

**Opening Statement of Vice Chairman McKinley
Subcommittee on Oversight and Investigations Hearing on “Combating
Superbugs: U.S. Public Health Responses to Antibiotic Resistance”
June 14, 2016**

Thank you, Mr. Chairman, and thank you for holding this hearing on this important public health challenge.

When we think about superbugs, or antibiotic resistant bacteria, we think about two different categories: what we know, and what we don’t know.

We know that doctors and patients alike are partially to blame for the over-use of antibiotics. Doctors prescribe antibiotics when they are not necessary, and patients ask for antibiotics, thinking they will make them better, faster.

We know that antibiotics are becoming less effective in treating bacterial infections, because bacteria are evolving to become resistant. This will make it harder to treat not only common infections, such as strep throat, but also more serious conditions like cancer.

Patients fighting cancer undergo treatment that damages the immune system, which makes them more susceptible to infections. The same is true for organ transplant patients.

We know that the current crop of antibiotics in development and clinical trials are not sufficient. Researchers are starting to examine alternative therapies, other than antibiotics, to treat bacterial infections.

Now, on to what we don't know. We don't know how the dangerous MCR-1 gene came into the United States. We don't know how the woman in Pennsylvania contracted the MCR-1 gene, since she had not traveled outside the United States recently, and tests did not find the gene in her close family and friends.

We don't know how long it will take for the MCR-1 gene to transfer to bacteria that are resistant to all other antibiotics to create bacteria that cannot be treated with existing antibiotics. And when that happens, we don't know how far or how quickly it will spread, and how doctors will treat it.

Fortunately, Congress and Federal agencies are taking action, and they did not wait until this MCR-1 gene showed up. Over the last several years, the Federal government has ramped up its efforts to surveil and track these dangerous bacteria so that scientists and medical professionals can be as prepared as possible to confront these threats.

The CDC has led the coordinated effort between the DOD and the USDA to respond to the discovery of the MCR-1 gene. The USDA has also been investigating the source of the MCR-1 gene, and discovered the gene in a pig in the United States. The USDA is currently working to identify the source of that gene as well.

Through the National Antimicrobial Resistance Monitoring System, the FDA, CDC, and USDA all conduct research on bacteria found in food, animals, and humans. These surveillance methods track the bacteria and determine how resistance arises and transfers between bacteria.

Also, as part of a National Action Plan, CDC is ramping up its network of regional and local labs to track the spread of the MCR-1 gene and other new forms of antibiotic resistance.

The more we know about these superbugs – where they are, how they become resistant, and how they are transmitted to humans – the more we can prepare as a nation to combat these challenges.

Thank you to our witnesses for testifying today, and I look forward to a productive conversation.