

Statement of Ranking Member Donald M. Payne, Jr. (D-NJ)

“Bioterrorism: Assessing the Threat”

Subcommittee on Emergency Preparedness, Response, and Communications February 11, 2014

As a former Member of the Committee, and a leader on bioterrorism issues, I know we will all benefit from his expertise. I commend both Mr. Pascrell and Mr. King - the lead sponsors of “the WMD Prevention and Preparedness Act” - for their efforts to comprehensively address the threats posed by Weapons of Mass Destruction – particularly biological weapons. I admire their bipartisan effort – and persistence – in championing legislation that will implement many of the recommendations of the bipartisan WMD Commission. I look forward to doing my part to help advance the bill.

As a Freshman Member, I appreciate this opportunity to explore the threats posed by weaponized pathogens and what we can do, as legislators, to address them. During my preparation for this hearing, two things stuck out to me. First, without a Special Assistant to the President for Biodefense, there does not appear to be a unified, coordinated effort for addressing the threats posed by biological weapons. Second, we are not where we need to be with respect to caring for children in the event of a biological attack.

To my first point, it seems that the Federal effort to address bio-terrorism ebbs and flows. In December 2009, President Obama signed an Executive Order that outlined a process for the Federal government to deliver medical countermeasures. Shortly thereafter, the Administration created a Federal working group tasked with designating the highest risk or “Tier 1” biological select agents and toxins.

The release, in July 2012, of a *National Strategy on Biosurveillance* that emphasized the need to coordinate among Federal, state, and local governments and the private sector was a positive step. However, since that time, specifics on how to carry out the Strategy have not been forthcoming. As a result, efforts continue to be disjointed.

I am not alone in reaching this conclusion, GAO stated in its testimony before this Subcommittee in 2012 that national biosurveillance efforts continue to be without a system to determine current resources, assess risk, and prioritize investments. This mission is too critical to be without a coordinated and consistent Federal framework.

To my second point, I am concerned that, as a Nation, we have not done enough to ensure that, in the event of a biological attack, children get the care they need. It is well understood that, as a population, children may experience biological reactions to weaponized pathogens more quickly than adults.

There is a very healthy and active debate about the development and provision of countermeasures to children. Last April, the GAO reported that 40 percent of the countermeasures in the Strategic National Stockpile were not approved for use on children. I understand that, last year, the President’s Commission for the Study of Bioethical Issues released a report entitled *Safeguarding Children: Pediatric Countermeasure Research*, to make recommendations about carrying out research for medical countermeasures for children. Aside from the questions of developing and stockpiling countermeasures for children, there is the matter of treating children in such a disaster.

I am concerned that, in recent years, the advent of less Federal support for public health – such as the termination of funding for the Metropolitan Medical Response System and other vital programs-- local public health personnel do not have the training necessary to treat the unique needs of children who have been exposed to weaponized pathogens. I look forward to learning more about these issues from our witnesses.