Good morning and welcome to today’s hearing on Coronaviruses: Understanding the Spread of Infectious Diseases and Mobilizing Innovative Solutions. I want to thank Ranking Member Lucas, the Members of this Committee, and our witnesses for joining us today to discuss the scientific tools and research investments we need to better detect, predict, and understand the spread of emerging diseases. While the Chairwoman is not able to join today, I’m proud to hold the gavel and appreciate her strong commitment to public health.

As a doctor, the former Chief Medical Officer of Sacramento County, and a member of the CSIS Commission on Strengthening America’s Health Security, I have been a strong advocate of American leadership in global health. Congress’ job is to exercise oversight over the federal government’s response to COVID-19. That is precisely what I have been doing, both as the Vice Chair of the Science, Space, and Technology Committee and as the Chairman of the Foreign Affairs Subcommittee on Asia, the Pacific, and Nonproliferation. In addition to this hearing, I have chaired two other Congressional hearings on the coronavirus outbreak, sounded the alarm when the White House disbanded the office in charge of preparing for pandemics, and sought to include funds to combat coronavirus over a month ago through other legislation.

Viruses have caused some of the most dramatic and deadly disease outbreaks in human history. Novel viruses of animal origin—like SARS and MERS—have been emerging at an alarming rate over the last two decades. People are traveling more internationally and living in more densely populated areas. We are expanding into new geographic areas through deforestation, mining, and agricultural land use. Humans are coming into closer contact with animal species that are the perfect hosts of infectious agents, making it easier for viruses to jump from animals to humans.

Disease outbreaks caused by new viral infections are a growing public health concern for the global community, as viruses show no respect for national boundaries. The effect of COVID-19 on our communities will depend on how the virus spreads, the severity with which people get sick, and the measures we have available to control its impact. I’d like to drive home the point that these questions can all be answered by a rapid and robust research response.
Yet recent outbreaks have highlighted the strengths and weaknesses of our research and development response, both domestically and internationally. We need additional research to expedite the development of diagnostic tests to quickly identify those that are sick and push those testing capabilities to every state. Not only will this protect our public health personnel on the front lines, but it will also give them the tools to combat the disease head on.

Thanks to my role with the Foreign Affairs Committee, I am also aware of the importance of social science in guiding our response and actively combating the spread of misinformation around infectious disease outbreaks. Fear, anxiety, and stigma can drive sick people to hide their symptoms to avoid discrimination, prevent some individuals from seeking health care immediately, and discourage others from adopting healthy behaviors. Integrating social scientists into our outbreak response helps communities accept and adhere to public health measures aimed at limiting the spread of disease.

Research and development actions are an integral part of the response to an outbreak. Scientists are using innovative technologies like artificial intelligence to detect and predict the spread of disease more effectively. Others are conducting research to optimize the use of currently available treatments and evaluate candidates for new drugs and vaccines. It is apparent now more than ever that our best scientists should be leading our response.

For the last 14 months, this Committee has worked tirelessly to ensure that decision-making is driven by science. Now is the time to listen and trust science and use it to react calmly and smartly to COVID-19. It is critical that we are not swayed by misinformation and avoid the stigmatization of vulnerable groups.

This issue has hit close to home. The first reported death from COVID-19 in California occurred in Roseville, California, which borders my district. Sacramento County is now monitoring several potential cases of COVID-19 transmission. The hospital where I used to attend in and teach medical students is treating a patient with the disease. My heart is with those who are currently suffering.

I continue to believe that the risk to the American people is low at this time. But this disease is global in scope and it is impacting our communities and our economy. Tackling it will require our communities, our government, and our international partners working together. With American leadership, we can do it. But it will require proper planning, coordination, and resourcing. It’s not too late.

I look forward to hearing from our witnesses today on how we can best support our nation’s scientists as they deploy new health technologies and develop scientific information critical to controlling and mitigating the effects of emerging infectious diseases.

With that, I will turn it over to the ranking member, Mr. Lucas.