



**Written Testimony of**

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**Submitted to**

**United States Senate  
Committee on Appropriations  
Subcommittee on Labor, Health, Human Services  
and Related Agencies**

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**Pandemic Flu Preparedness**

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Mr. Chairman and Members of the Subcommittee, on behalf on Trust for America's Health (TFAH), thank you for this opportunity to submit testimony on pandemic influenza preparedness and related funding. First, let me commend the Subcommittee for its leadership on this emerging public health concern. Without question, members of this Subcommittee have led Congressional efforts to address vaccine production capacity, stockpiling antiviral medications and other medical supplies, assuring surge capacity in the event of a flu pandemic and providing state and local public health departments with the tools they need to combat a lethal flu outbreak. Thank you.

We applaud the FY 2006 appropriation of \$3.7 billion for pandemic flu preparedness across several federal agencies and believe that this represents an important down payment towards jumpstarting government efforts to protect the public from a pandemic influenza outbreak. The threat of a pandemic requires swift and serious action, and Congress should be commended for making this major initial investment. But much remains to be done, including addressing the \$3.3 billion shortfall in funding when compared to the President's original pandemic flu budget request. As we near the President's FY 2007 budget submission, we ask this Subcommittee to make additional pandemic flu budget requests a high priority.

Mr. Chairman, we are particularly pleased that Congress provided \$350 million for upgrading state and local pandemic flu response capacity, over three times the President's November 1, 2005 request for similar activities. State and local health departments will be on the front lines of a pandemic response. Increased resources are vital to building and testing their capabilities. This is particularly important in light of

last year's ill-advised 10 percent cut in support for state and local bioterrorism and public health preparedness program administered by the Centers for Disease Control and Prevention (CDC).

We support Secretary Leavitt's recent announcement to provide \$100 million of the \$350 appropriated to accelerate and intensify current state and local planning efforts for pandemic influenza. Appropriately, the focus of these planning grants is on practical, community-based procedures that could prevent or delay the spread of pandemic influenza, and help to reduce the burden of illness communities would contend with during an outbreak. We hope that these funds will be used to bring state pandemic plans into compliance with the Department of Health and Human Services (DHHS) Pandemic Influenza Plan that was issued on November 2, 2005 and that the Department will subsequently review and comment on the state plans to assure consistency.

With respect to the remaining \$250 million Congress has appropriated for state and local pandemic preparedness, we recommend that specific accountability measures be developed to gauge progress towards pandemic preparedness. State and local public health departments must know what is expected of them and what constitutes success. The November 2005 DHHS pandemic plan transfers significant decision-making to the states with respect to distribution systems for vaccine and antivirals, prioritization of populations with respect to allocating scarce medication, surge capacity, contingency planning and risk communications, among others. It is imperative that achievable performance measures are in place for each element of pandemic preparedness. Without clearly defined standards, there is no framework for understanding what progress has been made, what areas remain vulnerable and what needs to be done to fill in the gaps.

Moreover, the American taxpayer is entitled to know that the federal government is holding states and localities accountable for protecting the nation's health.

Further, we urge the Committee to ask the Department to work with state and local health officials to determine how much of the \$350 million that was appropriated in FY 2006 should be one-time money and how much should be recurring funds. While some planning efforts may require a one-time infusion of funds, many of the responsibilities given the states in the DHHS pandemic preparedness plans involve on-going activities, such as surveillance, or require recurring testing or upgrading, such as distribution strategies and laboratory capacity. Finally, an assessment must be made regarding how costs will be covered that are associated with providing (rather than preparing for) surge health care and social services, from running vaccination and flu clinics to providing home services to those who are isolated or quarantined. No one has budgeted for these activities and some kind of reserve fund will be needed to assure that these services are available in an emergency.

On another matter, TFAH continues to be deeply concerned that, as part of fulfilling the rest of the Administration's funding request, DHHS will expect each state to purchase antiviral medication with only a 25 percent federal subsidy. This does not make sense from a health or economic perspective. Germs don't respect jurisdictional boundaries, and public health officials must have the flexibility to provide the medication where outbreaks are most severe.

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. Most states have not budgeted funds for this purpose and states hit hard by Hurricane Katrina and other natural disasters simply do not have the financial

wherewithal to make the purchase. We hope that this Subcommittee will address this issue immediately by requiring the federal government to protect Americans by purchasing the full 75 million antiviral treatment courses.

We also are concerned that the sweeping liability protections for the vaccine industry added to the FY 2006 Defense Appropriations bill are excessive and that the final law fails to fund a compensation program for those adversely affected by pandemic flu vaccines, including health care workers and first responders. We believe that the existing Vaccine Compensation Program should cover pandemic influenza vaccines and that specific funds should be appropriated to the newly created fund to cover antivirals and other countermeasures. As we learned during the ill-fated smallpox vaccination effort, liability without compensation is a non-starter. If the federal government expects every American to be vaccinated during a pandemic, assurances have to be put into place now that those injured as a result of the vaccine will have a sufficient avenue of redress.

Finally, TFAH urges members of this Subcommittee to review the budgets of the Departments of Education and Labor to assess if they are adequate to implement their responsibilities under the government-wide pandemic influenza plan when it is issued. Similarly, we ask that this Subcommittee urge each of the other appropriations subcommittees to analyze the budgets of those federal departments and agencies over which they have jurisdiction to ascertain that funds needed to prepare the entire government for a pandemic event are available.

Thank you again for the opportunity to submit testimony and for all this Subcommittee is doing to help America prepare for a pandemic flu outbreak.