

April 1, 2014

The Honorable Tom Harkin  
Labor, Health and Human Services  
Appropriations Subcommittee  
U.S. Senate  
731 Hart Senate Office Building  
Washington, DC 20510

The Honorable Jerry Moran  
Labor, Health and Human Services  
Appropriations Subcommittee  
U.S. Senate  
354 Russell Senate Office Building  
Washington, DC 20510

Dear Chairman Harkin and Ranking Member Moran,

On behalf of the undersigned organizations, who have joined together as an informal coalition on biodefense and public health preparedness, we write today in support of funding for programs critical to the nation's preparedness against threats, whether naturally occurring like pandemic influenza or deliberate, such as a chemical, biological, radiological, and nuclear (CBRN) event.

The impact of an intentional bioterrorist attack or a naturally occurring disease epidemic poses a clear danger to the national security of the United States. Our nation's vulnerability to both manmade and natural biothreats remains high and the consequences of being unprepared are severe. Developing the vaccines, medicines, diagnostics, and other products necessary to protect the American public, including children and vulnerable populations, from these threats requires many years of sustained commitment and dedicated funding.

We 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 stockpiling important medical countermeasures to protect the public and cultivating a development pipeline containing over 80 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. Without federal support for these programs, the government would have no means to develop, purchase, and stockpile medical countermeasures and they would not be available to save lives in the event of a calamity.

Additionally, a strong public health infrastructure is essential to biodefense and public health preparedness. Annual appropriations to the Public Health Emergency Preparedness and Hospital Preparedness Programs have fallen in recent years, leaving capability gaps in our nation's ability to prevent, detect, and respond to infectious disease threats. Cutbacks to the public health workforce over the last five years have contributed to the loss of over 22% of 50,600 jobs, or 22% of the state and local health department workforce (see <http://www.astho.org/budget-cuts-Nov-2013/>). National health security is a shared local, state, and federal responsibility that is not currently at an appropriate stage of readiness.

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

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following funding levels in any final version of the Fiscal Year (FY) 2015 Labor, Health and Human Services Appropriations bill:

- \$636 million for the Special Reserve Fund for MCM procurement to remain available until expended. (\$255 million was appropriated in FY 2014. \$636 million is required each year for the next four fiscal years to achieve the \$2.8 billion over five years (FY 2014-2018) authorized in PAHPRA.) (*\$415 million was included in the President's Budget.*)
- \$415 million for the Biomedical Advanced Research Development Authority (BARDA) for advanced development for FY 2015. (*\$415 million was included in PAHPRA and in the President's Budget.*)
- \$543 million for the Strategic National Stockpile for FY 2015. (*\$543 million was included in the President's Budget.*)
- \$330 million for Pandemic Influenza for FY 2015. (*\$170 million was included in the President's Budget.*)
- \$300 million for ASPR's Hospital Preparedness Program Grants for FY 2015. (*\$255 million was included in the President's Budget.*)
- \$675 million for CDC's Public Health Emergency Preparedness Grants for FY 2015. (*\$617 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:

- 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))
- Becky Salay, Trust for America's Health (202-223-9870, [bsalay@tfah.org](mailto:bsalay@tfah.org))

Signed,

*Alliance for Biosecurity  
American Academy of Pediatrics  
American College of Preventive Medicine  
American Public Health Association  
American Society for Microbiology  
American Veterinary Medical Association  
Association of American Medical Colleges  
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  
Roundtable on Critical Care Policy  
Save the Children  
Trust for America's Health  
UPMC Center for Health Security*