

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Hearing on FY 2021 Centers for Disease Control and Prevention Budget Request

Witness appearing before the
House Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies

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Good morning, Chairwoman DeLauro, Ranking Member Cole, and distinguished Members of the Subcommittee. I am Robert R. Redfield, M.D., and I am extremely proud to serve as the Director of the Centers for Disease Control and Prevention (CDC), the world's most respected and trusted public health authority. It is an honor to appear before you today.

Smart investments in CDC's core capabilities and facilities enable us to protect US citizens from a host of domestic and international health threats. Congress established the Infectious Disease Rapid Response Reserve Fund that gave CDC access to the resources it needed for immediate response to COVID-19, and for the on-going response to Ebola in the Democratic Republic of Congo. By working together and being strategic with our resources, my dedicated staff continue to protect this nation during public health emergencies and from threats like Ebola, COVID-19, and lung injuries associated with e-cigarette use or vaping, while making measurable reductions in overdose deaths, discovering new vector-borne threats, preventing maternal deaths, and leading ambitious new initiatives such as ending the HIV epidemic in the United States.

As CDC Director, I made a bold promise to the nation to use CDC's world-class scientific expertise to save American lives by securing global health, ensuring domestic preparedness, eliminating disease, and ending epidemics. To make good on this promise, CDC must have world-class data and data analytics, state-of-the-art laboratory capacity, a skilled public health workforce, and the ability to respond quickly to outbreaks wherever they occur. The FY 2021 President's Budget provides \$7 billion for CDC's discretionary programs and aligns resources to support my promise through several important initiatives.

COVID-19 is demonstrating in real-time the need for continued investments in CDC's global health security, influenza planning, and laboratory capacity—and the FY 2021 Budget provides further investments to strengthen each of these activities. As we are seeing right now with COVID-19, infectious diseases can emerge anywhere and reach our shores with the next arriving airplane—

threatening people, communities, and the economy. With supplemental funding initially received in FY 2015, CDC developed increased capacity to prevent, detect, and respond to global health threats. In FY 2020, CDC received an increase of \$75 million for global health security, and the FY 2021 Budget request of \$175 million continues to build on this effort. As the military has forward deployments in key strategic regions across the globe, I am leading CDC to develop regional platforms that increase CDC's flexibility and efficiency in addressing public health opportunities and challenges as they evolve globally.

CDC's global health security presence includes supporting countries in building their own public health capacity to prevent, detect, and respond to disease threats at their source. CDC focuses on four foundational areas that underlie all aspects of global health security: surveillance systems, laboratory systems, workforce development, and emergency management. By working closely with host countries to develop disease detection capabilities that integrate laboratory, clinical, and epidemiological information, we will continue to support and advise them, as needed, in rapidly responding to outbreaks before they spread.

The effectiveness of CDC's global health security efforts can be seen in how we're slowing the entry of COVID-19 into the United States, despite the dramatic increases in case counts in China, and the spread to other countries. Sustained investment in global health security has provided a foundation on which countries can share information and more rapidly detect threats from around the globe to be better prepared to respond at home. Our regional contacts and communication channels play a critical role in obtaining real-time situational data for decision making. CDC's world-class training programs develop this public health infrastructure at home and abroad in disease detection, laboratory, clinical, and epidemiological skills and systems that are the key to rapidly identifying, reporting, and ultimately controlling any outbreak.

Sustained investment in influenza planning has been equally important in slowing the entry of COVID-19 into the United States. I am often asked what public health threats keep me up at night, and I respond “pandemic flu.” The current outbreak of this novel virus COVID-19 shows how and why we prepare for this threat. As we are seeing with COVID-19, new influenza virus strains emerge from animals, and because humans do not have immunity, the virus can spread very quickly. A severe influenza pandemic has the potential for disruption to our healthcare system, military operations, and the economy. Pandemic influenza preparedness is interconnected and complementary with seasonal influenza preparedness and response. The same systems used by countries, including the United States, to monitor seasonal epidemics contribute to vaccine composition decision making for example, and are the foundation for pandemic preparedness.

The FY 2021 Budget includes an additional \$40 million to protect Americans from influenza and the threat of pandemic flu. The FY 2021 Budget will support CDC’s efforts under the Executive Order “Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health,” issued in September 2019, which directs actions to modernize the domestic influenza vaccine enterprise to be highly responsive, flexible, scalable, and more effective at preventing the spread of influenza viruses. To support modernization of influenza vaccines, CDC will promote efforts to increase and sustain domestic seasonal influenza vaccine production capacity using alternative technologies that can be leveraged for pandemic response. CDC is leading the world with innovative approaches to domestic and global surveillance of the characteristics of the circulating and emerging viruses and vaccine effectiveness. CDC is working to further increase influenza vaccine coverage in the U.S. across all recommended populations; our science is uncovering key issues behind vaccine hesitancy and how to address it, as we are developing innovative vaccine administration methods to improve uptake.

Global health security begins here at home, and Americans depend on CDC having world-class data and data analytics, state-of-the-art laboratory capacity, and a skilled public health workforce to keep

them safe. The FY 2021 Budget includes \$10 million to help maintain laboratory capacity, including supplies and equipment, improved laboratory data science proficiency, and specialized training for CDC laboratory scientists. COVID-19 is an example of how the world depends on CDC's expertise and state-of-the-art laboratories to respond to public health needs, including the rapid development of specialized infectious disease diagnostics. During the first 24 hours after receiving the COVID-19 genomic sequence data, CDC developed a diagnostic test and began to collect information to validate it. CDC quickly obtained an emergency use authorization from the Food and Drug Administration for the test kits and is distributing them throughout the U.S. public health system. CDC has processed more than 1,500 COVID-19 tests as of March 4th, and has been training health care providers across the U.S. on how to diagnose the disease and protect themselves in the health care setting. Sustaining the excellence of CDC's laboratories and staff through increased investment ensures the continuation of the vital public health work they support and will improve CDC's ability to respond to outbreaks.

CDC laboratories and facilities are strongholds for the nation's defense against health threats. Continued investment to maintain our buildings portfolio is essential to CDC's ability to detect, prevent and respond. CDC conducts diagnostic and research activities in 3.1 million gross square feet of laboratory space. CDC maintains a \$3.8 billion facilities portfolio across the Roybal and Chamblee campuses in Atlanta and in sites nationwide. With the investment in the new High Containment Continuity Laboratory (HCCL), CDC will continue to safeguard the work on the world's most dangerous diseases and enable our world-class scientists to continue ensuring the safety of Americans against these threats. The most recent investment, a new facility on our Chamblee campus, will provide CDC critical surge capacity to support multiple responses, and save significant federal resources in the long term by avoiding costly leases. I personally invite each of you to come to Atlanta to see our facilities, both our new construction, and our established facilities, where continued investments will help to keep Americans safe.

CDC maintains a state-of-the-art laboratory in our Fort Collins location, where the world's top experts in vector-borne diseases have been discovering new tickborne diseases. Tickborne diseases, including Lyme disease, account for 80 percent of all reported vector-borne disease cases each year. The FY 2021 Budget includes a \$13.6 million increase to address this emerging threat in the United States. CDC will use these additional resources for scientific innovations including improved diagnostics, solutions to insecticide resistance, and vaccine efforts, and we will provide additional funding to state and local health departments for prevention and surveillance, including enhanced tick surveillance in high risk areas.

CDC's ability to prevent disease depends on accurate and timely data and a highly trained public health workforce that can use that data for action. When I became CDC Director, I realized our national reporting system was highly fragmented and out-of-date, with many health departments in this country relying on fax machines and paper-based data systems to report new cases and surveillance data to CDC. These rudimentary systems limit CDC's and those health departments' ability to understand and address health issues in real time. CDC has strengthened support for data related to drug overdoses through expansion of syndromic surveillance at emergency departments and more timely dissemination of provisional data on fatal drug overdoses each month. However, the emergence of E-cigarette or vaping product associated lung injury (EVALI) challenged the nation's public health infrastructure and exposed challenges for many health departments and the CDC to report, integrate, and analyze crucial information needed for understanding and controlling the outbreak.

The FY 2021 request includes \$30 million to support the Public Health Data Modernization Initiative, a multi-year strategic investment to bring public health data systems into the 21st century. Through the Public Health Data Modernization Initiative, CDC will engage public health organizations, academic institutions, and the private sector as appropriate to accelerate our progress in making public health data available and actionable rapidly. We will support states in moving their data capacities

forward, and CDC will improve its internal capacity to receive electronic health records and deploy analytical tools on health data that will enable us to better anticipate health threats. Data modernization will enable CDC to move from reactive to predictive.

CDC uses data to prevent, detect, and respond to infectious diseases, and CDC also relies on data for so many other important health issues. For example, I can't think of anything more devastating to a family than a mother dying from pregnancy-related complications, yet this happens far too often in the United States. In fact, the U.S. ranks highest among industrialized nations in maternal mortality. Pregnancy-related deaths can happen during pregnancy, at delivery, and even up to a year afterward, devastating families. CDC funded 25 states to conduct and document comprehensive reviews of pregnancy-related deaths through multidisciplinary Maternal Mortality Review Committees beginning in FY 2019. The reviews revealed that two-thirds of pregnancy related deaths are preventable. We also learned that Black and American Indian/Alaskan Native women are 2-3 times more likely to die from pregnancy-related complications than are white women. This is unacceptable.

The FY 2021 Budget includes a \$12 million increase to support the Improving Maternal Health in America Initiative. We will treat each maternal death in the United States as a sentinel event, where each case triggers a robust public health response. With this request, CDC will be able to support every state and Washington, DC to examine every case of pregnancy-related death to better understand the causes and prevention opportunities. This expansion of maternal mortality review committees will improve the understanding of the drivers of maternal mortality, the disparities, and identify prevention recommendations. The resulting comprehensive data will point the way to eliminating preventable maternal mortality in the U.S.

Millions of Americans have been devastated by the overdose crisis; everyone in this room could tell a heart-breaking story about how it has affected a loved one or friend. My family has been affected too, and I am deeply committed to seeing the end of the overdose crisis in the United States. I am bringing

the best of CDC's expertise and systems together to combat overdoses and other health issues related to substance use. The FY 2021 Budget of \$476 million for Opioid Abuse and Overdose Prevention is level with FY 2020 and will allow us to continue making substantial progress in addressing the opioid overdose epidemic. CDC's strategies and these investments are paying off. Since the publication of CDC's Guidelines for Prescribing Opioids for Chronic Pain in 2016, accompanied by strong and sustained implementation of prevention programs, deaths from opioids are beginning to decline. Just last month, we reported that deaths from opioid overdose declined 4.1 percent from 2017 to 2018.

The FY 2021 Budget also includes an additional \$48 million to address infectious diseases related to the opioid epidemic, including HIV, viral hepatitis, and bacterial and fungal infections. This investment will increase state and local capacity to detect and respond to infectious disease clusters to prevent further transmission and facilitate linkages to medical care and substance use disorder treatment.

I made a promise to the American people to end epidemics, and CDC is doing just that. Advances in medications for the treatment and prevention of HIV, improved diagnostic tests, and new outbreak detection technology provide a unique opportunity to alter the trajectory of HIV infection rates in the U.S. with a goal of eliminating new HIV infections. The FY 2021 Budget includes \$371 million to support the President's initiative—*Ending the HIV Epidemic: A Plan for America*. This is an increase of \$231 million above FY 2020. The multi-year Initiative launched in conjunction with other HHS agencies began a new era, moving us from HIV prevention to HIV epidemic control. The multi-year program will provide additional expertise, technology, and resources needed to end the HIV epidemic in the United States. The increased investment in FY 2021 will support a ramp up of activities in the 57 jurisdictions identified. Each jurisdiction will scale up according to their local plans, implementing proven interventions and innovative activities across all four strategies of the initiative: diagnose, treat, prevent, and respond.

CDC, in coordination with state and local public health agencies, is the nation's first line of defense against disease threats at home and around the world. We are committed to working with you to protect the health of all Americans. Thank you again for inviting CDC to testify today. We look forward to answering your questions.