

**RANKING MEMBER LAURA RICHARDSON (D-CA)**  
**OPENING STATEMENT**

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**“Taking Measure of Countermeasures (Part 2): A Review of Efforts to Protect  
the Homeland through Distribution and Dispensing of CBRN Medical  
Countermeasures”**

**Subcommittee on Emergency Preparedness, Response and Communications  
Committee on Homeland Security**

**May 12, 2011 at 1:00 PM**  
**311 Cannon House Office Building**

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As the representative of the 37<sup>th</sup> district of California, I understand the critical importance of developing effective nuclear, biological, radiological and chemical countermeasures.

The Port of Long Beach, other critical infrastructure, and the large population in and around Los Angeles County requires a continued state of readiness for a large scale public health emergency.

We must ensure that Federal, State, and local efforts are coordinated to ensure a seamless and expeditious distribution and dispensing process to respond to bioterror, pandemic events, or emergencies caused by a natural disaster.

There have been major improvements to the Nation’s public health infrastructure over the last decade since the 9/11 tragedy and subsequent anthrax attacks.

Most importantly, our State and local public health departments who serve as the backbone of our distribution and dispensing efforts have made great progress in planning and navigating through complex logistical challenges.

We must ensure that our Federal efforts support State and local health departments, who under law have primary responsibility for the health of their citizens.

State and local health departments are on the front lines in any health emergency since they bear the burden of receiving, staging, and dispensing the Strategic National Stockpile assets.

Therefore, all our Federal efforts should be conducted with the goal of providing the necessary support and guidance to ensure that State and local public health professionals can effectively conduct their essential tasks.

Unfortunately, a decade of gains to our State and local public health departments’ preparedness are endangered due continual budget cuts on the Federal, State, and local levels.

According to a December 2010 study by the *Trust for America’s Health*, entitled “*Ready or Not? Protecting the Public’s Health from Diseases, Disasters, and Bioterrorism*”, 33 states and Washington, D.C. have cut funding for public health since 2008.

Also, since fiscal year 2005, federal support for public health preparedness has also been cut by 27%.

Funds for public health allocated during the 2009 Pandemic Flu response and through the Recovery Act helped to provide some support but not did address the need to build the sustainable capacity for large scale response.

The erosion of State and local public health infrastructure and workforce leaves us at risk of not being adequately prepared to have the basic capabilities to meet the time sensitive goals of dispensing medical countermeasures.

I look forward to hearing what specific affects Federal cuts to funding will have on State and local public health response capabilities.

We in Congress need understand these public health challenges in order to reverse course and provide predictable and adequate long-term funding for our State and local partners.

The results of our response are only as effective as the investments we make prior to a disaster.

Inadequate emergency health preparedness puts our Nation at risk and must be resolved now prior to being tested by another large scale emergency.

In addition to the funding issues, I would like to hear about lessons learned from the 2009 H1N1 response and what is being done to protect our most at-risk populations, especially children in schools and daycare centers.