Statement of Senator Susan M. Collins

"H1N1 Flu: Getting the Vaccine to Where It Is Needed Most"

Committee on Homeland Security and Governmental Affairs November 17, 2009

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Thank you, Mr. Chairman, for holding this important hearing to focus on the continuing problems regarding the supply and distribution of the H1N1 flu vaccine.

This hearing is critical to peeling away the layers of misinformation and miscommunication that have hampered the federal government's flu response strategy.

Many of our constituents, especially those most vulnerable to the virus, are frustrated and perplexed by the problems they face in getting vaccinated. Let me share the story of an 11-year-old boy named Brendon Stearns from Greenwood, Maine.

On October 27, Brendon wrote me a letter, describing his attempts to get the vaccine. He has two autoimmune diseases and asthma, placing him in a high-risk group for complications. Yet even after his mother called several possible sources – schools, the Maine CDC, doctors' offices, hospitals, health clinics, and pharmacies – she could not find any vaccine available. Her persistence paid off when a source was found in Rockland, but that was a nearly six-hour round-trip drive from the family's home in Greenwood.

I was dismayed to learn about the extraordinary effort this family had to undertake in order to get the vaccine for their high-risk child. Such extreme measures should not have been required. And it raises the troubling question: how many others just like Brendon are still waiting for their vaccination?

Despite consistent reassurances from the federal government that vaccine would be available for all that wanted it, the bottom line is that people like Brendon and his mother often have been left to fend for themselves. Scores of people in Maine are telling me similar stories... a veteran from Biddeford with compromised immunity due to a liver transplant...school nurses frustrated with last-minute changes from the CDC regarding vaccine availability.

What is the national strategy? Where was the plan? Why wasn't the plan altered when manufacturing problems first became evident? Instead of false assurances, why wasn't the federal government explaining the challenges with vaccine production and revising and clearly communicating a new vaccination strategy?

If I were to summarize the sentiments of these Mainers and so many others who have hit obstacle after obstacle in trying to obtain the H1N1 flu vaccine, I would choose one word: "frustrated."

Parents are frustrated that they cannot get vaccine for their children.

Doctors and nurses are frustrated because they cannot give their patients accurate timelines for vaccine arrival.

State and local officials are frustrated. They cannot plan a cohesive community response because the promised supply of vaccine often doesn't arrive on time – if at all.

Americans across the nation are frustrated because they cannot take recommended steps to help protect themselves or their family's health.

For another example, let's look across the country to California. The website for the Department of Public Health for San Francisco has a section called "Frequently Asked H1N1 Swine Flu Vaccine Questions."

Question: My pediatric office has live virus vaccine, when will they get the injectable vaccine?

Answer: The Health Department has no way of knowing that, and neither does your doctor's office. All orders are being filled on a random basis.

Question: I go to an internal medicine doctor for my care, when will she have vaccine?

Answer: This is unknown. At the rate vaccine has been trickling in, it could be in 1-2 months.

Page 3 of 4

Question: Why does the doctor's office across the street from where I take my children have vaccine, but my children's doctor's office doesn't?

Answer: Orders are being filled on a random basis. There is no way to predict who will get what and when.

Question: What am I supposed to do if I'm in a high risk category and I can't find any vaccine.

Answer: Take comfort in the fact that you are not alone...It remains unclear to all involved when the full supply of vaccine will be in place so please remain patient and calm and know that the whole country is experiencing the same wait.

While high-risk veterans in Maine have been unable to get vaccinated at the VA, we learn that terrorist detainees at Guantanamo Bay may be getting the vaccine ahead of Americans in priority at-risk groups. We learn that executives at bailed-out banks, such as Goldman Sachs and Citigroup, may get the vaccine ahead of children and pregnant women.

Just last month, this Committee held a hearing to examine the government's efforts. When we asked about vaccine availability, we received rosy reassurances by the Administration witnesses about the supply of H1N1 vaccine. Secretary Sebelius said, "By early November we are confident that vaccine is going to be far more widely available. There is enough vaccine, and will be, to vaccinate every American who wants to be vaccinated, and we are pushing it out as quickly as we can."

Well, it's mid-November, and we know that supply production is still lagging behind those repeated assurances.

Only after our October 21 hearing did the truly dire nature of the vaccine shortage come into clear focus. Following that hearing, Senator Lieberman and I sent letters to Secretary Sebelius asking for her prompt reply to specific questions. What we received in response were generalizations and non-answers.

The Administration needs to do a far better job working with state and local public health officials who can then set attainable goals to ensure that the vaccine is distributed to the most vulnerable groups.

I'm interested to hear from the witnesses about efforts the government should take to correct the current problem and to develop a long-term

Page 4 of 4

strategy, such as expediting the development of cell-based technology plants for vaccine manufacturing.

Americans – like Brendon – deserve answers. H1N1 may well resurge, perhaps in a more virulent form, next year. In any event, it won't be the last pandemic we face.

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