Opening Statement of Chairman Walden
Oversight and Investigations Subcommittee
"The State of U.S. Public Health Biopreparedness: Responding to Biological Attacks, Pandemics, and Emerging Infectious Disease Outbreaks"
June 15, 2018

As Prepared for Delivery

Mr. Chairman, thank you for holding this hearing. The topic of biopreparedness hits home for me. Some of you may recall that in 2009 I was diagnosed with H1N1 – the swine flu. It was reported at the time that I was the first Member of Congress to contract swine flu – a distinction I'm not particularly proud of. But that's not all. The first and single largest bioterrorism attack in the U.S. occurred in my district. More than 30 years ago, a group of Rajneeshee cult members used salmonella to contaminate at least 10 restaurant salad bars in The Dalles, Oregon, causing at least 751 people to get ill.

Deliberate biological attacks are just one risk. With more global travel, there is increased risk of the spread of infectious diseases.

As we've seen with influenza, our vaccines must be constantly updated to keep up with the latest strain mutations. Meanwhile other pathogens can develop antibiotic resistance. Our ability to quickly recognize evolving diseases and respond to new outbreaks is reliant on our testing and treatment capabilities.

Lack of preparation is not an option. A mock pandemic exercise hosted last month by Johns Hopkins Center for Health Security with a group of current and former government officials, including our colleague Susan Brooks, was eye opening. This exercise resulted in a failure to develop a vaccine within 20 months and led to 150 million deaths globally. We must do more. We must be prepared for potential outbreaks.

That's where the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA) comes in. PAHPA, originally adopted in 2006, is set to expire at the end of September. Our Health Subcommittee met just last week to consider a bipartisan discussion draft to reauthorize this law and continues to fine tune it. It is critically important Congress reauthorizes this law to ensure that all

levels of government are well-equipped to handle not just current and emerging biothreats, but also chemical attacks, radiological emergencies, cybersecurity incidents, and mass casualty events.

Through letters, hearings and investigations, the committee has raised numerous issues regarding biological threats to the U.S. and our nation's ability to respond to infectious disease outbreaks. For example, the committee has examined concerns about the CDC's management and security of the Strategic National Stockpile, and the capabilities of the CDC Laboratory Response Network. The Trump Administration is set to transfer management of the stockpile from the CDC to the Assistant Secretary for Preparedness and Response (ASPR), and we look forward to hearing more details about how this transfer will work.

Another area of interest to the committee is the improvement of our biosurveillance capabilities. Innovation in this field could bolster our public health response in the event of an attack or epidemic. I will be interested to learn whether more intensive research could help expedite addressing the technical challenges.

One thing we do know: The federal government needs to act faster to identify and determine material threats. The Department of Homeland Security (DHS) in March 2018 made a material threat determination for pharmaceutical-based agents such as fentanyl. It took two years for DHS to make this designation. Yet carfentanil, a highly potent form of fentanyl, was used in a terrorist attack more than 15 years ago. It's only after that designation is made that the Public Health Emergency Medical Countermeasures Enterprise can approve countermeasure development and acquisition. We must move faster.

Maintaining public support for critical biopreparedness research relies on federal scientists and researchers working with these diseases and dangerous pathogens in a safe and secure manner. Following several safety lapses at CDC and FDA labs in 2014, both CDC and FDA created new offices to oversee and prioritize lab safety. These were positive steps, but recent proposals at these agencies to lower the status of their lab safety offices raise concerns.

I'd like to thank our witnesses for being here with us today. We value the feedback and insight you provide and look forward to today's discussion.