Opening Statement of Chairman Greg Walden
Subcommittee on Oversight & Investigations
Hearing on "U.S. Public Health Response to the Zika Virus: Continuing Challenges"
May 23, 2017

Mr. Chairman, thank you for holding this very timely hearing on the U.S. public health response to the Zika virus.

For well over a year our bipartisan committee staff has been working diligently to examine our public health preparedness for Zika and other emerging infectious diseases. This is our second hearing since the outbreak of the virus.

First, I want to commend the agencies that are appearing before us today. Each agency has undertaken a huge effort to increase our knowledge of the virus, to develop diagnostic tests and vaccine candidates quickly, and to educate our communities about how to respond to this virus and the mosquito that carries it. I also want to commend the state and local entities that are working hard to treat those impacted by Zika, and to reduce the population of Zika-carrying mosquitoes.

While much progress has been made over the past year, the GAO report released today shows our understanding and preparedness to combat this virus – and other biological threats – still faces significant

challenges. Particularly as we head into the summer months, we must do better.

Though the FDA has authorized two different types of diagnostic tests under Emergency Use Authorizations, there are still no commercially available diagnostic tests on the market for the detection of the Zika virus. Currently, there are no specific therapies or vaccines approved by the FDA to prevent or treat the virus.

Perhaps most concerning is that we still don't know the full spectrum of health consequences associated with mother-to-child transmission. Nor do we know what the short-term and long-term outcomes are for those who contract the virus, with or without clinical symptoms. We also continue to face significant issues in supporting mosquito control efforts and our ability to accurately model and predict the spread of viruses geographically.

The number and implication of unknowns is alarming. It begs the question: How prepared are we for the next outbreak?

Zika isn't the only biological threat that we face today. As our society becomes increasingly global and world travel becomes easier, more efficient, and more frequent, the risk of spreading disease through

human contact will increase rapidly. Sadly, emerging infectious diseases including Zika, Ebola, yellow fever, Dengue, Chikungunya, pandemic influenza – and perhaps many more that have yet to be discovered – threaten our human and bioterrorism defenses every day. The slides made famous on national television by one of our witnesses, Dr. Anthony Fauci, dramatizes the change from 30 years ago with just HIV as the global example of emerging infectious disease to a recent slide showing more than 40 examples.

Last year, this subcommittee held a hearing on the report of the Blue Ribbon Study Panel on Biodefense, which presented several concerns and expert recommendations to improve U.S. biodefense. The experts on the panel made it quite clear that we need to stop thinking of disease preparedness and response as occasional, episodic events – a reactive approach that has left us constantly lagging in our response efforts. Instead, we must shift our mindsets and strategies towards a broader, more comprehensive, and proactive approach – one that considers the larger context of our preparedness for future infectious diseases and outbreaks.

The federal witnesses testifying before us this morning are uniquely positioned to help aide us in these efforts, and I thank them for appearing before the subcommittee this morning.