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on

Medical Countermeasures

before

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1 **Introduction**

2 Chairman Bilirakis, Ranking Member Richardson, and members of the Subcommittee, thank you
3 for giving me this opportunity to discuss Department of Defense efforts to develop medical
4 countermeasures to protect the Warfighter and the Nation.

5
6 DoD has to confront the growing and evolving risk of chemical, biological, radiological, and
7 nuclear threats, and emerging infectious disease. Our national security is challenged to both
8 accurately identify and rapidly respond to an attack or naturally occurring outbreak with
9 countermeasures that limit impacts and loss of life. DoD is responding to this challenge by
10 building an end-to-end, integrated capability to respond to the threat through enhanced
11 diagnostics, detection, and biosurveillance; and through innovative industrial capacity for
12 advanced development and adaptive manufacture of medical countermeasures for rapid response.

13
14 The potential threats today are much more difficult to plan against. We face a broad array of
15 both natural and manmade challenges. The world is smaller so global pandemics come to our
16 shores faster, and DoD personnel are deployed around the world coming into contact with
17 endemic diseases unlikely to be seen in North America. The emergence and rapid advance of
18 synthetic biology will make it easier over time for an adversary, whether state or non-state, to
19 develop modified pathogens. These challenges will only increase with the exponential growth in
20 the field of biotechnology, global industrialization, and the wealth of scientific information
21 becomes even more available through mass communications.

22
23 Our over-arching goal, of course, is to prevent an attack or infectious disease outbreak in the first
24 place. The Department has expanded prevention efforts underway that include international
25 scientific engagements to promote a culture of laboratory responsibility, enhance scientific
26 collaboration, and to secure dangerous pathogens. Should a crisis occur, however, we will have
27 to act swiftly and decisively with the capability to rapidly indentify and characterize the threat,
28 activate response plans, and rapidly distribute and disseminate medical countermeasures in
29 sufficient quantities.

30

31 Before addressing medical countermeasure development challenges and solutions, I want to take
32 the opportunity to emphasize the strong and productive collaboration we share with the
33 Department of Health and Human Services and the Department of Homeland Security on many
34 levels, and particularly through the Public Health Emergency Medical Countermeasures
35 Enterprise. Through this Medical Countermeasures Enterprise, we have developed the
36 Integrated Portfolio for CBRN Medical Countermeasures to develop medical countermeasures
37 required for National and Homeland Security. Our relationship with HHS and DHS through the
38 Enterprise is synergy at its best—we team our expertise, avoid duplicating efforts, and
39 participate in joint acquisition and stockpiling when possible.

40

41 As a former laboratory director, I want to mention that the Department of Defense has an
42 incomparable set of laboratory assets and scientific expertise based throughout the United States
43 and around the globe engaging in basic and applied research, advanced technology development
44 to prove concepts for medical products and information, and response to threats against health
45 and performance. These include medical research and technology aimed at endemic disease
46 threats, chemical and biological warfare threats, environmental hazards, battle sequelae, systems
47 hazards, operational stressors, and combat injuries.

48

49 Our overseas laboratories are national assets that advance US diplomacy through the study of
50 infectious diseases of critical regional public health importance. By contributing to the health
51 infrastructure of another country, we contribute to that country's security and by extension to US
52 security as well. The laboratory missions also include the evaluation of vaccines, therapeutic
53 agents, diagnostic assays, and vector control measures. New international collaborations include
54 the Republic of Georgia-US Biosurveillance and Research Center which engages scientists in
55 diagnostic and epidemiological studies, and medical countermeasures research. DoD endeavors
56 with coalition partners are exemplified by the work in the Republic of South Korea where
57 diagnostic, detection, biosurveillance, and laboratory capabilities to protect US forces are tested
58 and deployed. This work is done in collaboration with the Republic of Korea Defense, Health,
59 and other Ministries to improve our collective preparedness and response posture to emerging
60 infectious disease threats of any origin in this critical geographic region.

61

62 **Challenges to Progress on Medical Countermeasures**

63 The December 2010 *National Strategy for Countering Biological Threats* highlighted the
64 significant threat posed by especially dangerous pathogens to our people, forces, and coalition
65 partners. The Department of Defense must have the ability to fight and win in an environment
66 that might be compromised by diseases or threat of a bioattack. This includes the timely
67 provision of safe and effective vaccines and treatments for our Joint Service Members and our
68 coalition partners.

69
70 The events of the 2009 H1N1 pandemic, along with the ongoing challenges and costs associated
71 with development of chemical, biological, radiological, and nuclear medical countermeasures,
72 revealed major gaps in advanced development and access to domestic surge manufacturing
73 capacity. These and other challenges underscored by the Public Health Emergency Medical
74 Countermeasures Enterprise Review in August 2010, revealed the need for a whole of
75 government approach.

76
77 Factors that have limited progress for developing biodefense vaccines include the inability to
78 leverage the expertise and capabilities of larger, experienced biopharmaceutical companies due
79 to the high opportunity costs of entering the limited chemical, biological, radiological, and
80 nuclear medical countermeasure market. The result is a reliance on small biotechnology firms
81 that are engines of innovation and critical for discovery and early development of medical
82 countermeasure candidates, but they have limited advanced development and regulatory
83 experience and limited manufacturing capabilities. This is a costly, inefficient, and risky
84 approach to meet critical biodefense and public health needs.

85
86 The cost and time required to develop and obtain Food and Drug Administration approval to
87 market a new biologic and/or drug is costly, takes years, and is a risky endeavor even for large,
88 experienced pharmaceutical companies or for medical countermeasure candidates that have well
89 established regulatory and development pathways and a commercial market.

90
91 The Department's needs for medical countermeasures are variable in number, ranging from tens
92 of thousands to a few million doses, owing to unique operational vaccine and treatment

93 requirements due to our global presence. The potential spectrum of CBRN threats and emerging
94 infectious diseases is diverse, and we have too many gaps and unmet requirements for medical
95 countermeasure vaccines and treatments.

96
97 It is crucial that we close the vaccine, antimicrobial and antiviral drug gaps. We cannot afford to
98 take the average 12 to 15 years to develop a medical countermeasure against a single threat, nor
99 can we afford to use the traditional and costly “one bug–one drug” development paradigm. This
100 national security challenge requires new approaches for medical countermeasure advanced
101 development and manufacturing to counter anticipated and unanticipated threats from an attack
102 or naturally occurring infectious disease threats. The DoD approach to overcome some of these
103 challenges is to bring innovation to manufacturing processes in an analogous way that the
104 Transformational Medical Technology program brought innovation to discovery and early
105 development. The approach will capitalize on platform technologies that can be multi-use and
106 give us an ability to quickly characterize the pathogen and promptly develop a countermeasure.

107

108 **Integrated Biodefense Approach**

109 The Department will address these gaps holistically and as an integrated set of capabilities
110 including establishment of critical industrial capacity to respond swiftly and effectively to these
111 evolving threats. These capabilities focus on the need to quickly and precisely detect, diagnose,
112 and identify the threat, develop or refine a medical countermeasure, and manufacture quickly
113 those countermeasures in useful quantities.

114

115 *Detection and Initial Response*

116 The first step in this integrated set of functions is detection, and includes the entire system and
117 processes that can quickly determine the nature of the infectious disease or emerging threat. Our
118 ability to obtain early warning about the emergence and progression of new and/or particularly
119 dangerous threats feeds directly into our ability to prepare effective vaccines and therapeutics.

120

121 Detection capabilities are a priority for DoD and include pursuit of research, development, and
122 acquisition of medical diagnostics, environmental detection, and data fusion, management, and
123 decision tools.

124

125 One diagnostic capability currently fielded with our forces in over 300 locations worldwide is
126 the Joint Biological Agent Identification and Diagnostic System. It is capable of rapidly
127 identifying multiple biological agents, such as anthrax, plague, and avian influenza. In response
128 to the 2009 H1N1 pandemic, genomic signatures and assays obtained from the CDC were
129 quickly ported to the JBAID system under FDA Emergency Use Authorization enabling use of
130 this deployed platform for both military and public health needs. The utility of this genomic
131 based diagnostic system has been very successful, enough to warrant investments and a new
132 development thrust in next-generation diagnostics.

133

134 We are also working closely with the Department of Homeland Security and the Department of
135 Health and Human Services on biosurveillance, diagnostics, environmental detection, laboratory
136 capabilities, integrating operations and data systems, and participating in joint exercises in
137 support of a national biomonitoring architecture. In BioWatch cities, for example, military
138 installations are included in the local emergency management and public health incident
139 command centers enabling shared situational awareness through local, state, and national
140 operations centers. We are also integrated through the National Biosurveillance Integration
141 System, which serves as the platform for information exchange between agencies and facilitates
142 the early recognition of biological events, including natural disease outbreaks, accidental or
143 intentional use of biological agents, and emergent biohazards. DoD also collaborates with the
144 DHS National Biodefense Analysis and Countermeasures Center for biological risk assessments
145 and bioforensic analysis to support attribution.

146

147 DoD global biosurveillance activities are enhanced by establishing strategic research
148 partnerships and scientific cooperation efforts with partner nations. Global biosurveillance
149 initiatives and medical diplomacy through overseas labs foster ongoing communication,
150 collaboration, and information networks among the US government agencies, non-governmental
151 organizations, academia and international partners. The Armed Forces Health Surveillance
152 Center Global Emerging Infections Surveillance and Response System is a centralized
153 communication hub to help coordinate DoD resources and link with other US and international
154 disease surveillance efforts. This center links DoD laboratories, research facilities, and the

155 military health system to facilitate rapid recognition and response to protect the health of the
156 forces and national security. Within DoD, a new laboratory information and communications
157 system, the Electronic Integrated Disease Surveillance System, can link together the different
158 levels of a national disease surveillance network within a country providing near real time
159 information flow that can be disseminated to the appropriate organizations in a timely manner.
160 DoD's overarching interest is to improve the capability for international surveillance, countering
161 biological threats, and responding to emerging infectious diseases of intentional or natural
162 origins. This is done in close collaboration with CDC global disease detection efforts.

163
164 DoD supports civil authorities in chemical, biological, radiological, and nuclear consequence
165 management operations to save lives and reduce the effects of a weapon of mass destruction
166 attack. We recognize the importance of maintaining a force that is ready and able to respond to
167 these special threats and is prepared to rapidly support civil authorities in response to an event.
168 The Department has established elements to provide forces as soon as possible to support any
169 consequence management scenario that may occur. This includes command and control,
170 decontamination of personnel and equipment, hazardous material handling and disposal, air and
171 land transportation, aerial evacuation, emergency medical treatment, and sustainment. Other
172 units provide casualty/patient decontamination, emergency medical support, and casualty search
173 and extraction. We are continually looking for ways to improve support to civil authorities,
174 increasing life saving capabilities and reducing response times. By the end of 2012 there will be
175 10 Homeland Response Force units capable of responding within hours in each of the FEMA
176 regions to provide more life saving capabilities faster using the same approximately 18,000
177 personnel assigned to this mission.

178

179 *Medical Countermeasures Discovery and Development*

180 The second step of our integrated biodefense enterprise includes the entire scope of efforts to
181 discover and develop a medical countermeasure candidate to a chemical, biological, radiological,
182 and nuclear threat or new pathogen. These countermeasures must be rapidly demonstrated to be
183 safe and effective through streamlined, but still rigorous, techniques. The Transformational
184 Medical Technologies program, established as a DoD Initiative in 2006, focuses on the discovery

185 and refinement of medical countermeasures in response to emerging threats and has been so
186 successful it is now becoming the base approach for the entire medical discovery program.

187
188 The Transformational Medical Technologies program addresses novel threats, biologically
189 engineered pathogens, or emerging infectious diseases by developing new detection and
190 therapeutic capabilities. The goal is to provide a rapid response capability to identify and
191 characterize an unknown, and then apply a broad spectrum medical countermeasure. If none
192 exist, a therapeutic platform will discover and develop medical countermeasure candidates
193 quickly.

194
195 For example, in 2009 we redirected a therapeutic platform focused on developing therapeutics
196 for hemorrhagic fever viruses to discover and refine medical countermeasures against an
197 outbreak of an unknown pathogen. Our systems quickly identified the unknown sample as the
198 H1N1 virus, and a new antiviral was synthesized within 14 days. This is a revolutionary change
199 from traditional discovery methods which can take years. However, traditional advanced
200 development and manufacturing is not rapid, and will require further innovation. Even so, the
201 H1N1 antiviral showed great promise in animal studies and is now entering clinical trials. Still,
202 we must bring innovation to advanced development and manufacturing as well.

203

204 *Advanced Development and Manufacturing*

205 The essential third step is access to critical industrial capacity and expertise for the agile
206 development and manufacturing of medical countermeasures in quantities to treat affected
207 populations rapidly. We are preparing to implement the Medical Countermeasures Initiative
208 through a cooperative partnership with industry. One of the innovation drivers will be the ability
209 to manufacture medical countermeasures in a flexible fashion to include “on-demand” surge
210 capacity for specific products in the event of a national security emergency or change
211 manufacturing runs on different products as the need arises. The Medical Countermeasures
212 Initiative encompasses two components: science and technology, and advanced development and
213 manufacturing. A related component is the planned national test and evaluation facility for
214 animal studies necessary for FDA approval. The science and technology component will
215 concentrate on three areas: novel platform/expression systems, advancement of regulatory

216 science, and advancements in flexible manufacturing technologies. The advanced development
217 component will concentrate on integrating novel platform/expression systems into a production
218 process and establishing a Technical Center of Excellence to provide advanced development core
219 services and a flexible manufacturing capability for DoD and national security needs.
220 Ultimately, the Medical Countermeasures Initiative will coalesce to provide a “one-stop” shop
221 for all future DoD medical countermeasure development.

222
223 Although platform and new manufacturing technologies coupled with new facility design make
224 this approach technically feasible, it is not without risks and challenges. The technologies are
225 new and the underpinning regulatory science will have to be developed in parallel as the
226 products develop.

227
228 DoD intends to engage the most capable performer(s) to integrate innovative manufacturing
229 technologies and to perform advanced development using scalable commercial manufacturing
230 processes for meeting the Department’s medical countermeasure requirements. Developing the
231 right industry partnerships, small biotechnology endeavors generating new innovations needed
232 for the revolutionary breakthroughs and larger companies with advanced development and
233 licensure experience, will require the right incentives. We anticipate the need to motivate entry
234 into the MCM niche, possibly cost-sharing, intellectual property rights, indemnification, or other
235 attributes deemed necessary to generate interest.

236
237 **Interagency Collaboration**
238 The FDA has already started promoting regulatory innovation and investment in regulatory
239 science in order to provide private sector partners with more access to regulators and greater
240 clarity about the pathways to product approval. We are collaborating with the FDA and our
241 other interagency, private sector, and academic partners to explore solutions to complex
242 scientific regulatory problems and to identify situations in which the application of new science
243 could simplify or speed product development and streamline the FDA regulatory approval
244 process for medical countermeasures. Regulatory science is a critical enabling factor,
245 particularly for unique challenges of developing biological defense medical countermeasures
246 where pivotal efficacy studies must be done in animal model systems. Together, we will develop

247 strategies and assemble new tools for mutual success. Whether it is a member of our Armed
248 Forces in the field or a fellow citizen in our neighborhood, safe and effective FDA approved
249 medical countermeasures are needed when an event occurs.

250
251 Collaboration with the Department of Health and Human Services is essential to the successful
252 implementation of the DoD Medical Countermeasures Initiative. Not only does this include the
253 FDA, but the DoD advanced development and manufacturing capability must complement the
254 parallel, but distinct, Biomedical Advanced Research and Development Authority work to
255 establish Centers of Excellence for Advanced Development and Manufacturing. Leveraging the
256 regulatory sciences component of the DoD's Medical Countermeasures Initiative will aid in
257 surmounting these challenges by supporting the FDA in developing new methods for regulatory
258 assessments so those assessments will not hamper moving advanced development programs
259 forward. By working closely with HHS, we expect to provide one part of a national advanced
260 development and manufacturing capability to support national security and meet unique DoD
261 operational requirements.

262
263 Our nation must have the nimble, flexible capability to produce medical countermeasures in a
264 more cost effective manner and rapidly in the face of any attack or threat, whether known or
265 unknown, novel or reemerging, natural or intentional. President Obama called for this in last
266 year's State of the Union Address. Our effort, along with the complementary manufacturing
267 efforts within the Department of Health and Human Services, will provide surge production
268 when necessary and will address the science and technology efforts to develop the next-
269 generation medical countermeasure platform technologies, critical industrial manufacturing
270 systems and regulatory science technologies. DoD has to commit to flexible manufacturing
271 technologies because of the breadth of medical countermeasures we need to protect our troops
272 and support global operations, and because of the varying numbers of doses required for each of
273 these. We do not need to give every service member every vaccine, but we do need to be
274 prepared to provide the levels of protection required.

275
276 There is no way to draw a line between national security and public health so we coordinate
277 closely with our public health colleagues. We have a great partnership with other US agencies

278 and are careful to maintain our focus on national security to avoid overlap with established US
279 public health efforts.

280
281 The Department of Defense has a long and proud history in infectious disease medical research
282 and development. The DoD played a significant role in developing eight of the 15 adult vaccines
283 licensed in the United States since 1962. Currently used worldwide, these include vaccines for
284 influenza, meningococcal disease, hepatitis, rubella, adenovirus, typhoid, and Japanese
285 encephalitis. In the high-risk business of vaccine production, experience breeds proficiency and
286 efficiency, curbing the scientific, regulatory, and financial risk that can stifle product
287 development. Since 2000, biodefense efforts have resulted in eight FDA approvals for
288 diagnostics and medical countermeasures (including licensed medical countermeasures for
289 anthrax, smallpox, and nerve agents) generated in our pipeline. Still in the advanced
290 development pipeline are 14 candidates for next-generation countermeasures against anthrax,
291 smallpox, botulism, alphaviruses, plague, influenza, and other emerging infectious diseases;
292 chemical agents; and radiological threats. We anticipate more FDA approvals in the next five
293 years.

294
295 DoD brings a unique capability to the national biodefense portfolio: detection and diagnostics
296 sound the alarm, the Transformational Medical Technologies program or similar rapid response
297 efforts generate new medical countermeasure candidates, and the Medical Countermeasures
298 Initiative will establish the critical industrial capacity and expertise for advanced development
299 and manufacture of medical countermeasure.

300

301 **Conclusion**

302 We are putting more emphasis on biodefense, particularly medical biodefense, leveraging the
303 rapid growth in new technologies for our purposes. These threats on our troops or citizens are
304 very real and ever changing in the 21st century. The Department of Defense must develop a
305 nimble and agile program to respond. My organization is working to strengthen our capabilities
306 to effectively prevent, deter, and defeat these threats. We are working with interagency partners,
307 to include the Departments of Homeland Security and Health and Human Services, to better
308 detect threats and protect the nation from harm before an event occurs: we are changing the way

309 we address research and development so we can be better stewards of the pipeline that we share
310 with HHS, and we are becoming more responsive and proactive. I appreciate the opportunity to
311 testify today and would be pleased to answer your questions.