Chairman Risch, Ranking Member Menendez, and Members of the Committee – thank you for inviting me to testify today on the State Department and USAID international response to the COVID-19 pandemic. As a former staffer on this Committee at the beginning of my career, it is great to be back, and I’m grateful for the opportunity to have this dialogue and answer your questions. The United States has been a global leader in responding to the COVID-19 crisis, as we have been in numerous other health, humanitarian, and complex crises for decades.

As you are fully aware, the COVID-19 pandemic is unique in that it is causing widespread health and economic devastation across the world: developed and developing countries alike. Unfortunately, scientists and the health security community have been clear that we should be prepared for another outbreak to rise to the level of a global pandemic. Therefore, even amid our significant response, we must begin to look to the future in order to analyze the lessons learned, adapt processes and structures accordingly, and act. Months into the pandemic, we already have important lessons learned that can help to inform our future response and ensure that our resources continue to be aligned with both our national security and international development goals.

First, I want to acknowledge the leadership of President Trump, Vice President Pence, Secretary Pompeo, Dr. Birx, and our talented teams around the world as we work together to defeat COVID-19, both at home and abroad. The President knows that pandemics like COVID-19 do not respect national borders, and so our All-of-America response must also stretch beyond our borders. We can and must both fight pandemics at home and help our partners overseas.
For those that may be unfamiliar, the Office of Foreign Assistance, which I lead, is a Bureau staffed with personnel from the State Department and U.S. Agency for International Development, responsible for coordinating foreign assistance policy, resources, performance and strategy across the State Department and USAID. My team has been deeply involved in the COVID-19 response effort, ensuring foreign assistance is prioritized and committed to countries in need.

Previous to this role, I was at USAID, where I served as the Assistant to the Administrator for Policy, Planning and Learning and worked extensively with your staff as head of the Agency’s historic Transformation. While at USAID, we built several new Bureaus, including the new Bureau for Humanitarian Assistance, which is operational as of this week, unifying and strengthening USAID’s humanitarian response. We also created dozens of new policies and strategies, including the Private Sector Engagement Policy, and worked to empower the diverse and brilliant workforce, strengthening the Agency from the bottom to the top. I passionately believe in the power of development and diplomacy individually, but together they can be unstoppable. I am proud to have worked at both organizations during this Administration, now serving as the institutional link between the two.

The United States is the world’s undisputed leader in foreign assistance, with $500 billion invested by American taxpayers in the 21st Century, including over $140 billion in global health, alone. The United States has built and sustained health systems across the globe, trained millions of healthcare workers, and saved millions of lives. It is no surprise that nearly every country in the world has requested assistance from the United States during this pandemic. They know we will deliver no-strings attached, high-quality interventions and equipment that addresses their greatest challenges.

When it comes to COVID-19, it’s important to remember, this is not the first time we’ve seen an outbreak, and it certainly won’t be the last. The United States has led the global fight against HIV/AIDS, tuberculosis, malaria, polio, Ebola, and many other infectious disease health security threats. At nearly $10 billion dollars each year, the United States provides nearly 40% of worldwide global assistance for health – nearly five times the next highest donor. Without a doubt, our foreign assistance investments over time have laid the foundation for our COVID-19 response today.

We have mobilized as a nation to combat this disease both at home and abroad. With unprecedented destruction, COVID-19 has posed a unique challenge to the
United States and the entire world in a way that we haven’t seen this generation, affecting both the developed and developing world alike. When we look at the effects of COVID-19, it’s important to understand the true challenges not just today in this pandemic, but also for the next pandemic.

In the face of COVID-19, the generosity of the American people has been on full display. Since the outbreak of COVID-19, the U.S. government alone has committed more than $12 billion in financial, humanitarian, technical, and scientific support across many federal agencies to combat the crisis. As part of this, the State Department, USAID, HHS, DOD, and others are working together to support health systems; humanitarian assistance; and economic, security, and stabilization efforts worldwide with nearly $2.4 billion in emergency supplemental program funding provided by Congress in March, including nearly $1.6 billion for State Department and USAID foreign assistance. The U.S. government has no higher priority than the protection of American citizens. On top of our foreign assistance efforts, the State Department has worked to bring more than 100,000 Americans home.

Our efforts are guided by the SAFER package, a comprehensive interagency strategy to support our international partners in combatting COVID-19. The SAFER package is part of an All-of-America approach, leveraging the unique expertise, capacities, and mechanisms of various U.S. government departments and agencies to rapidly deploy and deliver essential support when, where, and to whom it is most critically needed. As part of this package, our foreign assistance funding is saving lives in more than 120 countries by bolstering countries’ ability to prevent, detect and respond to the virus, support risk communications, funding water and sanitation services, and preparing healthcare facilities and staff. That coordination does not end at a shared strategy, but experts from USAID, State, and CDC are meeting regularly to ensure that we implement this strategy in a united way. In addition, thanks to the expertise of American manufacturing, this effort now includes ventilators, delivering on President Trump’s generous commitment to meet requests from foreign governments now that we have met our domestic needs for this equipment.

Importantly, our work has made a demonstrable impact, saving lives, with innovation leading the way. For example, in India, the United States has virtually trained more than 20,000 people on the frontlines of COVID-19, leveraging the power of digital technology to help state leaders prepare local COVID-19 response plans and train frontline health workers in strategic messaging, screening activities, counseling of patients, and basic clinical management. The United States has
worked with Thailand to create a mobile application where 80,000 health volunteers can now track the location of suspected cases, manage home visits, and deliver relief kits with essential staples such as soap, rice, fish, and safe drinking water. And in many other places around the world, the United States has worked to pivot humanitarian assistance programs to respond to the pandemic, continuing to save lives through emergency food assistance and cash assistance while simultaneously providing access to water and soap for handwashing and critical information on how to stay safe.

While our response has been unprecedented, the COVID-19 pandemic is far from over, and will certainly not be the last outbreak that threatens to become a pandemic. We have a moral obligation to lead and to build a safer system for the next generation. The stakes have never been higher. With a current death toll above 400,000 and increasing and estimated economic losses between $6 and $9 trillion, we must seize this opportunity to prepare for the future, and we know where to start. COVID-19 has provided the U.S. interagency and international community a harsh reminder of existing health security gaps and new challenges that we must face. There are lessons to be learned about the way that we’ve responded to this pandemic and about the way we’ve responded to previous global health challenges, with great research to pull from think tanks and oversight bodies. Building on lessons from COVID-19, as well as previous challenges – Ebola in West Africa, Zika, H1N1, and so on – various trends emerge time and again. The value of this learning should be clear – the U.S. government can and should do better. While the list is much longer, for the sake of brevity, I’ll mention four key lessons learned today.

First, as we have seen with COVID-19, the effects of pandemics are not limited to the developing world, and are truly global in scope, with the risk of severe health and economic impacts across the globe. U.S. leadership must have whole-of-globe reach that focuses on mobilizing partner countries’ own resources and should demand transparency and accountability in the global system.

Second, the U.S. government must continue to prevent, detect, and respond internationally to outbreaks. Our historic investments in global health security have been critical in helping partner countries respond to COVID-19, and we will continue those investments to build their national capacities to respond to a variety of disease outbreaks. However, COVID-19 has had a multifaceted impact, with catastrophic health, economic, and humanitarian consequences. Coordination is key, and we must leverage existing strengths of each U.S. government department and agency for maximum impact. It is clear that global health structures alone are
not able to effectively prevent or contain outbreaks from becoming epidemics and pandemics.

Third, the world does not have effective early warning systems and data tracking in-country in order to detect and prevent outbreaks from spreading. There is uncertainty on when and where outbreaks may occur at any given time. A robust multisectoral approach and transparent coordination with Health and other relevant Ministries will be critical for virus detection and demanding the accountability and transparency that is imperative to stopping a virus in its tracks. Pandemics don’t know borders – we must take a close look at both domestic and international systems.

Lastly, we need to think holistically about preparedness, and start preparing for the next serious outbreak that could turn into a pandemic, today. As COVID-19 has proven, an outbreak can strike anywhere at any time. We must ensure our systems are flexible, accountable and meet the challenge at hand.

While there are many more lessons that could be identified, both large and small, these initial four provide a starting place. The question on the table is: how do we use these lessons learned to shape what do we do next? In the past, the world has faced serious infectious disease outbreaks such as HIV/AIDS, malaria, and Ebola. Over the past 20 years, for each of these diseases, the United States has stepped up to lead in response. We have also worked with our allies and partners to prevent, detect, and respond to a wide variety of other disease outbreaks. We have a moral obligation and national security imperative to do the same when it comes to preventing dangerous future outbreaks. However, as I mentioned, the challenge with COVID-19 is that it’s simply different than outbreaks and pandemics most of us have seen in our lifetimes. In this age of globalization, I fear the next outbreak will look more like this one than the ones of the recent past. With proactive thinking, together, we can prepare the U.S. government and international system to ensure the world is prepared for the next outbreak – and work together to prevent a future pandemic.

As we look forward, with history as our guide, we have an opportunity to save lives, promote accountability, and ensure that pandemics of this size and scale are prevented to the greatest extent possible. We need systems that are flexible, focused, and truly global. We need U.S. government and international systems organized in a way to prevent, detect, and respond to future outbreaks, with better tools and improved whole-of-government coordination. We need to fill the gaps in our systems, while coordinating, leveraging and respecting the comparative
advantages and unique strengths of each U.S. government agency involved in pandemic preparedness, prevention and response. This does not mean taking away funding or responsibilities from any single government agency but mobilizing the collective strengths of each in a way that is truly coordinated and impactful. Lastly, and importantly, out of respect for the lives and livelihoods of Americans, we need to ensure effective oversight, accountability and performance mechanisms to ensure each dollar spent advances our objectives, including protecting Americans at home and abroad, and meets the challenges at hand.

Time and again, when there is a global challenge, Americans lead. We are the world’s greatest humanitarians. And our international response does not detract from our ability to protect the homeland; rather, it bolsters it. Thank you for having me today for this important discussion, and I look forward to your questions.