

**Six Years After Anthrax: Are We Better Prepared to Respond to Bioterrorism?**  
**Senator Joe Lieberman**  
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Good morning and welcome to our hearing today where we will assess whether the federal government has developed the tools we need in this post 9/11 world to respond to bioterror incidents – whether terrorist or naturally occurring.

Six years ago - just one week after the September 11 attacks traumatized the nation - the public was shaken again by a string of anthrax attacks that, over the course of two months, killed five people, sickened 22, and drove more than 10-thousand others to take powerful antibiotics as a precautionary measure. Postal service workers were hit hardest as the attack came in letters through the mails. Otilie Lundgren, who lived in Wallingford in my home state of Connecticut, was one of those who died opening a letter containing the deadly substance.

We vividly remember those days here in the Senate because a mailroom employee of then Majority Leader Tom Daschle opened a letter containing the deadly white powder. The Hart building was evacuated and closed for months while environmental HAZMAT teams scoured the building.

Regrettably, whoever was responsible for the attacks has remained unknown and therefore unfortunately unpunished. But what we do know is that catastrophe can strike Americans in their homes or places of work or places of assembly – as a result of terrorism or naturally occurring diseases such as pandemic flu. And we therefore must be ready. So the question is 6 years after the anthrax attack are we better prepared? Yes, but not much. Certainly not enough.

We have a lot to do in the area of medical readiness. Last week, the Administration finally produced its National Strategy for Public Health and Medical Preparedness. It covers the range of emergency responses that would be required after various types of bio attacks. As I read it, I became increasingly concerned that, right now, today, we are far from capable of achieving many of those requirements. We are still not able to monitor biological incidents and their affects in real time. We cannot reliably field sufficient medical surge capacity to respond to a biological attack. We cannot dispense drugs to entire populations or track the spread of disease through a community. These are essential requirements of national health security post-9/11 that are unmet. Today we will ask why we have not met these requirements and how together we can do so as soon as possible.

Today's hearing will also consider how well the government is protecting its citizens from biological threats through medical countermeasures and technologies, specifically a new 21<sup>st</sup> century anthrax vaccine, a system of biological sensors in cities throughout the nation, and better standards for anthrax field tests to speed response and reduce false alarms.

To me, the results of government's effort are mixed. On the up side, the Strategic National Stockpile has been enlarged with additional doses of an anthrax vaccine, new antidotes to counter the toxins the vaccines produces, antibiotics for over 40 million people, and countermeasures to other diseases such as small pox and botulism toxins spread by terrorist attack. As a result, the ability to treat victims of a biological attack with medical countermeasures has generally improved since 2001. Our research is also getting better as a result of centers set specifically to study bioterrorism agents – their compositions, capabilities, and provenance.

On the down side, however the Department of Health and Human Services' efforts to develop a second generation anthrax vaccine have, in a word, failed. This was a disappointing breakdown that has put us back at square one after four years of work, a lot of it apparently misguided to improve upon the 30-year-old technology we have in the stockpile. Today,

we are releasing a new Government Accountability Office report that reviews HHS' missteps, describes the Department's failure to minimize waste of the stockpiled vaccine, and provides recommendations for how to avoid similar mistakes in the future.

I am particularly concerned about this problem because HHS is preparing to seek bids on a new contract for an anthrax vaccine without having conducted a thorough post mortem of its errors with regard to the awarding according to GAO the first contract.

The brief history of this vaccine began after Congress passed the Bioshield legislation in 2004 to establish a method for the federal government to buy medical countermeasures to biological agents. The first contract was awarded later that year to a small company called VaxGen. They were to develop a next generation vaccine to replace the current one, which, though safe is often painful, and requires six injections for it to be effective and has had problems maintaining required purity.

Multiple problems arose that have been well documented in previous congressional hearings. The contract was eventually cancelled. And, needless to say, the 2<sup>nd</sup> generation vaccine was never produced.

In its report, GAO points out that HHS has not yet fully examined its Bioshield failure, much less adopted measures to avoid a repeat of it. I will

ask our HHS witness how the Department expects to avoid similar failure the next time around

Beyond countermeasures, we will also look at detection technologies under development and those already being implemented, such as the Department of Homeland Security's Biowatch system - a network of sensors placed in over 30 cities to test the air for anthrax and other biological agents. How successful has that program been and should it be expanded further?

I will also press the Department of Homeland Security for an explanation for why it hasn't yet adopted standards it and other stakeholders created for anthrax field tests so that new technologies will be as effective as possible.

We are very fortunate that we have not experienced another attack – from biological agents or any other form of weapon of mass destruction. And so far, we have also managed to avoid the major pandemics that seem to sweep the globe naturally every few decades. But that obviously doesn't mean we will be so lucky in the future.

The Departments of Homeland Security and Health and Human Services, working in coordination with state and local governments, and the private sector, have very awesome responsibilities here to protect the public from deadly biological attacks. This Committee wants to work with both

departments to get it right because the consequences of failure to do so would be catastrophic.

I look forward to the testimony of our panels today. Senator Collins?