

Center for Strategic and International Studies

TRANSCRIPT
Online Event

**U.S.-China Health Security Cooperation: Time is of the
Essence**

DATE

Tuesday, December 14, 2021 at 12:00 p.m. EST

FEATURING

Xiaoqing Boynton

Senior Director, International Affairs, Biotechnology Innovation Organization

Tom Frieden

President and CEO, Resolve to Save Lives

Yanzhong Huang

Senior Fellow, Global Health, Council on Foreign Relations

CSIS EXPERTS

Scott Kennedy

Senior Adviser and Trustee Chair in Chinese Business and Economics, CSIS

J. Stephen Morrison

Senior Vice President and Director, Global Health Policy Center, CSIS

Deborah Seligsohn

*Senior Associate (Non-resident),
Trustee Chair in Chinese Business and Economics, CSIS*

*Transcript By
Superior Transcriptions LLC
www.superiortranscriptions.com*

J. Stephen
Morrison

Welcome. I'm J. Stephen Morrison, senior vice president here at the Center for Strategic and International Studies – CSIS – in Washington, D.C., where I direct the Global Health Policy Center.

Today's event: "U.S.-China Health Security Cooperation: Time is of the Essence." It's an opportunity for us to do two things. One is to celebrate – mark the launch of the recent publication of a terrific volume – which I have right here which can be accessed online – that is "Advancing U.S.-China Health Security Cooperation in an Era of Strategic Cooperation."

We have the authors of that work with us here today, Scott Kennedy and Yanzhong Huang, and they'll be speaking with you in a moment. Scott is the CSIS senior advisor and trustee chair on China's Business and Economics, and Yanzhong Huang, senior fellow for the Council – at the Council on Foreign Relations, senior fellow for global health, and professor at Seton Hall University.

This is part of the work of the CSIS Commission on Strengthening America's Health Security. We started this work months back and we were able to enlist Yanzhong and Scott to join us in forming this working group and directing it. We felt that there was a serious problem in front of us in terms of the erosion of cooperation and the threat that is out there of having deep damage that lasts for a very long time, and that this is a problem for U.S. national security interests, as we will hear, and that we wanted to map the universe of possibilities. We'll hear more about that in a moment.

I believe that these authors have done a remarkable job – very thorough, methodical, nuanced. They've categorized – as you'll hear, they've broken it into six groups and they've been very nuanced in trying to assess the feasibility of moving ahead in the midst of these really difficult times.

I'm very grateful also to Fred Khosravi, a CSIS trustee and a member of our commission, who kindly supported this effort throughout. That's been terribly important. Before we begin and hear, first, from Scott and then Yanzhong, I want to offer a special thanks to our colleagues here at CSIS who put this all together very, very carefully: Alyssa Perez, Michaela Simoneau, and Humzah Khan, and on the production side, Mary Wright and Dhanesh Mahtani. We're very grateful to all of them.

We have three remarkable speakers who we'll – after we've heard from Scott and Yanzhong, we will have a conversation around the very pressing question, how do we move this agenda forward. I will introduce Tom Frieden, Deborah Seligsohn, and Xiaoqing Boynton momentarily when we get to that segment.

So I'd like now to turn to Scott. Thank you.

Scott Kennedy

Well, Steve, thank you so much, and to your Center, the commission, the co-chairs, Julie Gerberding, and former Representative Brooks, to Tom, who's also on the commission, to your staff, my staff in the trustee chair, to Yanzhong, for all of us collaborating together to focus on this critical issue.

You know, I came to this work for this project originally as a China expert, somebody who cares deeply about China, focused on its economy, U.S.-China relations, for 30-plus years. But this one's special because this intersects with every aspect of my professional life but also my personal life, least of which is that I've not been able to travel in two and a half years, and everyone who knows me knows that most of my research is done not in front of a computer screen but on the ground.

But that's really the least of it. I've had several family members get COVID. My mother-in-law, who's a hundred now, got COVID and, luckily, she's still with us. But many of the residents of her community passed away. COVID has also had many consequences for other physical ailments, for mental health, on family dynamics.

So this is not just professional for me. This is personal and deeply so, and I'm not ready to say we are in a new normal. I don't – I hope that we are not – that this is not the new normal, even though I know that we're going to be living with COVID and, possibly, other pandemics for – you know, forever.

So I'm highly motivated to work on this. But I'm not the expert on public health in China. Yanzhong is, and so I'm really grateful that he's collaborated with us on this project. We formed a working group in May after being invited by Steve and the commission to get started. We drafted a memo and we shared that with a working group that we created, and Xiaoqing and Deb were on that working group and offered their feedback, and we really appreciate the work that they and others gave us.

They did not – the members of the working group didn't necessarily agree with the memo or subsequent writings, and we appreciate that. And it's one reason Deb's name is not on that list there, and that's partly why we structured today's conversation not to just simply celebrate the substance of a report. We want real, genuine feedback and appreciate that.

In June, we presented a first draft of what would eventually be a report to the commission and got feedback then. In July, we had a conversation with Chinese public health officials to get their thoughts about ways that we might collaborate.

And then in September, Yanzhong and I, with the help of Steve's Center and Steve himself, talked to many members of the Commission to get their input, both sides of the political aisle experts, public health, and really – (audio break) – controversial and problematic. And working with China is

difficult, and Chinese politics and the direction it's going in don't project making that any easier.

We also know that American domestic politics are fraught with challenges and that those problems are not going to be resolved anytime soon. We get all of that. But we think that there needs to be some kind of focus in terms of the way the U.S. and China, either our governments or our private sectors or nonprofits, interact with each other and try to cooperate simply because it's in the self-interest of the United States because we will protect more lives by finding ways to work together.

But because we are trying to be realistic and practical, we did three – we tried to do three things in this report. We tried to be specific, we tried to identify top priorities, and we tried to identify issues of feasibility, either because of the U.S.-China relationship or because of American domestic politics.

So we are not – we tried to not be starry eyed, even though there's some who say there's – under no circumstances should you cooperate with China, given the way the relationship is and given their role in the current pandemic.

We just think that we need to be more self-interested and focus on ways that we can solve some issues. Very difficult. It all can't be done at once. But we think we've at least scoped out a rationale and an agenda that we would like to suggest we use, going forward, as a plan for potential action.

So let me pause there, Steve. Again, thank you for your leadership and for everyone joining today.

Dr. Morrison

Thanks so much, Scott.

Over to Yanzhong.

Yanzhong Huang

Well, thank you, Steve. Thank you, Scott. I'm not going to make the usual acknowledgments for the sake of time, but I just want to say this is really a teamwork. I really appreciate all the support received from colleagues, friends, Commission members, and, of course, with Steve's leadership and my friend Scott's we'll be really, like, working like a perfect dynamic (duo ?) – (laughs) – making that – all that possible.

So in this report, we identified six areas of cooperation on the vaccines and the therapeutics, travel, public health's infrastructural, biosafety and biosecurity, supply chain resilience, and countering disinformation. So we are not going to repeat all this, the specific suggestions. I'm just going to pick one or two for each area.

So, like, for vaccines and therapeutics, we propose that both countries could collaborate on the mass production and speedy distribution of vaccines and therapeutics in order to ensure more equitable global vaccine access.

Next is travel. We propose that both could hold talks on coordinating and easing travel restrictions, especially for international students and businesspeople. And then on public health infrastructure building, we propose that both countries should sign a new U.S.-China MOU on public health cooperation, you know, that also involved negotiating working agreements on sample sharing and surveillance on animals in China.

And next is biosafety and biosecurity. We propose both countries cooperate to ensure transparency in government regulations and guidelines and develop codes of conduct on dual-use research of concern.

And the fifth is on supply chain resilience. We propose that both countries establish a special bilateral committee to stabilize supplies and create negative lists of medical products, you know, that are exempt from free trade – fair trade penalties, among other things.

And finally, countering disinformation. I think we propose that both countries encourage dialogue and exchanges among the journalism community on reporting public health issues.

So these are all high-impact areas of cooperation, but, of course, it is unrealistic to treat all of those areas with the same level of urgency. So some kind of prioritization is necessary, especially when considering this broader downturn in U.S.-China relations, you know, and the politicization of the pandemic, which Scott has explained so well.

So in view of this trust gap, you know, this deterioration in bilateral relations, right, priority should be given to measures that are achievable, have a high impact in the immediate future, and have few downsides.

So using that criteria, we identified three areas of cooperation – well, that is travel, public health infrastructure, and supply chain resilience – you know, as the most likely to deliver substantive results in the short term, because they face relatively few barriers to implementation but could generate major positive spillover effects.

Cooperation, another three areas – that is, vaccines and therapeutics, biosafety and biosecurity, and countering disinformation – also promises high benefits for improving health security, but they face higher substantive and political hurdles.

For example, while cooperation over the development and distribution of vaccines and therapeutics represent, perhaps, the most urgent area of potential cooperation, domestic resistance, like in China's – you know, this

preference for domestic homegrown MRA vaccines and geopolitical considerations make it less likely to happen in the immediate future.

So that being said, both countries can shape the environment for future cooperation in these areas by investing in reassurance and confidence-building measures. You know, they could start from noncontroversial topics, such as developing international norms to regulate the trade of wild animals, and given the sensitivity of discussing biosecurity and biosafety issues, the two sides could rely more on nonstate actors such as the Gates Foundation and China Medical Board, and nonmilitary actors such as USAID and their China counterpart, the China International Development Cooperation Agency, in the initial stage of the cooperation.

So this is what we propose in the report, at least some of the highlights. Of course, the question is how to move forward, right. So we'd like to then hear the feedback, in particular, from the three leading experts in the field, right – Deborah, Xiaoqing, and Tom.

So the floor is yours. Steve, over to you.

Dr. Morrison

Thank you, Yanzhong.

We have three speakers in this program now. Xiaoqing Boynton, senior director for international affairs at BIO – the Biological Innovation Organization. She's also a former colleague at CSIS and a very active member of the working group.

We have Dr. Tom Frieden, who is president and CEO of Resolve to Save Lives. Served as the CDC director during both Obama terms – Obama administration terms, and former commissioner of the New York City Department of Health. Tom, welcome. Tom is a member of our Commission and active in this working group.

And we have Professor Deborah Seligsohn, assistant professor of political science at Villanova University. We first got to know one another when she served in the Beijing – the U.S. embassy in Beijing as an advisor on environment, public health, science, climate, and environment. She went on – after serving in that position from '03 to '07, which is when we were interacting with her, she went on to be the adviser to the World Resource Institute's program on climate change and energy in China.

So we're delighted to have the three of you here. I'm going to start with one big question and ask each of our speakers, starting with Xiaoqing, to respond. We're in the midst right now of a stalemate, of a deadlock between China, the United States, China and much of the world, around COVID origin – origin of COVID-19.

That begs the question, how can you circumnavigate this? By what strategy? By what creative or imaginative steps can be taken to move the agenda that's laid out in Scott and Yanzhong's volume in a way that does not invite political attack? There's very high disincentives on both the U.S. and China side to get out in front in the middle of this very fraught period.

So over to you, Xiaoqing. What are your thoughts on this?

Xiaoqing Boynton Thank you, Steve, and thank you for that very kind introduction. It's really a pleasure to be back speaking at CSIS where I worked on your team under your leadership. It's really wonderful to be able to collaborate again and see this tremendous report being launched.

The question you posed is a tough one. I think that in the environment where Scott and Yanzhong both talked about where, you know, we are dealing with a very heightened level of strategic mistrust between U.S. and China, we are at a stalemate, and I think that the origin – the issue of COVID origin is one that is going to be very challenging.

And then on the other side of the spectrum, you know, where Yanzhong laid out the opportunities for high-impact areas of collaboration, despite the varying degree of feasibility, it's really kind of how do we cross that and how do we kind of take the efforts to pursue health security.

I see a few kind of commonalities on both sides when we come – when we talk about this topic. Number one, health security is actually a shared priority between U.S. and China. Both sides may see it in different ways, but I think that the concept of health security is a priority both in Beijing and in Washington.

Secondly, you know, it's really good to see our current administration in Washington coming back to the notion of working multilaterally, working with allies, working through multilateral mechanisms, which is actually something China has always at least said.

You know, Beijing has been talking about it in principle of working multilaterally. Again, you know, how it's implemented may not be squarely aligned but I think that it is, again, a shared approach when it comes to health.

So kind of thinking about how do we kind of circumnavigate this issue, I think it's important to look at – you know, in the context of COVID it's important to look at how U.S. and China responded to COVID and what are – highlight some of the – you know, despite the very limited level of collaboration and, really, use that as a guide to, you know, shed light on the potential for bilateral collaboration.

One example I want to highlight is that I think this is actually a fact that is very little known to the – you know, to the broader community is that, you know, in response to COVID, many companies – you know, Chinese ones, multilateral companies, U.S., European companies – have invested in finding the cure or finding the prevention for COVID, and in the commercial world there has been a very robust collaboration across borders.

And one example I want to highlight is that, you know, Eli Lilly, a U.S.-based multinational company, has had a very productive collaboration with Chinese companies – in this case, a Chinese company called Junshi – to develop one of the antibodies, which led, eventually, to the approved therapy that has been used in the U.S. and across the world.

I think that this example shows that, you know, despite kind of the challenges in the geopolitical context, kind of in the commercial world, the type of collaboration that already is in place is something that needs to be leveraged and, I guess, promoted in the right policy environments, and the type of, you know, collaboration in China and the U.S. response, it may not be the government response but just, you know, as a society, the response to COVID. I think it's a very positive example and shows what the two countries can do together.

So I'm just going to stop here. I'm very curious to hear from the other panelists.

Dr. Morrison Thank you very much.

Tom – Tom Frieden?

Tom Frieden Yes, thank you very much. It's great to be here. Thank you for the excellent report and the very important issues that it covers.

In terms of the first question that you address, the issue of how do we deal with the origins question, I think there is a way around this. I think we, basically, say we're going to be agnostic on this issue.

Wherever COVID came from, there are two essential facts. One is there's too much of a risk of spillover from animals, and two is there's too much of a risk of laboratory error, resulting in the spread of pathogens, and that is true for every country in the world, including the United States, including China.

And so let's work on a global basis to try to address those two potential drivers of the next pandemic without – because and it – this has the added benefit of being true, that, in a sense, it doesn't matter what happened or didn't happen in Wuhan. We know that there's too much risk of spillover and too much risk of laboratory error and so let's focus on those two areas and what more can be done.

Now, there is a lot that can be done in both of those areas and, potentially, the treaty that is – whatever is going to be established through WHO could have some positive impact in both of these areas, and also some investments could have positive impact in both of these areas.

When it comes to nature, there could be, through the endangered species mechanisms, just fairly modest investments and a political commitment to end the commercial sale of live wild animals for consumption, and that's important for Africa. It's important for Asia. It's, really, quite relevant.

There's been some good work done on various different areas but it's really under addressed. It is not an easy issue to deal with in Africa because in many communities bush meat, as it's called, is a not insignificant proportion of the protein in – of some communities. And so there's a need for economic development, there's a need for conservation, and this is true regardless of the origin of COVID.

On the laboratory issue, it's a little more delicate. So we know that there have been global and focal infections from laboratory error. We know that two laboratories died at the U.S. CDC many years ago. We know that in SARS there was a leak in the laboratory. Seven people got infected in China from the storage of the SARS virus, one of whom died.

We know that the last case of smallpox in the world was in the United Kingdom from a laboratory error, and we believe that the H1N1 global pandemic of influenza may well have originated in a laboratory, possibly in the former Soviet Union.

So there's – it's not theoretical. We know that laboratory problems exist. We know that – (audio break) – I don't know, get involved in biological weapons detection or countermeasure or something. I don't know. But it's a very sensitive issue with Russia.

And so I think the way to handle it as a lab issue is to think of the entire network of laboratory services and that includes diagnostics at the point of care. That includes hospital laboratories and the quality of their work. That includes what happens with samples, and, incidentally, there's a big issue here in polio eradication where every laboratory in the world holding polio samples needs to get rid of them, and that needs to happen over the next few years as we approach eradication. So there's a major effort there.

And then we can talk about biosecurity and biosafety – biosecurity, generally, not leaking stuff into the environment, biosafety, not infecting health laboratory workers. But there's some overlap there.

So laboratory can be addressed as a laboratory network approach, and then much more broadly than that, the approach on public health infrastructure

because laboratory is a key component of public health infrastructure. The approach on public health infrastructure can, I think, be a bridge and we know that health can be a bridge to peace.

It is what happened with smallpox eradication at the height of the Cold War with the U.S. and the then-Soviet Union collaborating on the eradication of smallpox. That result saved lives. We've suggested a global target, 7/1/7, that every outbreak would be identified within seven days, reported within one, and control measures established within seven.

This has gotten pretty good reception and there are now a handful of countries in Africa actually using this as a means of continuous quality improvement, and if we think back to, whether it's the U.S. or China or anyone else, with COVID, if they had kept to the 7/1/7, what a difference it would have made including, of course, with Omicron, where we didn't quite make that 7/1/7, though South Africa did a good job in many ways.

And China is quite interested in doing more in global health and I think they're looking for ways to do that. There was a productive collaboration between the U.S. CDC and the China CDC during Ebola where China built a hospital in Sierra Leone, had laboratory services in Sierra Leone.

So I think if smallpox eradication was the Cold War equivalent of health as a bridge to peace, perhaps strengthening public health infrastructure for rapid detection, rapid response – 7/1/7 – as well as better protecting nature and protecting us from nature could be the bridge to peace in the current era and help a kind of détente, if you will, with China today.

I am optimistic that that's possible. I will mention one area where there's likely to be a great deal of sensitivity, and it's in the report so I want to lift it up, and it has to do with sample sharing. Sample sharing is a really delicate issue. It's a delicate issue in influenza. It came up with Indonesia's valid concerns about providing something and then they have to pay for it, what's used with it.

On the other hand, there's a misconception technically that genomic sequences eliminate the need for sharing of samples, and that's not true. There's a lot you can learn from working with the actual live organism that you cannot learn yet from a genomic sequence. And so sample sharing is going to be a tough area and one that is always going to be fraught with issues of intellectual property as sharing of technologies and others.

So I'll stop there with some thoughts.

Dr. Morrison

That's great, Tom. Thank you so much.

I want to remind our audiences that if they wish to submit questions they should simply do that through the CSIS Events webpage, and we'll attempt to incorporate some of those into our discussion here.

You know, Tom, part of what you were mentioning triggered also the thought that, you know, the Chinese government is in the process of appointing a senior person to come to Washington, D.C., as the health attaché in their embassy and the U.S. government is restocking the CDC shop in Beijing.

This deadlock around COVID origin has not stopped those steps from being taken. So, you know, we are seeing movement. We may have a frozen conflict of a sort around the COVID-19 origin. But, as you point out, there's many ways in which to move forward.

Deborah, your thoughts? Deborah, are you still – you're on mute.

Deborah
Seligsohn

Sorry. Sorry.

OK. So I was going to start by disputing your premise but then you started disputing it yourself. I think the Biden administration actually deserves some credit for getting the ball rolling again and the fact – and it's not just CDC. I mean, we have 17 FDA folks in Beijing, which, you know, we were just negotiating the first FDA rep when I left the embassy in 2007. So that's an incredible increase, and they have permission to staff up to 25. I mean, that's huge.

So we have three direct hire CDC. There's room for two more. We now have HHS, the health attaché plus two, which is more than we used to. There's space for NIH. One of the big issues, I think – and this will get to one of my big points – is right now there's no one from NIH and NSF left during – the National Science Foundation – during the Trump administration, and I think one of the things that we need to do to move forward is recognize the tremendous change in Chinese capacity from where it was back in 2003 and a lot of that means recognizing how much of our research has to be – how much joint research there has to be. Xiaoqing mentioned the commercial type. There's also academic, and that it really is a very mutual relationship at this point.

And we also need to be honest about the fact that, hey, they are better at track and trace at this point than we are. You know, I mean, back in 2003, it was U.S. CDC people running around with Chinese colleagues getting that system, essentially, reactivated because the Chinese had done it earlier in the 1950s but somehow it had disintegrated. But it turns out it had disintegrated in the U.S. as well.

So I think being a little more honest about the fact that especially on public health infrastructure we probably have as much to learn from China as

China does from the United States, I think, would it be helpful to the overall relationship.

On the origins question, I will simply say I think that the Michael Worobey piece in Science, the Gigi Gronvall piece in Survival, put to rest the idea that these are equally plausible hypotheses. And, you know, I've worked for the U.S. government for long enough to know that when most intelligence agencies don't want to say anything and those that do have low to medium confidence, nobody really thinks they know what's going on.

So I think let's leave that alone. Let's shelve it. And the fact that there's a health attaché coming and that the U.S. is restaffing the embassy pretty successfully suggests that we actually can move on. So where should we move on?

First is working together as equals, and that's really tough for the U.S., honestly, in every area. We tend to have these massive interagency meetings in Washington, then go to Beijing already with a plan and hand it over. That's just not the way you work with an equal and it requires a real rethinking of how to work together.

Secondly, as Xiaoqing said, we have to work more closely with the WHO. I think one of the neglected areas of the story of both SARS and the earlier bird flu outbreaks was that most of the U.S. cooperation came under a WHO umbrella, that we sent people in on WHO teams. And so working collaboratively is really important and that's going to be especially important on this question of surveillance.

It seems to me – and I am a political scientist, not a medical expert – that we desperately need a, at least, Asia wide coronavirus surveillance system on the order of what we have for influenza, and if we look back at the miracle of the improvements in influenza surveillance in China, it was a U.S. CDC-China CDC cooperation but under a WHO umbrella. The whole goal was to get the Chinese certified as a WHO lab, right, so they didn't have to send the samples to Atlanta, so that they could do all the testing themselves.

We need to work in that way. But we also have to stop saying China, China, China, because we know that MERS developed in the Middle East. We know that one of the closest relatives of COVID was actually found in Cambodia. We know that bat-related diseases range from Nipah to Ebola to COVID. So we need a much better animal surveillance system and this is something where both the U.S. and China have a joint interest, as both Tom and Xiaoqing have said. But we're going to have a lot more success if we work together in the way we did to establish the West Africa CDC.

And, actually, one of the unsung heroes of COVID has been that the West Africa CDC, which the U.S. and China supported in its development, has done very well under COVID and provided tremendous support to West

African countries. I found a few articles on it, but not a whole lot. I mean, people are not paying attention to the things that worked, and so I think we should emphasize those.

And in that sense, I'm surprised the report never talked about "one health" as a concept, right, the idea that animal health and human health have to go together, and we really do need to think of them together. I think this is an area where we have to work on, and the truth is the focus on lab leak, the big beneficiary of that has been Chinese agriculture and Chinese forestry, the people supporting unhealthy animal husbandry practices that have now gotten completely ignored while the attention turned to the human health folks.

You know, China has had a number of bird flu – human bird flu cases again this year and, once again, the humans are the canaries, which you don't want. You want the animals to be the canaries. And the thing is, the more we talk about lab leaks, the less attention gets paid to animal health and, again, this isn't a China-only question.

So if we work together and think about it Asia wide and globally, I think we can make a lot more success, and the truth is the groundwork is already there.

Dr. Morrison

Thank you. Thank you so much, Deborah.

Let's talk about what kind of model of cooperation might make sense. We have a question that has come from Kai (sp) at the Chinese embassy asking, what about holding a seminar that would draw together American and Chinese think tanks, experts, scholars, on U.S.-China security cooperation and try to prepare a consensus report? That's one model.

Another might be to look at the COP26, at the climate change outcome, the most recent summit where there was quiet backroom signaling and conversations between the U.S. and China over many months. And when we got to the COP, Secretary Kerry – Special Envoy John Kerry and his Chinese counterpart were able to make a very welcome and surprising announcement around the cooperation that would move henceforth forward, and then shortly thereafter you had President Xi and President Biden speak to one another and commit towards carrying this transnational cooperation into the future.

Maybe that's a model we should think about, too, where you can build trust, build concrete ideas out of public view for a while and then find the moment when you might be able to bring these forwards.

Tom, why don't I turn to you? You've got the most experience in diplomacy on these issues. How do you see these?

Dr. Frieden

We're in trouble if I've got the most experience in diplomacy.

But, I think, first, you know, it has to start with mutual respect and we have to be careful about issues that are very sensitive and which are not crucial to address. We have to really recognize both the tremendous success that China has done controlling COVID.

It's remarkable, and we have to recognize that the U.S. is dealing with a very fragmented polity where, you know, there is disagreement about everything from where the sun rises and sets to gravity now in the U.S. There doesn't seem to be any common ground and that makes it very difficult for us to collaborate.

But I do think that small wins are important, that confidence building is important. As Deborah says, exchange of staff, interchanges, are important. To the extent there can be joint projects in Africa and Asia on public health strengthening, I think that will be important. I do think it will be – I think the report outlines a lot of important areas. I do think they're going to be tough, right.

So, I think, for example, the vaccines and therapeutics issues are complex and you have kind of a competition here, not the worst competition in the world for who can provide the better and more vaccines to countries that need them. That's a healthy competition. On travel, you know, at least until after the Olympics, I don't think we'll see much change and I don't know that we'll see after that.

So I think it would be good to kind of try to identify specific areas where there can be collaboration and that's why I highlighted the laboratory network, public health strengthening, and "one health" or reduction of spillover – (audio break) – even in Africa. Who can – who can provide better, more effective, support for countries in need in Africa and Asia? So I think maybe there are some lessons to be learned from the smallpox eradication work where the U.S. and the Soviet Union were able to work together.

Now, one of the complexities of this is that that was done through the format with the platform of the World Health Organization and, currently, the stock of the World Health Organization in China is not very high, and so I don't know what a neutral platform could be to facilitate that type of conversation.

Dr. Morrison

Let me raise a slightly different Asia-related issue and ask Xiaoqing and Deborah to weigh in.

You know, when the president – when President Biden had the September 22nd summit on the margins of the U.N. General Assembly around the COVID – a global COVID response, the Chinese were invited. They chose not

to come. But they did come to the ministerial that Secretary Blinken hosted November 10th.

So these kind of broad gatherings, and the president is committed to a second summit in the first quarter of next year, which could be action driving and that's another opportunity in which Chinese could be invited and brought forward.

In September, also, there was a launch of a U.S.-European Task Force – EU Task Force on Manufacturing and Supply Chains, and a mission statement had been rolled out. This week, the newly-appointed head of HERA, the EU's counterpart to BARDA and plus more, is here in town having – he, scarcely a week after being appointed, showed up here in Washington, D.C. for consultations with the Biden administration. What about the idea of trying to fold Europe into this conversation and build off of what is looking like a very promising set of commitments to build up U.S.-EU cooperation?

Xiaoqing, and then Deborah.

Ms. Boynton

Thanks, Steve. I think that's a very important perspective. I think that, you know – I'll address the U.S., EU, and China in a sec. But I think this is related, that I think that the – you know, we need to build trust. We need to build trust with China and I think that to build trust we need to start with, you know, focusing on mutual benefits, focusing on mutual respect instead of pointing fingers.

I think that it takes both sides to come to the table and look for ways to – and willingness to build trust. And I think that bringing in our European partners into the fold, I think, is a very productive way to look at it. It's not to say there aren't challenges because, you know, our administration is working actively with allies. China is actively pursuing its China-EU strategy.

But I think that the issue when it comes to health, and this goes to kind of what Scott said at the beginning of this conversation, that it is a strategic issue but it's also a personal issue when it comes to health. I think that, really, the focus should be that, you know, health security, U.S.-China-EU collaboration on health, ultimately, is about patients.

It's about patients not only in China and in U.S. It's really about patients globally, and I want to just highlight that, you know, both – and, Deborah, I think you mentioned this – you know, outside of the commercial world where there's already a lot of collaboration, but in our science and technology community there has been years and years of collaboration and partnership between scientists in U.S., China, and in Europe, and I think that that community, their voice, needs to be leveraged. The examples needs to be highlighted – kind of going back to what Deborah said, really focusing on what has worked and what has worked well and really building onto it.

And, you know, I think the other important aspect is to – also for both sides to understand that each country, U.S. and China, have its own domestic politics to deal with. And I think that, you know, I've been thinking about this question a lot and I think that in a COVID and post-COVID world, you know, both Washington and Beijing are under tremendous pressure to lower health-care costs, to respond to a pandemic, and to really look at drug pricing, health-care costs, efficiency, and all of that.

And I think that highlighting that collaboration with – you know, between U.S., China, and European players in this whole biotech-biopharma world, really, is a way to be very efficient in terms of bringing therapies, bringing vaccines, to patients globally at a faster speed and at a cheaper rate.

You know, we're seeing that, you know, the Chinese government is very actively investing in China's biotech sector and we're seeing, you know, China's strong pursuit for innovation and we're seeing a lot of – Chinese companies are not only, you know, licensing in but starting to licensing out, and that really kind of helps to make clinical trial(s) cheaper and faster and getting this product to patients more quicker, more – you know, at a faster rate.

So I think that, you know, really – I really like the idea of working, you know, trilaterally. But I think that the theme and the focus really should be that how do we serve patients better. How do we secure the global health? I think that's an area where, you know, China, U.S., and Europe are very interested in pursuing.

Dr. Morrison

Thank you very much, Xiaoqing.

Deborah, I'd like your thoughts on this question around Europe and building off of the EU-U.S. cooperation. I'd also like to start the discussion quickly before we run out of time on what's Omicron going to mean. How is that going to change the picture here? Tom Frieden has been putting forward very long threads on Twitter on this topic. He has a lot. He's contributed an enormous amount in recent days.

Deborah, what are your thoughts on the EU – the option of incorporating EU into this, and then what's the – how's the picture going to change, in your view, with Omicron?

Dr. Seligsohn

So if the issue is sort of creating international collaboration mechanisms, I mean, my experience from the climate space is trying to add new sets of international institutions, generally, doesn't go over big with the Chinese.

And so I would tend to think that if we want something that's multilateral, the WHO is the multilateral institution that we've got and we should talk about how to improve it. If we have issues with it, if the Chinese have issues

with it, let's talk about those and let's help make it what we want but introduce – I don't think the Chinese are going to be thrilled to death with we already have a U.S.-EU thing, now why don't you join us? It's sort of like ganging up.

So that never is big. I think we have G-7 and especially G-20 as an option for another venue for talking about it. But introducing new venues has traditionally not done well. I think the key is to keep the focus on health. The more we reframe it as security, the more we get all kinds of extraneous issues that are much more difficult to deal with.

I would argue the same is true about trade, and I've been arguing this in the climate space for 20 years. It doesn't – everybody somehow thinks if they bring some trade agreement in it'll help their problem, whereas, actually, it adds massive complexity.

And I don't think the supply chain problem needs to be solved by changing trade rules. The U.S. needs proper stockpiles and they need to be open and transparent. The difference between our health stockpile and our oil stockpile is that you can go on the DOE website and see what's in the oil stockpile. You couldn't go onto the HHS website because it was treated as this national security secret.

National security secret means no reporters can check if there's any masks there. It means no congressional staffers can check if there are ventilators there. And so this is a simple fix and it has to be solved that way because it really doesn't matter whether the stuff is made in China or made in the U.S.

If we have just-in-time manufacturing we're not going to have enough, and so we have to think about policy solutions and Singapore is the best example where they actually have extra capacity in their hospitals to deal with this because the market won't solve these problems.

I do think that there is room for thinking about how building on the relationships we have and that's one of the key things about the climate agreement is that John Kerry and Ministers Xie actually had a long-standing relationship back in the Obama administration negotiating on these things. And what I've seen even in, you know, webcast academic discussions during COVID is especially George Gao, the head of the China CDC, has those relationships with his American counterparts, and I think there are a lot of other people within the Chinese health bureaucracy that do as well. So negotiating, I think, is important.

On Omicron, I think it's going to really mess up any attempt to put travel as an easy win, and that's especially true when the U.S. did a politically-motivated travel restriction on Southern Africa that took two days to implement and didn't include U.S. citizens. So asking the Chinese to change

their travel rules right now is going to be really tough, even though it frustrates me as much as it frustrates Scott.

Dr. Morrison Thank you.

Tom, I know you're under time pressure here. I'd like to get your closing thoughts.

Dr. Frieden Very quickly on Omicron. To me, we're learning more by the day. It's extraordinarily infectious. It's going to validate for China their current approach. It, clearly, has varying degrees of immune escape from both natural immunity and vaccines. To what extent it causes severe disease in people who are unvaccinated, previously infected, previously vaccinated, previously vaccinated and infected, we're going to find out over time.

But it's really what it says for the future about what about Pi, what about the next variant, and what about the next organism and how we prepare for that. To me, beyond the U.S.-China relationship, there are three broad issues that COVID should teach the world.

One, we need robust public health systems. That means something like the 7/1/7 approach. That means substantial increased funding for existing entities like the Global Fund to establish a preparedness window or envelope.

Two, it means that healthcare systems, especially including the U.S. and China, need to improve primary health care so you can detect the problem quickly, vaccinate, diagnose, and treat chronic conditions so the population is less susceptible to health shocks.

And three, we need public health action – broad societal action to improve population resilience, including addressing tobacco, excess sodium, unhealthy alcohol use, air pollution, all of the things that lead to our individuals, families, communities, and societies being less productive with higher health-care costs, shorter life spans, more disability.

So on that note, I think we can make a lot of progress. And I'm sorry, I have to drop.

Dr. Morrison Thank you so much, Tom, for being with us today.

We've got just a few minutes. I want to swing by all of our four speakers and ask them for a quick minute of closing thoughts. I'm going to start with Yanzhong and Scott, and then we'll go to Xiaoqing. And Deborah, you'll get the last word here.

Yanzhong? You're on mute again.

Dr. Huang

Sorry, Steve. Yeah, we actually – we didn't – there was – something that we didn't touch upon is that, you know, all there is – in order to pave the way for effective cooperation, we need the involvement of the top political leaders, right? So that is why we proposed, you know, sending, you know, a Kerry type of figure to China to talk with the Chinese on public health.

But in the meantime, this has also addressed the question raised about, you know, this coordination between national security and health agencies, right. I think, you know, this is absolutely crucial, right, that you cannot just rely on public health agencies to do the job, which, of course, they all favor cooperation.

But you need, right, the national security apparatus to get involved. In the United States, we have the National Security Council, which is a very important actor if we want to really to move forward this cooperation.

Steve, you are muted.

Dr. Morrison

Thank you. Thank you so much, Yanzhong.

Scott?

Dr. Kennedy

Sure. This has been a terrific conversation. I've really appreciated the feedback that we've gotten today. I would treat them all as very friendly suggestions and ways that we could implement the ideas that we already put forth or how we could even be more ambitious. And I thought we were being pretty ambitious but maybe we need to be even more ambitious, and so I appreciate that.

I do think this question of, you know, what are the geostrategic or political obstacles, I would agree with Xiaoqing. There are problems both in Washington and in Beijing and those problems aren't going away.

Chinese policies related to recognizing vaccines or travel or whatever, those aren't entirely based in science. A lot of those are politics as well. We have our own politics to deal with. So that's partly not by preference to, you know, want us to be in a strategic competition but by recognition of where the two societies are.

I think both Washington and Beijing are fumbling toward trying to figure out how to really define what their relationship is like and where we can compete and where we can have guardrails. And I think as we have some sense about where we can put guardrails on the broader relationship we can figure out how to put guardrails to facilitate the greater competition on health or on health security.

And maybe in the meantime, we can figure out how to make this be more technical or between communities of businesspeople and scientists or how

we can engage in parallel efforts at the same time, or as Deb has written in other places and Tom mentioned it, constructive competition, where our efforts to outcompete each other generate good health outcomes. I'd be in favor of all of those things.

So, again, it's – whatever gets us to better health in the short term and the long run, Yanzhong and I are in favor of.

Dr. Morrison Thanks so much, Scott.

Xiaoqing?

Ms. Boynton Thanks, Steve. I'll be brief. I think that just on the topic of Omicron, I think one kind of unfortunate consequence is that, you know, I agree with the panelists that I think that for U.S. and China to continue to pursue collaboration on health security it really needs to come from the top.

I think we've seen this with climate change and I think that, unfortunately, with the new variant, I think that we're going to see a White House that is going to continue to be distracted and not being able to really kind of focus on the cohesive China strategy.

So I think that – I think we need to be patient and we need to kind of see how this kind of unfolds. I also like the – I always believe that health has been a bright spot in the bilateral relationship.

I think that, you know, extremely kind of challenging bilateral relationship today I'd like to see some technical or specific examples of collaboration being continued and pursued, and I think that while we wait for kind of a high-level engagement and strategy to restart, I hope that this kind of technical collaboration at a working level in the science and tech and commercial world can continue to serve the bridge to build trust and maintain that kind of, you know, partnership that – with the goal of, you know, health and patients.

Dr. Morrison Thanks so much.

Deborah, you get the last word today.

Dr. Seligsohn OK. So here's a thought out of left field that everybody's comments about from the top has made me think about because, absolutely, you know, when I was the science counselor, I spent most of my time doing paperwork for new science offices to open in Beijing. I mean, NSF, DOE, NIH, CDC, and the health attaché all opened while I was there, and a lot of that was because President George W. Bush really believed in that.

So, first of all, as I said before, we have to respect the importance of research and we need NIH to restaff and we need an NSF office back in

Beijing. But what if we could do something like often happens after disasters where former presidents are sent out to sort of lead the charity effort, right?

And what if we asked, I don't know, Presidents Bush and Obama to try to initiate some kind of conversation with China on health collaboration? They both did massive improvements in it, they both were enormously supportive of PEPFAR, and I think there might be a way to talk about a sort of one-health animal-human surveillance improvement type of thing in terms of asking some sort of ex-officio folks on both sides at a super high level to lead the conversation.

Dr. Morrison

We're at the end of our hour here. It has been just spectacularly rich and valuable, this set of conversations. I want to, again, thank and congratulate Yanzhong and Scott for such a sterling piece of work. We're not done on these issues by any means. So stay tuned. We will be deliberating among ourselves as to what might make sense in the next phase of our work.

Our Commission will continue through 2022 and, obviously, these – we have demonstrated something, I think, quite powerful, that there is a real appetite, a ripeness, despite the adversity that we see that there are ways forward. There are pathways. Those pathways have been illuminated in this volume and in this conversation.

So thank you all. Xiaoqing, Deborah, Tom Frieden, great to have you all here. I think each of you brought very valuable insights to this conversation, and a thanks to the team here at CSIS that put this all together with such care. Thank you.