



Statement of Senator Joseph R. Biden, Jr. (D-DE)
Senate Foreign Relations Committee Hearing on
“Avian Influenza: Are We Prepared?”
November 9, 2005

AS PREPARED FOR DELIVERY

Mr. Chairman, today’s hearing deals with a terrible threat that is, to a degree, inevitable. And you are to be praised, Mr. Chairman, for holding this hearing and forcing all of us to focus of the very real and large challenges that we face.

Someday, Mr. Chairman, a pandemic will wreak world-wide havoc. It may well be an outgrowth of the avian influenza that is currently moving into Europe from Asia; or it may be something else. But, clearly –

- it will come;
- we may not be prepared for it;
- many other countries will be desperately unprepared or unable to respond to such terrible events; and
- their lack of preparedness will harm us, as well the rest of the world.

We are talking about a risk of social and economic disruption on a scale that our country has not endured since the Spanish flu epidemic of 1918-1919, or perhaps since the Civil War.

Last week, the Administration and the Department of Health and Human Services issued a Pandemic Influenza Strategy and Plan. I am pleased that they did so, and the plan is very sensible, as far as it goes.

I am also pleased that four high-ranking officials who will implement the Administration’s plan will present plan and answer our questions. This is not a time for sitting quietly.

- It is a time to probe;
- it is a time to gain understanding; and
- it is a time to take action, before it's too late.

We do not know when avian flu will become readily transmitted between humans, or how deadly it will be when that occurs. But we know that we must prepare for the worst.

We begin this effort with confidence in our capabilities, but also with knowledge of the serious difficulties we face:

- We have no vaccine with assured effectiveness against avian flu, and we won't know what strain to combat until it shows up and is transmitted among humans.
- How quickly we learn of that event will depend upon disease surveillance and reporting capabilities of less developed countries that are hard put to keep track of outbreaks.
- It will take at least six months from that point to begin full-scale vaccine production.
- All our major vaccine producers are foreign-owned.
- The production process is very complicated and it depends upon eggs that are also imported.
- The developers of new methods of vaccine production are still years away from gaining FDA approval.
- So that initial human-to-human outbreak will not be treated with vaccines. The country where it occurs will need medicines, instead, if we are to avoid the outbreak becoming a pandemic.
- One class of anti-viral medicines is less than fully effective on H5N1, perhaps because the medicines were used on livestock in Asia.
- The effective anti-viral medicine Tamiflu is made only by Roche, a Swiss firm.
- A U.S. production line for Tamiflu will begin operation shortly, but the United States has yet to put in its order and could soon lose its place in line.
- Roche has contributed 3 million courses of Tamiflu treatment to the WHO.
- But you need to begin taking Tamiflu within 48 hours of exhibiting symptoms.

- So we need excellent world-wide disease surveillance and reporting and we need a system to get the Tamiflu immediately to people near the initial outbreak.
- Those capabilities are vital to buying time for the production of a targeted vaccine to save the rest of the world.

I hope our witnesses will speak in some detail to what we are doing to create those capabilities.

I hope they will also address the question of funding, and whether we need to enact new foreign assistance legislation before we adjourn.

And I heartily commend to them the written statement submitted by Dr. Margaret Chan, Assistant Director-General of the World Health Organization, who was unable to be here because the WHO is hosting today a major avian flu conference in Geneva. Her statement is forthright and sobering.

I also have two questions of particular, personal interest.

The first relates to disease surveillance. I have urged for over 3 years that the United States help train and equip foreign countries to recognize disease outbreaks that might be the result of bioterrorism. If we are going to help countries detect avian flu – and we absolutely must do that – then why not also train those people to recognize other new or emerging diseases, including those that might be the result of bioterrorism?

My second concern relates to avian flu as a threat to commercial poultry production in the United States. That's a big thing in Delaware, as well as elsewhere.

I want to make sure that we defend the United States against the economic impact of avian flu. It's reaching Europe now and someday it will get here, even if that first wave affects only birds, and not people.

- What are we doing to monitor its spread among birds?
- What should American producers do to limit the risk to their flocks?
- Should live markets be shut down or more tightly controlled in the U.S.?
- Should U.S. birds be vaccinated? If so, when?
- What will all this cost?
- And how will we ensure that everybody is included – not just the big companies, but also the mom-and-pop operations?

That's a lot to ask, and I will ask more during the question period. But if ever there was an issue on which we needed to be educated, this is it. Many lives hang in the balance.

Thank you, Mr. Chairman.