

Committee on Energy and Commerce

Opening Statement

of

Subcommittee on Oversight and Investigations Ranking Member Diana DeGette

The State of U.S. Public Health Biopreparedness: Responding to Biological Attacks, Pandemics, and Emerging Infectious Disease Outbreaks

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Mr. Chairman, preparing this country for a bio incident is of critical importance.

This threat is real, and it is growing. In April, the CDC reported that in 2017, Colorado saw 25 cases of a type of antibiotic resistant bacteria known as the “nightmare bacteria” because fifty percent of those infected with it die.

Thankfully, those cases were isolated, but that same CDC study noted that it is possible for these germs to, quote, “spread like wildfire.” If that happens, I want to know that we are prepared to respond.

We have looked at this issue many times over the years, and what we have found again and again is that the federal government has had to scramble to address biosafety incidents.

Those of us who were here during the fall of 2001 vividly recall the chaos that a few small envelopes of anthrax caused on Capitol Hill. Offices were closed, buildings were fumigated, and some Congressional business was suspended. Thousands of staffers and other personnel lined up for days to get tested for exposure. Far worse, some workers in U.S. postal centers were infected and died.

In 2009, we had to scramble to produce sufficient doses of the H1N1 “swine flu” vaccine to product against a new strain of that disease.

In 2014, hospitals and health care providers were not adequately prepared to deal with the arrival of Ebola patients in America. In one case, a hospital in Dallas failed to diagnose Ebola in a patient who had traveled to West Africa and discharged him. The virus was later transmitted from that patient to two healthcare. In the days and weeks that followed, important questions were raised about how this event was handled and whether we were adequately prepared for a larger event.

And in 2015, the Zika outbreak again underscored the need for the U.S. government to focus on disease preparedness every single day.

Today, I want to know exactly what lessons we have learned from these incidents, and I want to understand how these agencies are using what they have learned to better prepare for the next crisis.

For example, do we have adequate medical countermeasures in place to respond quickly when an outbreak occurs or a toxin is released? Do we have the capacity to quickly deliver these countermeasures to the doctors and nurses who will actually use them, and do these healthcare workers understand how to deploy these countermeasures?

Similarly, research into emerging pathogens and existing pathogens that have mutated is key to helping us quickly respond to new and expanding outbreaks. How is this research informing our surveillance and detection methodologies? Are we prioritizing research into threats of greatest concern, and are we dedicating adequate resources to these threats?

I also want to hear more about how CDC, ASPR, NIAID, and FDA coordinate their research, surveillance, and response efforts. Because while each of the agencies before us today has a specific, valuable role to play in ensuring preparedness, none of them can operate effectively alone.

In fact, one major finding of the Blue Ribbon Panel's 2015 Report on Biodefense Preparedness was that agencies must ensure that they are equipped to work together to respond to pandemics.

The Blue Ribbon Report also found that the federal government must dramatically increase the support provided to local jurisdictions to help them build and sustain their biodefense capabilities. Local providers like hospitals and healthcare workers will be on the front lines in a public health emergency. I want to ensure that we are adequately supporting these providers as well as state and local health departments so that they are equipped to detect incidents when they happen and respond appropriately.

Mr. Chairman, I hope we will hear today that we have made tangible, measurable progress in this area, but I would urge us to revisit the work of the Blue Ribbon panel and some of its findings to determine what more we need to do to better prepare the nation for the threats we will be discussing today.

In conclusion, I want to thank today's outstanding witnesses for not only being here, but also for the role they play in keeping America safe.

As always, we have an opportunity to learn a great deal from you about disease preparedness generally, and what we need to do to ensure that we are fully prepared to face the next threat when it arrives. Because the next major epidemic has already started; we just haven't recognized it yet.