

June 23, 2020

Comments of the Medical Library Association and
Association of Academic Health Sciences Libraries
Re: *Preparing for the Next Pandemic*

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These comments are from health sciences information professionals who are members of the [Medical Library Association](#) and [Association of Academic Health Sciences Libraries](#) in response to Senator Lamar Alexander's white paper, *Preparing for the Next Pandemic*.

The Medical Library Association (MLA) is a nonprofit, educational organization with 3,500 health sciences information professional members worldwide. Founded in 1898, MLA provides lifelong educational opportunities, supports a knowledgebase of health information research, and works with a global network of partners to promote the importance of quality information for improved health to the health care community and the public.

The Association of Academic Health Sciences Libraries (AAHSL) supports academic health sciences libraries and directors in advancing the patient care, research, education, and community service missions of academic health centers through visionary executive leadership and expertise in health information, scholarly communication, and knowledge management.

MLA and AAHSL thank Senator Alexander for this forthright and comprehensive white paper which highlights lessons learned and recommendations from past pandemics as well as the current COVID-19 pandemic. It also highlights what is needed going forward to keep the nation safe, or near-safe. We appreciate Senator Alexander's candid presentation of the facts and targeted recommendations to keep the nation on guard.

Following are our thoughts and recommendations:

- The roles of the National Institutes of Health (NIH) and National Library of Medicine (NLM) as coordinator, funder, and communicator of pandemic-related research is clearly laid out, as was clearly indicated by Recommendation 1.2: "Congress and the administration should continue to support NIH research and its academic partnerships, which have provided key infrastructure to rapidly pivot to COVID-19 research and clinical trials." This a significant recognition of NIH's importance to pandemic preparedness and response efforts, and well deserved.
- Less well-laid out are specific recommendations regarding two other aspects of pandemics: clinical guidelines and consumer health information. While specific recommendations related to medical supplies and case data tracking are included in this document, no information is given about the federal government's role in ensuring that trustworthy information is shared with both providers and members of the public about future pandemics.

- With regard to clinicians, both the [NIH](#) and the [CDC](#) have provided clinical guidelines for the care of COVID-19 infected individuals. The CDC's guidance pages were established in [late January](#), while the NIH guidelines were not published until [late April](#). ***An additional recommendation should be added to establish a communication pathway to coordinate and streamline these efforts to decrease duplication of work while accelerating the pace at which trustworthy, up-to-date guidance is available to health care providers.***
- With regard to members of the general public, there has been similar duplication of effort. While the NIH website and [MedlinePlus](#) both redirect visitors seeking information about COVID-19 to the CDC's [portal for information](#) on the topic, there also exists another site with similar information, [coronavirus.gov](#), a collaborative effort between the White House, FEMA, and the CDC. ***An additional recommendation should be added regarding the coordination of communication to the public about future pandemics, one in which the National Institutes of Health/the National Library of Medicine is included on as an expert in conveying health information to the public.***
- Regarding Recommendations 3.1-3.6 that address stockpiles, distributions, and surges,
 - ***It is critical that the nation's PPE stockpile be amplified to ensure that we have a nationwide arsenal of medical devices, supplies and testing immediately available so that healthcare providers are not forced to risk their lives to treat infected patients; and***
 - The pre-COVID US healthcare system suffers from distorted incentives. Hospitals have prioritized the short-term goal of keeping shareholders happy over making the necessary investments to prepare for pandemics and other crises. ***Additional regulation (perhaps in partnership with the Joint Commission) will be necessary to direct healthcare administrators to prioritize preparedness; otherwise the situation will repeat itself.***
- Regarding Recommendation 1.4 and 4.3 that address disease surveillance,
 - ***There needs to be an adequate nationwide testing infrastructure, and an adequate nationwide contact tracing infrastructure, which we still do not have.***
- Regarding Recommendation 4.2 that addresses public health capabilities we recommend:
 - ***Providing post-COVID reimbursement for telehealth visits at the same rate as an office visit. Weill Cornell is one of countless medical schools that has experienced financial hemorrhage since March as clinical revenue, which is one of our main sources of funding, has dried up***
 - ***Adding the following categories:***
 - ***Nationwide paid sick leave, so that sick workers can self-quarantine without fear of losing their jobs; and***
 - ***Federal response protections for 2 types of facilities which have been vectors for outbreak: meat processing plants, whose workers are vulnerable and require improved workplace safety protections, and prisons.***

Thank you for the opportunity to share our thoughts, concerns, and recommendations. We commend Senator Alexander and members of the HELP Committee for undertaking this critically important initiative which will make our nation stronger, healthier, and safe.

