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Statement for the Record
Oversight and Investigations Subcommittee
House Armed Services Committee

M. Chairman,

M. Chairman and Members of the Committee, thank you for taking the time to hold a hearing on this important subject, as well as for giving me the opportunity to submit testimony. To effectively respond to the rise of multi-drug resistant *Acinetobacter baumanii* infections in the military, we need to develop a coordinated, comprehensive strategy to fight *Acenitobacter* and other antibiotic resistant pathogens in the military and in the general population.

Alongside of combat injuries, our soldiers face the deadly threat of multi-drug resistant (MDR) infections after they are wounded. *Acinetobacter baumannii* and other MDR strains of gram-negative bacteria are increasingly impacting our soldiers. Between 2004 and 2009, at least 3,300 members of the military were treated for *Acinetobacter* infections according to Department of Defense (DOD). This gram-negative bacteria is particularly dangerous due to its tendency to occur in strains that are resistant to almost all available drugs. Frequently, the only line of defense is colistin, an antibiotic that was phased out in the 1970s due to its toxicity.

The military has worked aggressively to respond to the threat posed by *Acinetobacter* and other MDR pathogens. In 2009, the U.S. Army established a surveillance system called the Multi-resistant Organism Repository and Surveillance Network. In order to improve data collection, the DOD also has begun to participate in the Center for Disease Control and Prevention's (CDC) National Healthcare Safety Network reporting system. Furthermore, the DOD has expanded infection control and prevention practices in military hospitals. These efforts by the military, described in documents prepared by the House Armed Services Committee, have helped to limit the impact of MDR pathogens on wounded soldiers.

While I appreciate the current response by the Department of Defense, the U.S. military needs to take additional steps to prevent the spread of MDR like *A. baumannii*. Specifically, I recommend that the DOD:

- Require additional training at all military facilities on hygiene and other treatment and

control techniques to reduce the spread of antibiotic resistant infections. Peer-reviewed infection reduction techniques -- such as those pioneered by Peter Pronovost -- have been shown to produce a 66 percent reduction in infections 18 months after adoption.

- Expand a comprehensive surveillance system, such as the Multi-Resistant Organism Repository and Surveillance Network, to all branches of the military.

- Fully implement the CDC's National Healthcare Safety Network reporting system in military facilities.

- Establish a coordinated, comprehensive DOD research program on antibiotic resistant infections, including *A. baumanniii.* Any comprehensive MDR research program must address the causes of antibiotic resistance in all sectors, including agricultural usage and human usage.

While these actions will slow the spread of *Acinetobacter* and other MDR bacteria, the battle against multi-drug resistant pathogens cannot be won by the military alone.

Defeating *Acinetobacter* and other antibiotic resistant pathogens requires help from the civilian public health infrastructure as well as the military. Indeed, antibiotic resistance is a rising epidemic in the United States and abroad. Every year, almost two million Americans acquire bacterial infections during their hospital stay, and 90,000 will die from them. 70 percent of hospital-acquired infections are resistant to at least one antibiotic. Antibiotic resistance is estimated to cost society over $35 billion nationally.

Federal agencies are united by their concern with the rise of antibiotic resistance, and have developed a series of comprehensive public health recommendations on MDR. Any attempt to respond to antibiotic resistant infections will need to be comprehensive and address all sectors of society – including hospitals, physicians, nurses, public health officials, and farmers. A holistic, comprehensive, and evidence-based strategy to strengthen the public health response to MDR bacteria would include the following steps:

- Establish and promote a high-level Interagency Working Group to enhance the national strategy to prevent antibiotic resistant infections;
- Increase monitoring and surveillance of *Acinetobacter baumannii* at the local, state, and national level;
- Encourage new initiatives established by the Patient Protection and Affordable Care Act (PPACA) to prioritize MDR pathogens, such as Section 3508's program to incorporate patient safety training into health professional education; and
- Support H.R. 1549, The Preservation of Antibiotics in Medical Treatment Act, which will phase out the non-therapeutic usage of antibiotics in livestock farming.

Together, evidence-based changes in human medicine, military services, public health surveillance, and agricultural practices can preserve the effectiveness of antibiotics.

M. Chairman, thank you for the opportunity to submit comments for the record, and I look forward to working with you and all the Members of this Committee, as well as other interested parties, to protect the integrity of our antibiotics and the health of American soldiers and families.