

Working Group on Pandemic Influenza Preparedness

June 5, 2007

The Honorable Robert C. Byrd
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable David R. Obey
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Byrd and Chairman Obey:

On behalf of the Working Group on Pandemic Flu Preparedness, we want to express our disappointment and concern that funding for pandemic influenza preparations was removed from the final version of the FY 07 supplemental appropriations bill passed by Congress on May 24, 2007.

It is imperative that Congress provide the funding proposed in the FY 2008 budget. This includes \$870 million in the Labor, Health and Human Services, Education and Related Agencies appropriations bill for one-time funding for vaccine and antiviral purchases and the development of rapid diagnostics, which should be identified as emergency funding, outside the scope of the Subcommittee's 302(b) allocation; \$322 million for ongoing pandemic preparedness activities at the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), National Institutes of Health (NIH) and the Office of the Secretary of Health and Human Services; and \$350 million for ongoing state and local preparedness.

Public health experts have observed that a pandemic influenza outbreak in America would be like Hurricane Katrina hitting many cities simultaneously. Research indicates that over 200,000 Americans could die in a pandemic influenza outbreak, and hundreds of thousands more would overwhelm our hospitals and require intensive health care treatment and attention. In a severe pandemic, these numbers could increase by an order of magnitude. As schools close and people avoid public places or going to work, the economic repercussions of a pandemic would be similarly stark. For example, a report conducted by the Trust for America's Health earlier this year found that a pandemic could cause the second worst recession since World War II, with the U.S. Gross Domestic Product dropping 5.5 percent for a staggering loss estimated at \$683 billion.

As you know, it is a question of when, not if, the U.S. will face another influenza pandemic. Therefore, we should be doing all we can to accelerate our efforts to prepare for an influenza pandemic, both as a government and as a nation.

Very much to its credit, Congress has shown the foresight to devote over \$6 billion since December 2005 to implement the President's National Strategy on Pandemic Influenza (NSPI). To date, these funds have been used to develop and acquire experimental vaccines for the H5N1 virus; to build our stockpile of influenza countermeasures and equipment, including 38 million courses of antiviral treatments in the Strategic National Stockpile; to purchase critical medical equipment such as ventilators and masks; and to finance a revolutionary change in vaccine production technology that would allow for the rapid manufacturing of vaccine once a pandemic strain of influenza has been identified. Funds also have been distributed to state and local health departments to support public health and medical planning and preparedness activities, which is urgently important, given that they will be on the front lines of detecting, containing and responding to a flu pandemic.

Notwithstanding these accomplishments, however, we are concerned that almost two years after the NSPI was announced, we lag far behind in achieving its stated goals. For example, the World Health Organization (WHO) has recommended that nations stockpile enough antivirals to treat at least 25 percent of the population. However, the Department of Health and Human Services (HHS) still has not completed its purchase of 50 million courses of antiviral treatment called for under the NSPI, nor have the states purchased their entire share of another 31 million courses for treatment.

Similarly, despite recent guidance from CDC with respect to use of masks and N95 respirators during a pandemic by the general public, the federal government has not stockpiled even a fraction of the masks and respirators that would be needed.

Equally alarming, absent additional funding in FY 2008, there will be no additional annually recurring funding available for state and local pandemic preparedness activities. Such funds are utilized for exercising pandemic response plans, updating plans and building medical surge capacity.

To accelerate the pace of our planning and preparedness efforts in a manner that is commensurate with the gravity of the threat posed by pandemic influenza, the Working Group On Pandemic Flu Preparedness respectfully urges Congress to:

- Fully fund the \$870 million request for one-time pandemic preparations, which include vaccine and antiviral purchases and the development of rapid diagnostics in the FY 2008 Labor, Health and Human Services, and Education Appropriations bill and treat these funds as an emergency appropriation, outside the scope of the Subcommittee's 302(b) allocation;
- Provide \$322 million for ongoing, annual pandemic preparedness at the Department of Health and Human Services, including the CDC, NIH and FDA.;

- Provide \$350 million in funding for state and local preparedness activities;
- Direct HHS to expeditiously utilize all resources placed at its disposal by Congress in previous appropriations bills so that priority tasks of the NSPI can be completed immediately.

Even as the H5N1 virus continues to spread across the globe and has claimed hundreds of lives, we are fortunate that it has not yet taken a form which is both lethal and easily transmitted from human to human. Literally, however, our luck may run out at any moment. We can, and we must, do our utmost to prepare for a pandemic outbreak, and do so immediately, if we are to fulfill our responsibilities to the American people and forestall a public health disaster of epic proportions.

Thank you for your careful consideration of this request. The Working Group on Pandemic Preparedness appreciates Congress' leadership and looks forward to working with you in the weeks and months ahead to better protect our nation from a potentially deadly virus.

Sincerely,

American Osteopathic Association
American Public Health Association
Association of State and Territorial Health Officials
Association for Professionals in Infection Control and Epidemiology
Asthma and Allergy Foundation of America
Center for Biosecurity, University of Pittsburgh Medical Center
Center for Infectious Disease Research and Policy
Council of State and Territorial Epidemiologists
Federation of American Scientists
Infectious Diseases Society of America
National Association of County and City Health Officials
RetireSafe
Service Employees International Union
Trust for America's Health

Please direct all inquiries or comments to Jeff Levi (jlevi@tfah.org), Kim Elliott (kelliott@tfah.org) or Rich Hamburg (rhamburg@tfah.org). All can be reached by phone at 202-223-9870. Trust for America's Health is committed to sharing information with all members of the Working Group on Pandemic Flu Preparedness or directing specific inquiries to participating organizations.