeutics. Unfortunately, concerns about distributional consequences, lack of political trust, and an unsupportive public are making such cooperation difficult to pursue in the immediate term. That said, both sides can shape the environment for future cooperation by investing in reassurance and confidence-building measures. They could start from noncontroversial topics such as developing international norms to regulate the trade of wild animals. Given the sensitivity of discussing biosecurity and biosafety issues, the two sides can rely more on non-state actors (for example, the Gates Foundation and the China Medical Board) and non-military actors (such as the U.S. Agency for International Development and the China International Development Cooperation Agency) in the initial stage of cooperation. If needed, sharing of sensitive data can be conducted through a third party such as the Gates Foundation. Already, the Gates Foundation has played an important role in training journalists to cover the pandemic, supporting the prequalification of Chinese vaccines, and encouraging Sinovac and Sinopharm to join COVAX. When the political atmosphere becomes more amenable, cooperation can be expanded to navy hospital ship port visits, reciprocal and trust-building visits to labs working on highly contagious pathogens, and dialogues among scientists, journalists, and senior officials and diplomats.

This report has described a broad agenda for U.S.-China health cooperation. There are political, economic, and practical obstacles at almost every turn, and all sides should proceed with appropriate caution and care. At the same time, strengthening America’s health security is critical to the national interest and needs to be understood as an urgent challenge. Time is of the essence.
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Endnotes


