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House of Representatives
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Statement of Darrell Issa, Ranking Member
“State and Local Pandemic Preparedness”
May 20, 2009

Thank you Mr. Chairman for holding this hearing on “State and Local Pandemic Preparedness.” I also want to thank the witnesses for taking time out of their busy schedules to testify before the committee.

In the event of an outbreak of pandemic flu, a coordinated response between our federal, state and local authorities - from the Departments of Homeland Security and Health and Human Services to public health departments, hospitals and emergency response teams in the smallest of American towns - will be the key to ensuring the health and safety of the American public.

To address threats from SARS and Avian Influenza, the Bush Administration created the National Strategy for Pandemic Influenza in 2005, a comprehensive approach to preparing for, detecting and responding to a potential pandemic. The Strategy established guidance for federal, state and local preparedness and response. Additionally, since 2002, over \$9 billion in grants has gone out to states to strengthen hospital and public health preparedness. This coordinated response strategy is in the midst of having its first test – the outbreak of H1N1, or swine flu.

As comprehensive as our plans at the federal level might be, absent proper coordination with state and local governments, any type of emergency response will be lacking. Less than two months before the H1N1 outbreak first appeared, GAO reported that more could be done to facilitate coordination between federal, state and local governments and the private sector to prepare for a pandemic. Questions also remain about the adequacy of the Strategic National Stockpile and how assets, such as anti-virals and respirators, from the Stockpile are distributed to states during an emergency. Today, we have the opportunity to learn more about where the gaps exist, and what can be done to address them should this epidemic worsen, or before the next health emergency.

At a time when states are facing budget shortfalls and local governments are feeling the economic squeeze, public health departments have been hit hard by funding cuts. The consequences of this are serious even in the best of times, when we are not facing an imminent public health emergency. But in the face of a possible flu pandemic, the consequences become disastrous. Having the staff, capacity and resources necessary to carry out a disaster response plan is essential for mitigating loss of life, and also easing the potentially devastating effects that an outbreak of pandemic flu could have on our nation’s economy.

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I hope our witnesses will help us determine what Congress can do to ensure the best response possible in the face of a pandemic or other health emergency. We have learned from our past experiences with disaster response that improving communication is critical to coordination with state and local governments. Ensuring that a proper framework exists for interoperable communication and implementing health IT and other technologies to help with the timely collection and dissemination of critical information and management of the Strategic National Stockpile are areas of concern that we need to address now, rather than after a pandemic flu hits the United States, demonstrating our weaknesses and devastating us through our failures.