



**Remarks for Dr. Thomas Inglesby**

*“Preparing for and Responding to Future Public Health Security Threats”  
Committee on Energy and Commerce, Subcommittee on Health  
US House of Representatives  
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Chairman Guthrie, Ranking Member Eshoo, and distinguished members of the Committee, it is my pleasure to appear before you today to discuss this year’s reauthorization of the Pandemic and All-Hazards Preparedness Act, also known as PAHPA.

My name is Tom Inglesby. I am Director of the Johns Hopkins Center for Health Security and Professor in the Department of Environmental Health and Engineering in the Johns Hopkins Bloomberg School of Public Health, with a Joint Appointment in the Johns Hopkins School of Medicine. The opinions expressed herein are my own and do not necessarily reflect the views of Johns Hopkins University.

Today, I was asked to provide comments on the history of PAHPA—its original intent, how it has changed during prior reauthorizations, and how the COVID-19 pandemic may inform its 2023 reauthorization.

I’ve testified several times during the original PAHPA and for its reauthorizations, and I am grateful for the opportunity to testify before you again today and continue to serve as a trusted resource for Congress and this Committee.

PAHPA has a strong bipartisan history of Congress working together to address our nation’s changing health security threat landscape and protect the American people. The last three PAHPA bills all showed major recurring themes: they all adjusted to the changing threat landscape, focused on challenges identified since the prior bill, and considerably strengthened our nation’s health security with each reauthorization.

The threat landscape has changed since the last reauthorization. Continuing on with the theme of the last three PAHPA bills, this reauthorization too should focus on the challenges identified since the prior bill and lessons learned from the COVID-19 pandemic.

I will now summarize the last three PAHPA bills and then turn to lessons from the COVID-19 pandemic that could be used to inform this year’s reauthorization.

The first bill laid the groundwork for national pandemic and emergency preparedness in response to accidental and deliberate threats. The second bill provided agencies with more flexibility to achieve their missions. The third bill implemented my recommendation of including health security as an aspect of national security.



It also highlighted the importance of innovation for medical countermeasures and working with local authorities.

Since the last reauthorization, we've learned many new lessons from the COVID-19 pandemic, but I'll highlight four:

1. We need to make, produce, and distribute medicines, vaccines, and diagnostics more rapidly;
2. We need to better prepare the healthcare and public health systems to respond rapidly to public health emergencies;
3. We need to empower federal agencies to be able to play a key role in response to this kind of pandemic and improve their capabilities;
4. And finally, we need to recognize the great significance of the work being done to prevent future pandemics. To name a few, that includes: strong early warning systems; a commitment to international data sharing about new pandemics; good animal husbandry practices to prevent the risk of spillover; prevention of the synthesis of dangerous viruses; codes of scientific conduct; and stronger attribution science and planning to make sure we are better prepared to identify the source of future pandemics

PAHPA legislation has evolved as our understanding of different biological and other threats has evolved. It reflects lessons learned over 15 years of policymaking and on-the-ground experience on these issues. Its evolution has been a truly bipartisan effort. Preparedness for biological threats and for responding to national health emergencies is something that should be a priority for all of us. Thank you again for the opportunity to testify, and I look forward to your questions.