

STATEMENT

The State of Public Health Preparedness for Terrorism Involving Weapons of Mass Destruction: A Six-Month Report Card

Chairman Joe Lieberman

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Good morning and thank you all for being here. Today the Committee on Governmental Affairs examines the public health system's readiness for a terrorist attack involving biological, chemical or radiological weapons. This hearing, requested by my friend and very able colleague Senator Cleland, follows up on a session the committee held last October that exposed a public health system under-prepared to respond to a series of biological attacks that occurred in the form of anthrax sent through the U.S. mails.

I'd like to thank Senator Cleland, who has led the way on many of these issues, for his thoughtful and impassioned work on behalf of the American people. In particular, I want to recognize his efforts to strengthen our country's ability to respond to biological weapons by crafting legislation to establish a much-needed central coordinating office at the Centers for Disease Control.

That attack, which turned the unthinkable into reality, was a hard lesson learned. Five Americans lost their lives because of their exposure to anthrax - a vicious, fast-acting terror weapon that we knew very little about. But our ignorance of anthrax and how it works was compounded by bureaucratic labyrinths that prevented critical information from getting to those who might have helped save lives.

Fortunately, the anthrax attack was on a relatively small scale. Had it been a wider attack, I think it is clear, the public health system would have been quickly overwhelmed.

Today, we are asking for a six-month assessment of the federal government's ability to prepare for and respond to a future attack, and specifically for an update on the coordination between public health and law enforcement agencies, which ran afoul of each other in the midst of last year's terror. We are pleased to have Secretary of Health and Human Services Tommy Thompson return as a witness today to speak about the progress his department has made on these fronts.

The first thing I would observe about a biological or chemical attack is that it differs from a conventional terrorist attack and therefore requires a different response. A biological attack would probably follow a more insidious course. It's a stealth attack, in effect, that might make itself known slowly, and perhaps intermittently, in doctors' offices, clinics, and hospital emergency rooms.

In many ways, a biological or chemical attack is a more difficult type of terrorist attack to bring under control and one that relies more heavily on the federal government for the detection and identification expertise of its laboratories or the therapeutic value of its stockpiled vaccines.

As an oversight committee, it is our duty to ask if the government is prepared to protect American lives should the unthinkable occur. And the answer is, despite

promising inroads, Americans are still at risk.

Ten major agencies and dozens of bureaus - including the Defense Department and the intelligence agencies - are responsible for threat assessment, surveillance of disease outbreaks, the protection of food and water supplies, developing and stockpiling vaccines, and assisting state and local governments in planning, training and responding to attack. Secretary Thompson's department, alone, has six different agencies involved in bio-terrorism and chemical terrorism.

The problem is that each of these dozens of offices - as is commonly the case throughout government - communicates with its own narrow constituency but too frequently fails to speak and coordinate with other agencies involved in the same undertakings. If I have learned anything from our examination of homeland security issues over the past six months, it is that poor communication and coordination among federal agencies - and between federal, state and local governments - is clearly one of the greatest impediments to effectively protecting the public.

I know Secretary Thompson and the administration are aware of the daunting task before them. Since October, the administration has set aside over \$1 billion to help states respond to public health emergencies resulting from terrorism and it has requested an additional \$4.3 billion in its FY 2003 budget - an increase of 45 percent over the current fiscal year - to prevent, identify and respond to bioterrorist attacks.

Last fall, Secretary Thompson appointed a special assistant to coordinate the agency's bioterrorism programs, and HHS has developed a central command center where it can monitor information about bioterrorist attacks and respond accordingly. As I understand it, the administration also plans to expand CDC's Health Alert Network, which would connect every county health system to CDC through the Internet, and half a billion dollars is slated for a program to help local hospitals.

Despite these significant steps, the federal government is still a long way from being where it needs to be. And, in the longer term, we need to build a more robust public health system with aggressive health surveillance programs to detect the onset of illnesses. And we need better coordination and better support for state and local governments and their health care systems.

I know Senator Cleland is worried - and I share his concern - about potential conflicts between public health and law enforcement agencies, and so he has introduced legislation to clarify their sometimes conflicting roles.

Finally, a number of experts, including witnesses before this committee have made the point that the administration's budget proposal - as substantial as it is - may only be a down payment on what we will actually need to fully prepare the country for these types of attacks.

So, it is up to us. Only the federal government can ensure that the necessary programs and structures are in place to protect the American people from a biological, chemical or radiological attack. We must work together to make sure we are operating from a position of strength to fulfill our duty to protect the public.

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