

**Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Hearing on “Review of CDC Anthrax Lab Incident”
July 16, 2014**

(As Prepared for Delivery)

The subcommittee today examines the CDC anthrax incident last month that potentially exposed dozens of CDC researchers to live anthrax because established safety procedures were not followed.

Last Friday, the CDC Director announced the findings of CDC’s own internal review of the incident and the corrective actions being taken. CDC’s review identified a fundamental flaw: the agency had no written study plan to ensure the safety of its workers and the proper handling of live biological agents, like anthrax. The Department of Agriculture’s investigation revealed more disturbing details. During the inspection, CDC workers could not locate some of their anthrax samples. It took more than a week for the inspectors and CDC management to track down the anthrax samples that are in CDC’s custody. Agriculture inspectors also uncovered that CDC was transferring dangerous materials from bio-containment labs in Ziploc bags. Disinfectant that CDC labs used for decontamination was expired.

This is troubling and it is completely unacceptable.

The Centers for Disease Control is supposed to be the gold standard in the U.S. public health system and it has been tarnished. We rely on CDC to protect us and uphold the highest standards of safety. But the recent anthrax event and newly disclosed incidents have raised very serious questions about the CDC’s ability to safeguard properly select agents in its own labs.

The CDC Director has called the potential anthrax exposure a “wake up” call. But as our investigation has uncovered, this is not CDC’s first “wake up” call. I’m not even sure “wake up” call is the proper term.

A “wake up call?” That is a gross and dangerous understatement. It was a potentially very dangerous failure. A “wake up” call is catching before the danger occurs.

Once a person is exposed to a serious pathogen, the danger is of a much higher magnitude.

In 2006, the CDC bioterrorism lab sent live anthrax to two outside labs on a mistaken belief that the shipped anthrax was inactivated. Later that same year, inadequate inactivation procedures led another CDC lab to inadvertently ship live botulinum to an outside lab.

In 2009, CDC learned from newly available test methods that a strain of Brucella, which can cause a highly contagious infection, had been shipped to outside labs since 2001 because researchers had believed that it was a less dangerous strain. One must question the scientific qualification of such scientists.

Reports by government watchdogs demonstrate that these events are not isolated incidents. Between 2008 and 2010, the HHS Office of Inspector General (OIG) issued three reports documenting concerns at CDC labs such as ensuring physical security of select agents and ensuring personnel received required training. An audit in 2010 found that a CDC scientist discovered select agents in a drawer in an unsecured lab during a reorganization, and another CDC scientist found 16 vials of a select agent stored in an unsecured freezer that was reportedly left over from an outbreak investigation many years earlier. This is reminiscent of the recent discovery of smallpox vials in a storage room on the NIH campus. The smallpox was undocumented, no one knew it was there, only discovered by accident. In 2011, the OIG found that CDC did not monitor and enforce effectively certain select agent regulations at Federal laboratories, including those at the CDC. In addition to the Inspector General audits, several GAO reports in recent years have raised concerns about oversight of high-containment labs, including those at the CDC.

Despite the number of red flags, these incidents keep happening. We learned last Friday that CDC scientists in March shipped influenza strains to a Department of Agriculture lab that was contaminated with a very deadly flu virus. This cross contamination was discovered on May 23, 2014, but it took six weeks for this to be reported to CDC leadership.

What we have here is a pattern of recurring issues, of complacency, and a lax culture of safety. This is not sound science and we will not tolerate these practices that put the health of the American public at risk. It is sloppy and inexcusable.

Dr. Frieden, I thank you for testifying today. I have questions about whether the corrective actions you have announced will ultimately solve the problem. CDC has already reassigned one lab official from his duties. Taking personnel actions, though, will not address problems that – based on the number of incidents and reports over the years – appear to be systemic. CDC needs to ensure that proper policies are implemented and followed. Dr. Frieden, you said last Friday that you are distressed about the delay in notification about the influenza shipments. I want to know if you are concerned about why CDC workers are not reporting everything and whether you have any reason to believe they may be afraid to report these incidents. Is this going to be like the Veterans Administration, fraught with coverups and dependent on whistleblowers, outside investigators, and accidental discoveries.

CDC is not going to solve human errors unless it gets as much information as possible from its own people.

Since 2007, there have been 17 reports at CDC indicating that a worker was potentially exposed to a select agent or toxin. Thankfully, as far as we are aware, no one at CDC has become sick from improper handling of select agents. But CDC should not assume that its luck with these near-miss events will continue. Sooner or later, that luck will run out and someone will die. CDC needs to strengthen its safety procedures. The risks from these deadly pathogens require fail-safe mechanisms and redundancies similar to those used in other contexts such as handling weapons.

The subcommittee will also review the oversight system of Federal laboratories' compliance with select agent regulations, and to explore the possibility of an independent agency to oversee the CDC labs.

I thank all the witnesses for testifying today.

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