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"Informing Blueprint 2.0. Please Look Up"

ORAL TESTIMONY

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Secretary of Health, State of Washington

Bipartisan Commission on Biodefense

March 21, 2023

- Good morning – Co-Chair (Joseph) **Lieberman** and Co-Chair (Thomas) **Ridge**, and distinguished members of this bipartisan commission.
- Thank you for your leadership and for inviting me to share my observations to help inform the Bipartisan Commission's **"A National Blueprint for Biodefense 2.0."**
- We just lived through a global infectious disease that took **1.1 million American's lives** and the lives of approximately **7 million people worldwide**.
- The COVID pandemic **cost** the **United States** an estimated **\$16 trillion dollars**.¹

¹ <https://www.centerforhealthsecurity.org/our-work/publications/weighing-the-cost-of-the-pandemic>

- We were **underprepared for a biological threat**, as the 2015 National Blueprint warned.
- What would it take to become better prepared?
- Globally, it would take us **500 years** to invest a **similar amount in preparedness** as the **world has lost from COVID-19**.²
- We've lost a lot. But what have we gained?
- **Shame on us** if we do not take the **lessons learned** from this pandemic and **transform our systems** in **real** and **sustained ways**, and rise like a Phoenix, **reborn** and **ready** to protect the **health security** of all Americans.
- **My name is Dr. Umair Shah.**
- I have responded to **countless emergencies** over the past 20 years, including hurricanes and tropical storms, infectious disease outbreaks, chemical incidents, and even global earthquakes.
- I am a **public health professional** and a **medical doctor** who as an emergency department physician at the Houston VA Medical Center took care of our **nation's veterans** for over 20 years.
- I was the Executive Director and Local Health Authority for **Harris County Public Health**, the nation's **3rd largest county** with **five million people**, as well as past president of the National Association of City and County Health Officials.

² <https://www.gpmb.org/annual-reports/annual-report-2020>

- Now I serve **as the Secretary of Health for the Great State of Washington**, home to nearly **eight million people**, and I am a member of the Association of State and Territorial Health Officials.
- I have served in a **Republican state** and a **Democrat state**, and can tell you we can build a more resilient system, better prepared to respond to biological threats, with **bold leadership and vision**.
- I would like to share some lessons learned:
- First, we have made significant advancement in surveillance and reporting – we are doing a **good job counting the dots**, but need to do a **better job connecting them**.
- Second, **public health must be at the table** in development and stockpiling of medical countermeasures, diagnostics, and therapeutics.
- Third, in the **fog of war against a biological threat** we are **at more risk from lack of coordination** than lack of preparedness.
- We have **improved surveillance and reporting** to inform action.
- We have **digital disease reporting**, we moved beyond the fax.
- We stood up **new healthcare and emergency logistics tracking** capacity (**WAHealth**)
- **Contact tracing** was **revolutionized** through **WA Notify**, a public/private partnership with Google and Apple, to **anonymously notify close contacts** in **real**

time. This technology **could be deployed for environmental fallout** or other disease outbreaks.

- And **indirect detection** was stood up through **environmental wastewater surveillance.**
- With all this advancement, we need a **national framework to knit these data streams together** to maintain a “**ready state**”, but also **utilize** these new systems for **everyday public health.**
- It is also **imperative** that there **sustainable funding** to maintain this **modernized capacity** and the **well-trained workforce** and the **new innovative partnerships** we have built during the COVID-19 response.
- Second, turning to development and stockpiling of medical countermeasures, diagnostics, and therapeutics
- State, local, territorial, and tribal public health officials **must be at the table** as **BARDA is developing medical countermeasures.**
- Public health officials provide **boots on the ground** perspective to take medical countermeasures from warehouses to communities and individuals.
- We need to make sure we focus the so-called last mile as much as the first mile.
- **Operation Warp speed** developed **groundbreaking vaccines** in **record time**, but if public health had been at the table sooner, we could have **helped build trust** in

the **vaccine development** and been better prepared to **get shots into arms faster** and **more equitably**.

- Decisions as simple as vaccines in **multi-dose vial** or **single-use prefill syringes** make a **large** difference for how public health agencies plan and operationalize.
- In regard to **state and national stockpiles**, I am not sure there is a way to stockpile enough supplies for a global pandemic, but the United States needs to **find a way to avoid bidding wars over supplies** and **increase visibility** around what is stockpiled and when it will be distributed.
- The national stockpile worked best when the **USG purchased supplies** and **allocated**, instead of states competing against each other and bidding up prices.
- We need to support innovative and find **resilient solutions** to **maintain domestic manufacturing capacity or stockpile**
- Lastly, there must be **better coordination and interoperability** across the USG and across all levels of government.
- Agencies need to **bring their people and resources** to respond to emergencies, instead of their processes to preparedness and response.
- We need one **Incident Command System** across **all levels of government**.
- **Lack of consistency** creates friction when agencies try to coordinate during an emergency.

- We need clear unified command when there is a 50-state biological threat. We need to know **who is on first**.
- If a bioterrorist attack occurred tomorrow, who would lead the day-to-day coordination across USG and jurisdictions? This is still an open question in our current system.
- I am here today to work toward solutions.
- On behalf of the State of Washington, ASTHO, and my colleagues across the nation, I appreciate the opportunity to address this bipartisan commission today.
- [If time, additional recommendations]:
 - We must increase investment in research and capacity for **crisis communicators** to **combat rumors, misinformation, disinformation, and active measures** for our health security. The longer the emergency, the more space for falsehood to spread, and these falsehoods cost lives.
 - State and territorial health departments should institutionalize One Health. Washington was the first state to identify Global and One Health as a strategic priority. There is **intersectionality between biodefense, health security, One health, and global health** and we must make the link. We must modernize our traveler's health systems, increase our partnerships with animal health professionals, and participate in the development of global public health

strategy. As we have seen, we are a connected global community, only a few flights or hours from anywhere on the planet.

- We need to invest in an **Adult Immunization Program**. The development of an uninsured adult immunization program would sustain infrastructure improvements that were made possible with supplemental funding and provide states with funding to promote the uptake of both routine vaccines and improve preparedness to address outbreaks.

Background:

State Stockpiles (Back-Stop) for PPE and other Medical Material:

1. Post pandemic states are left with multiple warehouses and lots of PPE with no funding to support the continued effort of an ESF-8 backstop for future responses.
2. FEMA funding is available for demobilization and disposal projects but that is a reset back to zero surge capacity/capability which is what cause the issues in the pandemic in the first place when supply chain and federal SNS was slow to respond to such a large global event.
3. States like Washington that are prepositioned to continue the State level back-stop (or stockpile) and could also serve as a regional hub (Region X) to support quick action and movement prior to SNS (especially if no presidential or HHS declaration) should be considered for additional support/funding for leading this novel approach to ESF-8 back-stopping across the US.
4. Addressing the coordination of who and how PPE and other critical ESF-8 supplies can be moved when under a "FEMA" Stafford Act declaration, given the rules for legal authority as it pertains to reimbursement. Put a lot of hand-cuffs on movement of PPE to local SVI areas and key community partners not within the "normal" book of business for ESF-8. We need more flexibility for distribution of goods and services for ESF-8 when under a Stafford Act (Public Assistance) declaration.

Questions/topics we're anticipating:

- Improving bio-surveillance and data - how do you manage big data other than funding?
 - Funding: informatics, what are the fellows at the university level?

- Created a lot out of 9/11 and anthrax, but do we still have enough fellows?
- Aside from funding, what are regulations and policies that are not working right?
- Hardest: interconnectedness of the participants of bio watch
 - Bringing the groups back together - it's not just public health; larger community that has grown apart because of funding
 - Data has always been really siloed; de-siloing data and making it useful for all partners
 - Terrible job of sharing data even with other PH entities, let alone other partners
 - Dovetails back into national standards for data
- Building interoperable data systems that support all folks involved in PH response
- Emergencies are regional: omnibus had provisions for regional SNS for local needs
 - But we also need the ability to deploy from your region to affected region
 - Standardization to cross-deploy to impacted jurisdictions effectively; you're still part of the system
- Syndromic surveillance - can integrate with other data sources to add context and get a better sense of advanced warning
 - New CDC Center for Forecasting and Outbreak Analytics can help address advance warning, this new center must working with states to provide actionable timely forecasts.
 - When better integrated into overall data systems, you should see something that should warn you in advance
 - Room to encourage evolution in syndromic surveillance but fuzzy what that is
 - Shifting these methodologies into BH/MH to understand the health of the communities and the potential of escalations (ex: AGO's domestic terrorism report)
- Coordination - who's on first and why is it so confusing?
 - A national b-partisan COVID commission, similar to what occurred after 9/11, would go a long way towards finding solutions on better coordination going forward
 - Ex: train crash - is EPA on first or DOT or which part of HHS or FEMA?
 - We need better IMT training (center of excellence)
 - Federal: opportunity to step back and look at requirements around reimbursement and **flexible** funding
 - FEMA: during pandemic, traditional rules; but this was not a traditional disaster
 - Reimbursement issues
 - If we're going to be in the Stafford Act more often, we need to look at how it's aligned to support what we're doing because

PH didn't traditionally play in that space - COVID was first time PH got reimbursed through FEMA under Stafford Act

- If there is a large-scale disaster that exists for a long period of time, the Stafford Act creates a lot of challenges for a PH response
- Workforce component - whether federal, state, local, you're onboarding new people and trying to rebuild; a lot of folks don't have expertise/knowledge
 - A lot of folks working pandemic were nearing retirement/have retired
 - We have an opportunity for us to build the next generation of the public health workforce; but being mindful that PH has to compete with many other careers/disciplines that pay much more.
 - How can we incentivize them to come to PH versus Google?
 - They can use the same skills in public health that are used elsewhere.
 - Also an opportunity to build a more diverse workforce that, as we saw, is important to community trust
- issues with CDC's IMT and incident command; really irrelevant how you do it in house; it's about how your org works with others and how sectors work together
 - Need to own that it didn't work rather than trying to create something new to fix a political problem
 - Not about funds; back to basic relationships and what the plan says we should do
 - In WA: successful counties saw where they fit into the system; unsuccessful counties saw themselves as individual jurisdictions operating on their own
 - Need to incentivize good inter-organizational planning and training
 - There is a funding piece here though - a lot of organizations don't have the resources to implement well
- ASPR and CDC infighting about SNS? EIS trying to make state decisions
 - PAHPRA needs to keep up with massive re-orgs in ASPR and CDC
 - We need federal agencies to align their systems and where appropriate (such as ASPR and CDC) ensure reporting system interoperability to reduce the administrative burden associated with funding.
- At least half of what we did was to prevent the healthcare system from falling apart
 - In countries with national health care systems, this wasn't as much of a factor
 - Healthcare systems don't have funding to respond
 - Health care organizations were not prepared for this response - was this a violation of their participation in CMS? Better coordination between governmental health care system and private health care system

- CMS is biggest payer into this system - there are some sticks there;
- Goes back to the whole coordination model
- CMS NEVER connected with emergency management, referred to SMEs at ASPR
- Problem is that the stick is to close beds, which is a total non-starter in this scenario

Bipartisan Commission on Biodefense Bios

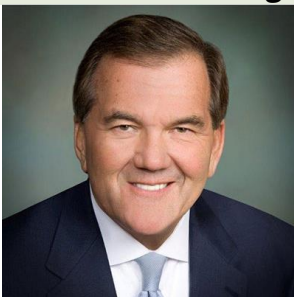
Senator Joe Lieberman (Co-Chair)



Now Senior Counsel at the law firm of Kasowitz, Benson, Torres, and Friedman in New York, Joseph I. Lieberman was for 24 years a member of the U.S. Senate from Connecticut. At the end of his service in January 2013, he was Chairman of the Homeland Security and Governmental Affairs Committee, and a senior member of the Armed Services Committee. Through both Committee positions, he became a leader in protecting the security of the American people and supporting American international leadership. Senator Lieberman is known as a national leader who works across party lines to get things done and who speaks his conscience regardless of the political consequences. Before his election to the Senate in 1988, Senator Lieberman served 10 years in the Connecticut State Senate and 6 years as Connecticut's Attorney General. In 2000 he was the Democratic candidate for Vice President of the United States.

Senator Lieberman is married to Hadassah Freilich Lieberman. Together they have four children and 10 grandchildren.

Governor Tom Ridge (Co-Chair)



Tom Ridge is Chairman of Ridge Global. He provides clients with solutions to cyber security, international security and risk management issues. He serves on the boards of the Institute for Defense Analyses, the Center for the Study of the Presidency and Congress and other private and public entities. He is currently chairman of the U.S. Chamber of Commerce's National Security Task Force.

Tom Ridge became the first Assistant to the President for Homeland Security and, on January 24, 2003, became the first Secretary of the U.S. Department of Homeland Security. He was twice elected Governor of Pennsylvania, serving as the state's 43rd governor from 1995 to 2001. Governor Ridge's aggressive technology strategy helped fuel the state's advances in economic development, education, health care and the environment.

He graduated from Harvard with honors. After his first year at Penn State University's Dickinson School of Law, he was drafted into the U.S. Army, where he served as an infantry staff sergeant in Vietnam, earning the Bronze Star for Valor, the Combat Infantry Badge and the Vietnamese Cross of Gallantry. He later earned his law degree and became one of the first Vietnam combat veterans elected to the U.S. House of Representatives, where he served six terms.

Representative Donna Shalala



Donna E. Shalala is Trustee Professor of Political Science and Health Policy at the University of Miami. She served in the House of Representatives from 2018 to 2020 representing Florida's 27th Congressional District. She received her B.A. in history from Western College for Women and her Ph.D. from the Maxwell School of Citizenship and Public Affairs, Syracuse University. She served as President of Hunter College of City University of New York from 1980 to 1987, as Chancellor of the University of Wisconsin-Madison from 1987 to 1993, and as President of the University of Miami, from 2001 to 2015. In 1993, President Clinton nominated her as Secretary for Health and Human Services, where she served for eight years. In 2008, President Bush presented her with the Presidential Medal of Freedom, the Nation's highest civilian award. She is a member of the Council on Foreign Relations and served as a Peace Corps Volunteer in Iran from 1962-1964. In 2010, she received the Nelson Mandela Award for Health and Human Rights and in 2019, she was elected to the Government Hall of Fame.

Senator Tom Daschle



Senator Daschle is the Founder and CEO of The Daschle Group, a full-service strategic advisory firm that advises clients on a broad array of economic, policy and political issues.

In 1978, Senator Daschle was elected to the US House of Representatives, where he served for eight years. In 1986, he was elected to the US Senate and was chosen as Senate Democratic Leader in 1994. He chronicled some of these experiences in his books, *Like No Other Time: The 107th Congress and the Two Years That Changed America Forever* and *The US Senate: Fundamentals of American Government*.

Since leaving the Senate, Senator Daschle has remained an active and learned voice among policy-makers. He has distinguished his experience in health care through the publication of *Critical: What We Can Do About the Health-Care Crisis* and *Getting It Done: How Obama and Congress Finally Broke the Stalemate to Make Way for Health Care Reform*. Senator Daschle has also emerged as a leading thinker on climate change, food security and renewable energy policy.

Born in Aberdeen, South Dakota, Senator Daschle attended South Dakota State University, graduating in 1969. He is married to Linda Hall Daschle and has three children and five grandchildren.

Representative Fred Upton



Fred Upton served in Congress for 36 years from 1987-2023, representing Michigan's Sixth Congressional District. Prior to his election to Congress, Fred worked for President Ronald Reagan in the Office of Management and Budget (OMB). From 2010 to 2016, Fred was selected by his House colleagues to serve as Chairman of the Committee on Energy and Commerce. Fred has long been an advocate for a greater emphasis on biomedical research to improve public health.

Fred is an active member of the Great Lakes Task Force, working to protect the Great Lakes from harmful pollutants and invasive species. He successfully worked to ensure seniors keep access to their physicians and low-income children keep their insurance coverage which resulted in the 2015 signing into law of the *Medicare Access and CHIP Reauthorization Act*. More recently,

Fred supported the efforts to reauthorize the Children's Health Insurance Program (CHIP) funding for six years – the longest and most generous reauthorization in the program's history. This legislation was signed into law in January of 2017.

Fred was born on April 23, 1953, and holds a bachelor's degree in journalism from the University of Michigan. He and his wife, Amey, have two adult children.

Representative Susan Brooks



Susan W. Brooks is a former Congresswoman and former U.S. Attorney who has driven key legislation to reform emergency response, healthcare, manufacturing, technology innovation, higher education and public safety. From 2013-2020, she served as the U.S. Representative for the 5th District of Indiana. In 2001, Susan was appointed by President George W. Bush to serve for six years as U.S. Attorney for the Southern District of Indiana. She led the state through crisis in the wake of 9/11 and established a counter-terrorism unit.

As a former member of the House Energy and Commerce Committee, Susan held subcommittee roles in Health; Communications and Technology; Commerce, Manufacturing and Trade; and Oversight and Investigations. She helped shape legislation to improve the health security of Americans through reforms to mental health programs addressing the national heroin and prescription opioid abuse epidemic. She also co-authored the reauthorization of the Pandemic All Hazard Preparedness Act (PAHPA) which strengthened our country's biodefense response to natural or terrorist related attacks.

Brooks earned her Juris Doctorate from Indiana University Robert H. McKinney School of Law and Bachelor of Arts from Miami University in Ohio. She is originally from Fort Wayne, Indiana and currently resides in Carmel, Indiana

Representative Jim Greenwood



James C. Greenwood is a Senior Policy Advisor at the DLA Piper law firm, chairing its Life Science Health Policy and Regulatory group. He is the President Emeritus of the Biotechnology Industry Organization (BIO) in Washington, D.C., where he served as President and CEO from 2005-2020.

Mr. Greenwood represented Pennsylvania's Eighth District in the U.S. House of Representatives from January 1993 through January 2005. A senior member of the Energy and Commerce Committee, he was widely viewed as a leader on health care and the environment. From 2001 to 2004, Mr. Greenwood served as Chairman of the Energy and Commerce Committee Subcommittee on Oversight and Investigation with oversight authority over issues in the full Committee's vast jurisdiction. Prior to his election to Congress, Mr. Greenwood served six years in the Pennsylvania General Assembly (1981-86) and six years in the Pennsylvania Senate (1987-1992).

Mr. Greenwood graduated from Dickinson College in 1973 with a BA in Sociology. From 1977 until 1980, he worked as a caseworker with abused and neglected children at the Bucks County Children and Youth Social Service Agency. Mr. Greenwood is married with three children and resides in Upper Makefield Township, Pennsylvania.

Dr. Margaret A. Hamburg



Margaret (Peggy) Hamburg recently retired as foreign secretary for the National Academy of Medicine and completed her terms as president and board chair of the American Association for the Advancement of Science. She is an internationally recognized leader in public health, medicine, and science.

Hamburg was the twenty-first commissioner of the U.S. Food and Drug Administration, where she was known for advancing regulatory science, modernizing regulatory pathways, and globalizing the agency. Before this, she was founding vice president and senior scientist at the Nuclear Threat Initiative, a foundation dedicated to reducing nuclear, chemical, and biological threats. Other past positions include assistant secretary of health and human services for planning and evaluation, health commissioner for New York City, and assistant

director of the National Institute of Allergy and Infectious Diseases.

Hamburg is a graduate of Harvard College and Harvard Medical School and is board-certified in internal medicine. She currently chairs the Harvard Medical School board of fellows and serves on numerous other nonprofit boards and advisory councils, as well as on the board of a biotechnology company.

Dr. Asha M. George (Executive Director)



Dr. Asha M. George is a public health security professional whose research and programmatic emphasis has been practical, academic, and political. She served in the US House of Representatives as a senior professional staffer and subcommittee staff director at the House Committee on Homeland Security in the 110th and 111th Congress. She has worked for a variety of organizations, including government contractors, foundations, and non-profits. As a contractor, she supported and worked with all Federal Departments, especially the Department of Homeland Security and the Department of Health and Human Services. Dr. George also served on active duty in the U.S. Army as a military intelligence officer and as a paratrooper. She is a decorated Desert Storm Veteran.

She holds a Bachelor of Arts in Natural Sciences from Johns Hopkins University, a Master of Science in Public Health from the University of North Carolina at Chapel Hill, and a Doctorate in Public Health from the University of Hawaii at Manoa. She is also a graduate of the Harvard University National Preparedness Leadership Initiative.