

Center for Strategic and International Studies

TRANSCRIPT

Online Event

**“Fireside Chat with Rep. Tom Cole: Securing America’s
Health Security”**

DATE

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FEATURING

Tom Cole

*U.S. Representative (R-OK-4); and Member, CSIS Commission on Strengthening America’s
Health Security*

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Transcript By

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Susan Brooks: Hello, everyone. My name is Susan Brooks. I'm coming to you from Carmel, Indiana. And I am really pleased to be joined here with this fireside chat with Representative Tom Cole, who represents Oklahoma's Fourth Congressional District. And joining me as well to have this chat with Representative Cole is Dr. Julie Gerberding. Dr. Gerberding is leading the NIH Foundation, and co-chairs with me the CSIS Strengthening America's Health Security Commission, of which we're really pleased that Representative Cole serves on that commission.

We appreciate the time that he takes to serve on this commission and to serve for quite some time. In case you don't know, Representative Cole is also the ranking member of the Appropriations Subcommittee on Labor, Health, and Human Services, Education and Related Agencies, and a member of the Appropriations Defense Subcommittee. We're incredibly thankful, Representative Cole, for the fact that for so many years you have focused on strengthening America's health security in Congress. And that the past four years you've been working with us at the CSIS commission.

Also really want to thank your staff because we all know – as a former member of Congress – we all know that our staff are really the ones that get us to the – get us to places on time, make sure we've got the materials that we need. They help inform us. And you've got an incredible staff in Shane Hand, in Debra Grogis, Josh Grogis, and Sabrina Parker. We have really enjoyed working with them, and their support for the Commission, and actually in organizing this conversation today.

Actually, this isn't your first time to join us for a fireside chat. You've had several in the past, as most recently as last fall. Several candid conversations with CSIS and our audience about how we can really strengthen our pandemic preparedness efforts here in the United States and around the world. So we know we're at a really critical opportune time in the pandemic. And we think that this is a great time to have this conversation. There's still a significant consideration and movement on health security priorities, and what should be our health security priorities. But we have to really ask ourselves: Where do we go from here?

We've been at this now for quite some time. And, you know, where does Congress go from here? Where does the country go from here? What are the policy and budget initiatives we should be focused in? And where do you think Congress is going to move, relative to pandemic preparedness? Something we've all focused on for such a long time is now do we not become complacent in a crisis once again, how do we get ready? You've always been that forward thinking – in my eight years in Congress in working with you, you were always thinking about the future.

How can we make sure America was most prepared? You're an incredibly bipartisan member. And I know that you and Representative DeLauro and Representative Granger have worked so hard on these issues. And we're very excited to have your thoughts today. Would love to give you time for some opening comments.

Representative
Tom Cole (R-OK):

Well, thank you. Number one I'll say publicly what I said privately. Boy, do we miss you in Congress every day. (Laughs.) And you were such a champion in this area, and particularly such a model of civility and bipartisanship in a very difficult time. And I know what high regard all the members held you in, on both sides of the aisle. So, darn it, we wish you were back. And because this is – would have been a wonderful moment for you to put all your talents on display.

In terms of preparedness going forward, a couple of things. There's short-term issues and then longer-term issues. The immediate challenge we have, of course, is to get some sort of partisan – bipartisan COVID deal, to make sure that we have the therapeutic vaccine, some of the other things that we have.

(Background noise.) I don't know if that's me or you, but I'm getting a lot of background here.

And, you know, the sad thing – I think this is a victim of politics – we had this deal done. But the agreement in the United States Senate between the two parties was they would fund it with money left over from the American Rescue Plan, where we spent 1.9 trillion (dollars). A lot of that money had not been disbursed yet.

Frankly, a lot of it, in my view, has gone for non-COVID relief plans. And probably Congress, in a bipartisan sense, overestimated how much money it was going to need to spend on the recovery. We're dealing with that with inflation now. But there's plenty of extra money or money that has not been spent yet that could be reclaimed.

But that doesn't mean – sadly, a lot of our states want that money and were promised that money, and unfortunately they're not intending to spend it on COVID relief. There's going to be road projects and, you know, worthy things, I'm sure. But a lot of it needs to be redirected back to the original purpose, which was let's deal with COVID and its consequences.

Again, that deal was set. We had a Democratic revolt on the floor, really orchestrated by governors. And at least I sound partisan. Governors of both sides called their offices, but in this case process question that Susan knows well. There's something called the rule that accompanies every controversial bill. It basically determines what amendments are in order, how much time

is allotted to people, whether points of order can be pressed or not. And it's always a partisan vote. The majority part passes the rule. The minority party votes against it because they don't get to write the rule. And so you could count on every Republican voting no.

And in this case enough Democrats – I mean, literally 60-odd – broke from their party leadership. I've never seen anything like it. They forced the COVID deal out of the omnibus spending bill, which was a \$1.5 trillion bill that funded the entire government. And we did move that along in a good bipartisan way and got it through. It passed the Senate. And now COVID is – the immediate preparations that we ought to be making, literally Health and Human Services telling us, hey, we are running out of money; we are worried about, you know, boosters and vaccinations for target groups and what have you going forward.

We're still worried about, obviously, the state of the globe in terms of vaccination, and we certainly know we can't be safe here until literally the globe is safe. I mean, this is, by nature, a project that can't be strictly national in scope. We're uniquely blessed in terms of resources, both scientific and financial, to be the leader in that. But we've got to recognize that our security is intimately tied to people in South Africa and people in Asia and people all over the world. And whatever our other differences are, this is an area that we need to cooperate on and work together on. And we've done that to some degree. But, you know, that needs to continue and that's going to take some resources.

So right now the two sides are dug in as to Democrats just simply want to put it on the national credit card. Republicans say, no, you've got all this other money. And frankly, Republicans in the Senate also want to have a vote on it because they want to raise some unrelated issues like Title 42 at the border. And until those issues are resolved, we're running a risk. And, you know, as you move toward the election, quite frankly, things get more polarized and partisan even than they are at a normal time. So it becomes extremely difficult.

Longer term, though, I do see some really good things happening. Energy, Oil Committee, Energy and Commerce, marked up in a bipartisan way, evidently – I haven't read the legislation yet – a new framework for the ARPA-H feature, which was a product of the last – we sort of got the cart before the donkey, in that case; that is, we funded a program that had not been designed yet by E&C.

And we did that because the White House – honestly, this was a presidential priority. It's something President Biden wanted. It was his number one ask in the negotiation process. And as I remind my friends, while Congress has the lion's share of the work and the credit for any budget, the reality is the

president has to sign it or it doesn't mean much. So when the leader of the free world says this is my number one project and his party is the majority in both the House and the Senate, then you need to pay some attention to that and work with the White House. And we did. We set aside a billion dollars. We, basically, vested the authority to make decisions in the interim about everything from who the director would be to where the agency would be placed – would it be cohabited with the NIH, would it be geographically in another area altogether. And there are very serious disputes and disagreements, actually, within the parties about this. It's not a partisan issue at all. There just hadn't been enough in the way of hearings, thought, go into this. And, normally, you know, the E&C would produce it and they would have an authorized spending level attached to it for a number of years and then Appropriations would decide, OK, we'll fund it either at what they've asked or we don't have that money it'll be less or we like that idea and it'll be more.

But so, you know, we seem to have the ball rolling on that it seems to be rolling in a bipartisan way. I couldn't tell you what the Senate is going to do. But I'm very pleased when I had the talk on the floor with our ranking member there, Cathy McMorris Rodgers. She was actually visiting with one of her Democratic colleagues from the committee about how great the markup had been and how wonderful it was to see the two sides working together and wrestling through all these issues. And, again, our work as appropriators is a lot easier when the authorizing committee has actually done its due diligence and designed the program and had the debate. There's more expertise on Energy & Commerce about these kind of issues than there is in Appropriations.

So I see cooperation there. I see cooperation, going forward, to get an approps deal by the end of the year. An approps deal by the end of the year in terms of what we're talking about today means not only will ARPA-H be funded, more importantly, NIH will be funded and the strategic stockpile will be funded. The Center for Disease Control will be funded. So the basic dollars will be there in the time purchased and that's much better than a Continuing Resolution because I would expect all those areas will get more money in a deal than they'll get in a CR, so to speak.

So that's moving along pretty well. Rosa DeLauro is nothing if not a firm taskmaster so I can promise you that the committees are all meeting. I've had two committee meetings today virtually, one on Defense, one on Labor-H, to move these kind of issues forward.

The Senate is not moving as rapidly. But I want to be very diplomatic how I put this. But we – fortunately, we have an Appropriations Committee in the Senate. It's led by two distinguished senators. They're both wonderful friends of mine – Senator Leahy from Vermont, Senator Shelby, but this is –

they're retiring. This is their last year, which means this is their last bite at the apple, and my guess is they will want to get a bill done before January 3rd. So they will be pushing hard to finish this year.

If Republicans are successful in the elections, Democrats will want to get this done this year because, you know, it'll be their last chance in the majority to fashion this for a couple of years in the House. And, honestly, if Republicans are thoughtful they will recognize it's much to their advantage to get the deal done this year. It would be a big mistake to push the appropriations bills in the next year with a lot of new members showing up hot off the campaign trail, no background in any of this and, frankly, not having helped fashion it. No stake in passing it. And you're going to lose people that would vote for the bill on both sides of the aisle. Retiring members – you know, I think of our friend, Fred Upton, who's always been such a leader in these areas, from Michigan. He won't be there next year. I'd sure like his help on this stuff this year and I know Fred would be one of those Republicans that would come to the table and push a funding bill across that would have these kinds of things in it. So we're on a race for the clock in the Appropriations Committee. The other parts seem to be working well. But we are having a hard time on this COVID relief package. Just the politics of it are awfully sticky.

Ms. Brooks: Well, and thank you for kind of going into what has happened when the package was first put forth because I don't know that a lot of people paid that much attention to what happened at Rules and that it was a bipartisan takedown of the bill.

And just very briefly, before I turn over to Julie, I mean, the president has put forth, really, the largest request – 88.2 billion (dollars) budget request – for health security and biodefense, far more than we've seen in the past and – because we know things, as you've said, are somewhat stuck, although I'm pleased that E&C just moved some bipartisan bills forward. That's terrific. Do you feel like that \$88.2 billion budget request for health security and biodefense has a shot? I mean, obviously, most presidents' requests – you know, it's a place to start. But what do we need to do to make sure that COVID funding and pandemic preparedness funding is on track? That something good is going to come out of – you know, of this, relative to the president's budget request?

Rep. Cole: Well, of course, you know, at Appropriations we're less visionary than the authorizing committees are. We work one year at a time. So the component of what the president wants to do I think can get done this Congress for this year, for the next fiscal year. Look, if this isn't a priority for you now, it never will be.

Ms. Brooks: Right?

Rep. Cole: I am sorry that it got partisanized to the degree it did. And I'm not pointing any fingers at that, I just think we live in an atmosphere where these things happen. I was actually looking at some polling recently and it was discouraging to me how NIH and CDC, which had been historically highly regarded on both sides, you now see a sharp partisan difference. And that can express itself in the way members vote and conduct themselves, you know, without thinking through what the consequence are.

I mean, I have this discussion in another context with some of my Democratic friends who think we spend too much money on the military. And, you know, look around the world. There's a reason why we spend what we do. It's a very dangerous world that we live in. And the same thing's true with NIH, and CDC, and strategic stockpiles, and all these things. We live in a very dangerous world in terms of the threats the biosphere can throw at us as well. So I actually think – I give the president high marks on trying to tackle this thing and lay out a comprehensive program, and look ahead. And I know there will certainly be some bipartisan support for this. But until we get down to actual budget negotiations, it's hard to know which pieces get in this year, and how you frame this up over a five-year period.

Ms. Brooks: Well, I have to tell you, I give President Biden high marks for luring Dr. Julie Gerberding back to government. Former CDC director, but had been with Merck for some time, and now is, you know, the NIH's foundation. And so, Julie, I'm going to kick it over to you to talk about some of these health institutions.

Julie Gerberding, M.D.: Well, thank you. I am really happy to participate in this conversation. And, Congressman Cole, you know, you've been such a leader and such an insightful contributor to the Commission that we can't thank you enough for making time to give us this depth of understanding about what's actually happening in Washington right now. Because it's hard to decipher it from the media. (Laughter.)

And you're right, I am now in a new position with the Foundation for the NIH, which is not government, but there to try to help the NIH accomplish its mission and to support the things that we need to bring private-public partnerships together to do on behalf of patients, with a lot of unmet medical needs. So naturally we're interested in ARPA-H and how the NIH and ARPA-H can come together, and how we might be able to help both of those entities succeed. So thank you for that. And thank you for bringing those important funding requests up for those entities.

But listening to you, I also appreciate that, you know, as you said, the world is a very dangerous place right now. We have the situation in the Ukraine. We have climate change, which is still an unpredictable and unfortunate

accelerant of chaos and disruption in so many areas of the world. We have a global pandemic that is still ranging. But in addition, we have our domestic issues – inflation, food for babies, recent violence in the school in Texas. I mean, just so many issues that are on the plate. I think to some extent people get exhausted with the dangerous world that we do face.

And yet, Congress has to somehow weed its way through all of these issues and come up with authorization and a budget that gets the job done this year. But also, in the case of biosecurity, makes sure that we have what we need to sustain that effort going forward. The crisis to complacency cycle that we're in, I just feel it right now, it's so tempting to want to put COVID in the rearview mirror. We want to move on and get into the next problem to be solved. And yet, we are essentially in the middle of a surge right now. We are starting to see an uptick in hospitalization in some areas and we've got two variants sitting in South Africa that are very worrisome in terms of antiviral, monoclonal antibody, and vaccine efficacy.

So staying the course on the pandemic investment to us, in our conversation, seems like an imperative. But you're up against the reality of a fixed budget on the macro level, the inflationary problems that we're facing, and then I think an overarching issue is mistrust – mistrust in what we recommend be done for the pandemic; mistrust in the institutions that you're trying to fund to help support our diagnostics, our antivirals, and our other countermeasures, including the strategic national stockpile. And we've got to somehow not just fund our agencies; we have to help them restore that trust.

So, from where you sit in Congress, do you think we can make progress on that? And what do you think – what do you tell your constituents in Oklahoma about what they – how they should regard these institutions and our overall pandemic response?

Rep. Cole:

Well, I try to step back a little bit and put things in perspective for them and say I'd be the first to acknowledge not everything worked as well as any of us would like when we're dealing with an unprecedented situation in the middle of a crisis. But in some ways, Congress responded remarkably well.

We passed five different COVID bills over the course of 2021 that were extraordinarily bipartisan, that totaled \$4 trillion. The entire federal budget on an annual basis is 4.5 (trillion dollars), so it was like a second budget on top of the normal budget, which also passed on a surprisingly – but you didn't hear any talk in 2021 of the government shutting down or, you know, us going on – things moved in a normal appropriations fashion even when Congress couldn't meet on a normal person-to-person basis. And again, those votes were not tilted one way or the other; they were overwhelmingly bipartisan.

And I would look at where we ended up. Yeah, there are areas I'm concerned that we saw from COVID where we didn't do as well as we could have, absolutely. But I look at the development of three vaccines in 10 months as a pretty extraordinary achievement and an enormous tribute to both the public and private sectors working together in a national crisis, and something that while we lost a million people how many more would we have lost had that not been available, had therapeutics not been brought – been brought online, had we not made some of the necessary tough decisions financially when we're asking people to do things, you know, like not go to work. You know, that's probably a decision we would revisit today, and certainly I think we'd revisit what we did in education, but people did the best they could at the time. We got through it. We have tools available.

But to your point, we haven't finished the job. And I think the – you know, the best way to go forward is to focus on one of the immediate problems at hand and let's get through this year. My guess is on COVID where I would prefer this happens sooner rather than later – if nothing happens, it'll end up being part of a larger omnibus spending bill that I really do believe will happen by the end of this year. And I would prefer not to wait. I would prefer to give the professionals the tools they have now and maybe we can still find a way to do that. But there has to be some give and take on both sides.

And there also has to be some recognition, I think – again, we lost the COVID package that we had that should have been passed in March and was considerably more robust, honestly, than what we're talking about now in terms of the money simply because we had a lot of governors that wanted money for other things and thought, well, none of this money should be taken from me, Washington should just print it all or find it someplace else. And yet, almost every one of these states is in great fiscal shape. You know, again, to my own state, I remember going to the state legislature at a break in the spring and a couple of the members on the state-level Appropriations Committee were complaining about, you know, you guys are trying to take 130-odd million dollars away from us because our share – that we would have lost had the COVID package remained in the omnibus spending bill of March of this year.

And I said, well, you know, I seemed to notice last year the state of Oklahoma added a billion dollars to its rainy-day fund. We don't have a rainy-day fund – the United States – we managed to cut corporate and personal taxes. We didn't do that last year, and you know, you're, you know, having a special session later this summer to decide how to spend all the extra federal money you already have – \$1.2 billion of ARPA-H money that you haven't even put out the door. And just to rub a little salt in the wounds, since the American Rescue package turned into a partisan showdown fight, none of your senators or members, including myself, voted for this deal. So don't come here and complain when we're trying to recapture money and actually spend

it on the very basic things that will provide your constituents with security: vaccines, therapeutics – you know, global health security so we don't have variants elsewhere developing and moving into our country.

You know, we have a great need to think globally in this situation, not nationally, and certainly not parochially. So again, welcome to the frustrations of real-life politics where self-interest gets in the way of wise decision on a regular basis.

Ms. Brooks:

Well, you know, you've – when you mentioned the stay, it reminds me that – well, we were kind of talking about the federal view and what the federal agencies need. One of the biggest areas where we have a lot of modernization and restoration to accomplish is in our public health system at the state, local, tribal, and territorial level. And I know, particularly in Oklahoma, the rural areas and the tribal communities have been places where the preexisting infrastructure support really was not adequate to help assure that we had equitable opportunity for everyone to participate in the delivery of countermeasures or the kind of care that's helpful in helping people recover. That's not just a problem in Oklahoma; that's a national tragedy really.

So in the process of thinking about the biosecurity of the frontline of our public health system we not only need a workforce, which has deteriorated into almost shambles in some communities for lots of reasons – but burnout being one tremendous component of that – but also our data systems require modernization, and we really need to think differently about how we integrate from the local level to the state level, to the federal level, and have a much more integrated national response capability, not just a set of independent and poorly coordinated local responsibilities.

So I hope you are thinking about the public health system modernization in the context of the COVID response, but also in the longer-term biosecurity investments that we are making.

Rep. Cole:

We actually are – and I want to give my full chair of my committee, Chairwoman DeLauro, a lot of credit for that. We actually had hearings on what we needed to do in terms of updating technology and providing additional capacity at the state level, and at the local level and tribal level as you were kind enough to mention. So that, at least from an appropriations committee standpoint, is well underway.

Again, we need, though, to educate our – I promise you that very few members of the Oklahoma legislature understand that the federal government pays for about 60 percent of the public health effort in the state of Oklahoma. It's lower in some places, but nationwide it's around 50 percent. The poorer your state is – and we're a relatively poor state by

national standards – the higher your percentage is. So, you know, number one, making sure these things are adequately funded, and number two, that they have the technology – and as you put it – the workforce, which takes a while to develop, attract, and hold, you know, is absolutely critical.

And, you know we saw where a lot of cracks were – that’s the good part of this and – if there is a good thing. And we also knew there were inequities, and there were shortcomings, and there were weaknesses in the system, but it got tested about as hard as it has been tested in several generations. And so we now know, OK, here’s the things we need to do to shore up the weaknesses out there.

So far on the committee, I will tell you – and again, I’ve been very lucky. I’ve had – either as chairman or ranking member – Rosa DeLauro as my partner for seven years. And just as important I’ve had Roy Blunt, whose retirement I regret almost as much as I regret Susan’s retirement, and Patty Murray as counterparts. And they’ve seen the world the same way, and they’ve put aside – and believe me, we have sharp differences in a lot of areas, but not here. And each year it’s been a discussion, OK, what do we do to strengthen the research effort? What do we do to strengthen the public-health effort? What do we do to make sure, God forbid, that if a pandemic comes along, we have what we need in strategic stockpile to respond?

And, you know, for the most part those things held up and we got through it. But there are so – you know, everything from telemedicine to, you know, building the infrastructure that it’s going to create to deliver those services to remote rural areas and reservations and what have you, and then the regulatory mechanisms that it will take to allow providers to be able to deliver the services over a network like that and be compensated at a reasonable rate.

We learned an awful lot in the pandemic about that, and we saw an explosion in that kind of health care, which actually will strengthen health care on just a day-to-day basis for the American people as we go forward, let alone give us a network that we can respond very quickly to a national challenge like a pandemic in a way that we’ve not been able to before.

So, you know, it may have been painful and inartful, but we did end up on the other side of this with the knowledge, if we’ll continue to make the investments, to do a lot better going forward.

The one tragedy in this – and again, I’m not blaming anybody – but the discussions got so intense, misinformation, I think, so great, and sometimes, you know, institutions don’t perform well in crises. And, you know, at the beginning of this process, you broadly – and I say this as a guy who used to do surveys for a living – you could talk to Democrats and Republicans about

this in the same language, in the same way, and use the same examples, and you are off the chart, because everybody, at the end of the day – I often say I can go to a town-hall meeting and I'll have somebody complaining about government spending.

Nobody ever complains about how much – you're spending too much on cancer research, or why are you wasting all that money on Alzheimer's? They don't – it's more why aren't you spending more money on things like this that are really important to people?

But these things have gotten partisanized. So if you put the NIH on a poll or the CDC on a poll, I will promise you, you will see very different partisan reaction to those names today than you did 18 months or two years ago. That's a real danger going forward, because the last thing we can have is public health and pandemic response to become partisan and to, you know, be treated that way, used that way and understood that way by the electorate, because in a crisis like this, you really do have to broadly have public cooperation to make these things work. So hopefully we can repair some of that damage going forward.

Dr. Gerberding: Well, before I turn this back to Susan, let me just say that your last framing here is music to my ears, of course. But I think it's also something that a lot of people need to hear, that there are important issues of national security and global-health security that we just can't approach with a partisan lens. And I hope we can find more people like you in Congress to keep us on the right track in this regard, because it's a very, very ominous situation at present.

So Susan –

Rep. Cole: Let's have Susan come back.

Dr. Gerberding: (Laughs.)

Rep. Cole: (Laughs.)

Ms. Brooks: And you probably weren't aware, I'm actually serving on – our governor put together a public-health commission. And we've been doing work for many months. And so I have been really focused back here at home in Indiana on a lot of public-health issues. And I suspect that there will be these types of public-health commissions that'll be started in other states.

But I have to tell you, and I need to ask, you're home in Oklahoma. You've been home. And you're working really hard in getting around talking to your constituents. We had the millionth, you know, American die of COVID very recently. And yet many of the public folks that we're interfacing with in this commission – and we've been going on the road around the state of Indiana

talking about public health, not just talking about the pandemic and preparedness and how do we prepare ourselves for the future but how are Oklahomans and people in the Fourth District feeling about, you know, attention to COVID now? What are the thoughts of your constituents? We feel, you know, it has become very partisan. Not just the CDC/NIH, but kind of so much around COVID has become so partisan. So how are folks in your district, with you being a leader in trying to stay focused in a bipartisan way on preparedness not only here but around the globe, I don't know that they want to hear about it any –

Rep. Cole:

They really don't. Honestly, as I was mentioned earlier, they're exhausted. And the tail on this pandemic is something that they're seeing – not even necessarily sensing this but seeing throughout. You know, you look at rates of drug addiction, you look at depression, you look at suicide. There are lots of consequences to what we went through that, quite honestly, we will be dealing with not for a matter of weeks or months, but for a matter of years going forward. This thing has a very long tail to it.

The one thing I will say, you know, at least on the Appropriations Committee, and I'm sure this is happening on E&C and Ways and Means as well. But people are thinking about this. I mean, the fact that, again, we had a markup on ARPA-H, which if it turns out the way DARPA did, the defense version of this, will be an incredible tool for us going forward. And it's one that – and I say this with no criticism of his predecessors – but actually President Biden is more interested in these areas, and has proposed, you know, more money and more structural reform than either of his two predecessors did.

So, you know, we might need to let the public have a little bit of a break in terms of they don't need to hear about it. But as long as the institutions are putting the money together, doing the work, thinking through the authorization – what is the appropriate structure for this committee. And, as I told you in our discussion, I take a lot of pleasure from the fact that the markup that occurred on ARPA-H in the House at least was evidently, according to both sides, very bipartisan, good ideas coming from each. It moved out of the committee with a very bipartisan vote. That tells me the leaders of that committee – Ranking Member McMorris Rodgers and certainly Chairman Pallone, that doesn't happen if they're not working together.

And so again, with all our rock fights in Appropriations, we don't fight about these issues. As a matter of fact, the discussions are usually how do we shift more resources into this area without underfunding something else? Because we do recognize it's going to take initial – or substantial and sustained investment here, not over a single budget year but moving forward year in and year out. And it does it – it's just like we were talking in the last discussion, if you're thinking about a public health workforce, you

know, everything from researchers at the top end in terms of doing the science to people actually, you know, doing clinical trials in the field, and people actually, you know, reporting data, and coming back – it takes a long time to develop that. And we have pushed ours to the limit.

And so we need to be sending the right signals that this is an importantly and highly regarded, you know, profession. And that we need people, you know, in all kinds of ways that are going to be involved in this effort. And we're going to make it worth your while through loan forgiveness; through, you know, scholarship; and through just simply recognition of the shared importance of what you're doing is for all of humanity. You know, we can't allow, again, these things to become partisan back and forths, in the way that so much does in our current society.

Dr. Gerberding: You know, I just have to jump in here to say, when I'm listening to you talk about what has been accomplished and the commitment to invest more in the innovation front, you mention all of the technological innovations that have occurred in the pandemic. The telehealth impact, the data recognition and improvement. I think that we are at a state in our science where it's technically feasible to take pandemics off the table, from the standpoint of understanding viruses and working on the development of prototype vaccines, antivirals, and diagnostics so that whatever hits us next we're starting from a place like we did with this one and we can get these things done so quickly. But is that sustained investment – and you know, you probably feel like we beat that drum a lot at CSIS and the Commission, but that's the one – that's the one big worry that we really confront, is that we've got the capacity to do miraculous things right now. Do we have the social will and the leadership to be able to stay the course and carry this forward into the future?

Rep. Cole: Oh, I think that's a very important point to make and a very good question – and, sadly, I would say an open question. Again, I've seen periods of times and, you know, government tends to be boom and bust in terms of its interest in something. You know, we're interested in space until we get to the Moon and beat the Russians, and now we don't need to do as much. And now we're, well, maybe that wasn't too smart. And you know, we doubled NIH spending from the late '90s to about 2003 and then it laid there flat for a dozen years, and we essentially lost ground because we lost purchasing power with inflation, and we went from funding about one out of every three, you know, proposals to about one out of every six. And we even began to see a drop off in the number of young people interested in going into biomedical research because we send them a signal about how important their work is as to how robust the funding is to actually pursue the research opportunities.

I remember talking to Dr. Collins on this, who did a wonderful job of, certainly, educating me as the new chairman coming onto the Labor-H Subcommittee of, OK, here are the consequences that we're starting to see now and this is what we think it will take to repair, that's now a topic we talk about very regularly on the subcommittee no matter who's running it. And so you're exactly right, there has to be a national will to sustain the investment going forward or, you know, everything we've learned will be lost and some of the things that we built up both preceding and during, you know, will deteriorate.

And this really does have to be regarded – and when I talk to my constituents about this, you have to frame it the right way. You have to be willing to talk in terms of, number one, there were a lot of successes here. You know, the vaccines were a huge success. The getting of vaccines with the speed we got was a huge success and everybody should take credit for the success. I mean, it was not achieved in a partisan way. We don't need to score points at one another's expense; we actually need to be patting one another on the back for what was done, but also recognize, you know, this is not going away. You know, these investments need to continue in this area.

You know, look, when you lose a million people in 18 months, don't tell me that this is, you know, not as – not at least as important as the investments that we make at the Pentagon. It is, and they need to be viewed that way. I mean, defense is not just a narrow thing that we worry about an invader coming across our border or maintaining peace globally. You need to do this just as well. And we have just as big a stake, you know, around the world in terms of making sure that other societies are as capable as they can be in detecting and treating viruses and working with us in a cooperative way.

You know, and that's – again, that's another one of the great casualties here. I think of, you know, obviously, the friction between China and the United States that's come out of COVID and the lack of trust back and forth. And I'm not going to – I have – I have great frustrations with the Chinese on this front because, you know, as I say, if you're not guilty, please don't act like it. You know, let's cooperate and let's find out the sources and let's figure out what happened. I don't think anybody here remotely believes this was deliberate on anybody's part. But you know, whether it's natural or comes out of a lab, we need to know those things and then we need to make the steps accordingly without, you know, blaming one another. But I don't think, you know, we've seen people as forthcoming or societies – countries as forthcoming here as they should have been. And again, that's going to be a long-lasting legacy that's going to make cooperation in a future pandemic more difficult, and everybody loses in a situation like that. Both sides lose.

Ms. Brooks:

Is there anything relative to China – because I know that what I think – the lack of cooperation and the challenge that so many of the constituents have

with respect to China and then the supply chain issues that happened because of China, where – and then even the issue around China became so partisan as well, where it used to be that I – you know, years ago, you know, we were really in lockstep, Republicans and Democrats, on our challenges with competition with China. But it feels like during this pandemic, even that got partisan.

Rep. Cole:

To some degree it did, and – but I think that can be undone pretty quickly in the sense that I do think there's a bipartisan consensus – forget where this thing started – that China was less than forthcoming in sharing information in a timely way with everybody. I do think there is a consensus between the two parties that China probably manipulated the global market in, you know, protective personal equipment, those sorts of things in ways to its advantage. And I do think there's a bipartisan sense that we should never be as reliant for basic pharmaceutical products as we are now. So there are actually some things inside the country that I think will create cooperation again.

But I do worry about the international loss of sense. I mean, WHO has taken a huge hit in the United States, rightly or wrongly, I don't know. I don't have time to get into all that stuff at great length. But I do know that it's – you know, the willingness of the American people to trust what the WHO has to say and cooperate globally through that institution has been, sadly, weakened, and it's not as strong today as it was pre-COVID. So there certainly are casualties here.

But there's also, you know – unfortunately, they fall along, you know, lines of almost political division. There's an awful lot of cooperation, though, with our friends in Europe; a lot of cooperation with our friends in India; you know, a lot of cooperation with our friends in Japan. So there are – you know, there's natural alliances. But the – you know, the same geopolitical divisions that you see now exist in this sphere in a way that they really did not beforehand. That's to humanity's loss. Ultimately, nobody wins in that. And you know, but we have to get back to a world – maybe it was an illusion that we lived in, but we have to get to a world where, when it comes to these kind of matters, since we're all the same species and since we know viruses don't bother to distinguish between, you know, communist, socialist, and capitalist, you know, or nationalities, and they don't seem to care a lot about national borders only national capabilities, that we all have a vested interest in this world.

And we have to understand we are not going to be safe, you know, isolated from the rest of the world. You know, we had a much clearer sense of that, I think, beforehand, and that's been damaged in the course of dealing with this, and it still is today. I mean, look at the pursuit of zero-COVID strategy in China. Doesn't look to me like that's working as well as they seem – but that

seems to be more a political decision or we can't revisit this issue because it might undermine the credibility of the current regime.

Look, everybody's made mistakes in this. You know, there was a phase in this where, oh my gosh, the Chinese are the model way to treat this, and look how well that's gone. Now we've moved into saying, huh, looks like that old American sort of, you know, hit and miss, figure it out as you go, throw a lot of resources at it, be flexible and adaptable looks now a lot better than it probably did a year ago. And the Chinese more authoritarian, more autocratic model, less successful. I just think we have to understand we're all trying to wrestle with this in different ways, and you have to have some objective analysis of, OK, what worked, what didn't, what could we do better, what can we talk about across national and ideological borders that – or boundaries that makes sense for us on both sides of those boundaries.

Dr. Gerberding: You know, you mentioned our allies in Europe and elsewhere, and how we've been able to come together and create coalitions or alliances and solve problems like improving vaccine distribution or, you know, making sure that our supply chains are improving. But the private sector broadly speaking has had a tremendous role in the response to this pandemic. In some sense, our large multinational companies are also part of the glue that cuts through the boundaries that you were talking about earlier.

But, you know, I do wonder about how to ensure that while we are using our nationalist capabilities to help make sure that we're not so dependent, at the same time we don't undermine our economy, our free trade, and the other dimensions that ultimately we're going to need to rev up if we want to restore our economy and get back into a state where we're truly growing without the kind of inflation we're experiencing right now. So, you know, we tend to think that all the solutions are government, but actually strengthening the private sector is another really important lever that may be something we need to pay more attention to.

And I say that, having just come this morning from my first meeting of ACTIV, which is the private public partnership with the biopharmaceutical industry, academics, NIH, FNIH, and many, many others who are working on the clinical development of the antivirals, the vaccines, and the diagnostics. And that private-public partnership in a world that has demonstrated that science can be agile and fast I think is sort of an exemplar of how important the private sector really has been.

Rep. Cole: I couldn't agree more. And again, that's something we ought to be talking up out of this. I mean, you know, we live in an era where everybody has to be critical of everything. Every now and then when you've got something that's successful, you know, you need to, you know, highlight it. And instead, well, we're in a period where everybody denigrates everything. And I'd say the

same thing about the efforts in other countries. Look how much we've learned from the Israelis. Look how often we've been following what – oh, this is working for us in boosters, and this is what we're doing in terms of target countries. Look how much we learned from the South Africans early on about some of the variants.

I mean, there is a trading of information that has been absolutely invaluable, and that our companies – and quite often this comes from companies that have presence in multi, you know, places around the world. And, you know, our own abilities as – you know, our government does the same thing. We have research presence. I was shocked when I learned how much stuff we do through military research facilities in different parts of the world, simply because in the Second World War we were losing more people to viruses in the South Pacific than we were in combat. And that's what we need to think about. What sort of vaccines do we need? What's the appropriate way to deal with this?

So there are these networks out there that are both private and governmental that have been invaluable in positioning us to not only deal with this but, having gone through this, to be better at dealing with the next one of these that comes along.

Ms. Brooks:

Companies that Julie was just talking about that, that have, you know, operated in China and, you know, the relationships that the private sector can have. What role do you think Congress could play in trying to either – whether it's reach a détente with China over the issues of the pandemic, or whether it is looking – you know, getting ready for the next pandemic. What role do you think Congress should be playing? You know, before COVID there used to be CODELs, congressional delegation trips, that would go to China. Certainly not – that kind of travel doesn't take any longer, but what is it that you think Congress is going to need to do as we deal with this other superpower, and we have to harness what they know with what we know, I think, in order to protect ourselves?

Rep. Cole:

I think so. That's – boy, that's a big question. I don't know that I have an appropriate answer for it. One of the things I would like personally to see done, you know, we have a subcommittee of E&C that's focused on COVID. It's pretty partisan. I mean, it's really – it's a blame game deal right now. And I say that about both sides, as opposed to – I personally would like to see something like a 9/11 commission to look at this thing that involved a lot more people outside of Congress and whose thoughts were not just simply partisan. And, you know, we did that after 9/11. Obviously 9/11 was highly political – people forget that sometimes – in terms of what the response was, what did President Bush know when and, you know, should he have done something and all that.

But the 9/11 commission not only answered a lot of those questions; it really laid forward a framework and then stayed around long enough. It didn't just produce a report, but you actually saw legislative activity responding into some of the suggestions. And you saw a better understanding of the context of the event by the public, and certainly by legislators. We ought to think about something like this.

And, you know, the other thing that Congress can do, you know, we don't have a lot to do with direct international relations. The Constitution leaves a lot of that up to the executive branch, and that has a lot more authority. But we need to not – we need to give the administration, whoever's running it, some room to have these kind of discussions and emphasize it without saying, my gosh, you're colluding with the devil.

I mean, we have to have a pretty frank exchange at some level – it doesn't necessarily have to be public – because we have a vested interest globally in something like this not happening again, or us not being so divided that we can't cooperate with one another. That dialogue probably initially has to be private rather than public.

Ms. Brooks:

Well, thank you so much. We're getting close to our time. And I'm sure you have more places that you need to be in Oklahoma's 4th district while you're home this week. And anything you would like to – all I can say is I'm very pleased that you're in the role that you're in. You have absolutely the right vision for where we need to be. You've got a lot of friends on both sides of the aisle and are so incredibly well-respected. We're so fortunate that you and your team have given time to the Commission and the work of the CSIS, you know, strengthening America's Health Security Commission and keeping a focus on it. So I just want to thank you.

I want to turn it over to Julie for any closing remarks and then, if there's anything you'd like to say, wrap this up. We're just really grateful for your time here.

Rep. Cole:

Thank you.

Dr. Gerberding:

Well, I want to make sure that we give the congressman the last word here. So I'll just thank our audience and thank the congressman and his team. It's just been a pleasure to learn from you these past few years as you've brought a different perspective to the Commission. But also you and your colleagues on the House side and the Senate side who are commissioners really do bring that bipartisan spirit to our work. And that's something that is reassuring and extraordinarily helpful.

So thank you for your service on the Commission. But I'll let you have the final word, and thank you so much.

Rep. Cole: Well, Julie, Susan, thank both of you. And thank the Commission as well. Quite frankly, it's a lot easier to have these kind of discussions in this context sometimes than it is in the institution itself. And it's a vital part of the dialogue that goes on across the aisle.

And, you know, again, I've been very lucky. I've got – I don't think anybody would say that Patty Murray, Rosa DeLauro, Roy Blunt, or I don't have sharp partisan elbows, because we do. And all four of us know how to throw a punch and counterpunch. But we also have recognized there are some things that are much more important than that level of competition and where we essentially have the same interests. And our constituents, the people that we're privileged to represent, have the same interests. And this is one of those areas. And the differences we have should be differences of understanding or as we learn together or maybe of opinion, but they should never be differences that fall along partisan lines.

And, you know, I've seen the same thing happen on E&C and other committees. I remember watching – Susan was on a committee during the CARES Act discussion to watch then-Chairman Upton and Diane DeGette work together and produce a really remarkably important piece of legislation that was part of our preparation, unknowingly, for dealing with the challenge that we just had. And they did that because they recognized, again, there were such things as interests that transcend partisan lines.

So I want to thank CSIS and this Commission in particular. You guys have been a tradition of doing that. And thanks for giving me the opportunity to come to express my opinion, and I look forward to working with all of you in the future.

Ms. Brooks: Thank you. We look forward to seeing you at our next Commission meeting, and enjoy your time with your constituents in Oklahoma. Thank you.

Rep. Cole: (Laughs.) I will. Thanks.

Dr. Gerberding: Thank you for coming.

Ms. Brooks: Safe travels.