

EXAMINING THE WHITE HOUSE'S ROLE IN PANDEMIC PREPAREDNESS AND RESPONSE

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
PANDEMIC
OF THE

COMMITTEE ON OVERSIGHT AND
ACCOUNTABILITY

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C O N T E N T S

Hearing held on March 6, 2024 Page
1

WITNESSES

Maj. Gen. Paul Friedrichs, M.D. (ret.), Director, Office of Pandemic Prepared-
ness and Response Policy, The White House
Oral Statement 4
*Written opening statements and the written statements of the witnesses are
available on the U.S. House of Representatives Document Repository at:
docs.house.gov.*

INDEX OF DOCUMENTS

- * Letter, May 15, 2018, to Bolton, from Reps. Connolly and Bera; submitted
by Rep. Bera.
 - * Questions for the record: to Maj. Gen. Friedrichs; submitted by Rep.
Wenstrup.
 - * Questions for the record: to Maj. Gen. Friedrichs; submitted by Rep.
Dingell.
 - * Questions for the record: to Maj. Gen. Friedrichs; submitted by Rep.
Garcia.
- Documents are available at: docs.house.gov.*

EXAMINING THE WHITE HOUSE'S ROLE IN PANDEMIC PREPAREDNESS AND RESPONSE

Wednesday, March 6, 2024

HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY
SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC
Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:05 a.m., in room 2154, Rayburn House Office Building, Hon. Brad R. Wenstrup (Chairman of the Subcommittee) presiding.

Present: Representatives Wenstrup, Malliotakis, Miller-Meeks, Joyce, McCormick, Ruiz, Dingell, Mfume, Ross, Bera, and Tokuda. Also present: Representative Moskowitz.

Dr. WENSTRUP. The Select Subcommittee on the Coronavirus Pandemic will come to order.

I want to welcome everyone this morning.

And without objection, the Chair may declare a recess at any time.

I ask for unanimous consent for Mr. Moskowitz from Florida and a Member of the full Committee to participate in today's hearing.

I now recognize myself for the purpose of making an opening statement.

The COVID-19 pandemic lasted over a thousand days, took millions of lives, and extracted a crushing physical, emotional, social, and economic toll on our country. There will be other pandemics or significant public health emergencies that test our Nation's preparedness and resiliency in the future. We can expect it. And we can't turn a blind eye to this fact. We can't pretend that this is a one-off or even once-in-a-century catastrophic event.

Executive departments and agencies should be well on their way to collecting and analyzing lessons learned and implementing corresponding changes to our Nation's plans and priorities.

Based on lessons learned, including recommendations that this Select Subcommittee will make later this year, Congress must ensure that departments and agencies have the necessary authorities and resources to prepare for and respond to the next pandemic.

In an effort to do better, Congress passed the Prepare for and Respond to Existing Viruses, Emerging New Threats, Pandemic Act, more commonly referred to as the PREVENT Pandemics Act.

Included in the PREVENT Act was the requirement for the White House to establish the Office of Pandemic Preparedness and Response Policy as a permanent component of the Executive Office of the President. With the creation of this office, the White House now has a permanent element dedicated to pandemic preparedness and response fully focused on doing better in the future.

And we are here to ensure that this new office helps us achieve that, not just add other layers of bureaucracy, but to actually achieve that goal.

OPPR is charged with leading, coordinating, and implementing actions related to preparedness for, response to known and unknown biological threats or pathogens that could lead to a pandemic or to significant public health-related disruptions in the United States.

As I've said many times, the goals of this Subcommittee is to create a path forward for us to possibly predict the next pandemic, prepare for it, protect ourselves, and maybe even prevent it.

Appearing before us today is Major General, retired, Paul Friedrichs. General Friedrichs is the inaugural director of the White House Office of Pandemic Preparedness and Response Policy which was officially stood up in August 2023.

Today I hope we can have a serious and productive conversation about how the whole of government can do better and how we can do better next time.

And while doing better must involve plans to prevent or mitigate the loss of life and devastating emotional, social, and economic consequences, we also need to address another casualty of the pandemic. The casualty is Americans' trust in public health and their government's ability to respond to a crisis of this magnitude.

It's a tall challenge, no doubt, but doing better must involve restoring public trust and confidence. Integrity, experience, credibility, these are the attributes that Americans must see in public health institutions and officials. If we can't restore the public trust, the most comprehensive, sound preparedness and response plan may end up being in vain. So, we want to work toward that goal.

I hope this hearing will provide us with an opportunity to discuss what lessons were learned during the pandemic and how we can do better. These lessons are critical in preparing for future pandemics. We need to plan and prepare for potential pandemic pathogens and emerging biological threats with the same level of urgency and effort that we plan and prepare for the actions of potential adversaries. Americans are counting on us to do just that.

So, I look forward to a robust and on-topic discussion this morning. Thank you.

And I would now like to recognize Ranking Member Dr. Ruiz for the purpose of making an opening statement.

Dr. RUIZ. Thank you, Mr. Chairman.

And thank you to Major General Friedrichs for your participation in today's hearing, as well as for your service to our Nation.

When I think back to this time 4 years ago, and can't believe I just said 4 years ago, I can't help but think of the uncertainty that gripped our Nation as the COVID-19 pandemic took hold. We knew little about this novel virus, about the way it spread, the

danger it posed, and the damage it would inflict on our communities.

But during this time of significant uncertainty, one thing became increasingly clear: Our Nation was not where it needed to be when it came to pandemic preparedness and response.

Now, thanks to the rapid production of vaccines under the Trump Administration and the rapid and sustained deployment of COVID-19 vaccines and therapeutics under the Biden Administration and robust public health investments in the American Rescue Plan, we have left the darkest days of the pandemic behind us.

And while we continue the work of keeping COVID-19 at bay, we must balance the imperative of mitigating the threat that new viruses could pose to Americans' health and preparing for future pandemics.

Last Congress, Democrats led the House in taking meaningful steps toward bolstering our pandemic preparedness and response capabilities with the passage of the Consolidated Appropriations Act of 2023. Included in this law were bipartisan provisions from the PREVENT Pandemics Act which made several significant reforms to help ensure we are better prepared when a future pandemic strikes.

These reforms acted to advance our Nation's biosafety and biosecurity, revitalize our public health work force, prevent undue foreign influence in biomedical research, and enhance our Strategic National Stockpile. Notably, this law also established the Office of Pandemic Preparedness and Response Policy within the White House, taking a lessons-learned approach to strengthening our Nation's pandemic preparedness and response capabilities.

Ultimately, these policies and the creation of OPPR have charted the course for a more efficient, streamlined pandemic response for the future, and they have shown what we can do when we come together constructively to protect Americans' health and save lives.

OPPR's work to coordinate pandemic preparedness and response activities means that when the next pandemic comes, our Nation can readily launch a response that best protects the American people. You see, the important work that OPPR is doing right now will help prevent our Nation from replicating the chaos of the first months of the initial COVID-19 response, which left states, local governments, and hospitals without the resources they needed to protect people's health.

OPPR has already helped guide our Nation through a challenging respiratory season this past fall and winter, leading to a 24 percent reduction in reported deaths from COVID-19, pneumonia, and influenza so far this season as compared to last. And OPPR continues to oversee the Biden administration's efforts to strengthen our supply chains, develop new vaccines, and stay on the cutting edge with advanced therapeutics, both for COVID-19 and for future public health threats.

While coordinating all of these efforts, OPPR also quarterbackes the Biden administration's National Biodefense Strategy and Implementation Plan, which provides a framework for fortifying our whole-of-government capabilities to assess, prevent, and respond to biological threats.

While OPPR is still a new and growing office, its mission as the steward of our Nation's Pandemic Preparedness and Response Policy means that it is at the center of the forward-looking work of mitigating future public health threats and saving future lives.

As a physician and a public health expert, developing forward-looking solutions that help our Nation better prevent and prepare for future public health crises is my top priority. And as Ranking Member, it is my hope that we can emulate Major General Friedrichs' work in our own Select Subcommittee.

So, I hope that today's hearing yields constructive policies like those that created OPPR in the first place, that help this office carry out its essential work for the American people. I look forward to today's discussion.

And I yield back.

Dr. WENSTRUP. Thank you.

Our witness today is Major General, retired, Paul Friedrichs. General Friedrichs is the director of the Office of Pandemic Preparedness and Response Policy.

Prior to his appointment as the Director, the General served 37 years in the Air Force. He recently served as Joint Staff Surgeon, Principal Medical Advisor to the Chairman of the Joint Staff during the COVID-19 pandemic.

Pursuant to the Committee on Oversight and Accountability rule 9(g), the witness will please stand and raise your right hand.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

Thank you.

Let the record show that the witness answered in the affirmative.

The Select Subcommittee certainly appreciates you all for being here today. We look forward to the testimony. Let me remind the witness that we have read your written statement and that will appear in full in the hearing record, but please limit your first opening oral statement to 5 minutes.

And as a reminder, press the button on the microphone in front of you so it is on, Members can hear you. And when you begin to speak, the light in front of you will turn green. And after 4 minutes, the light will turn yellow. When the red light comes on, your 5 minutes has expired, and we'll ask you to wrap up and get into questions.

So, I now recognize you, General, to give an opening statement.

**STATEMENT OF MAJOR GENERAL PAUL FRIEDRICHS, M.D.
(RET.)
DIRECTOR
OFFICE OF PANDEMIC PREPAREDNESS AND
RESPONSE POLICY
THE WHITE HOUSE**

General FRIEDRICHS. Chairman Wenstrup, Ranking Member Ruiz, and distinguished Members of the Subcommittee, thank you very much for the opportunity to testify before you today regarding the work of the White House Office of Pandemic Preparedness and Response Policy.

As both of you noted, OPPR was borne out of the lessons learned from the recent pandemic which cost our Nation nearly 1.2 million lives, trillions of dollars, and resulted in tens of millions more with long COVID and other sequelae of this pandemic.

As you described so clearly, Congress in a bipartisan manner came together to establish OPPR and charged it with leading and coordinating actions related to preparedness for and response to future biological threats. In August of this year—of last year, I was honored to be appointed by the President to serve as the office's inaugural director.

Over the course of my 37 years as an Air Force officer and physician, I've had the privilege of caring for those ill and injured in combat and in austere locations all over the world, from the South Pole to above the Arctic Circle and many places in between.

I'm grateful to have had the privilege of working with our space program, with our research and development colleagues, and the opportunity to run our global Aeromedical Evacuation System and work with those partners around the world who enable us to care for our ill and injured wherever they might be. These diverse experiences have helped to prepare me for the privilege of now leading this remarkable OPPR team and working closely with our interagency, industry, and other colleagues.

I'm also grateful for this opportunity to share with all of you the progress that our team has made in its first 7 months.

We have initially focused on three responsibilities. The first one, as both of you noted, is learning from the recent pandemic and understanding the key lessons that we have at least observed. The second is refining our planning and preparedness for future biological incidents based on what we have learned. And the third is providing advice and informing Federal investments to enhance our biopreparedness.

Congress directed that we prepare a report which summarizes, among other things, key lessons learned from the recent pandemic, as well as areas for improvement. To that end, we are actively collating and assessing a wide array of lessons observed and learned from Federal departments and agencies, as well as from key public health, medical, industrial, and other partners.

This comprehensive review will result in a report to Congress and to the President later this year that sets out the key issues, gaps that create risk, and recommendations, to address them, as well as persistent barriers and opportunities for further collaboration to improve our biopreparedness.

Leveraging this analysis, OPPR will work with interagency and other partners to test our country's preparedness in an ongoing fashion, and we have a great annual opportunity to do that each year with the fall-winter respiratory cycle, as you both mentioned there, a time when millions of Americans become ill with respiratory illnesses. And those illnesses test the resilience of our medical and public health infrastructure, resulting in the deaths of tens of thousands of some of our most vulnerable Americans.

As we continue to learn from these efforts to mitigate predictable seasonal threats, we will enhance our preparedness for unpredictable biological incidents which, as you noted, will happen in the future.

OPPR is also reviewing and recommending updates to applicable Federal plans to ensure that departments and agencies are ready to facilitate a whole-of-government integrated response to future biological incidents.

During the COVID-19 pandemic, the Biden-Harris administration made historic investments in tests, vaccines, and treatments, often leveraging the work begun with Operation Warp Speed. COVID-19, which at one point was the No. 1 leading cause of death in the country, is now the number 10 cause of death. Still a significant concern, but we have made real progress. And OPPR is committed to ensuring that these key successes of the past 4 years inform updates to our plans at every level of government so we can rapidly replicate what worked in future bio—so that we're better prepared for future biological incidents.

Congress also directed OPPR to provide advice on biodefense-related budget decisions, and our team is working with key Federal partners to develop processes to provide timely, detailed advice on enhancements to our ability to collect and analyze data about outbreaks, development of next-generation medical countermeasures, and other risk mitigation measures.

In addition, OPPR is working closely with key stakeholders to enhance our ability to rapidly develop protective measures in the future.

While we're new, we're committed. And we're eager to answer your questions.

Dr. WENSTRUP. Thank you.

I now recognize myself for questions.

You know, by statute, the—that created the OPPR, as you mentioned, you're required to submit a preparedness outlook report within 1 year. So, my first question is: Do you believe your office is on track and properly resourced to deliver that? And maybe briefly tell me, in your mind, what preparedness looks like.

General FRIEDRICHS. Chairman Wenstrup, thank you very much. Our office is committed to a good-faith effort to deliver this report and ensure that it is as comprehensive as possible.

And as I mentioned in my opening statement, we're reaching out, not only to Federal departments and agencies, but also to state, local, county, industry, and other partners to collect any reports or assessments that they have provided or conducted so that we can include those in the final report and acknowledge, not only the whole-of-government, but the whole-of-society nature of this response.

We will deliver that report this year. I will freely acknowledge that there have been some challenges related to the current budget environment which have slowed our work down a bit, but we have found ways to work through that.

And as we've done that and as we've reached out to partners across the country, what they've consistently shared with us is their perception of the value of taking a hard look at what happened over the last 4 years and capturing those lessons, as well as the remaining gaps that we've identified, so that we can collectively then discuss how best to mitigate the risk that those gaps create.

Dr. WENSTRUP. Will you have an opportunity to or will you be looking at, say, what other nations may have done during the pan-

demic? Again, looking for maybe things that worked and didn't work, and I know that in some cases it's apples to oranges, but maybe worth looking into?

General FRIEDRICHS. Congressman, thank you very much. And I've had the great privilege in prior roles of serving as the United States representative to the NATO Medical Committee and working with other allies and partners in different roles. And those personal relationships with colleagues around the world have given me the opportunity to discuss with many of my colleagues around the world what their countries have learned. And as you said, each country has somewhat different experiences.

But I think it is absolutely safe to say that in every discussion that we've had about this, some of the key things that have arisen have been the need for a whole-of-government response and a recognition that a pandemic by definition is a global event, not solely a local event. It has to be addressed both globally and locally for those responses to be effective and as efficient as possible.

So, I continue to work with our colleagues across the Executive Office of the President and the departments and agencies so that we can collect as much information as possible from all of those stakeholders to inform the report that we'll provide later this year.

Dr. WENSTRUP. And we talk about a whole-of-government response. Do you think your office will have the ability to break some of those silos that tend to exist sometimes within our government in an attempt to bring them all together?

General FRIEDRICHS. Thank you, sir. And that is absolutely my commitment in a good-faith effort collaboratively, transparently, and inclusively to leverage the convening authority that we have to bring the key stakeholders within government together. And we were clearly charged to do that in the bipartisan language that created this office.

The success will be judged by what happens in the next pandemic, and so I don't want to overstate what we've done in the last 7 months. But I am grateful for our colleagues across the Federal Government who have partnered with us and who have recognized the opportunity, as you said, to break down those stovepipes and find better ways to work together so that we're better prepared for future events.

Dr. WENSTRUP. Thank you.

Another question, based on what we experienced with the 3-plus years of the pandemic, what do you see—and, again, on a very general level, what is essential to improving the quality and delivery of diagnostics, therapeutics, and other medical countermeasures?

I mean, this pandemic tested us in every way, because even with this particular vaccine, we knew that people still got COVID. So, therapeutics was very important. It wasn't just a matter of getting a vaccine and the story ends, but being able to treat those that maybe didn't get as sick, but to respond in that way.

General FRIEDRICHS. Thank you, sir. And I'd start with the—you know, one of the most important long-term investments that this country should continue to make is investing in our public health data systems and our ability to see outbreaks as they occur.

The faster that we identify that an outbreak is occurring, the more quickly we can then move to developing the appropriate safe

and effective diagnostics, therapeutics, and vaccines to mitigate the risk of that outbreak. So, that ability to detect what's happening is the first step.

The next step, as you described, is how do we build those capabilities and then ensure that they're safely and appropriately manufactured, distributed, and administered, and that we track the impact that they have on the outbreak as it's occurring. That's a tall order but one that we're committed to achieving.

Dr. WENSTRUP. Thank you.

I now recognize Ranking Member Dr. Ruiz from California for questions.

Dr. RUIZ. Thank you again for being here, Major General Friedrichs.

In the wake of the COVID-19 pandemic, Congress came together in a bipartisan fashion to develop the concept of your office which was ultimately established through the Democrat's Consolidated Appropriations Act of 2023.

Since its launch last July, OPFR has worked tirelessly on the mission of forward-looking work to prepare for future pandemics, the very work I've long called for in this Select Subcommittee.

With so many competing priorities, why is it so important that we continue to keep our eye on the ball when it comes to future pandemic preparedness?

General FRIEDRICHS. Thank you very much, Ranking Member Ruiz. And I'd say—start with the complexity of the threat. It's important that we do this because the threat space is changing. The COVID pandemic, like the 1919 influenza pandemic, was a global event, and those will continue to occur, as they have throughout the history of mankind. And there are other biological events, like measles outbreaks, that continue to challenge public health systems.

But in addition to that, as laid out in the National Biodefense Strategy, we also have to consider accidental and other biological threats, and integrating those preparedness and response efforts is how we will ensure that we're best prepared for whatever the source of the next pandemic may be.

Dr. RUIZ. Thank you.

And during recent bipartisan meetings with international pandemic preparedness officials and experts, I asked how lessons learned from the COVID-19 are being applied to the work of preparing for future public health threats.

So, Major General Friedrichs, I'd like to ask you the same question. What key lessons that you've learned are you applying from the COVID-19 pandemic to strengthening our whole-of-government pandemic preparedness and response?

General FRIEDRICHS. Thank you.

And I think the most important lesson, and both of you have touched on it in your opening comments, is the need for further integration and optimizing how we work across what you described as the stovepipes that are inevitable in large organizations and around the world.

Each country is a sovereign nation, and we have to continue to work on building the infrastructure that allows us to rapidly share information when an outbreak is occurring and then identify what

the options are available at that moment in time to mitigate the risk related to that outbreak.

Within the Federal Government, we've seen a real appetite and support for working on collecting lessons observed—and I won't say lessons learned yet, but lessons observed—over the last 4 years, integrating them into a report that lays out what we've learned, and then using that to update our plans.

I think that planning effort really gets to the crux of your question, which is, how do we capture an updated playbook that lays out what we will do next time? How do we do this better?

These are inherently global, inherently complex, and inherently lethal and expensive whole-of-society, whole-of-globe efforts. The most effective responses are ones that acknowledge that early in the response and then work across all of the levers of government at every level and with industry and other key stakeholders to both begin the response effort and then to adjust it as we learn more about the outbreak.

Dr. RUIZ. You know, we also discussed the kinds of reforms we wished we saw during COVID-19 that we should continue to work toward as part of our future pandemic preparedness, improvements like greater transparency in the wake of emerging threats, stronger supply chains domestically and in partnership with our allies, and more nimble collaboration with local and private sector partners as part of our on-the-ground response.

So, as we look to future pandemic preparedness, what improvements do you hope to see in our Federal response to novel viruses and public health threats?

General FRIEDRICHS. Thank you very much. And the most immediate one is that we are deliberately and recurrently meeting with state, local, Tribal, community, and other leaders across the country to both hear their advice on where they think improvements are needed and then to give them insight into what we are working on learning, planning, and proposing. And that collaboration has been incredibly well received.

Last week, we met with the state and tribal health officers, as well as chief health officers, from some of the largest cities in the United States. And there was overwhelmingly positive feedback for having the White House involved in those discussions and for the effort to integrate across Federal departments and agencies.

So, we see a real opportunity, as directed by Congress, in enabling legislation.

Dr. RUIZ. So, I know it's early and you're in the investigative phase, but what is emerging as a high-priority recommendation that can have the biggest impact in our preparedness for the next pandemic through your discussions?

I know it might change, you know, with the final report after you get more of the data and collect the sources. But as of right now, what are you seeing as, you know, one of the most important things we could start doing?

General FRIEDRICHS. Thank you.

It's what you and Chairman Wenstrup highlighted. It's that collaboration across silos, and it's the respectful, collaborative, collegial, professional interactions that have to happen so that we can provide advice to inform the decisions that Americans make.

Dr. RUIZ. So, communications and working together.

And so, what are some of the successes from the COVID-19 response that we should replicate?

General FRIEDRICHS. I think as we look back over the past 4 years, one of the real successes was our ability to rapidly produce safe and effective therapeutics, diagnostics, and vaccines and that leverage to whole-of-government approach with DOD contracting, HHS expertise, and many other key stakeholders across the country.

And we should also acknowledge that we were fortunate that we had 20 years of research on the SARS-CoV virus and more than 10 years of research on the mRNA delivery platform that allowed us to move as quickly as we did. So, we can't count on that happening again.

Dr. RUIZ. And the type of vaccine, the mRNA, had implications on how fast you were able to develop the vaccine. Is that correct? Or—

General FRIEDRICHS. Congressman, that's correct. And to kind of wind the clock back to when we were in the spring of 2020, looking at options, part of what this government did very wisely was to look at multiple delivery platforms. And as many of you are aware, there are different ways that vaccines can be produced, different ways that therapeutics can be produced.

And each future pandemic is going to be different. So, I want to highlight that as a best practice, that if you bet on only one horse and something happens, then you've got nothing. You're going have to bet across the spectrum of capabilities that exist today and keep improving those capabilities for future events.

Dr. RUIZ. So, I have one more question. What's—what's on the agenda for 2024 for your office, and when can we expect to see the report?

General FRIEDRICHS. Thank you.

So, the first thing is completing that report. And I commit with the best faith and 30—almost 38 years of service to get that as quickly as possible with the constraints that I mentioned earlier.

Dr. RUIZ. This year?

General FRIEDRICHS. Yes, sir.

Dr. RUIZ. OK.

General FRIEDRICHS. We will get that this year.

The second thing is updating Federal plans. And, again, I think that's incredibly important that we don't just write a report that sits on a shelf, but we leverage what we've captured in that report and use that to update Federal plans which then state, tribal, local, and other officials can use to update their plans.

Third one that's very important also that I mentioned in my opening comments is providing advice on the budget. Based on those lessons learned and that planning effort, how do we continue to provide the best recommendations to the President on what should be in future budgets to enhance our preparedness?

And then, finally, it's leveraging that fall and winter respiratory season, which we have on good authority is going to start in about 6 months. October happens about the same time every year. And knowing that, we should be able to plan for that and identify what we're going to do differently in this next fall-winter season to con-

tinue to improve the options that we offer the American public to reduce the risk to themselves, their families, and their coworkers.

Dr. RUIZ. Thank you.

I yield back.

Dr. WENSTRUP. I hope Leap Year doesn't throw you off by a day. Anyway, it gives you an extra day anyway.

I now recognize Ms. Malliotakis from New York for 5 minutes of questions.

Ms. MALLIOTAKIS. Thank you, Major General, for being here today. We appreciate your testimony.

I want to focus on, again, the Nation's stockpile, right, for preparedness. Obviously, during COVID, there were a lot of things that were wrong with regards to not having enough PPE, ventilators, hand sanitizer, pharmaceuticals. And we face this issue now, not even with the pandemic, right? We know that the USA has a shortage of 250 pharmaceutical drugs, including chemotherapies, including antibiotics. We know that we rely on India and China for active pharmaceutical ingredients that make up about 70 percent of our generics.

So, whether it's a pandemic or just everyday life, I think we need to be doing more to ensure that we're having an adequate supply of our necessary drugs and that we're producing those active pharmaceutical ingredients here in the United States, not depending on Communist China for them.

And so my question is, how are you working in a cross-section perhaps with HHS or other agencies to address this issue? Because I'd really like to work with—I know we all do—want to work with you. And I'm also a Member of the Ways and Means Committee. And as such, I think we can be looking, examining some of our tax policies, maybe some incentives to bring that manufacturing home to the United States.

So, I'd love to hear from your perspective on what you guys are already working to address this issue.

General FRIEDRICH. Congresswoman, thank you. And I think you've gotten to one of these really important preparedness issues that has been a focus of mine long before coming to this role.

You're absolutely right that we need to understand our supply chains. We need to understand, not only where the finished product is assembled, but also where all the ingredients and the parts and pieces that constitute that product come from and whether we'll have ready access to those on a good day or on the next worst day in American history.

And so that ongoing work has been started before our office was stood up. The National Economic Council, the Domestic Policy Council, and many departments and agencies are involved in that. We have become heavily involved in that.

And I'm very pleased to share with you that we've brought on board some subject matter experts to our team specifically to help integrate those efforts on medical supply chain in support of that broader supply chain effort across the whole of government.

I think, as you described, there are going to be multiple levers that are available to be pulled, and what we are working on collaboratively across the government and with other stakeholders is to identify which will have the greatest impact.

There was a reference made earlier to international partners, and it's clear that if every country tries to double down on producing the same four or five things, we may all be successful on those four or five, but the remaining 200 that you mentioned, for example, won't be addressed.

And so, there's opportunities to collaborate, not only across the U.S. Government and with our domestic partners, but also with our international partners to understand where they're making investments to enhance supply chains, especially with key allies like the United Kingdom, Japan, Korea, and others.

So, I think there's tremendous opportunity to leverage the work that's been done over the last several years, informed by the lessons from COVID and the work that you described, to continue to improve our preparedness.

Ms. MALLIOTAKIS. So, our committee in Ways and Means is also very focused on this. And I do believe it's going to require some type of incentive, some type of, you know, tax incentives to bring these manufacturers back to the United States. It makes it difficult when we're competing with Communist China that's subsidizing complete industries.

And so, we've also been working with our neighboring countries or speaking with other countries about how we can, if not onshore, offshore. But we certainly shouldn't be relying on the Communist Chinese for pharmaceutical that any day they could decide they want to cutoff supply and we'd see millions of Americans die as a result.

So, I really urge you, the administration, to make this a priority. I mean, it seems like you're already working on it, but we really need, I think, to take appropriate steps to get that supply going here in the United States.

Now, with regards to a pandemic, are you working with—as we saw, you know, alcohol companies started producing hand sanitizers during COVID and people really stepped up. Are we putting together, I guess, an inventory of manufacturers that can step up in the event that we do need to mass produce therapeutics, pharmaceuticals, PPE in the future?

General FRIEDRICH. Congresswoman, thanks. So, several points that you raised, I'll try to answer all of them there.

First, in the report that we had discussed earlier, we will describe where we've been able to capture those sorts of exigent changes that were made within the U.S. industrial base to support our response during the last pandemic so that we can highlight what we did and how we did it and have that ready to go in the future or what it would take to keep that ready to go in the future.

There's also the question of investments in sustaining production capability here in the United States for things that may not always be needed in the same quantity in between pandemics as they are in pandemics and then, as you said, a series of incentives to incent the purchase of things that are purchased here in the United States, which this administration is already working on.

So, I'm eager to work with you and others on that as we go forward as part of this whole-of-government effort.

Ms. MALLIOTAKIS. Thank you very much.

Dr. WENSTRUP. I now recognize Mrs. Dingell from Michigan for 5 minutes of questions.

Mrs. DINGELL. Thank you, Mr. Chairman.

And I would like to say I agree with my colleague on all those issues raised, and I hope you can help us tell Congress that we can work on a bipartisan way on what we need to do. That is one of the goals of, I think, of this Committee that we all agree on.

The Office of Pandemic Preparedness and Response Policy, or OPPR, is not only tasked with steering the long-range work of preparing for future pandemics and outbreaks, it also has a role in coordinating the day-to-day work of the Federal Government of responding to infectious disease threat, including seasonal upticks of viruses during winter months.

Again, Major General, thank you for being here. Can you tell us how these missions are complementary to one another?

General FRIEDRICHS. Thank you very much, Congresswoman Dingell. And I have spent nearly 38 years in government, and I am allergic to bureaucratic buffoonery. So, I will commit in good faith that I will never knowingly do something that creates duplicative or unhelpful layers of bureaucracy.

I think where we have brought value just in the 7 months that we're here is working across departments and agencies to highlight who's doing what.

There's tremendous people working very hard every day to mitigate risk, but sometimes there are opportunities to leverage the convening power that our office has to bring them together in a very proactive and positive way to share with each other what they're doing and to identify where there may be gaps in that work and then to collaborate on filling those gaps as we go forward.

I'm a big believer in transparency and inclusion. I think that it goes beyond just the government stakeholders here. And as several of you mentioned, the industry stakeholders are a key part of this. And throughout my career, we found that it's important to partner with those in industry who produce the tools that we need to respond to whatever the task may be and also to partner with those who are doing the research and development, that make those tools possible, and those who are using the tools, so we understand how well they're working.

So, we take incredibly seriously the charge in our enabling legislation to work with all of those stakeholders and leverage the convening authority that we have to integrate efforts across the Federal Government.

Mrs. DINGELL. Thank you for that.

This past respiratory virus season—which, quite frankly, we're still in, I got a lot of people just sick in my office—we saw a three-prong threat from COVID-19, influenza, and RSV. It also happened to be the first respiratory virus season that we took on following the conclusion of the COVID-19 public health emergency.

Major General, why was this respiratory virus season a particularly complex one for our Federal public health agencies to navigate?

General FRIEDRICHS. Thank you.

I think several reasons, and some of them were alluded to earlier, in that we're standing up a new office. So, there's a new per-

son and new group at the table. And I'm grateful to our inter-agency colleagues who have welcomed us to the efforts to mitigate risk from these respiratory pathogens.

I think part of what made it more complex is an incredibly good news story that this is the first time in human history that, thanks to the great work in our R&D industry and our pharmaceutical industry, we had vaccines and therapeutics for all three of the leading respiratory viruses that caused the respiratory illnesses across this season. And that offered us opportunities then to rethink our messaging and how we inform the American public of the choices that they can make to mitigate risks for themselves and for others.

It also was more complex in that we transitioned from government-acquired vaccines for COVID, for example, back to the commercial market, which is how vaccines are traditionally provided for many Americans.

And I commend our colleagues in HHS and across the government who worked very hard with DOD, the VA, and with the commercial entities to ensure that that transition went as smoothly as possible.

There were great lessons to be learned from all of that. I think, as we said, as was mentioned previously by Ranking Member Ruiz, we've seen a drop in some of the most worrisome outcomes during this season. We need to continue to work every season to continue to decrease the number of Americans that are affected by these preventable illnesses.

Mrs. DINGELL. OK. Well, I'm starting to run out of time. But my understanding is that despite the unique challenges posed by the most recent respiratory virus season, you were successful in continuing to mitigate the threat of COVID-19 in keeping all the viruses at bay. For example, COVID-19 has declined from the third to the tenth leading cause of death in the United States, and reported deaths from COVID-19, pneumonia and influenza are down 24 percent so far this season.

Can you, just quickly, looking ahead to future respiratory virus seasons, what lessons and best practices can we carry forward to ensure continued success in protecting American health?

You've got like 5 seconds.

General FRIEDRICHS. Collaborate and communicate.

Mrs. DINGELL. Thank you.

Mr. Chairman, I may have more—I will have more questions for the record because I think there's some good questions to ask about immunizations and confusion and all of that. But thank you, and I yield back.

Dr. WENSTRUP. Understood.

I now recognize Dr. Joyce from Pennsylvania for 5 minutes of questioning.

Dr. JOYCE. Thank you, Chairman Wenstrup.

Thank you for convening this hearing, to our witness for appearing today.

This is an opportunity to see how we can leverage the lessons that we've learned from the COVID-19 pandemic and our U.S. Government response going forward.

The Office of Pandemic Preparedness and Response is unique compared to other public health components set up within the Ex-

ecutive Office of the President. In the past, similar offices have been established as a direct response to a specific biologic threat and then subsequently disbanded when the public health threat has subsided. The OPPR is unprecedented, being a permanent office within the EOP, solely focusing on public health crisis.

The COVID-19 pandemic revealed deficiencies in our biodefense that must be remedied. The OPPR is charged with taking steps to prepare and coordinate with relevant agencies to address the next biologic threat that we might face.

While there are benefits to working proactively to ensure the Federal Government stands ready in the face of biological incident, it is important that we do not allow bureaucratic barriers to inhibit that much needed response.

Dr. Friedrichs, how can the OPPR balance its mission of proactively putting systems in place to respond to a biologic incident with the need for flexibility within those systems to respond to different types of future threats?

General FRIEDRICHS. Congressman, thank you from the bottom of my heart because you've hit on some of the really fundamental commitments that our office has made from day one as we read through what Congress tasked us to do.

And as you said, it's not just preparing for the next pandemic. There's a host of other public health biological incidents that cause risk to the American public, and we are better prepared for the next pandemic if we address those opportunities to enhance our preparedness, whether it's the fall-winter respiratory season or other pathogens as they occur.

And that integrating and convening function that we were designed to provide is the opportunity to bring people to the table, have those proactive discussions, update plans, and be better prepared. And I will obviously bring the bias of 37 years in the military to this discussion that the planning is often incredibly important just to talk through what might go wrong and anticipate it so that it never goes wrong.

I believe and I commit to you and to everyone in this Committee that we will continue to bring value through that convening authority that we have so that we can have those ongoing proactive discussions and be better prepared for the next biological incident.

Dr. JOYCE. Thank you, Dr. Friedrichs.

Part of being nimble—I think you've acknowledged that needs to occur—to any potential biologic threat is to have strong domestic industrial base for essential medical supplies and for countermeasures as well.

While this Committee commends early efforts to enhance this base, we remain concerned about our limited infrastructure for producing critical items like API and pharmaceuticals.

Earlier you talked about domestic industrial base involvement. I recognize that keenly needs to be addressed, and I'm glad you've taken that charge. Can you please provide for us where you expect that to occur and any industrial base involvement that you've already reached out to?

General FRIEDRICHS. Thank you very much. And you're exactly right in highlighting the importance of that and how our office has embraced that, because in any biological incident, there are mul-

tiple tools required to mitigate the risk, whether it's the diagnostics, the therapeutics, the vaccines, PPE, medical equipment, hospital beds, you name it.

And what we have engaged in from day one, literally the first week that the office was created, was outreach to key industry partners here in the United States to begin to establish that ongoing dialog with them, to understand what they're working on and how we can integrate those efforts with the ones that—

Dr. JOYCE. How has the response been?

General FRIEDRICHS. Incredibly positive.

Dr. JOYCE. Any—any gaps, any areas where you think that from a Federal point of view, from a congressional point of view, that we need to provide that essential encouragement?

General FRIEDRICHS. Congressman, I think in our report, if you'll forgive me, I'm going to defer the—your—the answer to your last question to our report when we pull all of our findings together to give you the most thorough answer. But I would say, the response from industry has been incredibly positive, as it has been from other stakeholders that reach out to the affected communities. All of them have highlighted the value of the convening that we are doing and our willingness to listen to what they've been experiencing and bring that back—

Dr. JOYCE. And as my time wanes, I'm going to ask you to reiterate when we should expect that report to occur?

General FRIEDRICHS. This year, sir.

Dr. JOYCE. Thank you again.

Mr. Chairman, my time has expired and I yield.

Dr. WENSTRUP. I'll now recognize Ms. Tokuda from Hawaii for 5 minutes of questions.

Ms. TOKUDA. Thank you, Mr. Chair.

Thank you, sir, for being here. I know you've got a lot of questions, very similar, but I'm trying to help paint the picture for the public. This might be something a bit difficult to describe, but people often, I feel, better understand things through the lens of their own experience and what has happened versus what might happen going forward.

So, to help us truly appreciate the work and the importance of your office, what have—you know, what could have been different, what might have been different if the Office of Pandemic Preparedness and Response Policy had existed, had been fully funded, had been fully functioning when COVID hit us? Just some concrete examples for people listening.

General FRIEDRICHS. Yes. Thank you very much, Congresswoman. And I think one—one area where we will continue to, I hope, play a very important and proactive and recurring role is updating Federal plans as we go through biological events. There were a variety of plans in existence in 2019 and 2020.

As we go back and we look at the lessons observed from this pandemic, there were clearly things that those plans addressed very well and other areas where those plans need to be updated. And so that's an area where, as we move forward, we will continue to work with our Federal agencies and state, local, Tribal, and territorial partners to make sure that the plans reflect what we've

learned as we go through each of the biological incidents that occur.

Another one gets back to a point that many of you have raised and that's the outreach to industry, and ensuring that we're doing that on a recurring, proactive basis, that we're not waiting for a crisis to figure out who to call when there's a particular problem with a particular part of the supply chain or the healthcare enterprise.

And the third one gets back to trust; it's how do we continue to show the American public that we are collaborating, we are collegially and professionally working across both sides of Congress, with everyone who's willing to work with us to transparently and accurately describe what we know and what we don't know in order to inform the choices that Americans make for their own health and for their families and for their coworkers.

Ms. TOKUDA. OK. So if I'm—I'm hearing you right, then, if you had been in existence when COVID hit we'd have things like we'd know exactly, you know, who to call for the right information; we'd have had plans that had been executed and properly in place to make sure we're prepared; our supply chain would be better solidified, and we would not have supply chain issues; communication, trust and communication would exist so that we would not have any wrong information out there with the public distrusting us, those types of things might have existed if your office had been in existence, you know, when COVID hit us?

General FRIEDRICHS. Congresswoman, those are all aspirational outcomes that I've described to you there. I'm neither foolish enough nor arrogant enough to think that we will be successful in the first 7 months on all of those. This will only work if we can partner across the whole-of-government and with key stakeholders around the world and with state, local, tribal, and territorial partners. This has got to be a collaborative effort.

Ms. TOKUDA. Absolutely, and I'm hearing you loud and clear on the collaboration. To follow-up on this though, you know, I know you've got a report coming up, I believe, in July or so, in the summertime, that you'll be presenting to us. You have a number of different reports due every 2 to 5 years depending on the updates necessary. Preparedness reports are only as good as the actions that are actually taken to follow and execute them. We've got a ton of reports everywhere and plans.

What accountability metrics or tracking mechanisms are—is the office planning to build into it to make sure we're actually following through on these recommendations and being held accountable, quite frankly, if we are not? Are we going to be measuring our levels of preparedness based upon these various reports, both the ones you've produced as well as the ones you're recommending be updated?

Again, we want to make sure that we are prepared when crisis hits. We've got a number of plans probably in our stockpiles that have talked about scenarios like COVID for decades. How are you going to make sure we're actually holding ourselves accountable and are accountable in measuring to those reports?

General FRIEDRICHS. Congresswoman, thank you, and could not agree with you more. I think some of the immediate measures are

our ability to see outbreaks as they occur, can our public health systems detect what's happening in near real-time and provide that information to inform decisions that elected and other leaders are making; can we rapidly produce countermeasures when we detect an outbreak.

The National Biodefense Strategy lays out a number of key areas that we focused on, and there are measures behind that that look at the number of days that it would take or the quantities that are needed that—

Ms. TOKUDA. Sorry, I'm running out of time here. Are we actually measuring ourselves to see if we're actually doing it and if we're in a safe time period in terms of our preparedness, our stockpile, all of these things?

General FRIEDRICHS. We will lay out where we are in our report.

Ms. TOKUDA. I know I'm out of time, Chair. I might have other questions. I would say this, you've mentioned numerous times that every year we have a chance to test ourselves. I would say we also give ourselves a score at the end of it to see how we're doing to actually respond to it based upon our plans and procedures.

Thank you, Mr. Chair. I yield back.

Dr. WENSTRUP. I now recognize Dr. Miller-Meeks from Iowa for 5 minutes of questions.

Dr. MILLER-MEEKS. Thank you, Mr. Chair.

And I thank Dr. Friedrichs for testifying before the Select Subcommittee today.

Dr. Friedrichs, as you note in your written testimony, Congress established the Office of Pandemic Preparedness and Response Policy, OPFR, and this was in the latter part of 2022, to lead and cooperate actions related to preparedness for and response to known and unknown biological threats or pathogens that could lead to a pandemic or significant public health related disruptions in the United States.

And actually, to follow-up on my colleague's question, a similar question but perhaps not in the same manner, and that is, I'm an ophthalmologist. I was also a former Director of the Iowa Department of Public Health. And as an ophthalmologist, let me just say, hindsight is 20/20. And so, that is, we certainly know that there were challenges during COVID for a variety of reasons. It required a governmentwide response, especially from our healthcare agencies and from our CDC and our state and local public health agencies.

Given that OPFR was established after the worst of the pandemic, I have some questions about what lessons we learned from the government's response to COVID-19, and I specifically ask this because I've met with CDC and the new Director, and we still haven't acknowledged mistakes, like the CDC's failure to, you know, to develop a test in a timely fashion or to use—utilize our research laboratories, our private university laboratories to help with that; to reopen schools in a timely fashion, especially given that overseas evidence had already shown that there was not a problem with children.

We knew early on in the pandemic that the China's Communist Party, one of the truthful things they said was that there's not a concern among children, especially elementary school-aged chil-

dren, about risk benefit for COVID-19 vaccines, myocarditis and pericarditis in young people, mandatory vaccines and what that's done to increase vaccine hesitancy. I could go on and on with the mistakes that still have not been acknowledged and accurate reporting of adverse outcomes.

So, how will you ensure that the efforts made by OPPI—and this is my concern—will not be duplicated by other agencies, such as the CDC or ASPR or the FDA or the NIH or HHS? All of these agencies have input. How do you coordinate with each respective agency? And I grant—I, you know, understand that you also work more with industry, which I think is important.

What of powers and authorities? Who is going to be the messenger? Who is going to speak? Is that ASPR? Is that CDC? Is that someone who's appointed by whoever the President happens to be when we have our next pandemic? Can you contract and can you order other agencies to gather certain information?

General FRIEDRICH. Congresswoman, thank you. And you laid out a number of things, so I'll hopefully address all of them as I go forward. Some of the easy ones to answer very briefly, we do not have contracting authority, nor do we have the funds to do that, so we will not be a contracting agency competing with ASPR; we don't perform bench research, so we will not be competing with the NIH; we are not the public health experts, that's CDC, and we will not be competing with CDC.

What we are are the conveners that bring all of those groups together, as well as the leaders of the national labs and the Department of Energy and the labs in the Department of Defense, and the people who are working on contracting and DOD and DHS and VA and other Federal agencies.

So, regardless of the topic that you described, what we bring to the discussion is the ability to convene and to integrate efforts across departments and agencies, not to duplicate but to identify where there's opportunities to better synchronize and integrate what we're doing across the whole-of-government and with our state, local, tribal, and territorial partners, industry partners, academic partners, and others who share our commitment to mitigating risk.

Dr. MILLER-MEEKS. So, then that brings up a very—very simple question: So, in public health, we're used to convening. It's one of the things that we do and do very well. So, if COVID-19—well, I'll just say, in the next pandemic, because we know that there will be another one, which agency do you think is best fit to handle the response, because I think that having another agency in the White House can lead to confusing messages to the public.

General FRIEDRICH. Congresswoman, thank you for sharing that concern. And I'll go back to the painfully learned lessons after Katrina that led to the development of the National Response Framework. What we learned and what we've continued to learn in multiple responses since Katrina is the value of the whole-of-government response that addresses all of the aspects of an event as it's occurring. And as several people have noted already, in the case of a biological event, there's educational impacts, there's industrial impacts, there's impacts on food supply; the entire society was affected by that.

Our role as OPPR in the convening role that we play is not to duplicate what any individual department does but to ensure that we leverage those best practices that our country has painfully garnered over the last nearly 20 years now to ensure that we bring all of those voices to the table and that we provide the best advice possible based on all of those inputs.

Dr. MILLER-MEEKS. Thank you. I yield back.

Dr. WENSTRUP. I now recognize Mr. Mfume from Maryland for 5 minutes of questions.

Mr. MFUME. Thank you very much, Mr. Chair. I want to thank you and the Ranking Member for convening us on this subject.

I want to thank Major General Friedrichs for your time, for your service to this country previously, and what you are doing now obviously.

Many of us on this side of the aisle, Major General, have pointedly and consistently tried to prioritize why it's important to champion forward-looking solutions in order to prepare, as we just heard, for the next oncoming pandemic, which we all expect will be a part of us. We believe individually and jointly, if I might say so, that we've got to be, as a Nation, adequately prepared and fully equipped with the public health tools that will allow us to be able to respond quickly in a very nimble fashion and effectively. Thankfully, this Congress passed and President Biden signed into law the Appropriations Act of 2023, which really created the entity that you are here to represent today.

And I've got a couple of concerns, but before I mention those, let me just say what I try to always do, and that is to put these discussions in context with respect to the pandemic. We were operating in real-time. We had never been in that space before as a Congress, and it's been over 100 years since the Nation had to deal with anything like that. So there were mistakes along the way, which should be expected. There were no experts.

We were not as nimble as we thought we could've been or should have been as a Nation, because there was so much reaction to the amount of deaths that were taking place in our urban areas, in our rural areas, and elsewhere. And we had—we'd been hampered because we were reacting in real-time to come up with everything now in hindsight—if I can use that term also—that we all know about.

We—it's not enough to be a Monday morning quarterback on something like this. The best thing I think is to say we did what we could do when we could do it in the best way we could do it, hopefully, in real-time. And now that we look back on it, we know that there are a number of things that we can and ought to look forward to.

So, I've got a couple of quick concerns. I've got a little bit of time here. I am really concerned with your ability to do what you do if you don't have adequate staffing. Now, is it true or not true that many of the small number of staff that you have are—some of them are detailees from other agencies? Is that correct?

General FRIEDRICHS. That is correct, Congressman.

Mr. MFUME. And unless you're able to get adequate and proper funding, you're probably going to have to keep doing that, and when you do it it already reduces your ability to make what I be-

lieve would be a true and lasting difference. So can you just for a moment express to me your own thoughts about what the implications would be if we were to cede to the demands that some have that we need to reduce and cut our preparedness by over a couple of billion dollars. What would that create in your mind?

General FRIEDRICHS. Congressman, thank you very much. And, you know, I want to first start with acknowledging what you said that there are many people over the last 4 years who did everything within their power to make the best decisions they could with the information they had at that moment in time. It is also true that there's a lot that we can learn from the decisions that were or were not made so that we're better prepared in the future.

And to your point and to your question there, as we look across the Federal Government and all of the different tools that are required to be prepared for biological incidents when they occur, that whole-of-government response, we are seeing that there are areas where we could be better prepared, where we could have better bio surveillance, where we could have better industrial production capacity here in the United States.

We will bring those recommendations back in our report both to Congress and to the President laying out what we've learned in the course of the 7 months so far, in the remaining time that we're going to work on this report, with very specific recommendations on how we can mitigate those gaps and risks so that we are better prepared.

Mr. MFUME. How much more money do you need or do you anticipate you will need?

General FRIEDRICHS. Congressman, I'm—I want to be very mindful of getting ahead of the President's budgeting process, but we will bring back very specific recommendations in our report. And I can assure you that, as has been highlighted by Members from both sides of the aisle, there are multiple areas in which we can improve our preparedness.

Mr. MFUME. That was the answer I would give.

There are a lot of efforts to kind of push you toward a mission creep by some who think that you shouldn't just be doing preparedness, that all of our efforts should be in prevention. And I take the position that we ought to be able to do both and we ought to do both effectively. So, I know there is an effort to try to get you over into the other space, which is why I was glad you answered the previous question about where you are amongst all these other agencies, in that you are conveners of the agencies around a central mission and that you do not duplicate the services.

One quick thing before my time has expired, the American Association of Medical Colleges put out a report estimating a projective shortage of physicians in this country of approximately 124,000 within the next 10 years. Now, that's a conservative estimate. I know you can't see into the future, but if you could just give us your best thinking on how does that affect our ability to prepare and then obviously to prevent?

General FRIEDRICHS. Chairman, may I respond? Thank you.

So, Congressman, I can't thank you enough for highlighting that, because at the end of the day, those incredibly dedicated people who save lives every day during the pandemic are frustrated,

they're concerned, they're being attacked for what they did in many cases. We've seen an exodus of healthcare workers, public healthcare workers, community healthcare workers that are creating the shortfalls that you've described.

Today, depending on which source you look at, there's a shortage of between 50,000 to 80,000 physicians, 300,000 to 400,000 nurses, and I could go on and on and on. We can't be prepared if people will not work in this career field, and so there's an opportunity for us to partner, to collaborate, to look at how we address the supply chain for not just stuff but for the people who actually provide the care, for the people who hold the hand of your family member when they're in the ICU and take care of her. That's an incredible opportunity for us to collaborate and partner across both sides of the aisle.

Mr. MFUME. Thank you. My time has expired. I thank the Chair for the additional time.

Dr. WENSTRUP. That's a good segue to recognizing Dr. McCormick, emergency physician, who was not here during the height of the pandemic. He was in the emergency department taking care of patients. Dr. McCormick, you're recognized.

Dr. MCCORMICK. Thank you, sir.

Thank you, Dr. Chair. Appreciate all your hard work in this regard. It's good to see you here today, sir. Thank you for your military service. I appreciate that as well, take that very seriously.

It's interesting, though, when I was just listening to the other side of the aisle talk about how much money do you need, how much money are you short. I have yet to ever be in a hearing where anybody who was ever asked that question that says, "I have enough money. We're good. Matter of fact, you can cut my budget. It's fine." It's a great question. It's always asked from that side of the aisle: How much more money do you need? The problem is, everybody says they need more money. So, let's have a realistic talk about what that means.

Moving into the future, and as an ER physician, by the way, I appreciate you recognizing that a lot of us had burnout during this last 3, 4 years. From the beginning of the pandemic, we were doing our very best, and we were trying to make our case as to how to treat a patient based on our best ability to understand something that nobody had ever seen before, and witnessing thousands of patients that were being treated; and then being told by a government person, whether they be a physician or whatever, somebody who thought they knew better than me, who was treating thousands of patients, how to treat the patient and then saying, I'm going to censor you. I am going to tell you you're wrong, even though they hadn't treated one patient. That's one of the things that you mentioned as far as the burnout and being under appreciated for what we were trying to accomplish, which is ultimately to take care of that person we're holding the hand of while they may be dying. So, thank you for recognizing that.

One thing that worries me is that by preparing for the last pandemic we're not preparing for the next, and we have seen this in warfare and we're seeing this in a war against a pandemic. And what I'm worrying about is the flexibility moving forward and how we best prepare to be—to have a flexible model, so we can react

to whether it be a bacterial infection, whether it be affecting your lungs or your brain or some other part of your body, or a fungal infection or a viral infection. It doesn't matter. Whatever that next thing that we have to handle, that we have a flexible model that's not all of our eggs in one basket, that we spend billions of dollars padding the pocket of certain people but to prepare for the last pandemic instead of the next one.

My question specifically for you, General Friedrichs, as director of the Office of Pandemic Preparedness and Response Policy, you also serve as the co-chair of Public Health Emergency Medical Countermeasures Enterprise National Stockpile. Based on your time in the pandemic, I imagine you can attest to the need to coordinate with private industry to advance America's national security interests.

In this regard, I thought Trump did a good job with trying to come up with a vaccination at warp speed, if you will, teaming up with private industry to make that happen. I have some concerns about what the Biden administration has done to team up with the private industry to accomplish the same kind of missions in a flexible model moving forward. Can you please discuss the efforts of your office in taking to work this hand-in-hand compilation with private industry to make these kind of flexible models into the future work?

General FRIEDRICHS. Congressman, thank you very much, and that is one of the charges that we were given when this office was created, and it's one that I take very seriously, because there is no pandemic response without our industry partners, without the people who produce the PPE or the vaccines or the therapeutics.

So we've spent a great deal of our time in the last 7 months reaching out to industry stakeholders, to different groups that make up larger parts of the industry, the small-and the medium-size manufacturers, meeting with them and listening to what they experienced over the last 4 years so that we can bring that into the report that we're doing and then work on updating our plans.

You mentioned Operation Warp Speed, which is, again, a remarkable testimony to what happens when a public/private partnership is created and resource, and it also is noteworthy that that started in May 2020. It would be ideal if working with industry and with our Federal and other stakeholders we can write a plan where that's ready to go in 5 weeks, not in 5 months, because we've developed those partnerships, we've developed plans that understand and lay out how we will collaborate quickly and effectively with all of those stakeholders.

And I would hate for anyone to misinterpret my comment; that is not a criticism. I accept responsibility for having been one of those involved in and had the great privilege of standing up Operation Warp Speed. But the reality was that we were building those connections as the pandemic was unfolding, as we were trying to understand exactly what the magnitude of the pandemic would be. What we are going to work on with these industry stakeholders—and we met with several of them as recently as yesterday—is how do we do that as quickly and effectively as possible before the next pandemic not during it.

Dr. MCCORMICK. OK. Great. And just in conclusion, I just want to stress that we—we don't need bigger government. We don't need this idea that the government is going to accomplish everything when we talk about a pandemic or space exploration or AI or anything else. You can see this marriage of government helping private industry take over something in a much more effective and efficient way into the future I think is the solution.

And this idea that the big brother, government, gets to decide all the conclusions by itself, by investing all these—this money for a one-sided view of how we're going to solve a problem instead of empowering the people to solve it is a false narrative. And I just want to say that the worst thing we can do is grow a government in size and scope to the point where they can tell you what to do with your business, with your medical care, and everything else. This is a decision that people can make, that medical professionals can make far better than the government, and that's the thing I want to highlight in my conclusion.

With that, I yield. Thank you.

Dr. WENSTRUP. I now recognize Dr. Bera from California for 5 minutes of questions.

Dr. BERA. Thank you, Mr. Chairman.

And thank you, Dr. Friedrichs, for your service to our country. I'm just going to touch on one thing, because folks have touched on what would've happened if OPPIR had existed prior to the pandemic. And as a physician, someone who's done global health and has been very interested in pandemic preparedness, I would just point out, you know, post Ebola, you know, working with the Obama Administration, we did stand up at the NSC an individual whose sole job was to focus on pandemics around the world.

And, Mr. Chairman, if I could enter into the record a letter that we sent to John Bolton dated May 15, 2018, because the prior administration did dismantle that position. Now, that was done through executive orders.

I am glad that we as Congress, through the legislative processes, stepped up OPPIR, because I think it is incredibly necessary. And we just saw what a pandemic, what a virus did in terms of disrupting not just the United States of America but the entire world. So, again, I'm glad that you're in this position and glad that you're there and that we were able to stand up this office.

To my colleague, Dr. McCormick's question, just playing off of that, one of the initiatives is Project NextGen, which I think you're in charge of in terms of working across the interagency process, BARDA, the National Institute of Allergies and Infectious Diseases and other agencies, really looking at those countermeasures. And I certainly think this is incredibly important. It was remarkable that we came up with a vaccine in 12 months, but as you just pointed out, do we have the ability to come up with countermeasures, you know, can we get that down to 100 days, can we get that down to a shorter period.

I came in here late, so you may have already addressed this, but I'd love to hear how the Project NextGen is going, how that coordination is occurring, and then how you're interacting with the private sector to address it.

General FRIEDRICHS. Thank you, Congressman. There's a lot packed in there, so several responses there. First, I think, on Project NextGen, it's very important to highlight that this was a deliberate effort to invest in areas in which industry was not already investing, so this was back to concerns about duplicating effort. As we designed and we—not our office, because it was started before our office was created—as we, the Federal Government, looked at that space, it was how do we continue to look for solutions that others are not yet investing in, and that's a very important point. That's where the government can play a role, absolutely not in duplicating but in filling out the portfolio, because as you and others have pointed out, we don't know what the next pandemic will bring. And so, part of the great strength of this country is our ability to country to look for those novel solutions that don't exist today, the things that others have not yet found, and have those ready to go when they're needed going forward.

I think to your point about global health and integration, again, one of the opportunities is to understand what other countries are investing in again so that we're not duplicating but complementing each other's investment portfolios so that we're betting on as many of the potential solutions as possible.

You and I know that there's 120 viruses that can infect the human being, and of those 20 to 30, depending on what definition you use, have the potential to cause a future pandemic or significant biological event. We are working closely across industry and with academia and international partners to understand who's investing in mitigation measures for each of those potential pandemic pathogens so that we are better prepared, no matter what the next pathogen is that causes a significant threat, both to our public and to the broader global public.

Dr. BERA. Great. And, yes, I have the privilege of serving on the Permanent Select Committee on Intelligence with the—with the Chairman. And, you know, when folks ask me what keeps me awake at night, we saw what a—whether this was lab leak or a zoonotic spread of a virus, what it did, I do worry about the bio-threats space and, you know, what bad actors potentially could do. And a lot of what you're doing through Project NextGen also will help prepare us if there is a manmade pathogen, you know, something that—a deliberate pathogen.

I guess, in my last 30 seconds, is Project NextGen just focused on the countermeasures? Are you also through your office looking at the surveillance environment as well?

General FRIEDRICHS. Thank you very much. So, Project NextGen is being run by BARDA, so I want to be clear that our office is providing oversight and we're partnering with them, but we're not running it from our office. I also want to be clear that it is focused on therapeutics and—primarily focused on therapeutics and vaccines. And the third leg of that, which is really important and gets to the points that you just made, are looking at what we call enablers, how do we ensure that the whole ecosystem is better prepared. And so, there's some very integrity intriguing investments being made there as well.

And if I may, just to finish that thought that you raised, there's a comment made about the importance of integrity, and I will put

my 37 years in uniform on the line here and say that I took this job because I share the concerns that you and others have raised about future biological threats, whatever the source.

I'm committed to working with you and every Member of this Committee and anyone else who shares that concern about bio-preparedness so that we are as prepared as possible. We will bring you our recommendations so that we can inform the decisions that you all make in order to then be better prepared for the future.

Dr. BERA. Great. Thank you. And with that, I yield back.

Dr. MCCORMICK. Without objection, so ordered.

Just in the nick of time, I now recognize Mr. Moskowitz from Florida for 5 minutes of questions.

Mr. MOSKOWITZ. Mr. Chairman, thank you very much.

Major General, I want to focus on the supply chain really quickly. So, in a prior life, I was in charge of the COVID response for the state of Florida. I was the Director of Emergency Management at the time coming out of doing Hurricane Michael; a year later, we wound up into COVID. And the systemic failures of the supply chain at all levels was unprecedented, right, the first 50 state disaster in American history, right.

So, FEMA is responding to 50 states, every disaster management agency in each state is set up. Everyone's competing against each other for supplies. In fact, the states aren't just competing against states; the states are competing against the Federal Government for critical supplies. And everyone was kind of on their own; states were really on their own. The Federal Government obviously stepped up to help reimburse those states to pay for that. But as far as the operation was concerned, especially in the very beginning, there's just no doubt that there weren't enough emergency supplies to go to in the SNS in the beginning, and we had to rely on other countries.

I was flying stuff in from China, I was flying stuff in from Italy, chartering my own planes to do so, and, you know, whether that was masks or gowns or gloves, you know, or ventilators or nasal cannula or oxygen, whether that was, you know, test strips or test swabs, I mean, you name it, we were on our own, OK, for a long period of time.

And I'm not interested in appointing blame in this. What I want to know is, what have we done at all to fix that, because my concern is, is that in the last year of the Trump administration and in the first year of the Biden administration we spent \$8 trillion in two bills, or \$7.5 trillion in two bills, whatever the final number was, and nothing in there dramatically fixed that supply chain issue. So, I just wanted to see if you wanted to talk about that for a couple minutes.

General FRIEDRICHS. Congressman, thank you very much. And I think there are a number of things that we've done in a very collaborative fashion to move forward on that. One is the White House Supply Chain Council that was established to try and address not only medical supply chain but broader supply chain issues. And it starts with understanding not just where a piece of equipment or a pharmaceutical is finally assembled but all the parts and pieces that go into it and where those come from as well, and so there's been a great deal of work done in that area.

I'm very excited to share that we have brought on some subject matter experts to our team specifically to work on the medical supply chain aspects of that in the pharmaceutical side of that to help inform the recommendations that go forward to that supply chain council and that will be captured in the report that we'll deliver later this year to the President and to Congress.

And as we go through this, I think we need to acknowledge what you and others have touched on, that this is a dynamic discussion. It's not a snapshot, and if we make an investment here today, we're done with it forever, because supply chains are constantly changing. And so, one of the great successes that we will hold up is the supply chain tower that was created during the pandemic to be able to see where there were shortfalls at that moment in time and—

Mr. MOSKOWITZ. No, and I understand that, Major General. What I'm trying to figure out is—and you never want to be a General fighting the last war, right. COVID was COVID, right. Just like when you're preparing for a hurricane, you don't want to just prepare for Irma or Michael or Ian, you want—because if you just prepare for that same event, the likelihood is the identical event doesn't happen. It's something more dynamic, something slightly different.

But as far as being able for the country to self-perform, right, yes, absolutely knowing where we make certain things and what the production capacity is for that, I think, is that data is important. I don't think we had that, quite frankly. In fact, I'm still concerned about the FDA knowing that when it comes to critical medication and medicine. But I am still concerned that today we kind of don't know, you know, if—if we needed very similar items, right.

What's our run rate, right, internally in this country? We could support it for a month, we could support it for 3 months before we have to start, you know, importing stuff. We live in a global economy. We know we don't make everything here at all. And, you know, like, what I want to know is how—how can we survive? Because in COVID it was less than 30 days. It was—it was super quick before we had to start getting stuff from other places.

And these corporations have multinational agreements, so they're making stuff here and they're shipping it around the world. I dealt with that. And we were very hesitant to use the Production Act, because, oh, by the way, when you use it it takes a very long time to retool these factories. So, you know, if you want to comment on that you can.

General FRIEDRICHS. Thank you, Mr. Chair.

And thank you, Congressman. And I'll just briefly say, I think you've highlighted a number of concerns. We will address many of those in the report that we bring back to the President and Congress, and this will be a work in progress. The next pandemic almost certainly will not be COVID, so it will be a different set of supply chain issues and a different set of challenges, but building that capability is part of what we're very committed to working with you and other stakeholders on.

Dr. MCCORMICK. With that, the gentleman's time is expired.

I now recognize Ms. Ross from North Carolina for 5 minutes of questions.

Ms. ROSS. Thank you very much, Mr. Chairman.

I'd like to focus today on the progress that the Biden administration has made in its execution of the National Biodefense Strategy and Implementation Plan. This plan sets forth a coordinated effort to orchestrate the full range of activity that is carried out across the government to prevent, prepare, and respond to biological threats and does so through a series of targeted actions and goals to expand our Nation's pandemic preparedness capabilities. One key through line of the plan's various objectives for strengthening our preparedness is improving timely, accurate, and science-driven risk communication when biological incidents take place.

Major General Friedrichs, nice to meet you. Sorry, I was coming from another committee. How has your office worked across the administration to strengthen its risk communication practices as part of the execution of the National Biodefense Strategy and Implementation Plan communication?

General FRIEDRICHS. Congresswoman Ross, thank you, and it's nice to meet you as well. And this is an area that I share your concern with because, at the end of the day, a mom is going to make decisions about whether her kid goes to school; an employer is going to make decisions about their work force based on the information that they have in front of them. So, we're partnering very closely not only with stakeholders in the Federal Government but across the Nation and with international partners to understand how we collect data and share that as quickly as possible to understand when a biological incident is occurring and what the risks are that it poses.

If we wind the clock back to January and February 2020, there were many unanswered questions. How can we answer those as quickly as possible in the next pandemic is one of the first tasks on which we're working, and then provide that information as objectively, clearly, and concisely as possible to the American public.

The second part from a risk communication standpoint is what's the risk of that pathogen versus the risks and benefits of the mitigation measures that we offer. And laying that out again as clearly, concisely, and as timely as possible is a whole-of-government and really whole-of-society effort. One of the great successes that we should recognize in this pandemic was the effort to reach out to faith leaders and community leaders and nontraditional voices and share that information with them, and they then chose to share that with those with whom they interacted.

I'm very grateful to many of those partners for continuing to reach out and meet with us and share what they perceive to be the best practices during the pandemic so we can capture those in our planning efforts, so that we don't have to rediscover those connections in the next pandemic, but we can leverage them every fall and winter during the repository season. We can leverage them if there's a bad outbreak in a particular community, and we can leverage and improve them from those experiences so we're better prepared for the next pandemic.

Ms. ROSS. And do you think those—I'm going off script, staff.

Do you think that those relationships that you formed—you said, you know, use it during flu season or whatever—can also be the foundation of better public health outcomes in communities that

have been underserved and may be suspicious of the medical community?

General FRIEDRICHS. Congresswoman, I don't care where patients get their information from if it's accurate and it's timely and it helps them make the right choices. This is not just about there's only one way to communicate. I care, as I believe you do, deeply that we leverage every possible communication channel to get that information to people where they are, when they need it to inform the choices that they have to make.

And so we will work with anyone who's willing to help partner with us and with the CDC and the many other partners in this space so that we are communicating as broadly and as deeply to the American public as possible, not just in the medical language that I'm familiar with as a physician, but also in those terms and phrases that are more familiar in other communities around the country there.

My wife assures me that at times communication may not be my forte, that I struggle sometimes to be as clear as she needs, and I think that we sometimes bump up against that if we use medical speak and don't communicate as effectively and clearly as possible with everyone where they are in the discussion. So, we're looking for those partners who can help us amplify the facts, the science as you described it, in a way that is accurate and timely, concise and clear for the American public wherever they are in that discussion.

Ms. ROSS. Thank you so much, Mr. Chairman, and I yield back.

Dr. MCCORMICK. The gentlelady yields.

I would now like to yield to Ranking Member Ruiz for a closing statement, if you would like to make one.

Dr. RUIZ. Thank you.

And thank you again to Major General Friedrichs for joining us for today's hearing. Your perspective on our Nation's pandemic readiness has provided us with valuable insight that I hope we can harness to create constructive, forward-looking policies.

As we've discussed over the course of today's hearing, our Nation was wholly unprepared to address COVID-19 when it first took hold. And now that we have emerged from the depths of this pandemic, it is my hope that we can apply the lessons that we've learned to crafting policies that will ensure we are better prepared when the next pandemic strikes. And I'm glad that OPPIR and this administration are working to address the vulnerabilities in our Nation's supply chains that the pandemic laid bare, and I'm excited for what the future holds thanks to initiatives like Project NextGen.

I hope that as Members of this Select Subcommittee we can identify ways to build on this progress by working with OPPIR and empowering this office to continuing carrying out its essential duties. And as a physician, an emergency physician, the more senior emergency physician in this dais, I've greatly valued this opportunity here today to generate forward-looking solutions that will help our Nation mitigate future public health threats and save future lives.

I look forward to continued collaboration with OPPIR on this critical work. I—I'm looking forward to our future conversations. I'm looking forward to the reports. I will be tracking very closely be-

yond even this Congress with your reports in the future. And I look forward to working with you. And with that, I yield back.

Dr. MCCORMICK. Thank you, Ranking Member, emergency medicine physician—

Dr. RUIZ. Senior.

Dr. MCCORMICK [continuing]. Senior Member.

As the more current emergency medicine physician who survived the COVID pandemic on the front lines, I would like to thank you. Thank you for your service. Thank you for your time today, being here on this hearing for this long day for you.

In closing, I'd like to thank everyone for being here for this hearing. I thank our witness, Major General Paul Friedrichs, for testifying before this Subcommittee of COVID. As it was said during today's hearing, the—and throughout the other subcommittees' investigations, it is important that we do not allow bureaucrat barriers to hinder our government's response.

During the COVID-19 pandemic, we saw benefits of being able to respond quickly through efforts such as Operation Warp Speed, which have helped save countless lives. It is important that the government remains flexible in order to respond to evolving threats. We have many tools throughout the government to help mitigate risks when it comes to public health crises, and we must remain nimble in order to address them and ensure that we are able to integrate and work with the private sector.

As we heard today, there are many agencies and departments involved in coordinating process in working with the industries. We have to make sure that our government response is structured in a way to address a future pandemic quickly so the government has the proper authorities and resources available to act. We look forward to the report that Major General Friedrichs said the OPPR will be putting forth later this year. I'm hopeful that the report will be fulsome so we can better understand the office's role.

And also, I hope that we can evaluate if a department in the White House, in the Executive Office of the President, is the best way for a government to prepare to respond for the public emergency. And I hope it's not a one-sided discussion. I hope it's comprehensive with lots of people's input not just one branch of the government. The most representative role, of course, is The People's House, and I hope you'll remember that also in your response.

I appreciate Major General Friedrichs testifying today in the importance of effective communication within the Federal Government, and that he is allergic to bureaucratic buffoonery in the future. We look forward to continuing to examine the best ways our government can predict, prepare, protect, and prevent the future public health crises and appreciate today's topic on the discussion.

Most of all, I hope that we remember that we, the government, are the servants of the people and not their lords. We are here to educate and give guidance and should never use the power we were granted by the people against the people.

With that, *semper fidelis*, and I yield.

Without objection, all Members will have 5 legislative days within which to submit materials and to submit additional written questions for the witnesses, which will be forwarded to the witness for his response.

If there is no further business, without objection, the Select Subcommittee stands adjourned.
[Whereupon, at 11:38 a.m., the Committee was adjourned.]