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VETERINARY SERVICES TO IMPROVE PUBLIC HEALTH IN RURAL COMMUNITIES ACT

SEPTEMBER 29, 2025.—Ordered to be printed

Ms. MURKOWSKI, from the Committee on Indian Affairs, submitted the following

R E P O R T

[To accompany S. 620]

[Including cost estimate of the Congressional Budget Office]

The Committee on Indian Affairs, to which was referred the bill (S. 620) to provide public health veterinary services to Indian Tribes and Tribal organizations for rabies prevention, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

PURPOSE

S. 620 would authorize the Secretary of the U.S. Department of Health and Human Services (HHS) to use funds for public health veterinary services and to assign or deploy veterinary officers from the U.S. Public Health Service (USPHS) Commissioned Corps to prevent and control rabies and other zoonotic diseases [1] in Indian Health Service (IHS) Service areas where those diseases are endemic in wildlife and there is risk of disease transmission to domestic animals or humans.

BACKGROUND AND NEED

Veterinary public health services represent a critical and often overlooked component of human healthcare and disease prevention. The World Health Organization defines veterinary public health as "a component of public health that focuses on the application of veterinary science as a contribution to the protection and improve-

[1] Zoonotic diseases, or zoonoses, are diseases caused by harmful germs that spread between animals and people. See *About Zoonotic Diseases*, U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, https://www.cdc.gov/one-health/about/about-zoonotic-diseases.html.

ment of human well-being."[2] In the context of the bill's purpose, veterinary services are focused on protecting human populations from zoonotic diseases (infections transmitted between animals and humans) and animal-related injuries.

Rural communities, including those on or near Tribal lands, often face inadequate access to veterinary services, placing them at increased risk of injury and exposure to zoonotic diseases including rabies.[3] The IHS, whose mission is to raise the health status of American Indians and Alaska Natives, does not currently have authority to employ public health service veterinarians or provide funding for public health veterinary interventions such as rabies vaccinations or population control of uncontrolled dogs.[4] These services, while directed at animals, are fundamentally human public health measures that reduce the risk of disease transmission and injury to the human population. Without this authority, the IHS is unable to address significant threats to human health in Tribal communities through proven veterinary public health approaches. Consequently, Indian Tribes, Tribal health organizations, and Alaska Native Corporations are also, therefore, unable enter into *Indian Self-Determination and Education Assistance Act* (ISDEAA) contracts or compacts with the IHS to take over these services.[5]

The public health impact of this gap in services is substantial. According to testimony from HHS in 2024, over the past five years, more than 200 American Indian and Alaska Native patients required hospitalization from dog bite injuries or attacks at IHS facilities, with the Navajo and Alaska Areas reporting the highest numbers.[6] During this same period, over 24,000 patients received ambulatory care for dog bites across all IHS Service areas. The Navajo, Alaska, Great Plains, and Phoenix Areas have consistently reported the highest numbers of bite-related incidents requiring medical attention. Studies show that Native children face disproportionately higher rates of dog bite hospitalizations, particularly in Alaska and the Southwest region, where rates exceed the national average for children.[7]

The USPHS Commissioned Corps is one of the nation's eight uniformed services.[8] Public Health Service officers serve as physicians, nurses, dentists, veterinarians, scientists, engineers, environmental health officers, and other professions across the federal government with the mission of protecting, promoting, and advancing the

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[2] Veterinary public health. See *Control of Neglected Tropical Diseases*, WORLD HEALTH ORGANIZATION, Control of Neglected Tropical Diseases.

[3] *Facts about Diseases that Can Spread Between Animals and People*, U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, https://www.cdc.gov/healthy-pets/diseases/index.html (last visited September 22, 2025).

[4] IHS interprets 25 U.S.C. 1601, *et seq.* and 25 U.S.C. 13 to support its position that it lacks authority to hire veterinarians or provide veterinary services, including spaying, neutering, and rabies vaccinations.

[5] Pub. L. No. 93–638, 88 Stat. 2203 (1975).

[6] *See* Legislative Hearing on S. 4365 Before the S. Comm. on Indian Affs., 118th Cong. (2024) (statement of Melanie Egorin, U.S. Dep't of Health and Human Services).

[7] Adam Bjork, *Dog Bite Injuries among American Indian and Alaska Native Children*, 162 J. of Pediatrics 1270, 1271–72 (2013) (highlighting the need for consistent veterinary services to address injury prevention and rabies control in these communities).

[8] *See generally* U.S. PUBLIC HEALTH SERVICE, https://www.usphs.gov/ (last visited September 22, 2025).

health and safety of the nation. No officers currently serve as veterinarians within any of the IHS Service areas.[9]

USPHS environmental health officers have served as liaisons between the armed forces and Tribes during Department of Defense training missions, transporting Army veterinary officers to Tribal communities to provide general veterinary care and rabies vaccinations.[10] However, these services do not always extend to more complicated services, such as spaying and neutering to control dog populations.[11] Because the IHS does not offer veterinary services, and the United States Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS) is limited to controlling zoonotic diseases within wildlife populations, Tribes have had to rely on non-profit organizations, local health organizations, and state lay vaccinator programs to address public health risks from zoonotic disease transmission.[12]

As a result, Tribes face limited and inconsistent access to these preventive public health services that, while delivered through veterinary interventions, are designed to protect human health. In absence of these services, Tribal communities remain at heightened risk for zoonotic disease transmission and animal-related injuries. The current regulatory framework creates a separation between human and animal health that fails to recognize the "One Health" approach endorsed by major public health organizations worldwide, which acknowledges the interconnection between human health, animal health, and the environment. S. 620 would apply the One Health approach to advance public health preparedness.

SUMMARY

S. 620 authorizes the Secretary of HHS to use funds to provide public health veterinary services directly by the agency or under ISDEAA self-determination contracts and self-governance compacts and funding agreements. The legislation would authorize the Secretary to assign or deploy veterinary officers from the USPHS to prevent and control rabies and other zoonotic disease transmission in IHS Service areas where the risk for disease occurrence between humans, wildlife, and domestic animals is endemic. The bill also requires the USDA APHIS to study the delivery of oral rabies vaccinations in Arctic regions of the United States and adds the IHS Director to the coordination of the One Health framework.

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[9] Most USPHS Commissioned Corps officers serving as veterinarians are stationed with the Department of Agriculture, the Centers for Disease Control, the Food and Drug Administration, the National Institutes of Health, or the National Park Service. *See Where We Serve*, U.S. PUBLIC HEALTH SERVICE, https://www.usphs.gov/about-us (last visited March 28, 2025). According to the Congressional Research Service, there is one USPHS Commissioned Corps officer serving as a veterinarian detailed to IHS, however, that officer serves in an administrative role within IHS Headquarters. *See generally Veterinarian*, U.S. PUBLIC HEALTH SERVICE, https://www.usphs.gov/professions/veterinarian (last visited September 22, 2025).

[10] *See* U.S. PUBLIC HEALTH SERVICE, *2010 Operation Arctic Care*, U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS, https://dcp.psc.gov/ccbulletin/articles/Operation_Arctic_Care_10_2010.aspx.

[11] Fort Sill Cannoneer staff, *Soldiers help Tribes fight rabies*, U.S. ARMY (June 20, 2011), https://www.army.mil/article/60085/soldiers_help_tribes_fight_rabies.

[12] *See* Legislative Hearing on S. 4365 Before the S. Comm. on Indian Affs., 118th Cong. (2024) (statement of Brian Lefferts, Yukon Kuskokwim Health Corporation); Legislative Hearing on S. 4365 Before the S. Comm. on Indian Affs., 118th Cong. (2024) (statement of Melanie Egorin, U.S. Dep't of Health and Human Services).

LEGISLATIVE HISTORY

S. 620 was introduced by Senators Murkowski and Heinrich, on February 18, 2025, with Senators Peters and Schatz as original cosponsors.

In the 118th Congress, a similar bill, S. 4365, was introduced by Senator Murkowski on May 16, 2024. Senators Schatz and Heinrich later joined as cosponsors. The Committee held a hearing on S. 4365 on July 10, 2024 (S. Hrg. 118–530). On July 25, 2024, the Committee held a business meeting and ordered the bill to be reported favorably with an amendment in the nature of a substitute (S. Rept. 118–248).

COMMITTEE RECOMMENDATION

The Senate Committee on Indian Affairs in an open business meeting on March 5, 2025, by a majority voice vote of a quorum present, recommends that the Senate pass S. 620, without amendment.

SECTION-BY-SECTION ANALYSIS

Section 1—Short title

This section sets forth the short title as the "Veterinary Services to Improve Public Health in Rural Communities Act."

Section 2—Sense of Congress

This section sets forth a sense of Congress that HHS and IHS are uniquely suited to address zoonotic disease threats in Native communities by providing public health veterinary services.

Section 3—Public Health Veterinary Services

This section amends the *Indian Health Care Improvement Act* (IHCIA) by adding a new section, titled "Public Health Veterinary Services." This new section—

- Establishes definitions for public health veterinary services and zoonotic disease;
- Authorizes the Secretary of HHS, acting through the IHS, to expend funds for public health veterinary services to prevent and control zoonotic disease infection and transmission in IHS Service areas where the risk for disease occurrence in humans and wildlife is endemic—directly or through self-determination contracts or self-governance compacts;
- Authorizes the Secretary of HHS to assign or deploy veterinary public health officers from the Commissioned Corps of the USPHS to IHS Service areas;
- Authorizes the Secretary of HHS to coordinate and implement activities with the Director of the CDC and the Secretary of Agriculture; and
- Directs the Secretary of HHS to submit a biennial report to Congress on program implementation.

Section 4—APHIS Wildlife Services study on oral rabies vaccines in arctic regions of the United States

This section requires the Secretary of Agriculture to conduct a feasibility study within one year of enactment of the Act on the delivery of oral rabies vaccines to wildlife reservoir species directly

connected to the transmission of rabies to Tribal members living in Arctic regions of the United States, on the efficacy of these vaccines, and on recommendations to improve delivery of these vaccines. This study will focus on the identified wildlife reservoir species, including the Arctic fox (*Vulpes lagopus*), in the Arctic regions of Alaska.

Section 5—One Health Framework

This section amends the *Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act* by directing the Secretary of HHS, acting through the Director of the Centers for Disease Control (CDC), to coordinate with the Director of the IHS (in addition to the Secretary of Agriculture and the Secretary of the Interior) and develop the federal government's One Health framework.[13]

COST AND BUDGETARY CONSIDERATIONS

S. 620, Veterinary Services to Improve Public Health in Rural Communities Act
As [Manager] **on March 5, 2025**

By Fiscal Year, Millions of Dollars	2025	2025-2030	2025-2035
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	15	47

Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2036?	No	Statutory pay-as-you-go procedures apply?	No
		Mandate Effects	
Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2036?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

S. 620 would authorize the Department of Health and Human Services (HHS), acting through the Indian Health Service (IHS), to provide veterinary services to prevent and control zoonotic (animal to human) disease transmission. HHS would be required to report biennially to the Congress on those services, as well as on data from surveillance of zoonotic disease transmission. In addition, the bill would require the Department of Agriculture's Animal and Plant Health Inspection Service to study the delivery of oral rabies vaccines to wildlife reservoir species that are implicated in rabies transmission to tribal members in Arctic regions of the United States.

Using information from IHS, CBO expects that under the bill, the agency would employ 18 veterinarians to cover its 12 service

[13] In 2009, the CDC's One Health Office was established and located within the National Center for Emerging and Zoonotic Infectious Diseases at CDC. The One Health Office works with partners to prevent the spread of zoonotic diseases, to respond to outbreaks and public health emergencies, and to protect people from diseases that can be transmitted from pets. *See About CDC's One Health Office*, CENTER FOR DISEASE CONTROL, https://www.cdc.gov/one-health/php/about/index.html (last visited September 22, 2025).

regions at a cost of $14 million over the 2025–2030 period and $46 million over the 2025–2035 period. CBO estimates that the costs of implementing the bill's reporting requirements would be insignificant for HHS and that the Department of Agriculture's vaccine studies would cost $1 million over the 2025–2035 period. Any related spending would be subject to the availability of appropriated funds.

The costs of the legislation, detailed in Table 1, fall within budget functions 350 (agriculture) and 550 (health).

TABLE 1.—ESTIMATED SPENDING SUBJECT TO APPROPRIATION UNDER S. 620

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
Veterinary Services and Reports:													
Estimated Authorization	0	2	3	3	3	3	3	3	4	4	4	14	46
Estimated Outlays	0	2	3	3	3	3	3	3	4	4	4	14	46
USDA Vaccine Studies:													
Estimated Authorization	0	1	0	0	0	0	0	0	0	0	0	1	1
Estimated Outlays	0	*	*	1	0	0	0	0	0	0	0	1	1
Total Changes:													
Estimated Authorization	0	3	3	3	3	3	3	3	4	4	4	15	47
Estimated Outlays	0	3	3	4	3	3	3	3	4	4	4	15	47

USDA = Department of Agriculture; * = between zero and $500,000.

The CBO staff contacts for this estimate are Erik O'Donoghue (for the Department of Agriculture) and Robert Stewart (for the Indian Health Service). The estimate was reviewed by Emily Stern, Senior Adviser for Budget Analysis.

REGULATORY AND PAPERWORK IMPACT STATEMENT

Paragraph 11(b) of rule XXVI of the Standing Rules of the Senate requires each report accompanying a bill to evaluate the regulatory and paperwork impact that would be incurred in carrying out the bill. The Committee believes that S. 620 will have minimal impact on regulatory or paperwork requirements.

EXECUTIVE TESTIMONY AND COMMUNICATIONS

The testimonies provided by the U.S. Department of the Health and Human Services and the U.S. Department of Agriculture Animal and Plant Health Inspection Service from the July 10, 2024 hearing on S. 4365 follow:

STATEMENT OF DR. MELANIE ANNE EGORIN, ASSISTANT SECRETARY FOR LEGISLATION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

S. 4365—Veterinary Services to Improve Public Health in Rural Communities Act

Good afternoon Chair Schatz, Vice Chair Murkowski, and Members of the Committee. Thank you for the opportunity to provide testimony on an important legislative proposal before your Committee, and for your continued support of the Indian Health Service (IHS) and efforts from the Department of Health and Human Services to improve the health and well-being of American Indians and

Alaska Natives (AI/AN). Your consideration today of S. 620, the Veterinary Services to Improve Public Health in Rural Communities Act underscores that commitment to improving the quality of life in Indian Country.

I am Melanie Anne Egorin, the Assistant Secretary for Legislation (ASL) at the Department of Health and Human Services (HHS or Department). My office serves as the primary link between the Department and Congress. The Office of the ASL provides technical assistance on legislation to Members of Congress and their staff, facilitates informational briefings relating to Department programs to support policy development by Congress, and supports implementation of legislation passed by Congress. It is a pleasure to join the Committee again, as we work together to combat the public health challenges in tribal communities.

Background

The Department and the IHS agree that the increase of injuries and zoonotic disease spread by domesticated and wild animals in Indian Country represents a significant public health issue for tribal members in these rural communities. There are an estimated 70 million stray dogs and cats in the U.S., Tribal Lands, and territories, which contribute to traumatic events and injuries, zoonotic disease spread, and road traffic accidents. In recent years, free-roaming domestic animals have contributed to rabies outbreaks on Tribal lands, human deaths due to zoonotic diseases, and severe injury and death due to mauling.

The Department is working as a whole through diverse offices and mission areas to address the public health concerns related to zoonotic diseases, including rabies. The IHS already coordinates with and assists tribes with animal population control efforts to the extent practicable within its authorities. Additionally, the Centers for Disease Control and Prevention (CDC) and the Commissioned Corps of the United States Public Health Service (USPHS) help to lead Department efforts on the national surveillance of and education about rabies and other zoonotic diseases.

The IHS operates its mission, in partnership with AI/AN tribal communities, through a network of over 600 federal and tribal health facilities and 41 Urban Indian Organizations that are located across 37 states and provide health care services to approximately 2.87 million AI/AN people annually.

As you may know, appropriated funds to the IHS are used to provide health care to IHS-eligible AI/ANs—the IHS' defined service population. The Department and the IHS have worked hard to prioritize resources provided by Congress to ensure that patients have access to accessible—and affordable—quality care. The IHS works hard every day to ensure that limited resources are used wisely to ensure the greatest impact on its defined service popu-

lation—from direct care services to sanitation and facilities construction, and health care facilities construction.

While it recognizes the importance of this emerging threat to Indian Country, the IHS has to balance its limited resources to deliver direct services to its defined population while combating a number of unique public health issues facing Indian Country, including the fentanyl and opioid crisis, the maternal mortality crisis, domestic and interpersonal violence, and high diabetes rates—to name a few. The Biden Harris Administration has advocated for additional resources to combat these growing threats in Indian Country and is committed to fighting to reduce health disparities impacting tribal members.

IHS Health Issues Related to Rabies Incidents in Rural Communities

The IHS has examined first-hand and heard directly from tribes about the real public health risk from the high rates of dog bite injuries in AI/AN communities. Over the past five years, there have been over 200 patients hospitalized from dog bite injuries or attacks at IHS clinics. The Navajo and Alaska Areas have had the highest number of bites requiring hospitalizations. During that same period, there were over 24,000 patients receiving ambulatory care from dog bites. The Navajo, Alaska, Great Plains, and Phoenix Areas have had the highest numbers of bite-related hospitalizations over the last 5 years.

The IHS has also heard from tribes—especially from those in Northern Alaska—who are desperate for assistance addressing the problem at its source. A multitude of challenges have created a perfect storm for risk of injury and disease spread from animals in especially rural areas. AI/ANs living on reservations often have little to no access to veterinary care. Gaps exist in the availability of free rabies vaccines to rural pets, resulting in a higher risk of rabies exposure in humans and animals. The lack of regular parasite control for pets in these areas has led to an increased risk of exposure to transmissible parasites to human beings. There is also a lack of access to veterinary spay-neuter surgery to reduce unplanned litters, which has led to an overpopulation of strays and abandoned dogs—thus increasing exposure to disease, parasite infestation, and dog bites.

The Indian Self-Determination and Education Assistance Act (ISDEAA) only authorizes contracts for certain programs prescribed by Congress. As the Committee knows, the IHS' foundational purpose is to provide health care for AI/ANs. IHS' authorizing statutes do not currently convey authority to carry out veterinary services. As IHS does not have the authority, there is no authority for a tribal health program to add the activity to its ISDEAA agreement.

HHS Public Health Surveillance, Education, and Partnerships

Within their authorities, the IHS, the CDC, and USPHS collaborate in careful coordination with other tribal, federal, state, county, and external partners to reduce the risk of zoonotic disease spread in Indian Country. The IHS Division of Environmental Health Services staff work on surveillance, training, and capacity building, and have been involved for decades with novel vector borne and zoonotic diseases not previously identified in Indian Country. This Division has implemented Hantavirus and Rocky Mountain Spotted Fever prevention strategies, conducted arbovirus surveillance and risk reduction strategies, and assisted tribal communities in the development of and adoption of lay vaccinator programs for rabies virus. It has also coordinated with outside partners to facilitate the delivery of spay, neuter, and rabies clinics for domestic dogs and cats. The U.S. Department of Agriculture's Animal and Plant Inspection Service has collaborated with the IHS Division of Environmental Health Services at the local level as needed on zoonotic disease prevention or risk factor reduction projects.

The CDC collects data on domestic human rabies cases and conducts near real-time animal rabies surveillance in 54 jurisdictions, including Alaska, through the National Rabies Surveillance System. No Tribal communities have their own rabies laboratories and therefore they rely on relevant state laboratories for all testing. This may present a barrier to sample collection, testing, and reporting, which further obscures the burden of rabies in these communities. The CDC has conducted several surveillance evaluations to characterize rabies risks in Tribal Lands. In several high-risk Tribal communities in the southwestern U.S., rabies testing and reporting rates are up to 15-times lower compared to their adjacent non-Tribal communities.

An evaluation of the risk of rabies re-introduction into the U.S. found that the highest risk is in Tribal Lands where free roaming dog populations remain a major public health issue. It was found that the Navajo Nation is home to approximately 250,000 free roaming dogs, with many remaining unvaccinated against rabies. Rabies risk mapping performed by CDC, which considers road connectivity, urbanicity, and human-to-unvaccinated dog ratios found that up to 185,000 unvaccinated dogs likely reside in areas that could support and sustain dog-to-dog transmission of rabies. This highlights the realistic potential for reintroduction of dog-mediated rabies or spillover from local rabies reservoir wildlife in the Navajo Nation. These findings likely reflect similar vulnerabilities in other Tribal Lands across the United States.

S. 4365, Veterinary Services to Improve Public Health in Rural Communities Act

The Veterinary Services to Improve Public Health in Rural Communities Act would amend the Indian Health

Care Improvement Act to combat zoonotic disease outbreaks and advance public health preparedness for Native communities, Alaska Native villages, or Indian reservations, including by providing spay and neuter services and vaccinations for animals.

S. 620 would authorize the Secretary to expend funds for public health veterinary services to prevent and control zoonotic disease infection and transmission in IHS Service areas where the risk for disease occurrence in humans and wildlife is endemic. The bill would also enable the Secretary to deploy veterinary public health officers from USPHS to IHS Service areas to combat, prevent and control zoonotic disease infection and transmission in IHS Service areas where the risk is endemic.

The proposed legislation also mandates the Secretary and IHS to coordinate with the Director of the CDC, and the Secretary of Agriculture. Further, the bill would require the Secretary of HHS to submit to certain Committees in Congress on a biennial basis, a report on the use of funds, the assignment and deployment of veterinary public health officers from the USPHS, data related to the monitoring and disease surveillance of zoonotic diseases, and related services provided under the proposed legislation. Finally, S. 620 would amend the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act, to include the Director of the IHS, in the "One Health framework."

Controlling the pet population would decrease the incidence of dog bites, which have caused an increase of injuries and deaths on Tribal Lands. This bill would potentially limit the incidence and spread of zoonotic diseases and also allow people to walk safely in their communities. The Department shares the same goal as the drafters—to combat zoonotic disease spreading in IHS Service areas and ensure that tribal members throughout Indian Country are protected with robust public health outbreak prevention. Like the bill's drafters, the Department and IHS are looking to improve response to any zoonotic related disease and improve safety in tribal communities.

That being said, the bill, in its current form, does not include any additional resources for the Department to stand up a new program without compromising its efforts to provide direct care or combat other emergent public health challenges in Indian Country. The legislation could include language to authorize such sums that may be necessary to provide these services in Indian Country and the Appropriations Committees could then be able to decide whether to fund these new activities.

We look forward to continuing our work with Congress on improving the health of AI/AN populations including the issues related to this bill. As always, HHS welcomes the opportunity to provide technical assistance as requested by the Committee or its members.

Thank you again for the opportunity to testify today, and I am happy to answer any questions the Committee may have.

Dr. Michael Watson, Administrator of the Animal and Plant Health Inspection Service, U.S. Department of Agriculture, on S. 4365, and the following testimonies in its entirety were submitted for the record:

WRITTEN STATEMENT OF DR. MICHAEL WATSON, ADMINISTRATOR, ANIMAL AND PLANT HEALTH INSPECTION SERVICE U.S. DEPARTMENT OF AGRICUTURE

Thank you for the opportunity to provide written testimony to discuss our rabies management program and S. 4365, the Veterinary Services to Improve Public Health in Rural Communities Act.

Rabies is a serious disease of wildlife in the United States that can have a significant impact on human and animal health. If left untreated, it has a 100% fatality rate in humans and kills almost 60,000 people around the world each year. Thankfully, compulsory pet vaccination laws and mass vaccination campaigns have eliminated the canine variant of rabies from wild and domestic animals in the United States. However, there are several other variants in wildlife, including raccoon rabies in the east and Arctic fox rabies in Alaska.

Since 1997, acting through its Wildlife Services program, the Animal and Plant Health Inspection Service (APHIS) and its National Rabies Management Program have led Federal efforts to control the virus in wildlife, thereby protecting domestic animals and the public. APHIS activities include:

- Conducting enhanced rabies surveillance as a complement to public health surveillance to better understand where the disease is, allowing us to better focus our control and elimination efforts.
- Distribution of oral rabies vaccines to create a zone free of disease and moving these rabies-free zones appropriately.
- Conducting research to increase scientific knowledge and to better inform rabies management strategies.
- Coordinating on effective strategies for rabies elimination with all partners, collaborators, and stakeholders in the U.S. and with partner agencies in Canada and Mexico.

The oral rabies vaccination program is the key to expanding U.S. rabies-free zones. Each year, APHIS drops approximately 8 million oral rabies vaccination baits in 13 eastern states, from Maine to Alabama, creating a rabies-free zone that prevents the spread of raccoon rabies further westward.

In urban and suburban areas, APHIS and cooperators distribute vaccine bait by helicopter or vehicles. In rural

areas, APHIS typically distributes vaccine bait from a plane. When a raccoon bites into the vaccine bait, the packet ruptures, allowing the vaccine to coat the animal's mouth and throat. Animals that receive an adequate dose of the vaccine develop antibodies against rabies. As the number of vaccinated animals in a population increases, disease transmission decreases, creating an "immunity barrier" to stop the further spread of rabies.

Although raccoon vaccination is our largest rabies prevention effort, APHIS helped the Texas Department of State Health Services successfully eliminate canine rabies in coyotes in 2004. Our efforts using oral rabies vaccination also reduced the spread and eventually eliminated a unique variant of the disease in gray foxes. In Arizona, APHIS works on a variety of collaborative rabies research and management projects focused on gray foxes, skunks, and bats, as well as free-ranging dogs on tribal lands.

Alaska has a unique variant of rabies in Artic foxes. It has a broad circumpolar distribution throughout North America, Europe, and Asia. In Alaska, rabies outbreaks routinely occur during winter and the number of red foxes with this variant has increased over the past decade. This observation, along with modeling, suggests regional warming trends may be associated with increased contact rates and transmission between Arctic and red foxes. We currently do not have a rabies vaccination program targeting Arctic foxes due in part to the remote geographic area this variant encompasses. There are also challenges with Arctic fox behavior, including their large home ranges, distance they travel, and varying behavior in summer and winter.

But the bill before us today understands these challenges and would accordingly direct APHIS to conduct a more in-depth study of the viability of a wildlife rabies control program in Arctic regions. This would allow us to work with our state, tribal, and other partners to identify the potential barriers for a successful program and possible mitigations for those impediments.

Ontario, Canada, successfully eliminated Arctic fox rabies in red foxes in southern Ontario, but the situation in Alaska will be different. Better understanding the unique challenges of Alaska, the different species involved and their ecology, will be important. In Alaska, we would most likely need to use selective intervention with oral rabies vaccine in and around remote communities. This will not eliminate arctic fox rabies in red foxes or Arctic foxes, but instead would likely be part of an integrated rabies prevention and control strategy carried out in cooperation with the Indian Health Service and other partners.

A few thoughts and concerns for consideration:

- The study focuses on potential management strategies to reduce the risk of transmission to Tribal members in Arctic regions, which would only include the northernmost parts of the state, and probably excluding fox populations in other areas of the state.

• The study targets fox species, but we know that the disease is also transmitted through domestic animals, such as unowned or difficult to capture dogs. We have had success with orally vaccinating dogs in other areas including free ranging dogs. Implementation of similar strategies could strengthen rabies prevention and control efforts in remote communities.

• While we appreciate the study, it is very likely to identify the need for a valuable program to protect the health and safety of native Alaskans. However, without resources for a program, it is highly unlikely that APHIS will be able to implement a program that stands any chance of success. Further, diverting resources from other regions could potentially erase years of success with virus control and local elimination elsewhere.

• Under the sections authorizing the use of public health officers, it may be helpful to include mention of USDA or APHIS such that future control activities could be coordinated or conducted with assistance from our Wildlife Services program.

Thank you again for the opportunity to discuss this important program.

CHANGES IN EXISTING LAW

In the opinion of the Committee, it is necessary to dispense with the requirements of subsection 12 of rule XXVI of the Standing Rules of the Senate to expedite business of the Senate.

○