Opening Statement of Congressman Henry A. Waxman
Energy and Commerce Committee hearing on bioterrorism
November 15, 2001

While the threat of bioterrorism cannot be overstated, this is not our first public health crisis. We have had Legionnaire's Disease and Toxic Shock Syndrome and earthquakes and hurricanes. Most obviously, we have had--and still have–the AIDS epidemic.

It is also not the first time that experts have told us that our public health system is in disrepair. We have had warnings and reports from the National Academy of Sciences and the Institute of Medicine for a decade now.

We should be able to learn lessons from these disasters to help us respond now.

The most obvious lesson is that we cannot shortchange the Centers for Disease Control and public health agencies. During the Eighties, CDC was so short of staff that it had to pull its professionals off of their ongoing work to devote themselves to the emerging AIDS epidemic. Just last month, CDC again had to pull its staff off of their other work (this time including AIDS) so that they could respond to anthrax and other threats.

When it works on energy issues, this Committee has learned that we have to plan for "surge capacity" so that power systems can deal with unexpectedly high demands. We should learn the same lesson for CDC and public health. We cannot budget these programs for some sort of theoretical "normalcy;" That's not how public health works; it's not a predictable assembly line. We should build in "surge capacity" for bioterrorism, epidemics, and new problems. Only with new FTE's and contingency funds can we be prepared.

I would emphasize that we need to focus our spending on systems and people, not just things. It's important to stockpile vaccines and drugs, but it's not enough. We need ongoing epidemiology and disease surveillance. We need communications systems that work. We need better labs and more lab workers. We need people who can train and work with health professionals during a crisis.

I'm concerned that the budget from the Administration is insufficient to meet these needs. It relies on moving CDC and public health professionals from job to job–the same musical chairs that CDC had to cope with twenty years ago. It provides a drop in the bucket for spending on public health systems and people and spends largely on things. It is as if the Administration were building lots of fire stations and buying some fire trucks, but not hiring fire fighters or installing alarm systems.

And it is not a question of what we can afford to do for public health. The Administration has consciously decided to spend its money on tax cuts–tax cuts that benefit the wealthiest and corporations–and not to spend the funding on public health preparedness.

This is the clearest example of penny-wise and pound-foolish that I can imagine. We can do better. We should learn from our previous public health problems. Now we know what to do, and we should not shortchange the efforts.