

**Floor Statement by Senator Kent Conrad (D-ND) on
Avian Flu Amendment to FY 2007 Budget Resolution
March 16, 2006**

I am offering an amendment on avian flu. I offered this same amendment in the committee because after testimony by Secretary Leavitt before the Committee on the Budget, we are clearly still unprepared to meet any potential pandemic.

Here is what the U.N. said on March 9: "Bird flu is likely to spread to birds in the United States within six months and could produce an epidemic among humans "at any time," said a U.N. official. The prediction by David Nabarro was the first by a top global health official pinpointing when birds carrying the flu will arrive in the lower 48 States."

He went on to say, and I hope my colleagues and their staffs are listening: "There will be a pandemic sooner or later," Nabarro said. "It could start any time. We have a virus capable of replicating inside humans. We have a virus that humans are not resistant to. We have a virus about which we don't understand everything."

The administration's assessment of what could happen if there were a pandemic is truly sobering. I will discuss the Bush administration estimates of possible consequences from avian flu pandemic. In terms of illness, if it were severe, 90 million people could be affected in this country. The requirement for outpatient medical care: 45 million people.

Colleagues, we are totally unprepared for something of this magnitude. Hospitalization, if it were severe, 9.9 million people in this country would require hospitalization. ICU care -- that is intensive care -- almost 1.5 million people would need intensive care. We do not have the ventilators, we do not have the facilities, and we do not have the beds to accommodate that level of illness. Mechanical ventilation, almost 750,000 people would require ventilation. Again, we simply are not prepared for that.

And most sobering of all are the deaths. They anticipate in this country alone almost 2 million people could die. Right now, the death rate is running far above that. We know, for everyone who has been diagnosed with this illness, roughly half are dying. Because these viruses tend to burn out, we would not get that same effect if we have a widespread outbreak, but nonetheless the potential is truly sobering. Again, we are not prepared.

Local communities will require Federal assistance if a pandemic strikes. This is from the director of public health in Seattle in King County, WA, as quoted in the USA Today on February 21, of this year: "Our hospitals and our public health system are funded for normal levels of operation...but have always relied on the federal government should we have need for more ventilators, for example, in the event of an earthquake or other mass-fatality event. "What the federal planners are not getting," she says, "is that if there is a pandemic, every community will be asking for ventilators from the national stockpile at the same time."

Clearly she has that right. We are not prepared.

The Secretary said in his testimony before the Committee on the Budget that what is different about a pandemic is that it happens everywhere at once. You do not have the option of dealing with a few hotspots.

It is very clear we need more resources. What we most need additional resources for is to develop vaccines. We also need antivirals and more resources for public health. But clearly the top priority has to be developing vaccines that can safeguard people against this illness.

Here is the summary of our situation with respect to vaccines. We have limited vaccine production capacity, relying on only three companies. The bird flu virus is mutating, making current vaccines less effective. Current vaccine production is egg-based and could be threatened by bird flu itself. That is a very important point. The way they make vaccine now, they use eggs, but of course the eggs are in the bird population. This is a bird flu. The population we would currently count on to produce vaccine may itself be threatened. Finally, we need alternative technologies, since companies have few incentives to build expensive cell-based production facilities.

It is very clear we cannot rely on eggs. Currently, there is not the production of the number of eggs to produce a max vaccine in a rapid way. So we have to move to a cell-based technology. But companies have few incentives to build these expensive cell-based production facilities unless they are guaranteed there is going to be a market.

The amendment I am offering would increase funding by \$5 billion to combat an avian flu pandemic and increase local preparedness. The amendment would distribute that money as follows -- this is based on testimony before the committee and our own outreach to the scientific community -- an additional \$1.5 billion to increase the stockpile of antivirals and necessary medical supplies, including masks, gloves, ventilators, antibiotics, and ongoing medical treatment needs for chronic-care patients.

With respect to antivirals, we know by the end of this year we are slated to have some 20 million courses of treatment of Tamiflu. The administration's goal is 80 million. So we are well short of having the necessary stockpiles of the antiviral Tamiflu. Clearly, we need more resources there. Clearly, we need more resources for ventilators. We already heard public health officials say that will be one place where there will be an extreme shortage should we face a pandemic.

Next, the amendment provides \$2.5 billion to accelerate vaccine research, development, and manufacturing. And finally, it provides \$1 billion to increase State and local preparedness.

The amendment also ensures that the additional funding is fully offset, completely paid for.

I hope very much my colleagues will support this amendment. I know there is a resistance on the other side to increasing the top-line spending number. If there were ever a time to make an investment in protecting America, this is it. We could face the tragedy of our time.

I am reading a book called "The Great Influenza." It is about the 1918 flu epidemic in which they estimate 50 to 100 million people died in this world. We have not had a pandemic since. Pandemics typically occur every 50 years or so, so we are well overdue. We did have a widespread, very severe flu in 1968.

The Secretary of Health and Human Services says we are not prepared, says we are not ready. Local health officials say we are not ready. International health officials say we are not ready. I hope very much we get ready and make this investment.

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Finally, the Senator from North Carolina, Mr. Burr, will have an amendment that will be considered at the same time as mine. His amendment is an empty vessel.

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What he is offering is a reserve fund that is deficit-neutral but has no money attached to it. But later in the process, if funding were provided, that reserve fund would provide a receptacle. That is an empty vessel. There is nothing there.

It has value. I will support Senator Burr's amendment. It has value because at least there is a receptacle, at least there is a vessel, at least there is a way of taking funds that might be provided for later. But I want colleagues to know there is no new funding provided for in the Burr amendment.

The only amendment being offered here that is going to have additional resources to meet a possible pandemic is this one. So I hope colleagues think very carefully before they cast this vote.