



Testimony
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Centers for Disease Control and Prevention
Support for the Public Health Emergency Medical
Countermeasures Enterprise

Statement of

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Introduction

Good morning, Chairman Kingston, Ranking Member DeLauro, and Members of the Subcommittee. I am Greg Burel, Acting Deputy Director of the Office of Public Health Preparedness and Response at the Centers for Disease Control and Prevention (CDC). Thank you for the invitation to address the Subcommittee today. My remarks will focus on CDC's role in strengthening our nation's public health preparedness and response through our many CDC programs, our participation in the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), and our coordinated activities with partners in federal, state and local government as well as the private sector.

Background

Public health emergencies, such as the 2009 H1N1 influenza pandemic or 2012's Hurricane Sandy can quickly overwhelm state and local public health resources. In these and numerous other situations, our state and local partners rely on federal support and resources to execute their emergency response plans and ensure the health and safety of people in the United States. Because of its unique ability to support responses to infectious, occupational, and environmental incidents, CDC plays a pivotal role in ensuring that state and local public health systems are prepared for public health emergencies regardless of their nature – pandemics, natural disasters, or terrorism. The cornerstone of these efforts is supporting the resilience of public health systems used for routine threats so that they can scale up as needed. CDC's guidance and support for these public health systems is grounded in the agency's depth of experience and expertise combatting disease around the world and protecting the health of the American people.

CDC leads the federal government's activities related to public health surveillance, epidemiologic and laboratory investigations, public health communications, and delivery of medical countermeasures for public health emergencies. CDC resources help sustain the state and local public health infrastructure, and our expertise helps state and local partners develop their capabilities to prepare for and effectively respond to public health emergencies. CDC plays an integral role in public health surveillance and investigation by synthesizing and interpreting data to better evaluate and characterize public health emergencies. This information then helps inform federal decisions on whether to deploy assets from the Strategic National Stockpile (SNS), the nation's repository of medical countermeasures valued at approximately \$5.9 billion.

CDC provides subject matter expertise and executive guidance to the structured PHEMCE deliberation and decision-making process. Additionally, CDC supports PHEMCE with current information on the assets held within the SNS, expertise in the management and distribution of these assets to the States, and an understanding of state and local plans to dispense medical counter-measures (MCM). CDC works through the PHEMCE governance process to prioritize and address gaps in the highest priority threat areas. Finally, CDC has the responsibility to transform PHEMCE's recommendations into assets ready to protect lives through procurement of materials and management of the SNS.

CDC manages the SNS, including acquisition of commercially available pharmaceuticals, devices, and ancillary supplies to meet PHEMCE requirements for SNS. CDC also procures replacements for SNS-held MCMs licensed and/or initially procured by the Biomedical Advanced Research and Development Authority (BARDA) using the Special Reserve Fund.

CDC leads research into alternative methods of forward deployment of countermeasures and dispensing options. CDC also develops utilization policies and guidance for stockpiled medical countermeasures and provides guidance to state and local partners for planning and implementing mass distribution and dispensing activities.

CDC works to continually improve our capability to deliver SNS assets to affected areas during public health emergencies. In 2013, CDC implemented an interagency agreement with the Defense Logistics Agency (DLA) for procurement support. This new partnership, formalized in July 2013, continues the trend of improving SNS cost efficiency through strategic procurement partnerships. Access to existing DLA contract pricing and its procurement system is expected to yield reduced procurement costs and has already decreased delivery times for MCM orders by 75%..

Getting these life-saving products to the people who need them during an emergency depends on robust state and local infrastructure and planning. CDC goes beyond stockpiling and delivering SNS assets, by supporting our state and local partners in building, refining, and sustaining their abilities to effectively receive and use medical countermeasures delivered from the SNS. CDC supports these partnerships through the Public Health Emergency Preparedness (PHEP) cooperative agreement, which provides funding, and other resources to develop and improve distribution and dispensing capabilities. CDC is also exploring innovative ways to dispense these products to communities by cultivating strong collaborative partnerships among state and local planners, emergency responders, and businesses.

Budget

CDC's preparedness and response activities for the SNS are funded through direct appropriations of no-year funds. In FY 2014, CDC received an appropriation of \$535 million, up from \$477.6 million in FY 2013, for its SNS activities. This funding goes toward purchasing and maintaining MCMs designed to help the public respond to and recover from infectious disease outbreaks; chemical, biological, radiological, or nuclear terrorist events; and major natural disasters. Additionally, this funding allows CDC to provide training and consultation to support the ability of state, local, tribal, and territorial health departments to receive, organize, store, distribute, and dispense federal medical supplies.

Measuring Success

CDC has demonstrated the success of agency preparedness programs repeatedly in real world responses to public health emergencies. From the deployment of staff and MCM material to New York City in the hours following the 9/11 attacks to the deployment of antiviral drugs and personal protective equipment to every state and territory during the response to H1N1 in 2009, CDC has repeatedly proven its ability to deploy SNS assets in support of state and local response efforts. From each response, CDC has gained valuable experience, and has systematically identified opportunities to improve preparedness at the federal, state and local levels. Through the application of this experience, CDC has improved SNS distribution and dispensing capabilities, and has supported the development and improvement of state and local all-hazard response plans.

State and local responses have demonstrated the effectiveness of these all-hazard plans, and the impact of PHEP and SNS investments in building state and local response capacity for distributing and dispensing SNS assets that have been deployed. In addition, state and local jurisdictions have used their MCM response capabilities in other public health interventions, including support for populations displaced by flooding and implementation of mass vaccination campaigns.

Conclusions

The Strategic National Stockpile is a unique federal asset. Effectively using SNS assets requires collaboration among state, local, tribal, territorial, and federal partners on many aspects ranging from MCM product research to development of diagnostics to detection of an event to distribution and dispensing of medical countermeasures.

CDC has always sought to maximize the effectiveness of resources and investments, and is even more focused on doing so in the current fiscal environment. To that end, CDC continues to work with federal partners, including the Department of Homeland Security, to better integrate federal capabilities to identify, develop, acquire, distribute, and dispense MCM—with the ultimate goal of getting the most effective medical countermeasures to the people who need them when they need them.

I thank you again for the opportunity to testify before you today. I will be happy to answer any questions you may have.