

**FEDERAL EFFORTS TO COORDINATE AND PREPARE THE UNITED STATES FOR
BIOTERRORISM:
ARE THEY READY?**

**Chairman Joe Lieberman
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This morning, this Committee will try to provide answers to the urgent question of whether our government is organized adequately to respond to biological or chemical attacks on the American homeland. Senator Thompson and I are pleased to hold this hearing in conjunction with the Subcommittee on International Security, Proliferation and Federal Services, and its able chairman and ranking member, Senators Akaka and Cochran.

As we are now painfully and personally aware, the past week has brought one story after another of anthrax attacks - biological attacks - endangering hundreds of innocent people and actually infecting a handful in several states. Here on Capitol Hill, a wing of the Hart Building was quarantined, Senators and staff are undergoing testing, and mail delivery came to a halt when anthrax was identified in a package delivered to the Majority Leader's office. We have received word today that a number of Senator Daschle's staff have been affected. These incidents - and the countless false alarms and hoaxes people are experiencing daily - have put many Americans into an understandable, state of high anxiety over this threat to our public health.

This morning, I hope we can calmly discuss the facts and offer some reassurance to the public that the federal government is on duty and rapidly improving its preparedness to respond to whatever may come. We have entered an era when the previously theoretical has become altogether real. It's clear to me we have a lot of work to do. But the response of our public health system over the last two weeks is almost exactly what it should have been, with quick detection, identification, treatment and containment of the problem - and that has clearly and thankfully minimized casualties.

I want particularly to commend our first witness, Secretary of Health and Human Services Thompson, for his leadership in responding to this crisis, in calming a tense nation and urgently preparing to improve our response systems to what is now a very real threat.

The Governmental Affairs Committee is an oversight committee charged with the specific mandate to assure that the federal government is organized effectively to fulfill its responsibilities. In today's hearing, we will be focusing on the organizational coordination of scores of federal bureaus and departments that are involved in responding to bio-terrorism and chemical terrorism attacks. Ten major agencies and dozens of bureaus - including the Defense Department and the intelligence agencies - are responsible for, among other things, threat assessment, surveillance of disease occurrences, surveillance of food and water supplies, developing and stockpiling vaccines, and assisting state and local governments in planning, training and responding. Secretary Thompson's department, itself, has six different agencies involved in bio-terrorism and chemical terrorism, which, Mr. Secretary, is why it made such good sense for you to appoint a Department coordinator last July.

This morning, we will also look at coordination between the federal government and state and local governments and their public health systems - because those are the people on the front lines of homeland defense, and they will be called upon to respond first.

The possibility of a biological or chemical attack poses a completely different kind of

threat, requiring a different kind of response, from a different set of responders, than on the dark day of September 11. That day, events were visibly and immediately seen by millions of people on television, and the catastrophe required conventional fire, rescue and medical capabilities - on a huge scale. A biological or chemical attack would unfold in a very different way. It might not be immediately visible. It could emerge slowly in different locations, in mail rooms, doctors' offices, clinics, emergency rooms, and public health department laboratories, and a completely different set of actors - mostly medical personnel- would be the first to respond. Some biological agents - such as small pox - are contagious and would spread rapidly throughout the population. A government exercise simulating a biological attack conducted earlier this year showed that such diseases could greatly challenge state and local medical capabilities to respond.

The good news is we have systems and equipment in place to respond to an attack of this sort, and, as we will hear today, the federal government has begun to organize the pieces that will be needed to contain biological or chemical attacks on a large scale. The Health and Human Services Department is developing an Internet-based surveillance system to gather data on disease incidence that would allow for real-time analysis. The Pentagon is developing civil support teams within the National Guard in every state. And state and local officials are increasingly well trained to deal with these attacks.

But the systems are in place clearly need to be strengthened. Preparation for these types of attacks didn't even begin at the federal level until the late 1990s, so many agency plans and programs are still incomplete. There is duplication and overlap because of traditional government stove-pipe structures and the inevitable turf battles that accompany this kind of structure. And there appears to be no overarching strategy and no single, focused executive direction. It's hard not to conclude that the government has a series of organizational decisions to make - and quickly.

Federal support for state and local governments and health care systems must grow to meet the challenge before us. These are the agencies that employ the local heroes - the emergency medical technicians, the police, the firemen, the hospital emergency room workers. . . And yet, while federal funding for response to terrorist attacks involving biological and chemical weapons has increased in the past three or four years, not enough of that money is reaching the state and local levels.

We need to build a more robust public health system capable of aggressive health surveillance programs - early warning systems - to detect the onset of illnesses. We need adequate inventories of pharmaceuticals and we need better coordination and better support for state and local governments and the health care system.

Only the federal government can ensure that the capabilities to protect our citizens in the event of a biological or chemical attack are in place. I hope this hearing and this Committee can help it do that quickly.