

Health Watch USAsm

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www.healthwatchusa.org, www.healthconference.org

February 3, 2022

U.S. Senate Committee on Health, Education, Labor & Pensions

RE: Comment on Discussion Draft of Bipartisan Pandemic and Public Health Preparedness and Response Bill (PREVENT Pandemics Act)

To whom it may concern:

I would like to thank the Committee for proposing legislation (PREVENT Pandemics Act) designed to improve the United States' pandemic response and to request public comment. The following are comments which Health Watch USAsm would like to submit for consideration.

We fully support the formation of a Task Force to investigate the initial emergence of SARS-CoV-2 and the United States' preparedness and response. However, the pandemic is not yet over, and the virus will in all likelihood become endemic. For this reason, Health Watch USA, the Massachusetts Nurses Association and National Nurses United requested in a Jan. 15, 2022, letter sent to the White House, Senator Schumer and Senator McConnell that an independent Presidential Federal Advisory Committee for COVID-19 be reestablished under the Biden administration.(1)

Of paramount importance, a new Title (Title VI) should be added to address four elements:

- Regarding worker safety and the role of OSHA in pandemic preparation and response. A clear
 need for this is documented in pictures and videos on OCT. 4, 2020 when a policeman holding
 back crowds(2) and a secret service agent in a car with the president(3) were wearing masks
 with exhalation valves. Occupational standards which allow guards of public officials to wear
 masks which allow spread between the wearer and others is a national security risk.
- The responsibilities of OSHA need to be clearly outlined to enable the formulation of standards to protect workers and patrons of retail establishments and healthcare facilities.
- In addition, this new Title needs to also address Federal support for sick leave, disability and death benefits for frontline workers who are placing themselves at risk during a pandemic emergency when effective therapeutics are not widely available.
- Finally, there should be provisions regarding harassment and threats by the public towards healthcare workers.

Regarding Section 111: In a public health emergency, the CDC needs to be granted the capability with consultation of local health departments to initiate and conduct a CDC investigation of outbreaks in all U.S. healthcare facilities which receive federal funding.

The CDC needs to be completely decoupled from all non-governmental funding (i.e., the CDC Foundation). Firewalls do not work well. At best this relationship gives the appearance of a conflict of interest, at worse it creates a conflict which may influence policy in the pandemic response.

Regarding Title II: The formation of a national public health system to confront infectious disease should be considered. This could possibly be enacted through utilization of the U.S. Department of Veterans Affairs Fourth Mission, to aid the United States in pandemics and healthcare emergencies.

"VA's "Fourth Mission" is to improve the nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."(4)

Regarding Sections 212, 213 and 310B: We would like the emphasis on the unification of data reporting systems. But the wording "may include" (Sec. 213, Page 80, Line 6) and "may, in consultation with" (Sec. 310B, Page 86, Line 14) may translate into nothing happening. Specific actions with a timeline need to be specified, so that all healthcare systems will have standardized reporting and will report this data to the CDC.

Regarding Section 405: The United States' Strategic Stockpile needs to be decoupled from the foreign supply chain. Crucial pandemic response supplies need to be manufactured in the United States and incentives to promote this production should be included in the PREVENT Pandemics Act.

Title V. Subtitle A: Further streamlining of emergency approval should be implemented. The current process is slow and cumbersome. During a pandemic emergency, bureaucratic delays and postponing action can translate into thousands of additional lives lost each day. It needs to be remembered that during an emergency, inaction is also an action. For example, consideration should be given to combining the CDC and FDA committees regarding vaccines. With two committees, if they have conflicting messages the public may become confused. If they have the same message, then the committees are redundant. Evaluation and approvals need to be conducted with a war-time timeline and performed within days.

If the PREVENT Pandemics Act is enacted into law, we would also encourage the Senate HELP Committee to revisit legislation to further improve the United States' preparedness and response after receipt of the National Task Force's pandemic response reports.

Thank you again for considering these comments.

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References:

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- CNN Politics Video. Trump surprises crowd with drive-by outside Walter Reed.
 https://www.cnn.com/videos/politics/2020/10/04/president-trump-drives-by-crowd-walter-reed-motorcade-vpx.cnn
- Secret Service agents driving Trump around hospital during Covid stay needed full protective gear. NBC News. https://www.nbcnews.com/politics/donald-trump/secret-service-agents-driving-trump-around-hospital-during-covid-stay-n1266541
- 4. U.S. Department of Veterans Affairs. VA Fourth Mission Summary. Updated Jan. 27, 2022. https://www.va.gov/health/coronavirus/statesupport.asp