



United States Senate
Committee on Homeland Security and Governmental Affairs
Chairman Joseph I. Lieberman, ID-Conn.

Ten Years After 9/11 and the Anthrax Attacks: Protecting Against Biological Threats
Chairman Joe Lieberman
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AS PREPARED FOR DELIVERY

Good morning, the hearing will come to order and thanks to our really excellent panel of witnesses for coming today to discuss the nation's record over the past decade in improving our defenses against a biological attack or a pandemic.

Today's hearing is part of our "10 years after 9/11" series assessing the status of a number of government homeland security operations that were singled out as inadequate or dysfunctional by the 9/11 Commission. The impetus for our review today as everyone will remember actually came a week after the 9/11 attacks, long before there ever was a 9/11 Commission, when our already traumatized nation was shaken anew by the mailing of anthrax spores to five news media organizations and two United States Senators.

All told, five people died from anthrax inhalation. Two were Postal workers. And one close to my home was a 94-year-old woman from Connecticut. Twenty-two others were sickened, and thousands – including some members of Congress and our staffs - took a course of powerful antibiotics to ward off possible infection.

We remember those days well around here because one of the letters was sent to Senator Daschle's office in the Hart building, where my office was and is located. The building was evacuated and closed for months while HAZMAT teams secured it. We were fortunate that no additional anthrax was found and no other attacks have occurred since. But that is unlikely to remain the case.

Three years ago, the Graham-Talent Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism concluded that a biological weapon was more likely than any other weapon of mass destruction to be used in an attack against our country. The Commission predicted such an attack would probably occur somewhere in the world within the following five years and concluded that the federal government was not prepared to respond adequately to such an event.

Last week, the Bipartisan WMD Research Center, which was a follow-on to that Graham-Talent WMD Commission, reported that the threat of a bioterror attack remains as strong as ever. We have no specific credible evidence I want to make clear that terrorists are now plotting such a specific attack. But they have made it very clear in word and action that they aspire to do so, and technological advances, I'm afraid, are making it easier, faster, and cheaper to accomplish such an attack.

So, the question today is, has the federal government developed the tools we need to respond effectively to a bioterror attack or naturally-occurring pandemic disease, to develop and disseminate vaccines and antibiotics, and to respond to the medical consequences that would result from such a biological disaster?

Over the past decade, we have spent billions of dollars on bio-defense research; on strengthening first responder capabilities; and on developing new vaccines, bio-surveillance systems, and forensic science techniques. Really we've done a lot more than the average American knows about to protect their security.

Our investments have resulted in a nation far more prepared to deal with a biological disaster we ever have been. Just yesterday the Connecticut Children's Hospital in Hartford conducted an exercise to test if it could immunize its employees within a 24-hour period in the event of a virus outbreak or bio terror attack. This is

typical of preparedness at the local level which is going on all over the country and is absolutely key, and communities across the country have significantly improved their disaster planning since October 2001.

But it is also clear from reports that have been issued that we are not prepared for a catastrophic biological incident. We are much better prepared for a smaller WMD attack although gaps remain there too.

Since 9/11 Congress has created a number of new offices and new technologies have emerged to improve security against a bio attack.

The Biomedical Advanced Research Development Authority (BARDA) – established at the Department of Health and Human Services (HHS) to fund WMD medical countermeasures -- has helped greatly increase our preparedness by delivering medical countermeasures to the National Strategic Stockpile, which now contains millions of doses of smallpox and anthrax vaccines; post-exposure therapeutics for anthrax, smallpox, and botulism; and some basic radiation treatments. As a result, our ability to treat victims with medical countermeasures has improved dramatically since 2001.

At the Department of Homeland Security (DHS), the National Bioforensics Analysis Center studies new bioforensic methods and identify the DNA of a biological agent so criminal investigators can pinpoint their source.

The Obama Administration also is tightening security at laboratories using the most dangerous pathogens and those most likely to be weaponized. I'm pleased to note that legislation which this Committee produced in October of 2009 helped facilitate this Administration action.

We have deployed—and I mention this for the benefit of the public--a network of aerosol sensors called Biowatch in cities around the country that's designed to detect anthrax and other biological agents. New technology is on the horizon that would shorten the amount of time that it takes the sensors to detect a bio threat.

These are significant advances, but they don't tell the whole story. Last week, the Bipartisan WMD Research Center concluded, and I quote: "Although [government] efforts have yielded considerable progress over the past decade, the nation does not yet have adequate bio-response capability to meet fundamental expectations during a large-scale biological event." End of quote.

We still, as far as I can determine, lack a strategy for dispensing vaccines and antibiotics in a mass crisis. We don't have the ability to track the spread of disease in real-time through a community or quickly reclaim contaminated areas to get people back to their homes and critical infrastructure up and running again.

And 10 years after the anthrax attacks of 2001, we still do not have a more effective anthrax vaccine than the one developed in the 1950's. Medical counter measures for other chemical, biological, radiological, and nuclear threats have also not yet been developed.

Tight budgets have led to an under-staffed medical surge force to respond to a biological attack in communities around the country. In fact, right now discussions are underway in Congress to eliminate funding for programs that coordinate the overall medical response to a bio attack, such as the Metropolitan Medical Response System, and for centers that train public officials in emergency response.

So DHS, HHS, and FBI, working together and in coordination with state and local governments, and the private sector, have an enormous responsibility to continue to work to increase our capability to protect the public from deadly biological attacks. This Committee has been working with federal agencies to make sure that they can fulfill that responsibility, and we will continue to work with in that direction to make sure they can do so in a way that's ever more effective.

So we've come a long way. Perhaps we'll never be as fully protected as we'd like to be, but we have a ways to go. I'd like to focus on both sides of that story and look at what we've done as well as what we still have to do.

Senator Collins?