

PREPARED STATEMENT OF  
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“EXAMINING THE WHITE HOUSE’S ROLE IN  
PANDEMIC PREPAREDNESS AND RESPONSE”

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Chairman Wenstrup, Ranking Member Ruiz, and distinguished Members of the Subcommittee, thank you for the opportunity to testify before you today regarding the vital work of the White House Office of Pandemic Preparedness and Response Policy (OPPR). I am looking forward to discussing the Biden-Harris Administration's progress in standing up this new office and our work on enhancing our preparation for and response to biological incidents.

OPPR was borne out of the lessons learned from the recent pandemic, which cost our nation nearly 1.2 million lives and resulted in tens of millions of people who have or had Long COVID. Beyond the medical consequences, there were trillions of dollars in economic impact, as well as significant challenges across almost every aspect of society, from children in schools to workers at meatpacking facilities. Our work builds on the foundation laid by multiple administrations over the past twenty years which have recognized that biological threats are increasing in frequency and impact and which understand the value of investing in preparedness and resilience. In December 2022, Congress established OPPR and charged it with leading and coordinating 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. In August 2023, 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 physician, I had the privilege of caring for those ill and injured in combat and in austere locations from the South Pole to above the Arctic Circle. I am grateful to have been able to work with our colleagues in our Space program, to have run our global aeromedical evacuation system, and to have worked alongside research and development colleagues seeking novel cures to the most challenging medical concerns.

Throughout my career, my mentors have reinforced the belief that history is a valuable teacher. So, to begin our conversation today, I'd like to wind the clock back 104 years to 1920. The world had just come out of a deadly pandemic that had decimated the global economy, disrupted health care systems, and undermined the public's trust in the medical community and public health. In total, the 1918 Flu, which most medical authorities and historians believe began right here in the United States, killed at least 50 million people, including 675,000 in the United States—one in every 157 people in the country. In response, government, medical, and scientific leaders seized the opportunity to re-imagine public health preparedness and harnessed new innovations and scientific discoveries. The field of virology, as we know it today, grew out of the

frustration and unwillingness of our predecessors to accept what happened during the pandemic and who spent decades seeking to better understand why so many died and how we could prevent that in the future. As the leader of the new Office of Pandemic Preparedness and Response Policy, this challenge and call to action to learn lessons from the past four years rings just as true for me and my team today as it did for our predecessors in 1920. We are dedicated to helping integrate and synchronize efforts across the Federal government and with key external stakeholders to be prepared for future biological threats, whether the pathogen is naturally occurring, accidental, or deliberate.

I am grateful for this opportunity to share with all of you the progress that our team has made in its first seven months. OPPR is focusing on three responsibilities: (1) learning from the recent pandemic and recurring biological threats, (2) refining planning and preparedness for future biological incidents, and (3) informing federal investments to enhance our preparedness.

### **Learning from the recent pandemic and recurring biological threats**

In the enabling language that created OPPR, 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 assessing a wide array of lessons learned from Federal departments and agencies, as well as from key public health, medical, industrial, and other partners. In addition, we have met with many of the leading partners in the healthcare, pharmaceutical, and other industries, as well as leaders from state and local governments. We are in the process of reviewing and collating the key findings from these engagements. It is clear that many dedicated Americans in and out of government performed herculean tasks to mitigate the impact of this pandemic. And it is also clear that there are areas for improvement. We learned, for example, that Long COVID is a remarkable challenge for millions of Americans—and that the risk of developing Long COVID is dramatically lower for those who have been vaccinated. And we still have much to learn about the best treatment options for those with Long COVID. This comprehensive review will result in a report to the President and Congress that sets out the key issues, recommendations to address them, and persistent barriers, which may require congressional action.

Because we cannot turn back the clock to day one of the COVID-19 pandemic, OPPR will lead efforts to “test” our country’s preparedness to address future biological threats by working with interagency partners to conduct exercises to assess our collective preparedness for

future biological threats. Finally, like clockwork, every fall and winter, millions of Americans become ill with respiratory viruses—RSV, influenza, and COVID-19—challenging the resilience of our medical and public health infrastructure and resulting in the deaths of tens of thousands of some of our most vulnerable Americans, including the elderly, young children, and infants. Reducing the burden of these illnesses requires a multipronged approach, including community engagement, vaccination drives, public education campaigns, and the synchronization of hospital, pharmacy, long-term care, and primary care resources. Improving our ability to understand who is getting sick, which hospital systems or supply chains are strained, and how to most effectively respond to requests for Federal assistance will help enhance our healthcare system’s resilience.

The good news is that, for the first time in history, vaccines are now available to help protect against severe illness caused by all three of the major fall and winter respiratory viruses. For the first time, there is a Food and Drug Administration-approved and Centers for Disease Control and Prevention (CDC)-recommended RSV vaccine for individuals between 32 and 36 weeks of pregnancy to protect infants after birth. Additionally, an RSV immunization for infants is newly available, as is an RSV vaccine for individuals aged 60 years and older. The immunization for infants has been shown to reduce the risk of RSV-related hospitalizations and healthcare visits by nearly 80 percent. To meet demand for dose availability of the RSV immunization for infants, the Administration held several meetings with the manufacturers, who, at our urging, accelerated the release of hundreds of thousands of additional doses. Through the two new options for RSV, health care providers have also been able to help protect an extraordinary number of infants. Recent CDC data reveal that nearly half of all infants in the United States are protected by an RSV immunization—a monumental achievement.

The United States has also experienced far lower rates of hospitalization and death from COVID-19 than last season. Reported deaths from COVID-19, pneumonia, and influenza are down 24 percent from September 2023 through January 2024, compared to the same period one year prior. COVID-19 deaths are down 46 percent during the same period this year, compared to one year ago. This year through January, influenza-associated pediatric deaths are 50 percent lower than they were last year, although the flu season is not yet finished.

This respiratory season also marked a shift in the distribution of COVID-19 vaccines. No longer distributed solely by the U.S. government, these vaccines are now distributed through the

traditional healthcare marketplace. Most Americans will continue to have coverage for the vaccines through their health insurance with no out-of-pocket expenses. However, recognizing the access problems facing the tens of millions of uninsured or underinsured adults in this country, the Department of Health and Human Services (HHS) established the “Bridge Access Program.” This program ensures that uninsured and underinsured adults can access free COVID-19 vaccinations through December 31, 2024. To date, more than 560,000 COVID-19 vaccines have been administered at participating retail pharmacies. Looking ahead, a permanent solution is needed to sustain access to vaccines. The Vaccines for Adults program, which this Administration has proposed in its Fiscal Year 2024 Budget and modeled after the successful Vaccines for Children initiative, would ensure recommended immunizations are accessible to uninsured adults without cost-sharing.

As we continue to learn from these efforts to mitigate predictable, seasonal threats, we will also enhance our preparedness for the unpredictable biological incidents which we know will occur in the future.

### **Refining plans for future biological incidents**

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 response to future biological incidents. During the COVID-19 pandemic, the previous administration created Operation Warp Speed and the Biden-Harris administration made additional historic investments in tests, vaccines, and treatments. COVID-19, which at one point was the number one leading cause of death in the country, was the number ten cause of death in 2023, an indication that our nation has made significant progress in our ability to reduce the overall risk from and impact of COVID-19 on the way most Americans live their lives. OPPR is committed to ensuring that these key successes of the past four years inform updates to our plans at every level of government so we can easily replicate them during the next biological event.

### **Informing federal investments to enhance our preparedness**

Congress also directed OPPR to provide advice on biodefense-related budget decisions, and the OPPR team is developing processes to provide timely, detailed advice on several topics, including enhancements to our ability to collect and analyze data about outbreaks and the development of next-generation medical countermeasures. This includes promoting the coordination of investments across the U.S. government for the development of cutting-edge

technologies. It also includes promoting coordination across departments and agencies to ensure a balanced research and development pipeline and portfolio with the right mix of products (diagnostic, therapeutics, and vaccines) and risk (high risk, high-reward investments, as well as more proven solutions). And it means working through the Public Health Emergency Medical Countermeasures Enterprise, which the OPPR Director co-chairs with the Secretary of Health and Human Services, to ensure that the products developed will prepare us for the most concerning biological threats. The investments the United States makes between outbreaks are critical to ensure we are ready when the next biological event occurs.

OPPR is also in conversation with researchers, manufacturers, and suppliers to understand the country's capacity to develop new products and scale up production of existing products in response to future biological threats. Our planning must account for existing frailties in our manufacturing base and supply chain and the advent of new technological platforms with the potential to change how we detect and respond to biological threats, as well as ensure that new and existing products can be used safely and effectively when the need is most acute. The work to develop these health and medical solutions is a race against both time and the pathogens that are ever-evolving. Our strategies and investments must evolve as well.

## **Conclusion**

In closing, I want to thank the millions of Americans who came together during the recent pandemic to help mitigate the effects on our homes, our workplaces and every aspect of our lives. The OPPR team and I are committed to capturing the best of these efforts and ensuring we highlight where there are opportunities for further improvement or investments to reduce risk to the American people from future biological incidents. While OPPR is relatively new, we are growing fast, making progress, and developing strong relationships with our interagency partners. Given America's leadership in biotechnology, if we continue to collaborate and seek ways to better improve our preparedness for and response to future biological threats, it is plausible that we significantly reduce—and eventually eliminate—the risk of another biological incident like the ones we saw in 1918 and in 2020. Thank you for the opportunity to discuss OPPR's role in preparing for and responding to biological threats. I look forward to your questions.