

William A. Galston, “Appoint a Coronavirus 9/11 Commission,” *The Wall Street Journal*, March 31, 2020

Since the beginning of the Covid-19 pandemic, there has been speculation that this disruptive event will spark a new wave of government activism. Many programs created as temporary rescue measures or expanded in response to the crisis, the argument goes, would prove hard to eliminate or shrink.

I am not convinced this is true. Many legislators who acquiesced to these measures will be reluctant to make them permanent, and many of these programs may turn out to be inefficient or downright counterproductive. It’s too early to tell.

But whatever the impact of Covid-19 on *government*, it is very likely to focus renewed attention on *governance*—the coordination of available means—legal, institutional, human and material—to accomplish important public purposes.

Governance means more than effective action in the here and now; it also involves a systematic effort to plan for future needs. Citizens know, for example, that they depend on an effective military for their security, but most aren’t in a position to anticipate the weapons and strategies needed to keep the country safe over the next decade.

Accordingly, they delegate the task of informed foresight to the people and institutions responsible for national defense.

As we learn at the beginning of every armed conflict, planning ahead is an imperfect art, and problems will emerge that require improvisation. Still, institutionalized anticipation leaves us better off than we otherwise would have been. As Dwight Eisenhower famously remarked, “In preparing for battle I have always found that plans are useless, but planning is indispensable.”

In this respect, public health is akin to national defense. Two months into the Covid-19 outbreak, we have discovered to our cost and sorrow that we were far less prepared than we should have been.

These problems didn't begin with the current administration. In the wake of the 2002-03 SARS pandemic, officials from the Government Accountability Office [informed Congress](#) that most hospitals across the country "lack the capacity to respond to large-scale infectious disease outbreaks." Following up in 2007, the Occupational Safety and Health Administration [warned](#) that when the next pandemic broke out, "employers and employees should not count on obtaining any additional protective equipment not already purchased and stockpiled." Neither Congress nor the Bush administration responded.

In 2009, the H1N1 swine flu pandemic triggered a multiyear backlog of orders for N95 respirator masks. A federally backed task force [advised](#) the Obama administration to replenish the depleted federal stockpile of these masks, on which frontline health care providers depended. This didn't happen.

In 2017, the Centers for Disease Control and Prevention [warned](#) the Trump administration that the next severe outbreak, a "surge of medical resources" would be needed. "Given uncertainty in the timing and severity of the next pandemic, as well as the time required to manufacture medical countermeasures," the CDC article concluded, "stockpiling is central to influenza preparedness." Again, the stockpiles didn't increase. After the SARS outbreak, countries such as South Korea, Singapore, Canada and Australia put in place plans for mass testing. The U.S. didn't. After the 2009 H1N1 pandemic, a Department of Health and Human Services [report](#) found that "diagnostic tests for accurately detecting influenza . . . were not accessible and led to frustration within the clinical community due to their lack of availability." There was no federal response.

As the coronavirus spread earlier this year, the CDC chose not to use tests created by the World Health Organization and then bungled the development of its own, costing the U.S. its best chance of containing the spread. Two weeks ago, Dr. Anthony Fauci acknowledged that the U.S. health-care system wasn't set up for mass testing, even though such testing was an essential component of a timely and effective response.

The Trump administration made a bad situation worse. It was slow to establish a chain of command for an all-of-government response to Covid-19, and to use the full range of its legal powers to ramp up production of supplies. President Trump delayed using federal authority to restrain profiteering or direct scarce medical supplies to where they

were most needed. Though clarity and consistency are essential for effective crisis communications, he has offered a series of mixed and shifting messages.

In the wake of 9/11, Congress created a bipartisan commission to examine what went wrong and to make recommendations that would reduce the chances of future terrorist attacks. But it wasn't until 2007 that Congress passed an act implementing many long-overdue changes. Once the dust settles and passions cool, Congress should constitute a similar commission on emergency health preparedness and commit to act in a timely manner on its legislative recommendations (as it didn't with the 9/11 commission).

The immediate effects of Covid-19 are bad enough. Failing to learn from it would be criminal negligence for which future generations won't forgive us.