

**Testimony of
Dr. Tom Frieden, President and Chief Executive Officer, Resolve to Save Lives
Before the Appropriations Subcommittee on State and Foreign Operations
Wednesday, May 11, 2022**

Good morning. I thank Chairman Coons, Ranking Member Graham, and distinguished members of the Committee for the opportunity to testify today. I'm Dr. Tom Frieden. I was CDC Director from 2009 to 2017 and New York City Health Commissioner from 2002 until my appointment to lead the CDC. I received my MD and MPH degrees from Columbia University, with advanced training in internal medicine, infectious disease, public health, and epidemiology. I am currently President and CEO of Resolve to Save Lives, a global public health organization that partners with countries to prevent 100 million deaths from heart disease and stroke and to make the world safer from epidemics, and am Senior Fellow for Global Health at the Council on Foreign Relations.

I will give you the bottom-line up front: **The U.S. and the world were underprepared for Covid, haven't responded well, and we are well on our way to the deadly mistake of repeating the cycle of panic and neglect, leaving us unnecessarily vulnerable to future Covid variants and to future health threats.** The result: Most of the 1 million U.S. deaths and most of the approximately 20 million global deaths from Covid could have been avoided. No war in American history has cost the lives of one million of our people, as Covid has, and yet we spend more than 300 times as much on our military defense as we do on our health defense. Unless we spend more now, Covid and future health threats will cost us more later – in both lives and money.

With very safe and highly effective vaccines developed in large part through the efforts of the prior administration and provided in large part through the vaccination campaigns of this administration, as well as stunningly effective treatments such as Paxlovid, we can have the upper hand over Covid in this country – as long as a worse variant doesn't emerge. Covid isn't over – it will almost certainly be with us, with ongoing spread and flare-ups in different times and places, for years. In much of the world, lacking widespread vaccination coverage and access to effective treatment, Covid continues to be a deadly threat. And Covid will not be the last health threat our world will face. Because a pathogen can travel from one part of the globe to anywhere else within 24 to 36 hours, uncontrolled disease spread anywhere is a threat to people everywhere.

More than half of deaths in the U.S. and globally were preventable – first by better and faster public health action, then by immunization. But even though we've begun to strengthen the global capacity to find, stop, and prevent disease outbreaks, the world remains unprepared for and unprotected from epidemics. **The United States must continue to address Covid now, be ready for new variants, and prepare for future health treats.** To do this requires addressing three dichotomies and avoiding a gravitational pull that risks having an unhealthy balance in how we address each of the three.

First, *the temptation to spend money on stuff while neglecting the need for staff.* This is crucial to help vaccinate the world, which we must do to reduce the risk of emergence of more dangerous

variants. Today 2.7 billion people have yet to receive their first shot of Covid vaccine,¹ with 91% of the unvaccinated living in low- and middle-income countries.

Donating vaccines is essential but insufficient. It's not enough to airdrop vials of vaccine into countries without supporting the overall vaccination programs needed to get vaccines into arms. Many vaccines were delivered too close to their expiration date and some countries received large shipments of vaccines only to discover that they lacked the appropriate syringes to administer them.

It will be particularly important to increase vaccination uptake among health care workers in order to maintain essential health services, as among the elderly and those who are immunocompromised, who are not only at the highest risk of hospitalization and death from Covid but are also the most likely to be incubate new variants. To do this, we must support national staff on the ground who manage supply chains, organize vaccinations, and get shots in arms.

Early international cooperation can contain a disease outbreak before it becomes widespread, as happened with SARS back in 2003. Ongoing cooperation can reduce illness and death worldwide, as countries around the world are doing, with crucial support from the United States, in the continuing fight against AIDS, TB, and malaria. PEPFAR, a bipartisan success story that has saved millions of lives, has strengthened health systems in more than 50 countries. In Sierra Leone, my organization, Resolve to Save Lives, worked with a PEPFAR implementer to reach more than 7,000 health care workers and offer vaccination. Only 2% – 2%! – declined vaccination, with 90% getting both doses and 8% a single dose. The U.S. has strong programs to build the capacity of staff in countries around the world, and doing so is crucial for our collective health protection.

The second dichotomy: *The need to focus on both response and preparedness.* Our impulse to fund immediate Covid response risks overlooking our need to also invest in protection from future pandemics. Responding to the blaze is not enough; we need to make our world more resistant to future pandemics. This will not be our last pandemic threat.

We must prepare for the next health threat while we provide the resources to fight this one. We need at LEAST the \$5 billion previously requested for global health appropriation supplemental. Protecting the U.S. against pandemics here without finding and fighting them abroad is like having a military that only works in the US. That is why I also strongly support the expanded proposal for \$88.2 billion over 5 years that will enable sustained, targeted investments in public health and pandemic preparedness both domestically and around the globe, including the support for CDC and the \$6.5 billion which would address the need for better global protection.

Although the price tag sounds high, the annualized cost for the Administration's preparedness plan is \$18 billion – less than *one fortieth* the U.S military budget.

We need transformative investments to protect our health security as well as our economy. If major pandemics similar to Covid, which has cost more than \$15 trillion, occur every 30 years,

¹ <https://pandem-ic.com/mapping-our-unvaccinated-world/>

the annualized economic impact on the U.S. would be more than \$500 billion per year. In this estimation, the proposed \$88.2 billion over 5 years would generate a return on investment of approximately 30-to-1.

These investments also need to address equitable access to vaccines and other products to confront outbreaks as they emerge. Vaccine nationalism is both ethically unjustifiable and, unfortunately, politically inevitable. Solutions need to address ensuring quality, quantity, timeliness, sustainability, and equity of distribution of vaccines, medications, diagnostics, protective equipment, and other essential supplies around the world.

The third dichotomy: *Focusing on the United States vs. recognizing that it is in our self-interest to support programs to fight Covid and other epidemics around the world.* The plain truth is that we live in an interconnected world. A disease outbreak anywhere is a threat everywhere. It saves more lives – and costs less money – to fight outbreaks at their source than on our shores. Improving detection and protection in low- and middle-income countries could save millions of lives and trillions of dollars. We can't protect Americans effectively without supporting global progress.

Neglecting preparedness is tantamount to playing with matches and gasoline. Letting Covid burn unchecked through other countries makes Americans less safe, similar to a fire burning in a building in which only some rooms have sprinkler systems. We can either fund global vaccination and control efforts now, or increase the risk of paying far more later when new, more dangerous variants reach our shores. Failing to make vaccination programs, testing, and life-saving treatments available wherever people are at risk of dying is not just a moral failing, it is epidemiologically dangerous, and will worsen the impact of the pandemic. When it comes to access to vaccines and treatment, the right thing to do ethically is also the right thing to do epidemiologically – but it will require more funds from the U.S. and other countries.

I'm especially pleased that the Administration's initiative for Global Vaccine Access (the Global VAX initiative) has worked to build on the successes and lessons learned from the President's Emergency Plan for AIDS Relief, better known as PEPFAR, rather than duplicate them. As you know, this is an all-of-government effort led by both USAID and CDC. I'll let my friend and colleague Dr. Gawande tell you more about USAID's activities in this area.

CDC plays a critical role not only in this effort to help vaccinate the world but also in strengthening health system readiness, vaccine planning and implementation, vaccine safety monitoring, implementing evidence-based interventions to reduce vaccine hesitancy, and supporting ministries of health with which CDC has many close relationships. CDC must maintain and expand CDC country offices around the world to strengthen the capacity of those countries to detect novel diseases and outbreaks, as well as ensure strong ties with international organizations so they can get the financial, technical, and logistical support they need. CDC has more than 1,000 doctors and other health professionals who are experts in planning, implementing, assessing, and improving vaccination programs, including hundreds who work in CDC's Global Immunization Division. Both USAID and CDC have indicated that they will no longer be able to continue this work unless Congress approves additional funding – at a bare minimum the \$5 billion in the Administration's original request to Congress for global

vaccination. This funding was cut from the recent bipartisan Covid supplemental deal framework; **I urge you in the strongest possible terms to ensure that the full \$5 billion is restored to any future supplemental appropriations bill.**

Someone I consider a friend, Representative Tom Cole of Oklahoma, the Vice Ranking Republican of the House Appropriations Committee, said at the start of this pandemic: “I think it’s just a no-brainer to spend billions [on preparedness] to save trillions.” He also predicted – years before the Covid pandemic hit – that Americans are much more likely to be killed by a pandemic than by a terrorist. He was right then and he is right today. Covid has claimed more than a million American lives, more than all deaths in war over the past 150 years in this country.

We need to address Covid now, be ready for next variant, and protect against future threats. Fighting the fire of Covid today requires that we that we help vaccinate the world and invest in global health security – because you can be certain that there will be more fires. **Funding for pandemic preparedness to ensure our nation’s health defense is just as critical as the 300 to 500 times more that we spend on our military defense.**

Fiscal responsibility certainly includes cutting direct costs where appropriate. *But fiscal responsibility also requires making sound investments to save money and lives.* We can’t afford NOT to spend at least \$5 billion – and ideally more – to help facilitate global vaccination. We must be better prepared for the next pandemic by passing the proposed pandemic preparedness plan into law. **This is THE make-or-break year to prevent the next pandemic. You in Congress have the power to make the essential investments to make this possible.**

Thank you.
