Statement of Senator Susan M. Collins

"Nuclear Terrorism: Providing Medical Care and Meeting Basic Needs in the Aftermath – the Federal Response"

Committee on Homeland Security and Governmental Affairs

June 26, 2008

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Mr. Chairman, thank you for holding this hearing continuing the Committee's important work on nuclear terrorism.

Discussions of nuclear terrorism tend to overlook an important point. As Dr. Michael Robbins, a professor of radiation oncology at the Wake Forest University School of Medicine, has cautioned: "The vast majority of general practitioners, emergency responders, and even many radiologists, have little understanding of the health consequences of a radiological or nuclear event."

As the Committee considers the challenges of responding to a terrorist nuclear attack on an American city, this caution reminds us of the vast scale of those challenges. That is, not only the general public, but also the medical community, is ill-prepared to face the terrible consequences of such an attack.

Our earlier hearings on this subject – not to mention the latest news stories on the activities of the Pakistani nuclear-secrets seller, A.Q. Khan – have left little room for doubt that technical and delivery options for such an attack are within the reach of terrorists.

Previous witnesses have given us chilling testimony on the scale and nature of response challenges to a terrorist nuclear attack. They would include not only mass casualties and immense strain on local response capabilities, but also special, radiation-related challenges

such as mass triage and burn care, decontamination, fallout-plume modeling, and shelter-or-evacuate decisions.

One of the key recommendations that emerged from our prior hearings is the need for surge capacity for medical care for tens of thousands of injured people. Options for providing that surge capacity include field hospitals for triaging patients, as well as pre-positioning medications, supplies and equipment at large public facilities, such as convention centers or stadiums.

If such a disastrous attack should occur, a well-planned, vigorous, and effective response by federal agencies will be critical to augment the work of state and local governments, as well as non-profit and private-sector organizations. Besides having access to resources throughout the country, the federal government can

provide situational awareness and coordination through the DHS National Operations Center and its FEMA component, the multi-agency National Response Coordination Center.

Today's hearing gives us an opportunity to hear first-hand how key federal agencies are planning and preparing responses to a possible terrorist nuclear event in a major U.S. city.

I am particularly pleased that the panel includes Fire Chief James Schwartz of Arlington County, Virginia. His experiences in tactical command of the response to the 9-11 attack on the Pentagon and in his department's training for possible nuclear incidents will be very valuable to the Committee.

Arlington is, of course, part of the National Capital Region and participates in extensive regional planning,

with Washington, D.C., Maryland and the rest of Virginia. Nonetheless, Arlington firefighters were first on the scene at the Pentagon on 9-11. And today, their plans assume no direct federal support for the first 24 to 72 hours after a catastrophe, like a terrorist nuclear attack. This standard of preparation is commendable and should serve as a model for first responders in parts of the country where federal assets are less concentrated.

I will also be interested in hearing Chief Schwartz's thoughts on the Metropolitan Medical Response System Grant program funded by the Department of Homeland Security. These grant funds help hospitals, fire departments, public health departments and emergency medical services develop coordinated plans for responding to mass casualty events. Today's testimony should help us judge how useful these grants have been and whether they should be increased.

Nearly three years after the disaster inflicted on the Gulf Coast by Hurricane Katrina, we are still developing and refining plans to provide an effective medical response in mass-casualty situations. Committee members will recall our investigations of both heroic efforts and appalling shortfalls. The challenges of marshalling urgent-care specialists, establishing field hospitals and treatment centers, and delivering both urgent- and chronic-care medications and supplies were terrible in the aftermath of Katrina.

Despite improvements at FEMA, based on reform legislation that Chairman Lieberman and I authored, the federal response following a terrorist nuclear attack would be hampered by difficulties, including challenges to coordination across agencies.

If our efforts fail to prevent terrorists from acquiring and using an improvised nuclear device, our nation must ensure that our response plans for such an attack are built into the all-hazards orientation that underlies the National Response Framework. Our defenses must be robust, active, and adaptable to the constantly evolving threats our nation faces.

I commend the Chairman for the work of this Committee on this important matter and for this hearing's examination of federal preparations for the medical response to a terrorist nuclear attack.

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