

**Statement of
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**Subcommittee on the Western Hemisphere, Transnational Crime, Civilian
Security, Democracy, Human Rights and Global Women's Issues
Committee on Foreign Relations
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“Zika in the Western Hemisphere: Risks and Response”

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Chairman Rubio, Ranking Member Boxer, and distinguished Members of the Subcommittee, thank you for the opportunity to testify today on the international Zika virus outbreak response and the U.S. Department of State's contribution to those efforts.

Forty countries and territories in the Western Hemisphere, including the Commonwealth of Puerto Rico and the U.S. Virgin Islands, are currently experiencing active, mosquito-borne transmission of the Zika virus. Several countries and territories in Africa and Asia are also experiencing outbreaks for the first time, including outbreaks of the epidemic strain circulating in the Americas. It is likely only a matter of time before we experience local transmission in the continental United States and Hawaii as well.

In the short time since this epidemic began, international science and medical experts – my colleague Dr. Frieden foremost amongst them – have sought to understand the truly devastating impacts that this virus can have on its victims, and particularly on developing fetuses. It will be years before we know the full extent of what physicians are now calling “Congenital Zika Syndrome.”

Impacts on the Western Hemisphere

This is a silent outbreak: We do not see hospitals full of ill patients or ambulances in the streets, but across the hemisphere, pregnant women and their partners are living in fear – fear that their child may be born with severe developmental defects, fear that they cannot do enough to protect their families,

and fear that they will be unable to financially care for a child suffering from Congenital Zika Syndrome. The Brazilian government has reported a surge in children born with microcephaly or other central nervous system defects; many more could be affected across Central and South America and the Caribbean this summer.

In addition to the tremendous emotional and health toll this epidemic has had on families and communities, the demographic and economic consequences are still emerging. In the longer term, the cost of lifetime support for children affected by Zika as well as adults experiencing Guillain-Barré Syndrome or other neurological effects could significantly tax national health and educational systems. Areas with high poverty levels and dense population are most vulnerable to Zika infection, but also least able to manage the consequences. Even with government assistance, affected families, and particularly women, may face economic hardship.

Mitigating the Consequences of the Outbreak

Countries around the world look to the United States as a leader in global health security, and we are working with countries in the Americas and other international partners to provide targeted, customized support to those affected or threatened by the virus.

As a result of strong development progress in the region in recent decades, countries have strong public health systems and governments capable of mounting a response to Zika. Countries such as Brazil, Panama, and Colombia host respected research institutions with which we are partnering to learn more about the virus and develop countermeasures. Yet the ubiquity of the mosquito vector and its resilience against traditional vector control methods poses a tremendous challenge to governments and international organizations seeking to contain the outbreak. Through regional institutions such as the Pan-American Health Organization (PAHO), the Organization of American States (OAS), the Caribbean Public Health Agency (CARPHA), and the Inter-American Development Bank (IDB), the U.S. government and our neighbors are leveraging our collective expertise to share best practices, define priorities, and identify innovative tools for vector control and disease diagnosis.

Other countries such as Haiti, El Salvador, Guatemala, Honduras, and the Dominican Republic will benefit from more direct assistance to effectively respond

to the Zika virus threat and help prevent congenital infection. This includes capacity building and training for vector control, support for social and behavior change communication, support for family planning and maternal and child health interventions and services delivery, surveillance, disease detection, and monitoring and evaluation. Our embassies are working with these governments and international organizations to identify key capacity gaps and prioritize assistance.

U.S. voluntary contributions and cooperation with the World Health Organization and other multilateral partners also stimulates global donors and amplifies the impact of our efforts. Crucially, multilateral, non-governmental, and private sector organizations can help extend response efforts to areas where the U.S. government has limited access or resources.

Protecting U.S. Citizens

Cooperating with other countries on Zika public health emergency response and planning helps build a stronger global response to protect U.S. citizens and the international community, while contributing to international stability. If we can control an infectious disease outbreak quickly, either at home or abroad, we can help minimize the spread within the United States and limit its impact on U.S. citizens.

Millions of U.S. citizens live and travel overseas within the Western Hemisphere each year, including U.S. government employees and military personnel. The State Department is committed to ensuring the safety and security of all U.S. citizens, and utilizing all available platforms to provide the information they need to make informed travel decisions and protect themselves from mosquito bites and other forms of Zika transmission while overseas. The U.S. government must also take a pro-active approach, working with host governments to increase surveillance and diagnostic capacity, to scale up vector control, and to cut off the transmission cycle by providing information and access to voluntary family planning services, mosquito repellents, and other personal protective commodities.

With the Olympics and Paralympics coming up in Brazil, we anticipate that over 100,000 U.S. citizens will attend. All travelers to the Olympics should follow the recommendations outlined in the CDC's travel notice. Brazil is working very hard to protect the health and safety of all athletes and spectators attending the Games in Brazil, including through public awareness campaigns and vector control efforts at Olympic sites. The Brazilian Government has also emphasized that the Olympic Games will take place during Rio de Janeiro's winter, when the

population of mosquitos is low. On June 14, the World Health Organization, at the third meeting of the International Health Regulations Emergency Committee on Zika, concluded that there is a very low risk of further international spread of Zika virus as a result of the Olympic and Paralympic Games. The WHO and the CDC have stated available evidence does not indicate there would be any meaningful public health impact from altering the schedule for the Games. The CDC recommends that pregnant women not attend the Olympics.

Conclusion

The United States is fortunate to have forewarning of the tragic outbreak that continues to spread northward. Zika, like Ebola before it, highlights how interconnected we are as a global community and shines a spotlight on the urgency with which we must fill the gaps in our collective preparedness. We have a window of opportunity to address the urgent needs now, before we are put at further risk, by working with our international partners and reaffirming our leadership role in the region. As Secretary Kerry said at the Global Health Security Agenda Summit in 2014, "...in an interconnected world, we invest in global health not simply as a matter of charity or as a matter of moral responsibility, but we do it as a matter of national security."

Thank you for your time and consideration. I welcome the opportunity to answer any questions you may have.