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Democracy Dies in Darkness

I ran the White House pandemic office. Trump closed it.

The federal government is moving too slowly, due to a lack of leadership.

By **Beth Cameron**

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When President Trump took office in 2017, the White House's National Security Council Directorate for Global Health Security and Biodefense survived the transition intact. Its mission was the same as when I was asked to lead the office, established after the Ebola epidemic of 2014: to do everything possible within the vast powers and resources of the U.S. government to prepare for the next disease outbreak and prevent it from becoming an epidemic or pandemic.

One year later, I was mystified when the White House dissolved the office, leaving the country less prepared for pandemics like covid-19.

The U.S. government's slow and inadequate response to the new coronavirus underscores the need for organized, accountable

leadership to prepare for and respond to pandemic threats.

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In a health security crisis, speed is essential. When this new coronavirus emerged, there was no clear White House-led structure to oversee our response, and we lost valuable time. Yes, we have capable and committed global and national disease-prevention and management organizations, as well as state and local health departments, all working overtime now. But even in prepared cities like Seattle, health systems are struggling to test patients and keep pace with growing caseloads. The specter of rapid community transmission and exponential growth is real and daunting. The job of a White House pandemics office would have been to get ahead: to accelerate the response, empower experts, anticipate failures, and act quickly and transparently to solve problems.

It's impossible to assess the full impact of the 2018 decision to

disband the White House office responsible for this work. Biological experts do remain in the White House and in our government. But it is clear that eliminating the office has contributed to the federal government's sluggish domestic response. What's especially concerning about the absence of this office today is that it was originally set up because a previous epidemic made the need for it quite clear.

The U.S. government worked hard to fight the 2014 Ebola epidemic. Unlike Central Africa, Ebola was not a usual occurrence in West Africa; the necessary elements of community trust and public health decision-making weren't in place to detect and stop it. Guinea, Liberia and Sierra Leone were blind spots for disease surveillance. The cost was thousands of lives, billions of dollars and years of economic recovery for countries already torn by decades of war.

So in 2016, after the formidable U.S.-led Ebola response, the Obama White House established the global health security office at the National Security Council and asked me to lead the team. We were to prepare for and, if possible, prevent the next outbreak from becoming an epidemic or pandemic.

Our team reported to a senior-level response coordinator on the National Security Council staff who could rally the government at the highest levels, as well as to the national security adviser and the homeland security adviser. This high-level domestic and global reporting structure wasn't an accident. It was a recognition that epidemics know no borders and that a serious, fast response is crucial. Our job was to be the smoke alarm — keeping watch to get ahead of emergencies, sounding a warning at the earliest sign of fire — all with the goal of avoiding a six-alarm blaze.

We partnered with federal departments and agencies as they monitored evolving outbreaks, triggering alarms for decision-makers when those outbreaks began to take on unusual or worrisome characteristics. Shortly before Trump took office, we were watching many health security threats, including a rising number of cases in China of H7N9 influenza, a deadly strain with high mortality but low transmissibility between people. Earlier, we had been tracking a large

outbreak of yellow fever in Angola that threatened to sap the limited global supply of that vaccine, affecting the local population, international travelers, deployed citizens and troops. We were focused on naturally occurring diseases and potential bioterrorism — any and every biological threat that could cause a major global health and security emergency.

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My office was also tasked with preparing — at home and around the world — for the next health emergency, no matter its origin. In 2014, even before the first cases of Ebola came to light in Guinea, the Obama administration launched the Global Health Security Agenda, which now includes more than 60 countries, to accelerate epidemic preparedness. That effort, bolstered by \$1 billion from the U.S. government in an emergency spending bill to fight Ebola, led to major gains in global capability to combat the Ebola outbreak and prepare for the next pandemic, which turned out to be covid-19. We began

building, measuring and tracking capacities each country had, such as the strength of their national laboratory systems and their abilities to detect and report disease, stand up emergency operation centers, build an epidemiology workforce, and maintain safe and secure practices. We spurred the use of transparent, measurable assessments of progress, and we leveraged our diplomacy with other countries to finance and fill gaps. At the same time, we strengthened international biosurveillance networks to help alert us to future potential pandemics.

Another critical task came in early 2017, when we began transitioning pandemic preparedness to the incoming Trump administration. As a civil servant and the head of the directorate, I remained at the White House for several months after the transition. I attended senior-level meetings and directly briefed the homeland security adviser and the national security adviser. After I left the White House that March, pandemic preparedness remained on the agenda; my office remained intact under the leadership of my well-respected successor, Rear Adm. Tim Ziemer; and the national security adviser was tracking H7N9 and other emerging threats.

It's unclear whether the decision to disband the directorate, which was made in May 2018, after John Bolton became national security adviser, was a tactical move to downgrade the issue or whether it was part of the White House's interest in simplifying and shrinking the National Security Council staff. Either way, it left an unclear structure and strategy for coordinating pandemic preparedness and response.

Experts outside government and on Capitol Hill called for the office's reinstatement at the time.

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Its absence now is all too evident. In his remarks Wednesday night, the president talked about travel bans and the resilience of the U.S. economy but made little specific mention of the public health crisis unfolding across America — exactly the kind of detail a dedicated NSC pandemics infrastructure would have pushed to address. A directorate within the White House would have been responsible for coordinating the efforts of multiple federal agencies to make sure the government was backstopping testing capacity, devising approaches to manufacture and avoid shortages of personal protective equipment, strengthening U.S. lab capacity to process covid-19 tests, and expanding the health-care workforce.

The office would galvanize resources to coordinate a robust and seamless domestic and global response. It would identify needs among state and local officials, and advise and facilitate regular, focused communication from federal health and scientific experts to provide states and the public with fact-based tools to minimize the virus's spread. The White House is uniquely positioned to take into account broader U.S. and global security considerations associated with health emergencies, including their impact on deployed citizens, troops and regional economies, as well as peace and stability. A White House office would have been able to elevate urgent issues fast, so they didn't linger or devolve to inaction, as with coronavirus testing in the United States. It would be in charge of sharing information and coordinating our public health and humanitarian response with partners and allies. And it would work now to prepare the United States and the world for the next pandemic, including by developing incentives for global leaders and governments to rapidly finance and fill identified gaps.

Pandemics, like weapons of mass destruction and climate change, are transnational threats with potentially existential consequences. No single department or agency can be responsible for handling them. Pandemic threats may not arise every year, but the White House should constantly prepare for them. We can't afford for federal decision-makers to waste time relearning old lessons when they should be innovating and acting.

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Covid-19 wasn't preventable, but it was predictable. Hopefully, its impact can still be limited. But it is well past time for the U.S. government to show the leadership required for an effective domestic and global response. We need to start sprinting. Come April and May, no one will wish the United States had done less.

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