Opening Statement of Chairman Robert B. Aderholt

Administration for Strategic Preparedness Response, Centers for Disease Control and Prevention, & National Institutes of Health Hearing

April 19, 2023

Good morning. First, I would like to thank all our distinguished witnesses for joining us this morning. Collectively, your offices have the responsibility for ensuring that we, as a country, are prepared to mitigate, respond to, and ideally preempt biological—and in some cases, man-made—threats to the American people.

Those of us blessed with the responsibility of public leadership understand that while not every choice comes with a cost, every choice comes with a price.

Sadly, I think those who will pay the price for the many, many mistakes made during the COVID pandemic are the most vulnerable among us.

The child with a disability, who couldn't learn over zoom and lost years of progress, and who may never be able to regain those skills.

The young teens, just on the cusp of unlocking the wonder of learning, who completely checked out of school, and in all too many tragic cases, lost interest in life, because of the depression and anxiety they experienced being cut off from friends and community.

The families torn apart by arguments over lockdowns and vaccines, fueled by social media and public health messages that patronized and mocked anyone who dared to ask questions.

We don't have time during this hearing to enumerate every tragic outcome, but I will simply say this: Public health—especially in a time of crisis—is an inherently political activity and public trust is delicate. And once that trust is lost, it is hard to regain.

We must work collectively to admit our missteps, make necessary changes to the way we govern, and rebuild public trust. The specific responsibility and focus of THIS committee is safeguarding and ensuring the effective use of taxpayer dollars in doing that.

The price of reckless spending is runaway inflation, a tax on every American. The burden of out-of-control social spending - sold as a necessary response to the Covid-19 pandemic - is borne the most heavily by lower-income Americans and seniors living on fixed incomes.

The cost of selling social political priorities as public health necessities is the further erosion of an already diminished public trust. I hope we can have an honest conversation about lessons learned and changes you have made to your agencies to ensure that these mistakes are never repeated and that the public trust can be rebuilt.

Today is our annual budget hearing to discuss your respective budget proposals for fiscal year 2024. I am disappointed to see the Biden Administration once again putting forward a partisan budget proposal that seems to be little more than a lengthy liberal wish list.

For example, the budget proposes to implement partisan priorities such as climate change, gun research, and even a Sexual & Gender Minority Research Office within NIH. Basic

biomedical research at the NIH is essentially flat-funded, while the new ARPA-H, which was created only last year is proposed for a billion-dollar increase.

We recognize the importance of investing in next generation vaccines supported through BARDA investments. However, it is notable that the proposed increase in investment for BARDA is dwarfed by the requested creation of a $400 million slush fund to be used as the Secretary sees fit.

With the expansive and elastic definition of public health the Administration has adopted, I have little confidence that such flexibility would be used to exclusively prepare for "pandemic preparedness and biodefense" as the words are understood by the American people.

Finally, I question the magnitude of the increases requested for the Centers for Disease Control and Prevention. While some of the requests prioritize core capacities necessary to respond to the threats of infectious disease, many of the requested increases are outside CDC's core mission.

For example, the budget request nearly triples the amount of funding for firearm research. You are also asking for $250 million for a new youth violence prevention program and $135 million for climate activities, rebranded as environmental health.

Are these kinds of activities in the same category as combatting chronic diseases that threaten our most vulnerable populations, or reducing antibiotic resistance? I would argue that they are not, and that we should focus our CDC resources on communicable and chronic diseases rather than on controversial, politically-charged activities.

I look forward to this conversation today, and yield to my friend from Connecticut for her opening remarks.

[Ranking Member DeLauro makes remarks]