

## INFORMAL COALITION ON BIODEFENSE AND PUBLIC HEALTH PREPAREDNESS

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August 20, 2015

The Honorable Thad Cochran  
Chair, Appropriations Committee  
U.S. Senate  
S-129 The Capitol Building  
Washington, D.C. 20510

The Honorable Roy Blunt  
Chair, Labor HHS Subcommittee  
U.S. Senate  
136 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Barbara Mikulski  
Ranking Member, Appropriations Committee  
U.S. Senate  
S-129 The Capitol Building  
Washington, D.C. 20510

The Honorable Patty Murray  
Ranking Member, Labor HHS Subcommittee  
U.S. Senate  
136 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Senators Cochran, Mikulski, Blunt, and Murray:

On behalf of the undersigned organizations, who have joined together as an informal coalition on biodefense and public health preparedness, we write **today to express concern over the funding levels for programs critical to the nation's preparedness** against threats both naturally occurring - like Ebola and pandemic influenza - and deliberate, such as a chemical, biological, radiological or nuclear (CBRN) event.

As witnessed by the recent Ebola outbreak, our nation's vulnerability to threats remains high, and the consequences of being unprepared are severe. Funding for the programs that protect Americans and the global community from health security threats must be robust and consistent. It is simply too late to respond after an outbreak or attack.

A strong public health infrastructure is essential to biosecurity and public health preparedness and serves as our first line of defense. Underfunding these programs would result in continued losses in core capabilities at the state and local level, while restoring capacity becomes more costly and responding to an event becomes increasingly difficult. The Public Health Emergency Preparedness (PHEP) Cooperative Agreements program at the Centers for Disease Control and Prevention (CDC) is the only federal program that supports the work of health departments to prepare for and respond to all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. Most recently, PHEP investments have enabled rapid local responses to emergencies such as MERS-CoV, Chikungunya, the West Virginia chemical spill, and the multi-state fungal meningitis outbreak. We support the House Committee's funding level for the PHEP grants, which aligns with our recommendation.

Annual appropriations to the Hospital Preparedness Program have been cut dramatically in recent years, leaving capability gaps in our healthcare system's ability to prevent, detect, and respond to infectious disease and other threats. The impact of cuts to this program was illustrated in 2014, as hospitals scrambled to prepare for an unfamiliar Ebola virus absent resources to train frontline staff. The \$255 million funding levels included in the Senate and House FY 2016 Appropriations bills are not sufficient to build and maintain key capabilities including enhanced system planning and response and improved grantee infrastructure that will help healthcare coalitions prepare for public health emergencies.

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We are also concerned about the level of funding provided for medical countermeasure (MCM) development and procurement through the Biomedical Advanced Research and Development Authority (BARDA) and the Project BioShield Special Reserve Fund (SRF). In 2004, Congress created the ten-year SRF to support MCM development and stockpiling. This funding has been integral to producing important medical countermeasures to protect the public and cultivating a development pipeline containing over 160 candidate products. However, those funds expired at the end of 2013 and the continued development of these national security products, and new ones, is now dependent on the annual appropriations process and continued bipartisan and bicameral support for the medical countermeasure enterprise. The \$255 million provided in the last two fiscal years and again this year, is woefully inadequate to meet the country's national security needs in this area.

A consistent, well-funded public-private partnership is our best hope for successfully developing these needed products for all populations to plan ahead, be constantly vigilant, and sustain research and development of vaccines and drugs for responding to disease threats including smallpox, anthrax, and pandemic influenza. Our national experience with the 2009 H1N1 pandemic, which claimed the lives of over 12,000 Americans, should change the way the federal government thinks about the development and stockpiling of countermeasures. Unfortunately, we know it is only a matter of when – not if – the next outbreak will take place

The organizations signed below strongly believe that the sums provided in the Senate and House FY 2016 LHHS Appropriations bill are not adequate to advance the core purposes of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA, P.L. 113-5), combat bioterrorism, foster preparedness to protect our nation from man-made and natural disasters, and protect the citizens' public health. We recognize the reduction in budget authority is largely a function of the historically low and wholly inadequate subcommittee allocation for critical public health programs in this bill. We hope lawmakers will work together to enact sequestration relief, increase the Labor-HHS subcommittee allocation, and restore public health emergency preparedness funding in the final FY 2016 appropriations legislation.

If you should have any questions please contact any of the following individuals:

- Dara Lieberman, Trust for America's Health (202-864-5942, [dlieberman@tfah.org](mailto:dlieberman@tfah.org))
- Rebecca McGrath, Alliance for Biosecurity (202-230-5679, [rebecca.mcgrath@dbr.com](mailto:rebecca.mcgrath@dbr.com))
- Tamar Magarik Haro, American Academy of Pediatrics (202-347-8600, [tharo@aap.org](mailto:tharo@aap.org))
- Tracey LaTurner, Biotechnology Industry Organization (202-962-6696 [tlaturner@bio.org](mailto:tlaturner@bio.org))

Signed,

Alliance for Biosecurity  
American Academy of Pediatrics  
American College of Preventive Medicine  
American Society for Microbiology  
Biotechnology Industry Organization

California Life Sciences Association  
Diseases Society of America  
Infectious Diseases Society of America  
Healthcare Ready  
Trust for America's Health