

**Statement of
Senator Susan M. Collins**

Ranking Member, Homeland Security and Governmental Affairs Committee

Ten Years After 9/11 and the Anthrax Attacks: Protecting Against Biological Threats

October 18, 2011

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It has been a decade since the anthrax attacks that left five people dead and 17 sickened.

It has been just two weeks since the operation in Yemen killed Anwar al-Awlaki, who reportedly sought poisons including cyanide and ricin to attack the U.S.

The new leader of al Qaeda has a medical background, raising concerns that he may have an even greater interest in pursuing chemical and biological terrorism.

Since 2001, more than \$65 billion in federal funds have been invested in biodefense, but progress has been difficult to quantify.

With the growth of new technologies and online road maps, terrorist groups may soon be able to threaten nation states with biological weapons. And, some countries, like Syria, have never ratified the Biological Weapons Convention.

Former Senators Bob Graham and Jim Talent issued their report on the prevention of WMD proliferation and terrorism in 2008 and predicted the use of a weapon of mass destruction in a terrorist attack by 2013. They found it more likely that a terrorist group would be able to obtain and use biological weapons than nuclear, and they continue to sound the alarm. Just last week, they issued a “report card” grading improvements in detection and diagnosis capabilities, medical countermeasures availability, and communications.

They found stagnation on medical management and on the development, approval, and dispensing of medical countermeasures. Think of this Committee’s investigation into the difficult time the Administration had in distributing the flu vaccine to respond to the naturally occurring H1,N1 outbreak.

The Administration received F’s from the commission in areas such as attribution of even small-scale events and environmental cleanup of large-scale incidents. This is not acceptable.

To safeguard our citizens against bioterrorism, we must have the ability to respond effectively after an attack has occurred. But we do not yet have adequate bio-response capability to meet fundamental expectations during a large-scale biological event. The WMD Prevention

and Preparedness Act that Senator Lieberman and I introduced in 2009 would have established a detailed plan for preventing and responding to a biological attack.

A biological attack is especially worrisome because we likely would not immediately know that we had been attacked.

That is why I am concerned about the effectiveness of the BioWatch Program. Secretary Napolitano has touted this nationwide environmental monitoring system designed to detect the intentional release of aerosolized biological agents. According to the GAO, however, a threat agent may not be identified until more than a day after its release.

While the next-generation of BioWatch technology could bring this down to just four hours, we are not yet certain that this technology will be viable.

In addition to technological upgrades, better coordination between DHS and HHS is necessary to enhance our ability to identify a threat agent quickly and to increase the speed and reliability of attribution so that we can prevent follow-on attacks.

Ultimately, our best hope of detecting and containing an attack is the low-tech, unglamorous but critically important system of intelligence combined with a robust public health surveillance network. This is still the most effective system and we must be careful not to look for technological “magic bullets” to relieve us of the duty to maintain and strengthen our public health surveillance.

The Graham-Talent Commission also found serious flaws in the security of biological labs in our own country.

A 2009 GAO report, which I requested, reported alarming deficiencies in basic perimeter security at facilities that house the world’s most dangerous biological pathogens, like the Ebola and smallpox viruses. GAO also found that laboratory regulation “for the most part relies on self-policing.”

While security controls must be improved within our own country, global security problems are even more daunting. The crossroads of terrorism and proliferation, biology and technology, in volatile countries such as Pakistan are troublesome.

A multitude of federal agencies--DHS, EPA, HHS, CDC, USDA, and the FBI, among others-- all have some responsibility for bioterrorism. It concerns me that so many different federal entities could be scrambling to respond during and after an attack. And, of course, state and local health officials and first responders are part of the system as well.

Yet, the Executive Branch does not have one agency or official that is the designated leader on all elements of biodefense, especially the coordination and dissemination to both law enforcement and public health stakeholders of critical intelligence.

This is a major gap in our prevention and response capability. If we cannot tell our health providers what to look for when there is a potential threat, we can't properly trigger the public health surveillance system that is our best hope for early detection, containment, and response.

We need a leader who can direct the response and eliminate overlap or redundancy. This official should have the ability to coordinate across federal agencies and harness the assets and expertise of state and local governments, first responders, and the private sector.

I look forward to discussing how we can strengthen our nation's biological defenses and security systems.