

Senate Committee on Foreign Relations
Chairman Richard G. Lugar
Opening Statement for Hearing on
Avian Influenza: Are We Prepared?
November 9, 2005

The Foreign Relations Committee meets today to examine the steps being taken by the United States government, the private sector, health care providers, and the international community to prevent and prepare for a possible human pandemic of avian influenza.

International health experts believe that the stage is set for a possible world-wide influenza pandemic, originating in Southeast Asia. A new strain of bird flu, H5 N1, is killing millions of birds in Asian poultry flocks. Just last Friday, another major poultry outbreak was reported in China. The disease has killed about sixty people, or about half of those known to have been infected. Humans have no immunity to this strain. The only obstacle to a pandemic is that H5 N1 has not yet mutated to a form easily transmissible from human to human.

If that happens, and if the new virus is roughly as contagious and lethal as the deadly 1918 “Spanish Flu,” as many experts fear, the disease could quickly sweep the globe. In a worst-case scenario, casualties could be in the millions in our country and in the tens of millions worldwide. Hospitals and health care systems would be overwhelmed, large numbers of workers could lose their jobs as customers stay home and economies contract, and governments around the world could be destabilized.

We cannot be certain that such a pandemic will occur or predict its timing or severity. If we are lucky, the H5 N1 virus will not turn into a human pandemic. But experts say that based on historical patterns, we are overdue for a major flu pandemic outbreak. If it is not caused by H5 N1, then some other pathogen may be the source. The human and economic consequences of a pandemic could be so severe that we cannot rely on luck. Prudence requires that we prepare in the short term as if an H5 N1 outbreak is probable. Furthermore, we must rebuild our vaccine production infrastructure, strengthen international health cooperation, and take other steps for the long-term.

I am pleased that the Administration last week issued its long-awaited national pandemic plan. However, I am concerned that up to that point, the Administration response to avian influenza had been underfunded and behind schedule. Five years have passed since the GAO recommended that the Department of Health and Human Services complete the national pandemic plan. It has been nearly a year since Tommy Thompson, as departing Secretary of HHS, expressed “grave concern” about avian influenza. Other countries, such as Canada and Japan, seem to be much farther along in their preparation and have had national plans in place for some time.

The President must make clear who is in charge of mobilizing government preparedness efforts, and he must give that person his vocal and sustained support. The President will find many willing partners in Congress for this endeavor.

With no plan forthcoming, in February, Senator Obama and I added \$25 million to the State Department authorization bill for an avian influenza initiative. In June, we co-authored an article in the New York Times calling for the government to promptly take a leadership role. The Foreign Relations Committee staff has met with an array of experts, including Dr. Margaret Chan, the World Health Organization’s lead pandemic official, and I have written to HHS Secretary Mike Leavitt asking for updates. Along with 8 other Senators, I co-sponsored Senator Obama’s pandemic legislation, S. 969, one of several bills attempting to strengthen our response to the threat of avian influenza.

In September, still lacking a final plan from the Administration, the Senate voted to add \$3.9 billion for civilian pandemic preparedness to the Defense Department appropriations bill. Two weeks ago, to ensure that pandemic preparedness funds do not get sidetracked by procedural disputes, the Senate added \$7.9 billion to the Labor-HHS Appropriations bill -- more than the \$7.1 billion the administration said last week it would request.

The pandemic threat is a problem of many dimensions that will require coordination between many government agencies. Are the countries of Southeast Asia sufficiently equipped and motivated to stamp out the bird flu among their poultry populations, which could reduce the chances that the virus will mutate into a human pandemic form? We will need to know as soon as possible when the virus becomes easily transmissible between people. Do countries such as China, Burma, and Laos have reliable, country-wide disease reporting systems and laboratory facilities to make prompt diagnoses? How can we assist in this process?

If a human outbreak is detected, will it be feasible to contain it in a small area for a sufficient period of time to allow the rest of the world to take protective measures? What arrangements, if any, have been made for the international sharing of scarce anti-viral drugs and the new, still unproven H5 N1 vaccine? The administration's proposal does not appear to allocate much money for preventing or stopping pandemic influenza at its source, which, as Dr. Donald Burke of Johns Hopkins University noted in an article last week, would be much more cost-effective than waiting until it gets to our shores.

If the pandemic does reach the United States, how much medicine and vaccine will be available? Who will get priority and how will these vaccines and treatments be physically distributed? What steps will the government take to restrict the spread of the disease? Banning international travel, closing schools, canceling all public events, or declaring a national stay-at-home holiday period are among measures suggested by experts. If many thousands of people in a metropolitan area become very ill with flu over a short period of time, as some fear, how will hospitals and emergency rooms handle the overwhelming surge of patients?

In 2003, a SARS outbreak in Southeast Asia killed 800 people, a relatively small number compared to the casualties expected in a flu pandemic. Nevertheless, SARS caused great fear and a sharp economic downturn in several Asian nations. Are American businesses prepared if a large number of workers and customers don't show up for an extended period? Will workers be able or willing to keep transportation, electricity, phone, and water systems operating and supermarkets stocked? In this era of globalization, how will international trade be affected? Have the many businesses that rely on regular deliveries of materials from overseas or elsewhere made plans for possible supply-chain disruptions?

We have assembled two distinguished panels to help us assess the current state of preparedness and, more importantly, to discuss the next steps that our government, the international community, businesses, and private individuals should take. On our first panel, we welcome Dr. Paula Dobriansky, Under Secretary of State for Democracy and Global Affairs; Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health; Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention; and Mr. Andrew Natsios, Administrator of the U.S. Agency for International Development. On our second panel, we welcome Ms. Laurie Garrett, Senior Fellow for Global Health at the Council on Foreign Relations, and Mr. James Newcomb, of Bio-Economic Research Associates.

We thank you all for coming, and we look forward to your insights.

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