Dear Chairman Kingston and Ranking Member DeLauro,

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 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. Those funds expire at the end of this fiscal year and must be replenished in order to ensure the continued development of these national security products.

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. Cutbacks to the public health workforce have already taken place over the last five years, totaling more than 46,000 jobs lost (or about 21% of the state and local health department workforce). National health security is a shared local, state, and federal responsibility that is not currently at an appropriate stage of readiness.

We applaud the recent reauthorization of these programs in the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA, P.L. 113-5). In order to advance the core purposes of PAHPRA, new funding must be appropriated at a level consistent with past appropriations and what is authorized in PAHPRA, including:

- $2.8 billion for the Special Reserve Fund over five years (FY 2014-2018) for MCM procurement.
- $415 million for the Biomedical Advanced Research Development Authority (BARDA) for advanced development for FY 2014.
- $533.8 million for the Strategic National Stockpile for FY 2014.
- $374.4 million for ASPR’s Hospital Preparedness Program Grants for FY 2014.
Thank you for consideration of these requests. If you should have any questions please contact any of the following individuals:

- Maureen Hardwick, Alliance for Biosecurity (202-230-5133, Maureen.Hardwick@dbr.com)
- Mark Del Monte, American Academy of Pediatrics (202-347-8600 or mdelmonte@aap.org)
- Tracey LaTurner, Biotechnology Industry Organization (202-962-6696 or tlaturner@bio.org)
- Dara Alpert Lieberman, Trust for America’s Health (202-223-9870, x20 or dlieberman@tfah.org)

Signed,

Alliance for Biosecurity
American Academy of Pediatrics
American Public Health Association
American College of Preventive Medicine
American Society for Microbiology
Association of American Medical Colleges
Association of State and Territorial Health Officials
Biotechnology Industry Organization
California Healthcare Institute
Center for BioSecurity of UPMC
Peter Huessy, President of Geostrategicanalysis, Inc.
Infectious Diseases Society of America
National Association of County and City Health Officials
Roundtable on Critical Care Policy
Trust for America’s Health
Bipartisan WMD Terrorism Research Center