

Statement of Senator Susan M. Collins
Effective Responses to the Threat of Bioterrorism
Public Health Subcommittee
October 9, 2001

Mr. Chairman, thank you for calling this hearing to examine ways to strengthen the public health response to bioterrorism and to determine what more needs to be done to ensure that authorities at the federal, State, and local levels have sufficient resources and coordinated plans in place to respond to this kind of attack.

Our world changed forever on September 11th. Any sense of domestic security that we may once have enjoyed collapsed with the World Trade Towers, and threats of terrorist acts which once were unimaginable are today horrifyingly real.

In the past, a mass attack with a biological agent like small pox or anthrax seemed highly unlikely. Today, such an attack seems frighteningly possible and many experts believe that it no longer is a

matter of *Aif* but *Awhen* it will occur. The question we will be asking our witnesses today is, are we prepared for this kind of attack? And, if not, what more must we do?

Bioterrorism is unlike any other form of terrorism. While explosions or chemical attacks cause immediate and visual casualties, the intentional release of a biological agent, such as small pox, may at first go unnoticed. It causes a ripple effect that unfolds over the course of days or weeks. If it is not contained, it can spread to others who were not initially exposed, causing a major epidemic.

In addition to widespread medical consequences, a bioterrorist attack also could bring about horrific social, economic, and psychological consequences. A recent war game conducted by the Center for Strategic and International Studies named Dark Winter began with a report of a single case of smallpox in Oklahoma City. Iraqi-financed terrorists had released smallpox viruses into shopping malls in

Oklahoma City, Atlanta, and Philadelphia. The act went unnoticed until a few weeks later when people started showing up in emergency rooms complaining of fever and rash. By the time it was over, the imaginary epidemic had spread throughout the country and killed several million people. As the epidemic expanded exponentially, it became clear that every critical infrastructure in the country would be crippled because the personnel required to make them function were either themselves victims of the attack or caring for immediate family members who were. Commerce came to a halt, nationwide air travel and the stock market shut down, and, all the while, the epidemic continued to grow.

According to former Senator Sam Nunn, who played the role of President in the exercise: "The 3,000 cases in Oklahoma from the initial attack mushroomed into hundreds of thousands of victims nationwide within 12 days, along with riots and a trade collapse. It's a lucky thing this was just a test, but our lack of preparation is a real emergency."

In recent years, the federal government has become more involved in bioterrorism preparedness. Federal funding for these activities has doubled since 1998, and a variety of research and preparedness activities to deal with the public health and medical consequences of a bioterrorist attack are underway in almost every department in our federal government B Defense, HHS, Agriculture, Energy, Justice, Transportation, Commerce, EPA, and FEMA.

As much as we may be doing in this area, it is clear that we should be doing far more, particularly at the State and local level. I therefore look forward to working with my colleagues to ensure that we are doing all that we can not only to prevent such an attack from occurring, but also to respond effectively to contain the damage in the unfortunate event that such an attack should occur.