Dear Chair Murray, Ranking Member Burr, Chair Pallone, and Ranking Member Rogers:

As your Committees continue work on legislation aimed at strengthening our nation’s defenses against pandemics and other public health security threats, we write in strong support of the comprehensive pandemic preparedness and biodefense funding request included in the FY 2023 President’s Budget. We urge you to include this mandatory funding in legislation that will be considered by Congress this year.

As you know, we must bolster our public health emergency preparedness posture so that our nation is not threatened with another severe pandemic that could have even more devastating consequences than COVID-19. Over the past 2 years, over 1 million Americans have died as a result of COVID-19 and at least 140,000 children have been left without a parent or primary caregiver. There have been major economic disruptions throughout the country.

We must be better prepared. We strongly support the president’s proposal of $88.2 billion over 5 years that will allow for sustained, targeted investments in biodefense and pandemic preparedness. The United States must build a robust national biodefense and pandemic preparedness capability that will prevent future public health emergencies stemming from emerging infectious diseases, novel pathogens, as well as other biological threats, such as laboratory accidents and the deliberate use of bioweapons.

If implemented, the investments in this proposal will make transformative improvements in new vaccine technologies, therapeutics, diagnostics, laboratory security, public health security data systems, medical supply chains, and early warning systems.

This level of investment is modest relative to other efforts to create the capabilities needed to protect the Nation against other security threats. The proposed annualized cost for the Administration’s preparedness plan is $18 billion – less than what the U.S. spends on missile defense ($20 billion/year) and significantly less that what it spends on preventing terrorism ($170 billion/year).¹ In addition to protecting American lives, the investment is

strongly justified from an economic standpoint: If major pandemics similar to COVID-19 which has cost the U.S. roughly $16 trillion, occur at a frequency of every 30 years, then the annualized economic impact on the U.S. would be over $500 billion per year.

We applaud Congress, and your leadership, for its strong response to COVID-19 by providing critical emergency supplemental funding during the pandemic. Supplemental funding was necessary to fund a robust response to this health crisis. Yet this funding was directed specifically to respond to COVID-19. The next pandemic or health security threat we face will likely be substantially different, requiring the US to mount a different defense. We must break the “feast or famine” approach to funding health preparedness, in which the Federal government has responded to each previous public health emergency (COVID-19, Pandemic Influenza, Ebola, Anthrax attacks) by providing unprecedented amounts of money, followed by years of chronically underfunding our health security programs.

Another infectious disease outbreak will happen. Through the investments proposed by the administration, we can make sure that we are not caught flat footed ever again. Rather than spending another trillion dollars during the next pandemic, we should invest strategically in biopreparedness now which will save more lives and be cost-effective in the long run.

We look forward to working with you in the weeks and months ahead to ensure that the investments proposed by the President are included in legislation advanced by your Committees this year.

Sincerely,

Johns Hopkins Center for Health Security
Resolve to Save Lives
AIDS Action Baltimore
AIDS Foundation Chicago
AIDS United
Alliance for Biosecurity
American College of Clinical Pharmacy (ACCP)
American College of Obstetricians and Gynecologists
American Institute of Dental Public Health
American Public Health Association
Association for Professionals in Infection Control and Epidemiology
Association of American Medical Colleges
Association of Nurses in AIDS Care
Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Big Cities Health Coalition
Biotechnology Innovation Organization (BIO)
CARES
Center for Infectious Disease Research and Policy (CIDRAP)
Coalition to Stop Flu
COVID Survivors for Change
Ginkgo Bioworks
Global Health Technologies Coalition
Guarding Against Pandemics
Healthcare Distribution Alliance
Helix Op Co, LLC
Hispanic Health Network
HIV Dental Alliance
HIV Medicine Association
Infectious Diseases Society of America
Institute for Progress
National Foundation for Infectious Diseases
North Carolina AIDS Action Network
Nuclear Threat Initiative
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