

## INFORMAL COALITION ON BIODEFENSE AND PUBLIC HEALTH PREPAREDNESS

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March 18, 2015

The Honorable Roy Blunt  
U.S. Senate  
260 Russell Senate Office Building  
Washington, D.C. 20510

Dear Senator Blunt,

On behalf of the undersigned organizations, who have joined together as an informal coalition on biosecurity and public health preparedness, we write today in support of funding 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 biodefense and public health preparedness and serves as our first line of defense. 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. Robust Fiscal Year (FY) 2016 funding would help states and localities restore some of the core capabilities lost due to significant cuts to the program over the past decade.

Annual appropriations to the Hospital Preparedness Programs 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. FY 2016 funds will help build enhanced system planning and response, increase integration of public and private sector medical planning and assets, and improve grantee infrastructure to help healthcare coalitions prepare for public health emergencies.

We also support robust funding 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 current Ebola outbreak demonstrates the need 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. A consistent, well-funded public-private partnership is our best hope for successfully developing these needed products for all populations.

In order to advance the core purposes of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA, P.L. 113-5), combat bioterrorism, and foster preparedness to protect our nation from man-made and natural disasters, the organizations signed below support the inclusion of the following funding levels in any final version of the FY 2016 Labor, Health and Human Services Appropriations bill:

- \$300 million for ASPR's Hospital Preparedness Program Grants for FY 2016. (*\$255 million was included in the President's Budget.*)
- \$675 million for CDC's Public Health Emergency Preparedness Grants for FY 2016. (*\$644 million was included in the President's Budget.*)
- \$763 million for the Special Reserve Fund for MCM procurement to remain available until expended. (\$255 million was appropriated in FY 2015. \$763 million is required each year for the next three fiscals years to achieve the \$2.8 billion over five years (FY 2014-2018) authorized in PAHPRA.) (*\$646 million was included in the President's Budget.*)
- \$522 million for the Biomedical Advanced Research Development Authority (BARDA) for advanced development for FY 2016. (*\$522 million was included in the President's Budget.*)
- \$571 million for the Strategic National Stockpile for FY 2016. (*\$571 million was included in the President's Budget.*)
- Robust funding for Pandemic Influenza for FY 2016. (*\$170 million was included in the President's Budget.*)

Thank you for consideration of these requests. If you should have any questions please contact any of the following individuals:

- Dara Lieberman, Trust for America's Health (202-864-5942, [dliberman@tfah.org](mailto:dliberman@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*

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*American Public Health Association*

*American Society for Microbiology*

*American Veterinary Medical Association*

*Association of State and Territorial Health Officials*

*Biotechnology Industry Organization*

*California Healthcare Institute*

*Infectious Diseases Society of America*

*International Association of Emergency Managers*

*National Association of County and City Health Officials*

*Save the Children*

*Trust for America's Health*

*UPMC Center for Health Security*