



**Written Testimony of**

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**Submitted to**

**U.S. Senate Committee on Appropriations  
Subcommittee on Labor, Health and Human Services, Education  
and Related Agencies**

**November 3, 2005**

**Pandemic Flu Preparedness**

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Mr. Chairman and members of the Subcommittee, thank you for the opportunity to provide our views on *Avian Pandemic Flu Preparedness*. As a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority, Trust for America's Health (TFAH) believes that pandemic influenza poses a major threat to the nation's health, security and economy. We also believe that the government's preparedness efforts must be commensurate with the threat. To that end, we commend the Administration for issuing a revised pandemic plan, a request for funds to implement it and the outline for a larger government wide pandemic response. While we may differ on some of the specifics outlined in the documents released earlier this week, the very fact that they were issued is a major step forward.

### **Pandemic Preparedness: Positive Developments**

In general, we are pleased that the revised national pandemic flu preparedness plan reflects the professional judgment of leading health and scientific experts. We are encouraged that the Administration is developing a government-wide strategy for pandemic preparedness. Most importantly, we are pleased to see the funding request to support the plan, which is the real marker of how seriously the Administration is taking this threat to the nation's health. Although we have some differences on how the federal dollars should be spent, the Administration's budget request, coupled with the leadership of this Subcommittee in providing \$8 billion for pandemic readiness last week, should allow the nation to invest in the technology, medicines, state and local public health infrastructure improvements and surge capacity necessary to save lives and mitigate suffering.

With respect to vaccines, TFAH applauds the Administration's commitment to increasing U.S. vaccine production, including its support for improving vaccine production technology. Vaccines represent the most important potential protection against a new, severe flu strain. This proposal recognizes that a large investment must be made to revitalize and modernize the broken vaccine industry in this country. The goal of achieving a vaccine for every American is laudable and TFAH believes that the Administration's multi-pronged approach, which includes vaccine research and development, retrofitting domestic facilities for emergency production of vaccine, encouraging the creation of additional egg-based and cell-based vaccine production facilities, and developing a vaccine registry to monitor vaccine safety, distribution, and use during a pandemic, is both strategic and appropriate. This is a wise investment, both for pandemic preparedness and to improve our capacity to vaccinate more Americans against seasonal flu, which kills 36,000 people a year -- many of whom would not die if vaccinated.

However, issues around vaccine liability and compensation need to be addressed in tandem to avoid a repeat of the problems associated with the smallpox vaccination program. And very importantly, methods for distributing vaccine and inoculating 300 million Americans must become a priority for federal, state and local health officials. In order to do so, we need a detailed allocation and distribution plan that is tested in every community of the nation.

TFAH also commends the Administration for providing \$212 million to purchase critical medical supplies and devices for the Strategic National Stockpile (i.e., ventilators, syringes, masks, intravenous antibiotics) for distribution to children and adults.

The Administration's plan and budget request reflect a move toward stockpiling enough antivirals to cover approximately 75 million people, enough to treat 25 percent of the U.S. population -- the amount the World Health Organization (WHO) suggests countries plan for. This indicates the U.S. will catch up with the level of antivirals that other countries have already ordered to protect their citizens, and begin to bolster the quantities in hand. Specifically, the budget request provides for the federal purchase of 44 million courses of antiviral drugs. This is a step in the right direction.

### **Remaining Concerns**

However, TFAH is deeply concerned that the Administration expects the states to purchase the remaining 31 million antiviral courses with a 25 percent federal subsidy, which amounts to \$170 million. Germs don't respect jurisdictional boundaries, and public health officials must have the flexibility to provide the medication where outbreaks are most severe.

Mr. Chairman, requiring each state to purchase antivirals separately does not make sense from a health or economic perspective. Reliance on states to pay for a substantial portion of the cost of purchasing enough antiviral medication to cover their population amounts to an unfunded mandate to the tune of \$510 million. We hope that Congress will address this issue immediately by requiring the federal government to protect Americans by purchasing the full 75 million antiviral treatment courses.

Nevertheless, if states ultimately become responsible for the purchase of a share of the antivirals, measures should be taken to ensure that they are able to purchase the medication at a lower nationally-negotiated cost, rather than purchasing at a higher rate on a state-by-state basis. Pandemic influenza is a national threat. The level of protection Americans receive should not be determined by where they live and the current fiscal position of their states.

We are also concerned about the long time-frame associated with building this stockpile. The patent for the principal antiviral to be stockpiled, oseltamivir (Tamiflu) is held by Gilead Sciences; the drug is produced under an exclusive license by Roche. Given both domestic and worldwide needs, more production capacity is essential, especially in the absence of sufficient vaccine production capacity. We urge the Administration to work with both Gilead and Roche to determine what steps can be taken to increase production capacity by Roche or other potential producers.

Mr. Chairman, other significant gaps in pandemic readiness remain. The Administration's budget request does not adequately fund support for state and local health departments, global surveillance, and surge capacity.

State and local health departments will be at the forefront of the pandemic response. Yet, the Administration's proposal sets the additional federal investment in state and local

preparedness at only \$100 million, not nearly enough to allow them to prepare, especially when states are being asked to spend a cumulative \$510 million for antivirals. In contrast, this Subcommittee has provided \$600 million for state and local pandemic preparedness by adding an amendment to the FY 2006 Labor Health and Human Services appropriations last week. TFAH supports the Senate mark, and in addition, calls on the Congress to restore funding for general state and local public health preparedness, which may be cut this year by up to \$130 million.

TFAH hopes that Congress will address the following additional weaknesses in the plan and budget request:

- Contingency planning and surge capacity are not adequately funded. Funding is needed for states, localities, and private sector health care organizations to fully prepare for a pandemic -- ranging from identifying surge capacity for health care facilities, to creating distribution systems for vaccine and antiviral delivery and continuity planning for critical businesses and public services. The estimated shortfall is \$250 million.
- Improved availability of diagnostics and reagents is not funded in this request. These funds are critical for laboratories across the country if they are to identify the emergence of a pandemic strain in a particular locality. Congress should provide an additional \$75 million to ensure rapid identification of a pandemic strain.
- Risk communication is inadequately funded at \$43 million in the Administration's request. The federal government must take the lead in supporting a national effort to assure that all sectors of society understand the implications of a pandemic. In order to communicate with the public, corporate America, and the health care community, the federal government must develop tailored and specific messages outlining risks and providing recommendations for each sector. TFAH estimates that it will take an investment of at least \$150 million to effectively communicate with all sectors of American society and help reduce public panic.

Mr. Chairman, the Administration's national pandemic strategy document lacks the substance and level of detail needed to prepare for the impact a pandemic could have government-wide and on the economy, business operations, transportation, and other crucial areas of daily life. While we applaud the Department of Health and Human Services (DHHS) for releasing a revised and much more detailed Pandemic Influenza Preparedness plan, TFAH calls on the President to present an equally detailed government-wide pandemic plan. We hope this plan will reflect a similar level of specificity and will clearly articulate how *all* departments in the government are addressing the very large impact a pandemic would have on health, the economy, public safety, and civil society in general.

Finally, it is disturbing that the national strategy calls for the Department of Homeland Security to be in charge of the overall domestic incident management and federal coordination, essentially divorcing the expertise that will be needed to respond to a complicated health threat from the top chain of leadership. A pandemic flu response must

be driven by public health experts with support from emergency preparedness officials, not the other way around.

In summary, TFAH maintains that the failure to establish a cohesive, rapid, and transparent government-wide pandemic strategy could prove a major weakness against a virulent and efficient virus -- putting Americans needlessly at risk. While experts predict a pandemic flu may be “inevitable,” subsequent death rates predicted to be in the millions are not. The steps outlined by the Administration this week address several elements of the pandemic threat. Congress must act expeditiously to fill the remaining weaknesses.

I thank you again for this opportunity to express TFAH’s views on evaluating the U.S. readiness for the next flu pandemic.