

CDC Congressional Testimony

Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related
Agencies

CDC 24/7: On the Front Lines of America's Health Defense

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Department of Health and Human Services

Good morning, Chairman Cole, Ranking Member DeLauro, and other distinguished Members of the Subcommittee. It is a pleasure to appear before you as Director of the Centers for Disease Control and Prevention (CDC), the nation's health protection agency and an operating division of the Department of Health and Human Services. We thank this committee for its generous support throughout the 2016 appropriations process and its continued support of our ongoing emergency Ebola response in West Africa and our Global Health Security work around the world. With your help, CDC is strengthening public health at home and abroad and protecting Americans from threats wherever they arise.

Today I would like to focus on how CDC works 24 hours a day, 7 days a week to protect Americans from health threats and save our nation health care dollars through prevention. Additionally, I will discuss our priorities for FY 2017, including the Good Health and Wellness in Indian Country initiative, which is targeted at specifically promoting the health and wellness of a population that has historically borne a disproportionate burden of death, disease, disability, and injury compared to other populations in the United States.

Working to Provide Health Security 24/7

CDC helps save lives by preventing, detecting, and controlling the growing risks of infectious disease outbreaks, emerging infectious and other diseases, drug-resistant bacteria, and natural and man-made hazards and disasters. We provide emergency response support, technical expertise, and rapid development of prevention solutions, including means to rapidly diagnose health threats, and deliver vaccines and other medical countermeasures.

CDC focuses on high-impact, sustainable programs, including building a public health workforce that is prepared, diverse, and flexible. For instance, CDC assigns fellows for the Public Health Associate Program (PHAP) to serve on the front lines in state and local public health departments. Most PHAP fellows have stayed in the public health field. Health departments throughout the United States depend on CDC's expertise and support to provide basic services that protect Americans. CDC's disease detectives—EIS officers—have significant impact on improving the public's health. They support more than 100 field investigations each year in the United States and around the world. About 80 percent of all CDC funding is awarded through grants and contracts to help

accomplish our mission to promote health and quality of life by preventing and controlling disease, injury, and disability. CDC is also committed to continuous improvements in laboratory science and safety, as well as the quality of its public health laboratory services.

Today's Emerging Health Threats

Zika is an emerging health threat; we face a rapidly changing situation involving numerous health risks in this country and abroad. Zika virus, carried by the *Aedes* mosquito, causes understandable concern among people throughout the Americas, including those here in the United States, most notably pregnant women. Every day, CDC is discovering better ways to prevent, detect, and respond to Zika and its potential adverse health outcomes. We are committed to ensuring that the American people have access to the most accurate, timely information about Zika virus and the current outbreak. There are, however, many unanswered questions about the Zika virus, including the following: the nature of maternal-to-child transmission; what cofactors may play a part in various consequences of the virus; its relationship to microcephaly, Guillain-Barré, and other consequences; level of risk including symptomatic versus asymptomatic transmission; and duration of infectivity in semen. We need to dramatically accelerate optimal vector control strategies, improved diagnostics, and vaccine discovery. While we continue our work 24/7 to answer these critical questions, we will not be able to do so without the resources requested in the Administration's FY 2016 emergency supplemental request.

Many areas of the United States have the type of mosquitoes that can become infected with and transmit Zika virus, the same type of mosquito that spreads dengue and chikungunya. Although we cannot predict with certainty the impact of Zika virus in the United States, we believe we will see additional cases in the United States based on our experience with dengue and chikungunya, which have caused relatively small, localized outbreaks in parts of the Southern United States, and Hawaii. For the Commonwealth of Puerto Rico as well as the U.S. Virgin Islands and American Samoa, the outlook is different. There have already been several case reports of local transmission in all three territories, and experience suggests that Zika virus may spread rapidly in those areas.

Our primary concern at this point is to protect pregnant women from Zika virus infection to prevent microcephaly, strongly suspected to be linked to Zika virus infection during pregnancy. This newly discovered

consequence of Zika emphasizes that our health security as a nation depends on stopping outbreaks where they start, before they reach our shores.

Improving Global Health Systems to Protect American Health Security

Infectious diseases do not respect borders, as we have witnessed previously during the West Africa Ebola epidemic, Middle East Respiratory Syndrome Coronavirus (MERS) outbreaks, measles, and ongoing challenges from highly-pathogenic strains of influenza. We all are connected by the air we breathe, the water we drink, and the food we eat. We cannot predict when, where, or how the next epidemic may strike, but we do know that if our partner nations are unprepared, these outbreaks will cost more lives and resources. We appreciate Congress' continued strong support for the five-year commitment to the Global Health Security Agenda, which enables us to provide sustainable assistance to other countries so they can detect, stop, and prevent the spread of infectious diseases. Maintaining these investments in sustainable Global Health Security is critical to stopping outbreaks before they reach our shores.

Fighting Antibiotic Resistance

Antibiotic resistance (AR)—when bacteria do not respond to the drugs designed to kill them—threatens to return us to the time when simple infections were often fatal. Today, AR causes more than 23,000 deaths, more than two million illnesses, and up to \$20 billion in health care costs in the United States each year. We face a fundamental threat to modern medicine: if antibiotics are rendered ineffective by resistant bacteria, we will lose the ability to treat sepsis (blood infection) or cancer, provide organ transplants, or save victims of burns and trauma. Routine surgical procedures, such as hip and knee replacements, would be far riskier, and common complications of life-saving treatments such as chemotherapy could prove fatal. A simple cut of the finger could lead to a life-threatening infection. If antibiotics lose effectiveness, we may have no means to treat otherwise treatable illnesses and our entire health care system would take a huge step backwards.

Thanks to a significant starting investment by this Congress in FY 2016, CDC is dramatically scaling up solutions outlined in the National Action Plan for Combatting Antibiotic Resistance to build robust networks to track and

stop the spread of AR threats, protect the effectiveness of antibiotics we already have, and spur development of new interventions that can transform the way public health responds to AR. The FY 2017 request includes an increase of \$40.0 million for year two of the Antibiotic Resistance Solutions Initiative. This increase expands support to states, building on AR capacities started in FY 2016, to expand the nation's ability to detect, respond to, and prevent AR infections across healthcare settings and in the community in up to 50 states, 6 large cities, and Puerto Rico.

Curbing the Prescription Drug Overdose Epidemic

Together, we have witnessed a deadly epidemic unfolding in states and communities across the country. Deaths from drug overdoses have been rising steadily over the past two decades and have become the leading cause of injury death in the United States. The growth in drug overdose deaths is fueled in large part by a quadrupling in the number of deaths involving prescription opioid pain relievers. As the nation's health protection agency, CDC has applied public health principles to identify the connection between inappropriate opioid prescribing and overdose deaths. The prescription drug overdose epidemic is driven in large part by fundamental changes in the way healthcare providers prescribe opioid pain relievers: 245 million prescriptions were written for opioids in 2014, approximately enough for every American adult to have their own bottle of pills. As the amount of opioids prescribed increased, so has the number of deaths.

States are at the front lines of this epidemic. Thanks to strong Congressional support in FY 2016, CDC is supporting HHS's targeted initiative aimed at reducing prescription opioid and heroin related overdose, death and dependence and focus on three priority areas: (1) providing training and educational resources, including updated prescriber guidelines, to assist health professionals in making informed prescribing decisions; (2) increasing use of naloxone, the life-saving drug to reverse overdose; and (3) expanding the use of medication-assisted treatment, which combines the use of medication with counseling and behavioral therapies to treat substance use disorders. CDC is equipping states with the resources and expertise they need to reverse the epidemic and protect their residents, families, and communities. With these funds, CDC is supporting states, particularly those with the highest burden of deaths, to respond to this epidemic by: 1) improving data quality and surveillance to monitor

and respond to the epidemic; 2) scaling up effective public health interventions; and 3) enhancing and maximizing the effectiveness of prescription drug monitoring programs. CDC's FY 2017 budget requests an increase of \$10 million to support newly released opioid prescribing guideline dissemination and adoption throughout our primary health care system and to continue to bring to scale interventions we know work. CDC will develop and deliver the clinical decision support tools and training to fundamentally change prescribing for chronic pain. We will also scale up prevention practices in hospitals and health systems and continue to identify new promising prevention practices that can be brought to bear on this epidemic across the nation.

Fighting Health Disparities

Across our nation, CDC data has consistently shown that Native Americans and Alaska Natives have far too often suffered disproportionately high rates of chronic disease like obesity, diabetes, and heart disease in addition to high rates of suicide, prescription drug overdose, and motor vehicle injury. In FY 2017, CDC requests \$15 million in dedicated funding for a Good Health and Wellness in Indian Country initiative to enable CDC to comprehensively address the leading causes of death and their associated risk factors in this community, and further incorporate the culturally driven wellness practices that build resilience and strengthen social and emotional well-being. In addition to funding interventions in Tribes and Tribal Organizations, the initiative will provide support for Tribal Epidemiology Centers to increase their ability obtain area and Tribe-specific data on health and disease, health behaviors and health status, and environmental factors such as access to healthy foods and physical activity opportunities. Finally, we will emphasize strategies developed or adapted by Tribal communities that address a documented health need while honoring and strengthening connections to heritage and traditional practice. This budget request also includes a new approach to the REACH program, which will incorporate lessons learned from prior community grant programs, resulting in a stronger, more robust REACH that builds on the growing evidence base.

Keeping Americans Healthy, Safe, and Competitive

Over the past year, CDC and our nation have addressed difficult challenges to protect our health security as we have seen the Ebola epidemic enter a new phase of careful monitoring, and the Zika outbreak begin. CDC will

continue our vigilance on all fronts to detect and quickly respond to numerous, unpredictable emerging disease threats. We will protect Americans from the leading causes of death and disability that threaten our economic productivity and global standing. Thank you for your continued support of CDC's important work serving our nation; I am happy to answer your questions.