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OPENING STATEMENT OF SENATOR NORM COLEMAN CHAIRMAN

**United States Senate
PERMANENT SUBCOMMITTEE ON INVESTIGATIONS
Committee on Governmental Affairs**

HEARING:

SARS: HOW EFFECTIVE IS THE STATE AND LOCAL RESPONSE?

Good morning and thank you for attending my first hearing as Chairman of the Permanent Subcommittee on Investigations in the Nation's capital.

Today, we address the issue of SARS.

We address it from the vantage point of the ability of our nation to address this, and future threats, at a local and state level. We address it from my earlier stated position that my hope is that this subcommittee can find ways to improve and reform areas of American life to improve our lives, and to make us safer and more secure.

And, today, against the backdrop of a nation at war – with the national terror warning raised to its second highest level – let us be clear that the stakes facing our nation, and our world, could not be higher.

Our ability as a nation, to defend ourselves, against all enemies – foreign or domestic – or event Mother Nature – depends on our commitment to preparedness.

The front lines of our nation's war against nature's terror of communicable disease is, and will be, local government.

The ability of our nation to defend herself from the terror inflicted by man through the use of chemical or biological weapons of mass destruction, will be through the efforts of local government officials.

My friends, while there has been, and remains, great tragedy across the world as a result of SARS and as Secretary of Health and Human Services Tommy Thompson warns us, America is not yet safe from SARS, let me say this:

We got lucky.

This time.

While preparations on the War on Terror have better positioned us to respond to threats and potential threats such as SARS, a confluence of events spared our nation from the tragedy that has visited others such as Canada, Taiwan and China.

A tragedy that not only takes peoples lives, but is also halting their lives. For example, since SARS has emerged as a disease to be reckoned with, adoptions of Chinese children by Americans has been halted. In Toronto, untold economic damage has been sustained because of potentially unnecessary reactions to SARS on the part of organizations responsible for addressing the disease.

We need to remember that SARS was not the worst disease that has ever plagued civilization, either in terms of ability to spread or its mortality.

Even as we dealt with SARS, the World Health Organization was battling cases of Ebola and avian flu elsewhere in the world.

As I am sure our panel of distinguished experts will attest, the evolution and transmission of the next disease is not a question of if – it is simply a matter of when.

And, I believe they will tell you that SARS is not yet done – it may mutate – it may become worse – it is not yet done killing.

Nor are new diseases that will appear in our future.

And, when they do, our ability to contain them and survive them, will largely depend on the local responders who treat the first cases. It is vital that we continue our investments in making sure that these responders have the resources, training, and support necessary to protect us.

In an era when even a few hundred non-lethal cases imposed significant social and economic costs, we should regard these investments as prudent insurance against both intentional and naturally occurring threats to our health.

When a new disease such as SARS or the West Nile Virus hits local communities, several things have to happen.

First, local doctors need to know how to recognize that something new is happening and need to know who to turn to for information and support.

Second, at the national and international level, agencies must quickly develop information about the characteristics of the disease in order to treat patients and prevent its spread. The World Health Organization, the National Institutes of Health, and the Centers for Disease Control and Prevention perform this role well.

Third, and this is most important, in my opinion, the information these agencies develop must be transmitted back to mayors, hospital administrators, and airport officials so that doctors, airline attendants, researchers, and average citizens know how to what to do in order to protect themselves.

In the end, our goal ought to be to develop a national response, predicated on the understanding that the bulwark of that response is going to be at the local level – and by local government and local officials.

And, that they must have the resources and cooperation of the Federal government to do so.

This hearing will focus on the synergy that is necessary for an effective national response, driven by the talent and know-how at the local level.

There are questions we must ask, and solutions we must seek. There may be laws that must be changed, and behaviors that must be modified.

In the end, there can be no mistake that the issues we address today may very well shape and form our response to the next natural or man-made disease that violates our sense of safety as a human race.

Recently, I sent a letter to the Commissioner of the Minnesota Department of Health. The questions I asked her, are relevant today...and remain questions we must address locally, on a national basis.

- What are states doing to prevent further outbreaks of SARS,
- Have we identified potential risk factors, or are there segments of our population who are at particular risk,
- What are states and local governments doing to educate citizens about SARS and other potentially devastating diseases,
- Are there changes that must be made to our local, state and national quarantine laws,
- Do local officials know where to turn to for information and support,
- What should local officials do in the first days and weeks when faced with a new disease with unknown characteristics,

- What are the resources available, and what are the resources needed, for local governments to be more effective
- Are our hospitals equipped to treat small numbers of cases, and do they have the proper isolation facilities to accomplish this task,
- What are the plans and strategies of hospitals to handle new SARS cases, or other potential diseases in the short-term and long-term,
- Do our local and state health departments have the personnel and resources they need to respond to potential disease threats.

Today's witnesses will tell us that SARS was a wake up call.

And, I suspect they will also support my belief that so far – so far – we've been lucky.

On the whole our response to the outbreak was very good. Many of our cases came after the first case in Toronto, so that local officials already on alert. It is also possible that Toronto received a more virulent strain than any of our cities experienced.

We will also hear that our response was aided by the effort and resources expended since 9/11 and the anthrax attacks. Over the past year, states, cities, and hospitals have begun preparing for a sudden outbreak of infectious disease.

A recent GAO report indicates that we still have some ways to go, however. The report found that gaps exist in disease surveillance systems and laboratory facilities and that there are workforce shortages.

It also found that planning for regional coordination is still lacking between states, even as they develop plans of receiving and distributing medical supplies for emergencies. Finally, it found that most hospitals around the country lack the capacity to respond to large-scale infectious disease outbreaks.

Our systems did a good job of protecting us this time. But we can always do better. In order to improve, we must first listen. Today's witnesses represent different parts of the national response to infectious disease. They each have a different perspective of how the system works.

In the final analysis, our work is in its initial stages. It is my hope that we emerge from this hearing today with a sense of hope and confidence that the investments we've made in preparation and response are making a difference – and that those areas that are preventing us from being more responsive and effective can be changed.

As a former Mayor, I am well aware of the power of local officials to confront and manage the dangers of this new era. I also know that those who are here today are eager to offer us more than just anxiety – but they also offer us hope that we can, as a nation, bear the burden of this new era in a positive and results-oriented manner that has been the hallmark of Americans for generations.