

OPINION

■ CAROL HUNTER, executive editor ■ RICHARD DOAK, editorial board member
 ■ LUCAS GRUNDMEIER, opinion editor ■ ROX LAIRD, editorial board member
 ■ ANDIE DOMINICK, editorial writer

U.S. must stop relying on other nations for drugs



Your Turn

David P. Lind
 Guest columnist

If the COVID-19 pandemic has taught us anything, it's that we must not become too dependent on outside countries for drugs and certain medical supplies, such as masks, gloves, ventilators and other personal protective equipment. These dependencies can seriously undermine our health security, which is critical to our national security. But, over the past two decades, our country has increasingly become more reliant on foreign countries, especially China.

Interestingly, the pandemic just may serve as the catalyst to help remedy this problem.

In 2000, Congress and the White House agreed to grant China access to the U.S. market, and permitted China to join the World Trade Organization. Shortly after, China developed penicillin and Vitamin C "cartels," by basically replacing American manufacturers through the dumping of low-cost prod-

uct into our country. As a result, American manufacturers could no longer compete against China's government-financed manufacturers.

In 2019, the U.S. Food and Drug Administration estimated that 80% of active pharmaceutical ingredients, or APIs, and 40% of finished medications were manufactured overseas, primarily in China and India. Most generic drugs, including antibiotics, accounting for more than 90% of all U.S. prescriptions, are imported from India. However, India imports 70% of its active ingredients from China.

To function, the U.S. (and other countries) must rely on having safe, high-quality medicine that is reasonably priced and readily available. By ceding the manufacturing of medicine elsewhere, any country could be held hostage by a new warfare that has never been waged in the past — the weaponization of medicine.

During congressional testimony last year, Janet Woodcock, the FDA's director of the Center for Drug Evaluation and Research, pointed out that drug production has moved out of the U.S. into other countries. According to Woodcock, "The

FDA doesn't know whether Chinese facilities are actually producing APIs, how much they are producing, or where the APIs they are producing are being distributed worldwide, including in the U.S." In short, the FDA does not know how dependent the U.S. is on China for its drugs!

Addressing the pandemic, President Donald Trump declared a national emergency under the Stafford Act, a 1988 law that presidents can use to declare disaster areas after storms and other natural disasters. This declaration granted that certain medical products and supplies, such as disposable gowns and drapes, be excluded from the 25% tariff imposed by the U.S. since 2018 on \$200 billion of goods imported from China.

These tariffs have increased concern about relying heavily on a single market (e.g. China) for critical medical and pharmaceutical products, forcing many U.S. organizations to rethink their China-based supply chains. It's anticipated that the administration is preparing an executive order that would require that certain essential drugs be made in the U.S. and to streamline regulatory ap-

provals for "American-made" products. This would encourage the U.S. governmental agencies to buy only American-made medical products.

Preventing an interruption in the supply of vital medications and other medical products that save lives and treat diseases — whether during pandemics or in routine care — is a matter of national security. As the American population ages, we will become even more dependent on critical medications for treating heart disease, cancer, stroke — and viruses. Mobilizing resources to mitigate the supply shortages is a strategy that must be paramount to our government policymakers.

The COVID-19 pandemic serves as a wake-up call for government and pharmaceutical authorities to take notice — and act. If this opportunity is tragically missed, then policy malpractice has been undeniably committed. Regardless of the political leanings one may have, we can all agree this should not be a red or blue issue — but an American one.

David P. Lind is president of Clive-based Heartland Health Research Institute and David P. Lind Benchmark. Contact: david@dplindbenchmark.com.

6-4-2020