



Testimony of Georges C. Benjamin, MD, MACP, FACEP(E), FNAPA  
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“Preparing For the Future By Learning From the Past: Examining COVID-19 Policy Decisions”  
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Chairman Wenstrup, Ranking Member Ruiz, and members of the subcommittee, thank you for giving me the opportunity to address you today as we explore opportunities to prepare our nation to plan for and respond to future pandemic threats.

I am Georges C. Benjamin, MD, executive director of the American Public Health Association (APHA). APHA is our nation’s leading society of public health professionals that champions the health of all people and all communities. We just celebrated our 150th anniversary as an association and are looking forward to our future work to improve the health and well-being of our nation and the world.

I am a physician who is trained and certified in internal medicine. I spent the first half of my career as a clinician, practicing and teaching emergency medicine both in the private sector and in the military. I have also had the opportunity to serve my community in a variety of executive management positions to include chief of emergency medicine at the Walter Reed Army Medical Center; chair of the Department of Community Health and Ambulatory Care at the District of Columbia General Hospital; acting commissioner for Public Health for Washington, D.C.; interim director of the Emergency Ambulance Bureau of the D.C. Fire and EMS Department; and Health Secretary for the State of Maryland. I have served as the executive director of APHA for the last 20 years. I share my professional background with you here today to point out I have practiced, managed and have been involved at some level in every public health urgency and emergency in our nation over the past 30+ years.

From my years addressing crisis and emergency situations it is clear to me that understanding the facts around what, when and how things happened is an essential first step to ensuring we are better prepared for the future. In addition, the retro-spectroscope is a powerful tool. We have to be incredibly careful that we do not review our past actions using what we know today, while forgetting what we actually knew when we initially made critical decisions. While what we know today should indeed inform our future preparedness planning, we must remember the limited information we had when these decisions were made, and that they were made using the best information and evidence we had at the time — not what we know today as our understanding of this virus and its impact continues to evolve.

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 impact of our underinvestment in our nation's public health infrastructure on our nation's 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 Planning Group at the University of Virginia's Miller Center in conjunction with the Johns 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 and EMS Department. You can't expect firefighters to be prepared or individuals to put out all the fires themselves. We need to be prepared to prevent and protect. The firefighters offer smoke detectors, they cut back trees to reduce risk, they train constantly and have a fleet of ambulances and firetrucks to be prepared for every emergency. And when called upon, all their training and preparation make them effective first responders to deal with predictable and unpredictable emergencies. The public health system is the same. We are always training, preparing and preventing the next public health emergency. This commission will help us find the answers that ensure we have the capacity to promote, protect and defend the health of the people of America to equitably achieve optimal health.