

**Statement of
Senator Susan M. Collins**

Swine Flu: Coordinating the Federal Response

**Committee on Homeland Security and Governmental Affairs
April 29, 2009**



All of us are extremely concerned about the human swine flu outbreak that continues to grow in the United States and around the world. While the disease has so far been confined to six states, it is likely to spread further in the days to come. More than 150 people in Mexico are believed to have died from the virus, and just this morning the first death in the United States was confirmed by the CDC. There is also the dangerous potential that it will mutate into a more deadly strain or one that is even more infectious.

To date, it appears that our federal officials have taken this threat seriously and responded effectively. Today's hearing will give us the opportunity to learn more about what the federal government has done and what it plans to do to meet this growing public health threat.

On Sunday, the Department of Health and Human Services declared this incident a Public Health Emergency. This not only allows for the release of federal resources to support our preparedness and response efforts, but also gives agencies greater flexibility to put rapid measures in place should the swine flu virus become a more prevalent threat.

It also places the Secretary of Homeland Security in charge of the overall federal government's response. Consequently, DHS must work closely with HHS and its

component agency, the Centers for Disease Control and Prevention, on the response. To hear about these coordinated efforts, I welcome Secretary Napolitano and Rear Admiral Anne Schuchat, from the CDC, here today.

Congress has provided authorities and funding to strengthen our nation's ability to respond to a pandemic incident, including the establishment of the Biomedical Advanced Research and Development Authority, or BARDA, at HHS. I strongly supported the creation of BARDA and increases to its funding.

To date, almost \$7 billion has been appropriated for federal pandemic preparedness activities. This funding has been used for stockpiling antiviral drugs for the treatment of more than 50 million Americans, licensing a pre-pandemic influenza vaccine, developing rapid diagnostics, and completing the sequencing of the entire

genetic blueprints of 2,250 human and avian influenza viruses. And yesterday, President Obama asked for an additional \$1.5 billion to combat this disease in the supplemental appropriation bill Congress will soon be considering.

Despite these authorities and funding, this Committee has uncovered weaknesses in pandemic flu planning and coordination. Last year, our Committee held a hearing on the mass medical care that would be needed in the response to a pandemic flu or the detonation of a terrorist's nuclear device. This hearing revealed serious gaps in this nation's capacity to provide mass care if thousands became ill.

The Committee also held a hearing on HHS's development and procurement of the necessary vaccines, drugs, and countermeasures for public health

emergencies just like this one. In addition, we previously looked at the poor communications and coordination between DHS and the CDC in an incident involving a Mexican national with a multiple-drug-resistant form of Tuberculosis who was able to enter the U.S. twenty-one times after being identified by the CDC.

There are several important questions that we need to explore today. What has the federal government done so far to protect the American people from this potential pandemic? How are these plans working, and have we encountered any unanticipated problems? Since the Department of Homeland Security has put relatively passive inspection techniques in place at the border, should more be done to prevent cross-border contagion? What role should state and local health departments have in fighting this flu?

I particularly look forward to hearing about the status of the federal government's pandemic planning efforts. A critical part of this planning is the antivirals and other medical countermeasures from the Strategic National Stockpile that must be distributed rapidly to the public when needed. I would like to know whether we have enough of these and how they will be distributed.

As the previous hearing and this Committee's investigation about the Mexican national with TB highlighted, coordination between DHS and HHS is essential, as is communication with Mexican officials. I would also like to know how well DHS is coordinating its efforts with HHS, and how well they have communicated with Mexican authorities.

I am also concerned about how the lack of appointees in top positions at HHS and DHS may be

hindering the effectiveness of the response. I'm sure that HHS has been handicapped by the absence of a Secretary and am pleased that the Senate voted last night to confirm Governor Sebelius' nomination. We still do not have a permanent head of the CDC, however, and DHS still does not have a Chief Medical Officer. This crisis requires effective leadership, and therefore, I look forward to hearing from Secretary Napolitano.

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