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The COVID-19 pandemic caused by the emergence of the SARS-COV-2 virus in late 2019 has resulted in nearly 675 million cases worldwide and more than 6.8 million deaths. In the United States we have had more than 103 million confirmed cases and approximately 1.1 million deaths. It has been clearly amongst the harsher pandemics in modern history and one we could have been better prepared for had we prioritized investing in our public health infrastructure and workforce in a sufficient and sustained manner. At the same time, more people were vaccinated against COVID-19 in 2021 than ever before for a single disease and development of the vaccine beat the previous record by more than 3 years. Since the first COVID-19 vaccine was delivered to a U.S. citizen, we have seen more than 655 million doses and the data show more than 18 million additional hospitalizations, and more than 3 million additional deaths were prevented. COVID touched all sectors of our society and every community. Now that the pandemic is entering a new, less aggressive phase we should take a critical look at the events, activities and policy decisions we have made to enhance our ability to prepare for and respond to emerging infectious diseases of pandemic potential in the future. We believe creating a bipartisan national commission to understand the full scope of this pandemic from preparedness to response is the appropriate way to address this need.

The terrorist attacks of Sept. 11, 2001, and the subsequent anthrax letter attacks were a similar inflection point in our nation. After 9/11, President George W. Bush signed legislation that created an independent, bipartisan commission tasked with preparing a full and complete account of the circumstances surrounding the terrorist attacks, including our preparedness for such events and our immediate response. We believe a similar bipartisan and multisectoral commission must focus on better understanding the many aspects of the COVID-19 pandemic, the devastating domestic and global consequences and highlighting both the successful aspects of the response that we should expand on and there were many, as well as those underperforming aspects upon which we can improve. We should also better understand the capacity to respond to these kinds of health threats now and in the future.

Other leading experts have called for such a commission including the COVID Commission

Hopkins University and the COVID Collaborative, of which APHA is a member. As mentioned, we believe a commission could provide valuable lessons and recommendations for moving forward. In closing, let me offer a quick analogy from someone who worked with the D.C. Fire
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