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TERRORISM THROUGH THE MAIL: PROTECTING POSTAL WORKERS AND THE PUBLIC

JOINT HEARINGS

BEFORE THE

COMMITTEE ON
GOVERNMENTAL AFFAIRS
UNITED STATES SENATE

AND THE

SUBCOMMITTEE ON INTERNATIONAL SECURITY,
PROLIFERATION AND FEDERAL SERVICES

ONE HUNDRED SEVENTH CONGRESS

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OCTOBER 30 AND 31, 2001

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TERRORISM THROUGH THE MAIL: PROTECTING POSTAL WORKERS AND THE PUBLIC

TUESDAY, OCTOBER 30, 2001

U.S. SENATE,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
AND THE SUBCOMMITTEE ON INTERNATIONAL SECURITY,
PROLIFERATION, AND FEDERAL SERVICES,
Washington, DC.

The Committee met, pursuant to notice, at 9:35 a.m., in room SD–342, Dirksen Senate Office Building, Hon. Joseph I. Lieberman, Chairman of the Committee, presiding.

Present: Senators Lieberman, Akaka, Levin, Cleland, Carper, Carnahan, Durbin, Thompson, Collins, Cochran, Bunning, Stevens, Bennett, and Voinovich.

OPENING STATEMENT OF CHAIRMAN LIEBERMAN

Chairman LIEBERMAN. The hearing will come to order. This morning, our Committee begins the first of two hearings on the question of "Terrorism Through the Mail: Protecting Postal Workers and the Public." The full Committee is holding this hearing in conjunction with the Subcommittee on International Security, Proliferation, and Federal Services, chaired by Senator Daniel Akaka, and conducting the hearing pursuant to jurisdiction over the U.S. Postal Service, which the rules of the Senate give this Governmental Affairs Committee.

Protecting the safety of the public and those working for the U.S. Postal System on what has become an unexpected front line of defense against terrorism is an urgent priority, so I would like to thank all of our witnesses this morning for rearranging their schedules to be at this hearing on short notice.

On September 11, as we all know, terrorists wreaked sudden mass destruction upon the financial and military centers of the free world. Since then, a slower, more insidious attack has been launched against our Postal System and into government and media mail rooms in the form of anthrax contained within sealed letters and packages.

This new terrorist attack has been difficult to detect and has emerged slowly over a period of weeks. So far, it has struck in Florida, New York, New Jersey, Virginia, and 12 separate places here in Washington, catching authorities off-guard and surprising even those who have been preparing for a bio-terrorist attack. Three people are dead, two of them Postal workers, and at least 10 others have been diagnosed with either cutaneous or inhalation anthrax.

Thirty-two people have tested positive for exposure to anthrax and thousands are taking powerful antibiotics as a precaution.

In all, Americans are asking themselves a very basic question: Is it safe to open the mail? This morning, our Committee wants to find out what the answer to that question is and also whether adequate steps were being taken to protect Postal workers, and for that matter, anyone who opens their mail, once it was known that the mails were being used to further terrorize the American people. We want to take stock of what we have learned from this experience and assess what needs to be done to properly protect those who work for the Postal Service and those who depend on its services.

The transmission of anthrax through the mail was first confirmed on Friday, October 12, when an NBC employee was diagnosed with cutaneous anthrax after opening a letter addressed to Tom Brokaw. Federal officials and the Postal Service apparently thought the risk of inhalation anthrax was negligible and two mail workers now being treated in Virginia and New Jersey were diagnosed with it over a week later.

The disease transmission model everyone expected was through the skin, as had been the case with the NBC employee, and apparently no one anticipated that anthrax spores would leak out of mail envelopes in sufficient quantity to cause infection. So gloves and masks were not required, and, in fact, as I understand it and will ask today, are still not required for Postal employees.

The question many are asking, and admittedly, this is with 20/20 hindsight, is should someone have recognized what now seems like an obvious concern, not only about those receiving envelopes with anthrax but about the safety of the men and women who work in the mail system that delivered them?

In Washington, the Postal Service began environmental testing for anthrax at its main facility at Brentwood on Thursday, October 18, 3 days after the letter sent to Majority Leader Daschle was opened in the Hart Building, exposing 28 people. At the time, Postmaster General Potter said he was advised that there was only a minute chance that anthrax spores escaped into the air at the Brentwood facility, but 2 days later, contamination at Brentwood was verified. The facility was closed down and the testing of the Brentwood workers began the next day. Thomas L. Morris, a worker at Brentwood, died that day, while Joseph P. Curseen, Jr., another Brentwood worker, was sent home from the hospital with a flu diagnosis and died the next day.

So questions are naturally being asked. Should not health workers have been on the lookout and more sensitive to possible anthrax infection? Should environmental and worker testing have begun sooner than it did? Did the Centers for Disease Control and the Postal Service take too passive an approach at first to protecting workers at the post offices and the public?

These are important questions which the Committee will ask today on behalf of the American people and Postal workers. But I want to assure you that we ask them in a spirit of analysis, not accusation, a spirit of urgent analysis which is aimed at finding out in the midst of this unprecedented and unexpected challenge how we can better deal with it.

It is particularly important, I think, that we end what has been described as a multi-voiced disharmony from government officials about the anthrax scares. As this scare has developed and continued, it became clear to all of us, both observing and experiencing as members of the Capitol Hill family that were also targets of anthrax attack, how much the experts do not know. There is, in fact, as we have learned now, no relevant clinical experience, no standard survey methodology, no comparable operational history, and no understanding of the full magnitude of the biological threat being perpetrated.

As the *New York Times* said on October 28, inhalation anthrax is a disease that almost no doctor in the United States has ever seen. We were originally told, publicly and here on the Hill, that it takes 8,000 to 10,000 inhaled anthrax spores to become infected, but I recently read a quote from the head of an infectious disease program at a major medical center in the United States that that estimate of 8,000 to 10,000 spores necessary for infection was a textbook answer based on clinical studies done decades ago of workers who handled animal hides.

So we ask ourselves, why were we not told that from the outset? Did the experts who advised us and you, Mr. Postmaster General, know this and decide not to panic us, or did they not know it?

I must say that in recent days, one of the most encouraging developments to me has been that Governor Ridge has now been designated as clearly the lead governmental spokesperson on such matters, and I hope and believe that he and others, having gone through the experience we have all gone through in recent weeks, he and others in positions of authority will tell the facts as they know them to the American people when they know them, and if they do not know the truth, then they will tell us that, as well. Otherwise, in this time of crisis, the Federal Government risks losing the credibility and trust that it has gained from the American people in these early stages of the war against terrorism.

In recent days, I am pleased to note, the Postal Service and public health officials have taken increasingly comprehensive, coordinated, and aggressive actions. Mail destined for Washington from unknown shippers will be irradiated in Ohio until the Postal Service can install irradiation devices more broadly. The Postal Service is also in the process of revising mail collection procedures to minimize handling prior to irradiation. Over 6,000 DC area Postal employees have been given antibiotics, while an equivalent number in New York have been tested or are receiving treatment, although it seems that conflicting advice is being given as to the recommended length of treatment.

The bottom line here is that the Postal Service we have come to appreciate again, as a result of this crisis, is at the heart of the Nation's critical infrastructure and is one of the foundations of our daily quality of life. In another sense, businesses and individuals that depend on the Postal Service comprise a significant portion of our gross domestic product. So this is simply too important to too many people to allow these problems or anxieties with the mail system to fester.

We are in this together. Our unity in this crisis has been perhaps the greatest source of our strength. And on this Committee, we

hope that we will move forward together to find a way to better protect America's Postal workers and the people of this country who depend on their work just about every day of our lives.

Senator Thompson.

OPENING STATEMENT OF SENATOR THOMPSON

Senator THOMPSON. Thank you very much, Mr. Chairman. I want to commend you on that statement. I think it sets exactly the right tone. I want to thank the Postmaster General, the union representatives, and the Postal workers for coming here today. I know this is a difficult time for all of you as you have recently lost two of your colleagues and others remain ill.

It is my hope that we can use this time to explore procedures, protocols, and technology which can be used to make our Postal facilities safe and secure for you and your coworkers and the entire system will thereby be safer for the public in general.

This is not just a Postal Service problem. We are here today because terrorists decided that we would come here to discuss this subject with this agency today because they chose this one this time. But it is a government-wide problem and there is no doubt that we have been, as a government, behind the curve in preparing for potential biological attacks. For example, it is remarkable that we know so little about some of the properties of anthrax itself, how the powder reacts in an envelope, for example, and what works against it.

For several years, many organizations, including the GAO, the Hart-Rudman Commission, the Gilmore Commission, and others have recommended comprehensive threat and risk assessments for chemical and biological weapons attacks on our soil. As far back as 1997, GAO recommended that these assessments be conducted so that Federal and State Governments could properly prepare for such attacks. I understand the FBI finally began work on a domestic threat assessment in July 1999 and it should be completed soon.

Clearly, these assessments should have been completed earlier. I do believe that the completion of such threat assessments in the future will help us be better prepared when the next shoe falls. In all fairness, though, even the experts who thought about mass casualty attacks, as far as my staff have found, these experts never focused on the use of anthrax through the mails and the potential threat that posed, even though we must say that the threat certainly was not beyond comprehension because there have been a number of hoaxes over the years where powder has been sent through the mail with letters claiming that anthrax was enclosed. One such letter, I remember, was received in Knoxville, Tennessee, back in 1998.

But whatever our level of preparedness has been in the past, it is clear now that we have to do more to protect our workers and the American public. Congressional staff was briefed last Friday on new technologies and machinery being considered by the Postal Service, including ways to make collection boxes safer, to keep air in our facilities cleaner, and even to kill potentially dangerous biological agents being sent through the mail.

I am glad to see the Postal Service is moving forward with these new technologies, Mr. Potter. I am glad to see that you are working

so well together that you have included the labor representatives and the employee representatives and that you are working together under extremely difficult circumstances to address these problems. I think it has implications, really, for all of us, all Americans.

Some have begun to inject doubts into our war on terrorism, both at home and abroad. The dangers we face now have our full attention, and frankly, I think we are doing a pretty good job of responding to them. As the Chairman pointed out, so many of our public officials have to rely upon expertise, and the experts, frankly, are not used to being experts with the particular problem that we have got right now. So the phrase "steep learning curve" is being uttered about a thousand times a day in this town and it is true.

But in less than 2 months, we have set up an Office of Homeland Security and appointed a director. We have engaged the entire medical community, including the CDC and all other public health officials. We passed a terrorism bill, we will shortly have an airport security bill, and we managed to keep to our legislative agenda.

We need to understand that in this process, there will be problems, but we also need to understand that we will overcome those problems. I suppose I have to take a backseat to nobody in criticizing the wastefulness and inefficiencies and duplication of the government, but there comes a time when we need to circle the wagons and there comes a time when we need to see the positive and good that we can accomplish when we bring the forces of our government to bear on a national security problem, and I think that is what we are seeing.

I also believe that this is the one side of the two-sided war that we see, home and abroad, and I believe that the implications of how we are handling this here are relevant to the hot war, if you want to call it that, in Afghanistan. You see headlines in the last few days, for example, announcing that the war will go on longer than expected. I do not know who that was news to, but apparently it was to a lot of people in this town that it was going to be a long war, despite the fact that the President, the Secretary of Defense, and all other relevant officials have been telling us that for some time.

Now we are beginning to see demands from our new allies that the war be shorter or that we avoid bombing during certain times. We are now beginning to see the inevitable military and civilian casualties that come with such an operation. And although some opinion makers have decided to make this the focus, I think that the American people understand that we are in for a long and deliberate process, both at home and abroad, and it is important in the meantime that we pull together and work together to address these unprecedented problems.

There has never been any doubt about America's military strength, but there is substantial doubt around the world about our determination and our stamina, and we are beginning to see the inevitable reaction from lack of a quick and decisive resolution of the problems that we are having at home and abroad. But I see the spirit that we need to address both of these problems evident with regard to what you gentlemen are doing and the members of the labor community.

I must say, Congress, as we are looking to assess some responsibility, is going to have to take another look at itself. According to Paul Light of The Brookings Institute, who is the head of the Presidential Appointee Initiative, there are 164 positions involved in the fight against the war on terrorism, including homeland defense and bioterrorism. These include positions in the agencies such as Defense, Treasury, State, FEMA, and some of Transportation, and others.

Today, 50 percent of the 164 are vacant or have people only on the job since August 1. Today, 37 percent of the 164 are vacant or have people only on the job since September 11. Of those with responsibility for biological threats, only 45 of 71 positions have been filled in this administration. Now, some of these positions that remain unconfirmed include Assistant to the Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs at Defense; Director of the Office of Civilian Radioactive Waste Management at Energy; also at Energy, Assistant Secretary of Energy for Environmental Safety and Health; also Special Representative for Nuclear Proliferation over at State; Assistant Secretary of State for Population, Refugees, and Migration at State; and two positions at FEMA, Deputy Director and Associate Director, Preparedness Training and Exercise Directorate.

So it is important that the administration get these names up here and that Congress reacts to them promptly. It is a problem that we have seen government-wide, again, with regard to Presidential appointees and the longer that it is taking now for a new President to get his team together. I think President Clinton, it took 8 months. President Bush, it is going to take at least a year. He will have served 25 percent of his term without his team in place. Now, that may just be political fun and games until we get to the situation that we have here now, but we see it has national security implications and we all must do a better job.

So thank you, Mr. Chairman and Senator Akaka, for holding these important hearings today and tomorrow. I believe much good will come from it. Thank you.

Chairman LIEBERMAN. Thank you, Senator Thompson, for your thoughtful statement.

Senator Akaka is the Chair of the relevant Subcommittee and I would call on him now.

OPENING STATEMENT OF SENATOR AKAKA

Senator AKAKA. Thank you very much. I am delighted and pleased to join Chairman Lieberman in today's joint hearing. The Subcommittee on International Security, Proliferation, and Federal Services, which I Chair, has been looking into the bioterrorism risk for some time now. In July, we held a hearing to review government efforts to prepare our communities to respond to acts of terrorism. Sadly, the bioterrorism risk has become a reality and three Americans have lost their lives in bioterrorism attacks on American soil.

I want to thank the Postmaster General, the presidents and employees of the Postal employees' unions, and the Postal Service's officials for being with us this morning. In the interest of time, I will keep my remarks brief.

The last line of defense in a homeland terrorist attack should not be the Congress, nor should the first line of defense be the men and women of the U.S. Postal Service. Sacrifices being made by our Nation's Postal employees demand our government's full support and available resources to ensure their safety.

These dedicated people never expected to be on the front line of a war. They never expected their workplaces to become the front line in a biological weapons attack, and they never expected to lose members of the Postal family to terrorism.

I know that every American is concerned about the safety of the mail and I hope our hearings will answer some of their questions. I also know that the safety of our Postal employees and the public cannot be compromised. I firmly believe that to better protect Americans and critical infrastructures like the U.S. Postal Service, there must be cooperation at all levels of government.

Right now, we have a complex Federal interagency process that governs our preparedness and responses to terrorism. We cannot afford confusion or duplicity in program efforts. Rather, we must strengthen existing programs and add new ones where needed in order to prepare all communities, from the largest city to the smallest rural town, for biological incidents.

Before I yield back my time, I wish to express my deepest sympathy to the families and friends of APWU members Joseph Curseen and Thomas Morris, who passed away last week. Like the police officers and fire fighters in New York and the military personnel and civilian employees at the Pentagon, these two public servants lost their lives in service to their country. I also extend my hopes for a speedy recovery to those Postal employees who are undergoing treatment for inhalation and cutaneous anthrax.

I ask unanimous consent, Mr. Chairman, that my entire statement be included in the record as well as three articles from the *Washington Post*—two commemorating the lives of the fallen Postal employees, and one by Stephen Barr on our heroic Postal employees.[1] I also ask that a written statement of the National Postmasters Association be included in the record. Thank you very much, Mr. Chairman.[2]

Chairman LIEBERMAN. Thanks, Senator Akaka. Without objection, we will include all those documents in the record.

[The prepared statement of Senator Akaka follows:]

PREPARED STATEMENT OF SENATOR AKAKA

I am delighted to be here and pleased to join our Chairman at today's joint hearing. The Subcommittee on International Security, Proliferation, and Federal Services, which I chair, has been looking into the bioterrorism risk for some time now. In July, we held a hearing to review government efforts to prepare our communities to respond to acts of bioterrorism. Sadly the bioterrorism risk has become a reality and three Americans have lost their lives in bioterrorism attacks on American soil. As the Chairman mentioned, we held a joint hearing on bioterrorism preparedness only two days after the anthrax event in Senator Daschle's office.

I want to thank the Postmaster General for being with us, as well as the presidents and employees of our postal employee unions. In the interest of time, I will keep my remarks brief.

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[1] Three articles from the *Washington Post* submitted for the record by Senator Akaka appear in the Appendix on pages 220–223.

[2] The prepared statement of Charles Moser, President, National Postmasters Association appears in the Appendix on page 224.

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I know that every American is concerned about the safety of the mail, and I hope our hearings will answer some of their questions. I also know that the safety of our postal employees and the public cannot be compromised.

I firmly believe that to better protect Americans and critical infrastructures like the U.S. Postal Service, there must be cooperation at all levels of government. Right now we have a complex federal interagency process that governs our preparedness and responses to bioterrorism. We cannot afford confusion or duplicity in program efforts. Rather we must strengthen existing programs, and add new ones where needed in order to prepare all communities—from the largest city to the smallest rural town—for biological incidents.

Before I yield back my time, I wish to express my deepest sympathies to the families and friends of APWU members Joseph Curseen and Thomas Morris, Jr., who passed away last week. Like the police officers and firefighters in New York and the military personnel and civilian employees at the Pentagon, these two public servants lost their lives in service to their country. I also extend my hopes for a speedy recovery to those postal employees who are undergoing treatment for inhalation and cutaneous anthrax.

I ask unanimous consent that my entire statement be included in the record as well as three articles from *The Washington Post,* two commemorating the lives of the fallen postal employees, and one by Stephen Barr on our heroic postal employees. Thank you, Mr. Chairman.

Chairman LIEBERMAN. Senator Thad Cochran of Mississippi is the Ranking Member of the Subcommittee and I would call on him now for an opening statement.

OPENING STATEMENT OF SENATOR COCHRAN

Senator COCHRAN. Thank you, Mr. Chairman. I think the tone set by Senator Thompson in his comments is the right one. I think we need to avoid creating a false sense of security, but we also need to avoid creating a state of panic about the threats that we face and the occurrences that we have all witnessed.

In connection with the Postal workers and those who work for the U.S. Postal Service, I think we want to know from our witnesses today what we can do to help support you in your effort to deal with this crisis effectively and to make sure that the workplace for all of our Postal workers is safe, and that is my purpose in being here this morning.

I wish you well. I commend you and all the Postal inspectors who are working around the clock to try to deal with this situation, and we wish you well and pledge to you our support in that effort.

Chairman LIEBERMAN. Thanks, Senator Cochran. I think you have set the right tone in your opening statement, as well.

We are going to go now to the Postmaster General, John Potter, for his opening statement. Thank you very much for being here.

TESTIMONY OF HON. JOHN E. POTTER,[1] POSTMASTER GENERAL, U.S. POSTAL SERVICE; ACCOMPANIED BY THOMAS DAY, VICE PRESIDENT OF ENGINEERING, U.S. POSTAL SERVICE; PATRICK DONAHOE, CHIEF OPERATING OFFICER AND EXECUTIVE VICE PRESIDENT, U.S. POSTAL SERVICE; AND KEN WEAVER, CHIEF POSTAL INSPECTOR, U.S. POSTAL INSPECTION SERVICE

Mr. POTTER. Thank you. Good morning, Chairman Lieberman, Senator Thompson, and Members of the Committee. I have submitted a detailed written statement, which I would ask be entered into the record.

Under normal circumstances, I would be here by myself. But with the situation changing daily, I have brought Patrick Donahoe, Chief Operating Officer, and Thomas Day, Vice President for Engineering, with me. They are part of the total team that is focusing on this crisis and they will be able to add value to our discussion.

Mr. Chairman, this is a sad time for us in the Postal Service. We have lost two of our family, two of our fine employees, Joseph Curseen and Thomas Morris, to the anthrax attacks. Three others remain hospitalized and four have been sickened and are recovering. None of them thought when they came to work for the Post Office that they would be on the front line of a war, but they were, and thousands of employees are, as well. In fact, this is a war against all of our citizens.

From the very outset, my overriding concern was for the safety of our employees and the public. We sought out the best information and the best experts to help us understand exactly what we were dealing with. Early on, when there was confusion about how and when anthrax got into American Media in Boca Raton, we saw no direct connection to the Postal Service and the system that delivers the mail. Nevertheless, on Tuesday, October 9, as a precaution, we provided supervisors and employees with updated information on what to do if they suspected biohazards in the mail.

Then on Friday, October 12, the Postal landscape changed dramatically. An *NBC News* employee in New York City was diagnosed with cutaneous anthrax. It became clear that the bioagent had arrived through the mail. Looking back, it is hard to believe all that has transpired in the last 18 days. We took a proactive stance in terms of educating our employees and the public. I cautioned that employees, the public, companies, and organizations, that they needed to handle their mail carefully. If they found something out of the ordinary, they needed to respond appropriately to law enforcement authorities. Based on the information I had, I stressed that this was a time when common sense and caution was needed and that the incidence of anthrax-laden letters appeared to be very targeted and very few in number.

On Monday, October 15, with Postal inspectors already working with the FBI, I asked Chief Inspector Weaver to put together a Washington-based task force that included our union and management association leaders. On a daily basis, we shared and discussed the latest information, what steps we should take, and what were the right things to do. We brought in advisors from the CDC

[1] The prepared statement of Mr. Potter appears in the Appendix on page 123.

and others to share information with the unions. Our labor leaders' comments were valuable and carried equal weight with everyone around the table, but the facts were sketchy. To that point, the only confirmed anthrax had been in Florida and *NBC News* in New York.

On that day, Monday, October 15, employees in Senator Daschle's office opened a letter that had been laced with anthrax. Then, things began to accelerate almost by the hour. It was clear that the Daschle letter went through our Brentwood facility in Washington.

On Wednesday, testing of 28 Capitol Hill employees came back positive. We were consulting and seeking the best experts we could find, but it was also clear that the mail and the Nation were facing a threat that it had never encountered before. We continued to operate under the theory that what had happened—that what had been sent was transiting our system in well-sealed envelopes.

All along, the Postal Service operated on the principle of open disclosure. I knew that would be critical in protecting our employees and the public in developing solutions. Knowing that the Daschle letter came through our Brentwood facility, and after consulting with our unions, we decided to test the Brentwood facility as a precaution. The preliminary test on Thursday, October 18, came back negative. We felt good about that, although a secondary, more comprehensive laboratory examination would take another 48 hours. To that time, we had no indication that Brentwood was contaminated.

Also on Thursday, October 18, we joined with the Justice Department to ask the American public for help by offering a $1 million reward. It was on October 18 that one of our letter carriers in Trenton was diagnosed with cutaneous anthrax. The Trenton and West Trenton facilities were closed for testing and CDC and the FBI moved in. Yes, we had discussed with CDC whether or not our employees should be tested, but all indications and the best experts said, no need.

Unfortunately, and how I and others wish we had known, it was Friday, October 19, when our first Washington employee would be hospitalized with flu-like symptoms. Two days later, on Sunday afternoon, October 21, we learned of the first case of an employee with inhalation anthrax. Brentwood was immediately closed. As a precaution, we also closed the Baltimore-Washington processing facility.

We were operating in good faith, trying to make the right decisions based on the facts at hand and the advice we were receiving from the experts. In fact, out of those discussions, local health authorities began screening employees and providing them with antibiotics that weekend.

By Monday, we were making every effort to track down all of our Brentwood employees, even those on vacation. Last week, I said this is not a time for finger pointing. I underscore that again. The mail and the Nation have never experienced anything like this.

Where are we today? First of all, the situation remains fluid. Late yesterday afternoon, we learned that two additional facilities in Washington, DC, were contaminated, and we closed them pending remediation. In addition, trace amounts of anthrax have been

found in our plant in West Palm Beach. That remediation is occurring right now. For 18 days, we have been working to enhance the safety of our employees and their workplaces. At the same time, we want to keep mail moving to the Nation's businesses and households.

Let me share some of the actions that we have taken. We scheduled 200 facilities nationwide to be tested. That is in addition to those facilities in the immediate area of the anthrax attacks. We purchased 4.8 million masks, 88 million gloves for our employees. We changed operational maintenance procedures to reduce the chance of any bioagents being blown around the workplace. We are using new cleaning products that kill anthrax bacteria. We have redoubled efforts to communicate to employees through stand-up talks, videos, and postcards directed to their homes to reinforce our awareness message. We also had medical doctors speak to our employees at the worksite on the precautions they needed to take concerning anthrax and offered employees nationwide counseling services.

During the last week, we mobilized every resource to get employees screened, tested, and antibiotics distributed. We are purchasing machines and technology to sanitize the mail. Unfortunately, we cannot deploy all the machines tomorrow. In the interim, we are using existing machines and private sector companies to sanitize targeted mail. The anthrax attacks were targeted and we are responding in a targeted way.

We are increasing our education efforts with the public. Postcards alerting every address in America were delivered last week. In all our dealings with our customers, we stress the need for vigilance. We modified our website to provide the latest information on anthrax. In sum, we are focused on getting the message out.

I might also add here that the cooperation and coordination between and among all Federal agencies involved has gotten increasingly stronger as each day has gone by. Governor Ridge has been instrumental in building bridges and making things happen. He also has been working to assure that all Federal agencies work in a focused way to ensure that the equipment and technology we plan to use is effective.

These attacks on our employees, the Nation, and the mail are unprecedented. They have hurt us financially. The economic slowdown in 2001 already had an impact. Then the tragedy of the attack on September 11 again stunned the economy. The results have been reflected in reduced revenue and mail volumes. Although we are still assessing the economic impact of the anthrax attack, I can tell you it is sizeable. We will provide information to the Committee when we have a tally.

As I am sure you will agree, protecting America's freedom by ensuring the safety and the integrity of the mail is at the core of the Postal Service's mission. Our 800,000 Postal employees are using everything they have learned and doing everything humanly possible to keep the mail safe and moving.

I cannot say enough how proud I am of the cooperation and the spirit I have seen in our employees and Postal customers. They recognize that terrorists have launched an attack on one of America's

fundamental institutions, the Nation's post offices. We are determined not to let the terrorists stop us.

This concludes my prepared statement, Mr. Chairman.

Chairman LIEBERMAN. Thanks, Mr. Potter.

We will begin questioning now. With the permission of my colleagues, we will do 6-minute rounds, but we will give a few extra minutes to, other than the four of us who had the chance to make opening statements, if other members wish to use that to make an opening statement.

The dates here are, as you stated them, the sequence of events. On October 12, CDC confirmed that the letter sent to NBC had anthrax in it. A short while after that, we learned that anthrax from a letter sent to Senator Daschle had contaminated one of the Senate mail rooms and so was capable of contaminating other locations, yet the Brentwood facility continued to operate and now it appears that there is contamination throughout government mail rooms in the DC area.

My question is: Given—and this is the question, obviously, that others are asking, including Postal workers—given the known anthrax exposure at Postal facilities, particularly in New Jersey and then in Florida, why did the Postal Service not take a more aggressive approach toward conducting testing for anthrax as a precautionary measure, both to protect its employees and the general public?

Mr. POTTER. Throughout the process, when we started with the earliest letters at NBC, the advice we were given throughout was that these envelopes were well sealed. They had been taped and it gave the appearance that the intent of the sender was that it was to affect the recipient, the person who the mail was addressed to.

Chairman LIEBERMAN. Right.

Mr. POTTER. It was not until later on that we found out that the size of the spores, the anthrax spores, were one micron in size and that they had the ability to penetrate paper. So we went from a situation where we had sealed containers and we had no known cases of anthrax either in Florida or in New York, that is the Postal Service did not, and so the theory that we were operating under seemed logical, made sense, and given the amount of protection, tape that was put on the envelopes, that they were contained and that they were not contaminating until they were opened at the destination.

Chairman LIEBERMAN. So the initial presumption was that to become ill, you would have to have opened a package or letter, as occurred at the NBC offices or, in fact, in Senator Daschle's office?

Mr. POTTER. Yes. That was the initial assumption and it was thought that by opening the envelope, and that was the theory behind what happened in Florida, that the gentlemen that were affected opened the envelope and that dust came out of the envelope and went into their sinuses.

Chairman LIEBERMAN. On what basis did you reach that conclusion? I understand it has a certain common sense to it based on normal experience, although as we have found out, as you indicated, as time went on, the anthrax was refined to such a small level that common sense did not make sense in the end. But was that a judgment that you made within the Postal Service based on

the advice of your internal counsel or was it based on advice you got from others, and if so, who were they?

Mr. POTTER. It was based on the advice that we had gotten from those who had seen the envelopes. We did not have possession of the envelopes.

Chairman LIEBERMAN. In other words, those who had seen them at NBC or here at the Senate?

Mr. POTTER. Right. So it was the law enforcement authorities, the FBI, our Postal inspectors, as well as the health authorities, the CDC and others.

Chairman LIEBERMAN. Who did you call? Obviously, you are confronted with a problem you did not anticipate and it is a health problem and the Postal Service is obviously not a health service organization itself. Who do you turn to at a moment like that? Who did you turn to?

Mr. POTTER. At a moment like that, I turn to the Secretary, Tommy Thompson.

Chairman LIEBERMAN. Health and Human Services?

Mr. POTTER. The Secretary of Health and Human Services, to ask for his help because it was an unknown entity to us.

Chairman LIEBERMAN. Right.

Mr. POTTER. We sought out his assistance.

Chairman LIEBERMAN. What did he tell you?

Mr. POTTER. Basically, he put us in touch with all of the experts at his disposal.

Chairman LIEBERMAN. Who were they?

Mr. POTTER. The Surgeon General, the CDC, and many others who came to our aid to help us analyze this problem and give us advice.

Chairman LIEBERMAN. And they counseled you at that time explicitly that it was their best judgment that your employees would have to have opened a package to be exposed to anthrax?

Mr. POTTER. They had counseled me that there was a remote chance that as the envelopes transited our system, that they would have contaminated our system, again, based on the fact that they were well sealed. Early on, there were a couple of letters that later turned out to be hoaxes that had granular substances in them.

Chairman LIEBERMAN. Right.

Mr. POTTER. You recall at NBC, there was a focus on a letter of September 25 that was originally thought to be the letter that caused the contamination. That later on proved not to be the case and there was a granular substance in that letter. We subsequently found out it was a September 18 letter. So, again, it was based on the facts that were available to them and the facts that were available to me and we relied on the advice of everybody.

I think, without a doubt in my mind, that there was truly a good faith effort on the part of all. As was stated earlier, people just did not know that much about anthrax.

Chairman LIEBERMAN. Let me ask you this question. To the best of your knowledge, I presume Mr. Morris and Mr. Curseen, the two Postal workers who died of inhalation anthrax, were not exposed to packages or letters with anthrax that were opened, is that correct?

Mr. POTTER. To the best of my knowledge, that is the case, yes.

Chairman LIEBERMAN. So is the presumption now that the terrorists who were sending the anthrax through the mail were operating at such a level of sophistication that they had not only refined the anthrax to the one micron, which is not visible to the eye, but that they had put openings in the envelopes or package coverings that were slightly larger than the one micron, but large enough when handled to let some of the anthrax spores out?

Mr. POTTER. Mr. Chairman, I think it was a matter of using different paper. I do not know that there was an attempt on the part of the terrorists, and we will never know until we find that person and find out what their motives were, but I think there was a different type of paper. That paper was more porous than the previous paper and allowed the anthrax to move through the paper. That is my assumption. I do not consider myself an expert, but that appears to be the case.

Chairman LIEBERMAN. OK. My time is up. Thank you. Senator Thompson.

Senator THOMPSON. Thank you very much, Mr. Chairman, and thank you, Mr. Potter.

I was looking at the time lines here. Of course, some of the criticism that everybody around here is rightfully sensitive to is whether or not there has been some kind of a double standard, and I was looking at the time lines for the Senate, in particular, and our reaction, and yours. According to my recollection and information, the Daschle letter was opened up on October 15. Twenty-eight employees tested positive for exposure on October 17 and we closed their offices on October 18.

And what I found out, or just realized just recently, was that for 3 days, Governmental Affairs Committee staff employees were walking around that same area up there, some of these folks behind us here, on the same floor, on the sixth floor of the Hart Building where the Daschle letter was opened, for 3 days before we closed the buildings.

So obviously it goes to make the point that we were all thinking that it took some kind of—not only could something not seep out of an envelope, but you had to have some kind of, apparently, direct contact with it or be in the same room or something with it in order for it to cause you a problem. I mean, seemingly, that was the information that we were all operating on at the time.

So we reacted, what, 3 days later, and then, only after several people turned up positive for exposure, and I was looking at your time line and you had a private company come in. Of course, you had the benefit, if you want to call it that, of the Daschle episode. We should say that. But on October 18, you had a private company come in and test Brentwood and they received no positive indications at that time, is that right?

Mr. POTTER. We had two separate tests done, Senator. We had comprehensive testing done by an outside company and then we had the Fairfax County Hazardous Material Group to come in Fairfax County right across the river, and test our facility on a quick test. That quick test proved negative. I have since come to learn that there are no false positives with the quick test but there are a lot of false negatives.

Senator THOMPSON. And that happened on October 18?

Mr. POTTER. That happened on October 18. We had ordered those tests on October 17. Once we became aware that there might be—what we learned over this process was the science starts with where did the contamination occur, and if you think about what happened in Boca Raton, it appears that only the people who touched the envelope were affected because no other employee in AMI, to my knowledge, was tested positive for spores.

So the science that we were following, again, working with the experts, was you have a case of anthrax. In the case of the Senate, you backed up and started to look at the mail room. When you made that move, we made the same move. We started to conduct the tests, although we were told that, again, there was a remote chance that anything happened in Brentwood. We scheduled those tests on October 17. We began the testing on the afternoon of October 18. We had a negative quick test—granted, it is a quick test, but a negative quick test on October 18 to give us some reassurance that the theory was accurate.

Senator THOMPSON. Let us go from there, then, to the other relevant facts leading up to your decision to close on October 21. That would take us to October 19, I suppose.

Mr. POTTER. Right.

Senator THOMPSON. I believe you indicated that an employee showed some preliminary symptoms that could have been diagnosed as possibly as anthrax on the——

Mr. POTTER. Friday night, we had an employee go to the hospital with flu-like symptoms, and I think I have the dates right. If I do not, we will correct it.

Senator THOMPSON. Friday night? That would have been October 19.

Mr. POTTER. Right. But the issue that we have now fixed is the fact that our employees go to a hospital with flu-like symptoms. They think they have the flu. And what we now have instructed all of our employees to do is when you go—if you have flu-like symptoms, and this is throughout the country, we have asked the employees to tell the attending physician that they are a Postal employee.

Senator THOMPSON. All right. Let me ask you this now. I want you to get all this in, but I have got limited time here and I want to get through this one line of questioning. Did top management know at the time that that employee went in, that they went in with those symptoms on October 19?

Mr. POTTER. No.

Senator THOMPSON. You did not learn that until later?

Mr. POTTER. We did not learn that until Sunday night.

Senator THOMPSON. Until Sunday night? That would have been October 21.

Mr. POTTER. It would have been after we had closed the facility and after——

Senator THOMPSON. After you had closed the facility?

Mr. POTTER. And after we had begun——

Senator THOMPSON. All right. So that is not a relevant fact in terms of your thinking as of October 20. All right. What else happened before October 21? I understand that the CDC began testing.

Mr. POTTER. No. Our outside company, URS, began testing, but the tests take, at a minimum, 48 hours. In fact, we did not get the Brentwood results back for 72 hours.

Senator THOMPSON. All right. So what else happened between October 19 and your closing of the facility?

Mr. POTTER. What happened on that Saturday, we appealed to the CDC and to local health officials to begin our employees on medication. We felt that they should be tested and medicated. We were told that there was no need to do that.

And then on October 21, we had a confirmed inhalation anthrax case of a gentleman that was in Inova Fairfax Hospital, and thank God he is on his way to recovery. It is at that point that we immediately shut the facility down and we began giving medication to employees.

Senator THOMPSON. All right. I think that is pretty clear, and I am almost out of time. Well, I will throw something out and follow up later. In talking about the cost of this equipment, you are talking about the equipment that you are using now, in order to get it fully in place and implemented in the number of facilities that you feel like you need, I have seen an estimate of a total cost of $2.5 billion?

Mr. POTTER. Yes, sir, several billion dollars.

Senator THOMPSON. I just wonder how that is going—obviously, before this happened, the Postal Service had significant financial problems, and we have had hearings on that from time to time, an $11 billion debt and facing a $1.65 billion deficit at the end of fiscal year 2001. Obviously, you are going to have to rethink your entire financial picture.

Can you just broadly outline the significance of this? Is this going to require a direct Congressional appropriation for at least $2.5 billion and then start from there with your problems that you have had for a long time and having to solve them, and what impact is this—are you going to be able to estimate what impact that this event, notwithstanding the $2.5 billion, assuming that you get that, what impact this is going to have on the Postal Service, your financial picture, and your competitiveness?

Mr. POTTER. Well, first of all, regarding the appropriation or requesting an appropriation to reconfigure our operation such that we can sanitize mail, yes, we will ask for that appropriation. We were in financial straits prior to September 11. As you have accurately said, our loss for fiscal year 2001 was approximately $1.7 billion.

In the month following the September 11 attack, the Postal Service lost, against plan, what we thought we would get, and it was a very conservative plan, some $300 million. We do not have an estimate of what the impact of this anthrax situation will be. We are working as hard as we can to restore confidence in the mail. That is going to take time. So it will have further—it could be several billion dollars' worth of impact.

In addition to that, we have costs associated with masks, gloves, and other operational procedures that are just going to change the way we do business. We were very grateful that the President made monies available to us, some $175 million to get us started, but we know that more money will be needed and it does put the

Postal Service's long-term viability, not in jeopardy, it just makes it a very difficult road to hoe.

Senator THOMPSON. Thank you very much.

Chairman LIEBERMAN. Thanks, Senator Thompson, and thanks, General Potter. Obviously, this Committee wants to work with you on the long-term viability and health of the Postal Service.

We are going to have somebody in from CDC tomorrow at the second day of these hearings—on the advice that you got that a sealed package or envelope would not endanger your employees, which obviously turned out not to be true or accurate, I wonder whether CDC understood that mail is repeatedly compressed during handling when they gave you that advice.

Mr. POTTER. Mr. Chairman, I would have to let the CDC speak to that. Obviously, as was said earlier, we were all on a steep learning curve.

Chairman LIEBERMAN. Yes.

Mr. POTTER. We were trying to understand the medical side of this issue. They were trying to understand the operational side of this issue. Again, I think there was a good faith effort on the part of everybody to work with what we had. Keep in mind that the envelopes in question were evidence. Keep in mind that the envelopes in question were contaminated. So it was not that people had ready access to them to do analysis. Again, I think everybody was operating under descriptions that were provided by those who physically handled the mail.

Chairman LIEBERMAN. Thanks. Senator Akaka.

Senator AKAKA. Thank you very much.

Postmaster General, as we know, the Daschle letter was opened on October 15 and the Hart Building was open October 16 and 17 and closed on October 18. Senate employees were tested October 16 and 17. Did you ask CDC or DC Public Health to test your employees and provide antibiotics at the same time the Senate employees began being tested?

Mr. POTTER. There were ongoing discussions throughout that week. I do not think we made an official—I do not think we requested of the DC health officials until Saturday.

Senator AKAKA. When were you notified that the Dirksen mail room had tested positive for anthrax and did CDC recommend testing and preventative medication at that point?

Mr. POTTER. I do not know that we were ever officially notified, but we did become aware of it the morning of October 17 and that is why we immediately began to hire outside testing agencies to come in and do a thorough check of our facilities.

Senator AKAKA. The Attorney General has said there is credible evidence of another attack on the United States or its interests abroad. Given this latest warning and the existing anthrax threat, what is the Postal Service doing during this heightened state of alert to safeguard the mail and its employees? Is mail being screened for high-risk targets?

Mr. POTTER. Senator, the mail is being screened at origins where we believe the anthrax was deposited into the mail stream, and what we are doing there is screening the mail to prevent it from getting into our system to be worked on our machines. I would be

happy to give you a lot of detail offline, but I do not think it is wise to invite people to circumvent what we have put into place.

Senator AKAKA. The Postal Service, I understand, intends to sanitize mail. Will the Postal Service install such a facility in remote areas like Hawaii so that Hawaii and other Pacific Island mail will not need to be sent to the United States mainland, and if so, when would you expect the facility to come online?

Mr. POTTER. Senator, our initial plan, and we are working through that plan as we speak, is to sanitize all possible entries of mail, including Hawaii, Alaska, Puerto Rico, and the continental United States. Regarding timing, I will turn to our Vice President for Engineering, Thomas Day, who could respond better to that.

Mr. DAY. Senator, we are still very early in the process of trying to figure out a time line. The type of equipment that we are looking to deploy is coming from an industry that primarily served food processing and medical sterility needs. Our demands on that industry are unprecedented, so we have entered into discussions with the two major companies that we are aware of in the United States that make this type of equipment and looking to see what they can do to ramp up their manufacturing capability. So we are looking to do it as quick as we can, but we are still very early in that discussion.

Senator AKAKA. Thank you, Mr. Day. New York's Morgan facility has at least four confirmed areas of contamination and yet continues to operate. I know that the Morgan employees have been offered the option to work on another floor or across the street if they have safety concerns. However, how does this reconcile with the temporary closure of the Princeton, New Jersey Post Office, where only trace amounts of anthrax were found? I would also like to know who makes the final decision to close a facility and what criteria is used.

Mr. POTTER. I think it is important that we describe the Morgan facility and what we have there. We have a 1.8 million square foot building. We have an area of contamination that is about 8,000 square feet. We have sealed off 156,000 square feet while we decontaminate not only the 8,000 square feet, we are going to decontaminate the whole 156,000 square feet of that facility.

We have traces of spores on our machines that will be decontaminated. We have no spores in any ventilation system in Morgan. We are very, very careful to check that. If that were the case, that facility would close immediately.

Again, I am not a medical expert, but traces of anthrax are, when we talk about traces, we are talking about very few spores. We are not talking about thousands. We are talking about less than 50. And we bring in and get advice from, in the case of New York City, from CDC, who is on site, NIOSH, who is on site, the New York City Department of Health is on site.

We work collaboratively with those folks to determine whether or not we need to evacuate a facility or whether we can treat that facility. We have done that in other places. Again, we work with the local and national officials, the experts, to determine what the appropriate course of action is.

As far as the Princeton site is concerned, we have a much smaller facility. We did not have the ability to rope off a 150,000 square

foot area because it is a smaller facility. In addition to that, that is also a crime scene. So any time a crime scene is declared, we evacuate and we make sure that the crime scene is not disturbed.

Senator AKAKA. Thank you very much.

Chairman LIEBERMAN. Thanks, Senator Akaka. Senator Cochran.

Senator COCHRAN. Mr. Chairman, one of the questions that I have is the capacity you have with your Postal inspectors to actually respond to all of the reports that you have received for incidents that may be suspicious or may be threatening to not only Postal workers but to the general public.

For example, I noticed in one of your fact sheets that you released on Sunday that you say a total of 5,477 suspicious incidents have been reported to Postal inspectors as of Friday, October 26. How are you coping with that and what can we do to help you in regard to that problem?

Mr. POTTER. We only have 1,900 Postal inspectors, so obviously, our resources are spread very thin. We are working closely with other law enforcement agencies regarding these hoaxes. That is both at the local level and national level. So the FBI, working with our Inspection Service, working with local law enforcement, are doing the best job that they can to track down those folks that are committing the hoaxes. That is playing as much on the fear of Americans as the actual anthrax and we are taking those very, very seriously and a number of arrests have been made of those folks who are committing those hoaxes, those folks that are trying to instill fear in the American public.

Senator COCHRAN. I think the word should go out that that is a violation of Federal law, is it not, and those who are committing those acts to alarm or to frighten others are subject to criminal prosecution, is that correct?

Mr. POTTER. Let me introduce Chief Postal Inspector Ken Weaver, who can accurately answer that question.

Mr. WEAVER. Senator, you are exactly right. It is as vicious as the crime itself and it is treated as such because it does spread fear among the population. To date, we have arrested 18 individuals—in the last 3 weeks—for sending prohibited material through the mail. So you are exactly right.

Senator COCHRAN. When can we expect these facilities that have been contaminated to be cleaned up and put back in service? Do you have a time line and can you give us that information now, when they will be operational again?

Mr. POTTER. Senator, for most of these facilities, it is a matter of a couple of days, because what we have found are traces of anthrax. However, in the case of Washington, DC, and Trenton, the contamination is more widespread, so I do not have a good estimate on when or how long it would take to clean those facilities, or even looking through, just as you are experiencing in the Senate, what is the proper process to go through to clean a facility of that size. In addition to that, those two locations are crime scenes, so we do not even have access to them right now to go in and begin remediation. I will turn to Mr. Day, if he has anything.

Mr. DAY. I would just say, Senator, that my staff in Environmental Programs has contracted out for those services, and as Jack has already indicated, until we fully understand the extent of the

contamination, it is hard to assess how long. Then the process will require not just decontamination, but then another round of testing to ensure that what we did is actually effective.

Senator COCHRAN. Some people have asked us, what has happened to all the mail that has been held up and not delivered? Are you storing that, and what efforts are being made to sanitize or sterilize that mail and then to have it subsequently delivered to those who are entitled to receive it?

Mr. POTTER. All mail that we had in our possession on Monday, October 21, has been held. It is in the process of being sanitized in Lima, Ohio, and that will take several days for us to catch up, and until that time, obviously it will not be delivered. We want to make sure that mail is safe for the American public.

Senator COCHRAN. There were some people who had heard that some of the mail that had been accumulated was going to be burned. That is just a rumor, is it not?

Mr. POTTER. That is absolutely a rumor. The sanctity of the mail is our top priority. We cannot open mail. We would not destroy mail, or open mail short of having a warrant.

Mr. DONAHOE. I can clarify. One of the things that we did, Senator, we held any empty equipment. We move equipment throughout our whole system. So what we did, the equipment that was empty and on trailers for dispatch—we have a recycling area where we put things back together as far as reuse—we held those trailers both in Washington and in Trenton and what we are going to do is remediate some of the equipment and other things, like cardboard trays, that is what will be destroyed. It is not mail, it is just that type of equipment.

Senator COCHRAN. There was some suggestion, too, that it was misleading to assure Postal workers that they were going to be safer if they wore gloves in handling mail, and this is other people, too, who come in contact with equipment and the like. But that does not have anything to do with the process by which you contract inhalation anthrax illness, which is the most serious, is that correct?

Mr. POTTER. That is correct. Again, in terms of what happened first, the first case of anthrax in the Postal Service was cutaneous anthrax, and again, there, it was a matter of somebody had touched, we believe, touched the anthrax and contracted the anthrax through their hand.

We were very careful, by the way, to make sure that we did not go out and say masks, in general, were going to protect our employees or anybody else—because we found out that the key piece of information that you needed to determine what the proper mask was was the size of the spore. Once we got that information from CDC, we bought the appropriate masks for our employees. So throughout this process, we have been learning, and every time we learn something, we change our behavior in response to what we learn.

Senator COCHRAN. In closing, let me just make sure I understand what your needs are so we can respond and try to help provide you with the support you need to do your job. Are you submitting through the process of appropriation or with the administration a request for supplemental funding that is needed on an emergency basis to take care of some of these needs that you have cited?

Mr. POTTER. Yes, Senator, we will, but we want to do our homework and make sure that we have a proper estimate of what those funds would be.

Senator COCHRAN. Well, I think you can be assured that we are going to respond in this Committee to recommend and try to be an influence to get those funds to you as quickly as possible.

Mr. POTTER. Thank you, Senator.

Chairman LIEBERMAN. Thanks, Senator Cochran. I thoroughly endorse the statement you have just made and we will obviously do that in a bipartisan way.

Senator Carper has to preside in the Senate at 11 a.m., and with the gracious consent of Senators Levin, Cleland, and Carnahan, who were supposed to go first, we will call on Senator Carper now.

OPENING STATEMENT OF SENATOR CARPER

Senator CARPER. Mr. Chairman, thank you, and I want to thank my colleagues, as well, for graciously yielding.

Mr. Potter, welcome, and to you and your colleagues, we thank you for being here. We thank you for your service.

I have just been sitting here reflecting on how in the last month and a half we in this country have seen our domestic airliners converted into a delivery system for lethal weapons and used to kill thousands of people. We have seen how our Postal Service is being turned into a delivery system for lethal weapons, in this case anthrax, to kill innocent people, not even the people for whom the anthrax was intended.

As we try to retrace what happened or did not happen, what we could have done better over the last several weeks, one of the things I am walking out of here with before I go to preside is just the conviction, the strong conviction that we need to figure out who is doing this. We need to apprehend them right away and we need to make sure that they get punished severely for what they have done to our Postal employees and the kind of predicament they have put a lot of other people in.

Early yesterday afternoon, I was back in Delaware and I visited the Hares Corner mail distribution center just south of Wilmington, which is our major distribution center in Wilmington. I had a chance to meet over the lunch hour with a lot of the employees in a big public setting and share with them a little of what we are doing here and really invited them to share with me what concerns they would like for me to express to you and to the representatives of the employee unions that are here today. I came away very impressed with the cooperation that is going on between labor and management at that facility and was grateful to see that kind of cooperation.

Among the concerns that the employees raised were the effectiveness of the protective equipment you're supplying. People said, I am concerned that some day the money will run out for masks or gloves, and several people said to me, we walk around here and we gather things on our shoes and our boots and then we go home. It would be nice to have disposable boots to wear. Several people talked about the ventilation system and said it would be wonderful if we could have a ventilation system that sucked everything that could be dangerous to us out of here and sent it outside where it

would not pose a danger to the general populace. But I just wanted to share those particular concerns that were raised with us yesterday.

Could you just trace for us the mail process? Someone goes to a post office drop box in Trenton, New Jersey, for a letter that is addressed to Senator Daschle here in Washington. Just trace for us how the mail moves through your system before it ends up in his office.

Mr. POTTER. A collector would go to the collection box, would put the mail that comes out of that collection box into a larger container, a hamper. That hamper is brought to the Trenton mail processing center, I think they call it the Hamilton Township mail processing center—the names change all the time—and it is dumped into a hopper, where it goes through a canceling machine that processes that mail at about 30,000 pieces an hour.

It then moves to an optical character reader or to a bar code sorter, depending on whether or not it is machine-printed or not. So in the case of the Daschle letter, it would move to a delivery bar code sorter, which is just a big automated piece of equipment, sorts mail at about 30,000 pieces an hour. On that machine, it would be held out for DC Government mail in a zip code range of 202 to 205. That would then be transported to Washington, DC, where it would move to a machine that is called a government mails machine and it will be sorted on that machine to the Senate. From there, it will be put into a tray and transported via government mails to the Senate office building.

Senator CARPER. In terms of the processing, the actual processing of the mail and different pieces of equipment, I have had the opportunity to observe the Hares Corner plant before, and as you said, they sort a lot of mail in a hurry, especially on the bar-coded mail. But as the mail goes through these machines, if there were anthrax inside, a very small size, if the paper or the envelope were porous, one could see how the action of the machines and the movement of the mail through those machines could, even if the envelopes were not torn, cause something to come out of the envelope.

I have also seen, and you probably have seen a lot more than me, pieces of mail that have been torn as they go through. Odd-sized letters, especially, they can be torn or come loose in some way or other.

Mr. POTTER. Yes. If I could comment on that, one of the things we are looking at, we want to move ahead with the sanitizing of mail, but in addition to that, on an interim basis, what we are looking at is at spots in that machine where mail is pinched, we are looking to create a vacuum to collect any dust that comes out of a letter—and you always have paper dust when you are around a lot of paper. So we are looking to vacuum that dust up as it is generated.

We are also looking at working with the manufacturer, Siemens, to see if we can create a downdraft within that machine so that any dust that might be generated is pulled down into the body of the machine and is appropriately filtered. That is not something that we, until this situation, felt was necessary, but now we are a lot smarter and we are moving ahead with that, as well as moving ahead with sanitizing equipment.

Senator CARPER. That sounds like a good idea. We have appropriated a lot of money to the administration to use and the administration has provided financial assistance, some of which could be used for providing machinery that hopefully would sanitize a portion of the mail, but of the things that we have done, what has been particularly helpful? What else can we do that would be helpful at this point in time?

Mr. POTTER. Well, again, the appropriation of that money, the $40 billion from which we will receive some $175 million that was critical to helping us, and the appropriation that we talked about earlier. Once we are aware of what our costs are, that would be a big help to the Postal Service in terms of allowing us to reconfigure our operations so we can confidently say that the mail is safe and secure. Those are the two things that are very helpful to us.

Senator CARPER. And in terms of what else we could do, did you want to add anything else?

Mr. POTTER. Well, again, I think we will call upon you as we need you. In my statement, I said that Governor Ridge in his new role has been extremely helpful in terms of providing coordination. I think we are well down the road to—the government is, in my opinion, to being able to respond very rapidly to these situations. But one thing I have learned, though, is that science is not perfect and every day you learn something new.

Senator CARPER. I would like to ask if there is anything you would like to share with the folks that are working back in Delaware in that Postal facility that I visited yesterday where those concerns were expressed?

Mr. POTTER. I would like to thank them for what they are doing. I would like them to do what we have asked them to do, and that is update their employee information to make sure that we have proper addresses, phone numbers, emergency numbers in the event that something happens. I would like to strongly encourage them to wear masks, gloves, to be on the lookout, to be diligent about what they see in the mail, to bring any concerns they have to the attention of their managers so that we can deal with them.

And I want to thank them for delivering America's mail and keeping America connected. They are on the front line now. We are all a little less confident than we were a very short period of time ago and I think they need to know that the American public is behind them, that the Congress, the administration, and Postal managers are doing everything they can to make them safe.

Senator CARPER. Well said. Thank you very, very much.

Mr. Chairman, to my colleagues again who have been very gracious in allowing me to go ahead of them, thank you, and I will return after the noon hour and look forward to seeing our next panel.

Chairman LIEBERMAN. Thanks, Senator Carper. We look forward to your return. Senator Collins.

OPENING STATEMENT OF SENATOR COLLINS

Senator COLLINS. Thank you, Mr. Chairman.

Mr. Potter, at this oversight hearing, I think we cannot say often enough that the tragic deaths and illnesses of the Postal workers are the fault of the terrorists. They are not the fault of the Postal Service managers. They are not the fault of the CDC. They are not

the fault of other public health experts. They are the fault of the terrorists. I think that is important for us to say over and over again.

All of us benefitting from hindsight wish that different decisions had been made. We wish that public health officials had advised you to promptly trace the tainted mail's path and to undertake rapid testing of workers and of the environment of the Postal facilities. But again, we are learning that there is so much we just do not know.

When I hear the description of how mail is handled in response to Senator Carper's question, one wishes that public health officials had realized how roughly the mail is handled and that it would be likely, given the quality of this anthrax, that some of the spores would go through the envelopes. But that is information that we did not have.

An expert in anthrax from the State of Maine, Dr. Merle Nass, has written to me to advise me that the single most important step that we could take now would be to undertake accurate, rapid, and widespread environmental testing. She further has recommended that the samples be tested in labs that are decentralized to avoid overwhelming Federal facilities, and I can see Mr. Donahoe is nodding is response to that recommendation.

You have testified that 128 Postal facilities are undergoing some sort of environmental testing. Could you tell us how they are selected, whether you are able to decentralize the lab work that needs to be done in order to get the results promptly, and whether you plan additional testing?

Mr. POTTER. We have tested in those areas that have been targeted, the tests that you talked about that have been completed and scheduled, initially, they were scheduled and targeted for those areas where anthrax was found. So that was in New York City, in New Jersey, in the Washington, DC area, and in Florida.

Since that time, we have decided that we are going to test our entire system, and this past weekend, we were in 30 facilities around the country and we began that test. We started with our larger facilities and we are going to work our way down to the point where all of the major nodes in our network have been tested, and that is the plan that we have.

I appreciate, very much appreciate the comment about trying to use multiple labs and we have found that we did put too much of a demand on individual labs, and so, therefore, we are looking at that to try and spread the work around so that we can get quicker results.

As far as environmental testing and air sampling, I'm not the expert again, but I do have some concerns about quick tests. Again, I do not want to sound like an expert because I am absolutely not, but we are talking to someone who had a quick test done that was negative, that gave me and others some reassurance that our employees were not in harm's way. So I do have some concerns about the fact that we do get a lot of false negatives there and we are looking at every means possible to determine what the appropriate testing is, what is the right test that is going to give correct information to us.

I want to thank, by the way, the American people. I have so many folks who have reached out to me offering solutions, offering advice, and I know if I have received 20 messages, I can just imagine what our Vice President of Engineering, Tom Day, received.

So we are looking at everything, but the advice about the spreading out of most of the labs is very sound and we are moving in that direction.

The advice about the quick tests, we are working with the experts to determine what is the appropriate test, including the EPA. Part of the monies that were provided for us were to purchase testing equipment to be used in Postal facilities, and once we know what the appropriate equipment is, we intend to buy it and use it.

Senator COLLINS. Is the Postal Service also looking at the possibility of installing biochemical sensors? There is a lot of interesting work going on in companies across the United States. There is a small firm in Maine that is doing a lot of research in developing sensors. Mr. Day, is that one of the options you are looking at?

Mr. DAY. Yes, Senator. I have a group that is very specifically dealing with biochemical sensors. We are teamed up with the Department of Defense. The Joint Program Office for Biological Warfare is one group I know of that we are dealing with specifically. We are very interested in seeing if there is applicable detection technology. There has been a lot of work done with it. However, I would caution, we are going to pursue it. We think there are some things that could work for us.

But up until this point in time, the bio threat was more towards the military. Bio threat was in large quantities, aerosol sprays, that kind of thing. And so our type of threat is similar, but not the same. So we are trying to see how we can modify the technology to fit our needs.

Senator COLLINS. Mr. Potter, I want to follow up on a question that Senator Thompson raised. The Postal Service was in a precarious financial situation prior to this crisis. are you seeing a dropoff in your mail volume because Americans have reservations about using the mail right now, because if that is happening, that is obviously going to exacerbate the financial strains.

Mr. POTTER. We saw a pronounced dropoff in mail volume following September 11, and the pronounced dropoff was attributable to a lot of our advertiser mail, in particular, not being sent. The advertisers felt that the American public was just not in the mood to buy. We saw that mail begin to bounce back just prior to this anthrax situation.

It is too early to tell whether or not the American public is reacting to the anthrax situation. Some things that I have seen suggest that people still have confidence in their mail. They are following our advice. Basically, people know what comes to their mailbox. They know the difference between a magazine and something that might be threatening, or a bill and something that might be threatening. So it is too preliminary to really give you an accurate answer. We will know more a month from now.

Senator COLLINS. Finally, I know that the Postal Service is making the protection of its workers its top priority and that has to be the top priority for all of us. In that regard, I have heard public health experts give varying opinions on the effectiveness of wearing

gloves. Some recommend it, but others say that when the gloves are removed, the anthrax spores, if they are on the gloves, will be dispersed into the air, making it more dangerous than sorting mail without gloves. Has the Postal Service reached a determination on whether or not gloves are the right tool for your workers?

Mr. POTTER. We believe that gloves provide some protection. We are not sure exactly how much. Again, we are not the medical experts. We do not pretend to be. When we hand out gloves, we also tell people what to do regarding disposal of the gloves. We also advise people and continue to advise people that when it comes to cutaneous anthrax, the best thing that a Postal worker or any other worker could do is to wash their hands, and that is just for general health. If you follow general health principles of before you eat, wash your hands, if your hands are dirty, before you rub your eye, you wash your hands, that is helpful with cutaneous anthrax.

Now, I was told by the CDC that we are not talking about just stick your hand under a faucet and take it out. It is to use soap. I asked if they needed any antibacterial soap and the answer is no. Regular soap, but you should hold your hands under there for 20 seconds. If you recite the alphabet, that is sufficient. It sounds funny, and it was not meant to be a joke, but it is very practical advice to people, and that is the type of thing that we are sharing with folks. I did not mean to make a joke.

Senator COLLINS. My time has expired. Thank you, Mr. Chairman, and thank you, Mr. Potter.

Chairman LIEBERMAN. Thank you, Senator Collins. Senator Levin.

OPENING STATEMENT OF SENATOR LEVIN

Senator LEVIN. Thank you, Mr. Chairman, and welcome to each of you. I want to go back to the chronology, because I have some questions remaining about it. On October 17, which was Wednesday, that is when you learned that the Senate staffers had tested positive for exposure, on that day. According to your testimony, you then contacted the Centers for Disease Control to determine if testing was necessary for employees at the Brentwood center. According to your testimony, you were advised that because the Senate letter was sealed, that employees were not at risk and no action was necessary. When you say you were advised, was that by the Centers for Disease Control on October 17?

Mr. POTTER. I believe so.

Senator LEVIN. The day before, however, at a post office in Boca Raton, there was anthrax found in a processing area on October 16.

Mr. POTTER. Right.

Senator LEVIN. That was not because the letter was opened. There was—presumably, the letter was not opened at the processing center, and so the question that I have is whether, when the CDC told you on October 17 not to worry because the mail was unopened, the day before, they had announced that anthrax had been found in Boca Raton, and that they, as a precaution, as they put it, were closing the post office down there for the day while it was being cleaned. Did you ask them, or did they explain to you on October 17 how it was possible for anthrax to be found in a Boca

Raton Post Office without the envelope being opened down there the day before?

Mr. POTTER. What I have come to know is that anthrax is common throughout the United States and there was a trace of anthrax found in Boca Raton. There was no linkage between that anthrax and what happened at AMI.

What I am told that I should expect as we start to test our facilities, that we are going to find some anthrax throughout our system, not because it is associated with the acts of moving anthrax through the mail, but we may just find some naturally existing anthrax. There was no definitive way of determining where that anthrax in Boca Raton came from. It was my understanding that it was on the floor. It could have easily been brought in by somebody's shoe.

And in terms of shutting it down, what we did was we closed it down at the end of the day because that is when we were advised. By the next morning, that facility was open because the area where it was found had been remediated.

Senator LEVIN. As of last Friday, I believe there were 23 Postal Service employees in the Washington-Baltimore area that were hospitalized for suspicious symptoms.

Mr. POTTER. Yes, sir.

Senator LEVIN. Do we know what the outcome of those tests are for those 23?

Mr. POTTER. We have three cases of inhalation anthrax out of those 23. Some tests are still pending.

Senator LEVIN. And are there any cutaneous——

Mr. POTTER. Excuse me. I am sorry. There were four cases of inhalation anthrax in Washington, DC.

Senator LEVIN. Out of those 23 that were still in the hospital on Friday? Those are the ones I am referring to.

Mr. POTTER. OK. There were two cases of inhalation anthrax that were confirmed. The others, while they tested negative, more tests are still pending.

Senator LEVIN. And you do not know how many of those have been tested negative and how many are pending the division?

Mr. POTTER. I certainly can get that for you, but I would not venture a guess off the top of my head.

Senator LEVIN. OK. And then you have also tested all 36 stations and branches that receive mail from Brentwood, I believe, and if you can tell us what the results are on those stations and branches.

Mr. POTTER. We had two of those 36 where we had a finding of anthrax. In one case, it was isolated to a bin for government mail. That station was closed and remediation is underway and I believe we might be opening it today. And then we had another case that we found at another facility, working with the Army Corps of Engineers. It was a trace of anthrax, and overnight, we cleaned that facility. We did not allow employees into that facility once we found out and the employees that reported today were held out of that building until the Corps of Engineers advised us that the building was safe.

Senator LEVIN. As to the equipment in Lima, Ohio, what percentage of the Nation's mail is going to be going through that particular operation? Is that just Washington mail or is that——

Mr. POTTER. That mail is going to be, in terms of percentage, it is probably less than one-tenth of one percent, a very small percentage of the mail.

Senator LEVIN. And is it your goal in trying to purchase additional sanitizing equipment that all of the Nation's mail will go through equipment someday such as that, or what is the goal?

Mr. POTTER. All the mail where the public has open access to our facilities would go through a sanitizing process. We do have manufacturing processes, like some of our major printers who do things such as magazines, we are going to go into their operations and make sure that they are safe and secure and that there is necessary security there. We do not need to sanitize all the mail, just that mail which anybody could have access to.

Senator LEVIN. In other words, where it is deposited in a public place.

Mr. POTTER. Exactly.

Senator LEVIN. Then you would want all mail——

Mr. POTTER. A collection box on a street corner, and a collection box maybe in a large office building where there is open and free access.

Senator LEVIN. Are you considering a Postal rate increase to pay for some of your losses here?

Mr. POTTER. Well, we have a Postal rate filing that was filed in September, and at this point in time, we are going to look to find other means of remediating or paying for some of the steps that we have to take for the mail. Certainly, as I said earlier, we are looking for appropriations. We do not feel that the rate payer should have to bear the burden of the protection from the terrorists that is required.

Senator LEVIN. So you are not contemplating any request for a Postal rate increase because of the cost of protecting the mail that results from these attacks?

Mr. POTTER. At the current time, no.

Senator LEVIN. Is it under consideration?

Mr. POTTER. It will be if we do not have another source of funds, yes.

Senator LEVIN. Can you tell us whether or not you are considering a mechanism to cancel mail at an earlier point or to identify a source prior to a large facility, such as the New Jersey facility, because when you trace back mail, you can only trace it back to that central point and not to the smaller points, each individual post office where it may have been deposited. Are you considering ways of trying to stamp mail or cancel mail at an earlier point so that you can identify the source at an earlier point?

Mr. POTTER. There is consideration for identifying mail as it moves through the system, but it is part of our investigation. Again, I do not want to advise people how to circumvent that. Once we have the sanitizing process in place, it will be irrelevant because the mail will be safe after it goes through that process.

Senator LEVIN. At least we hope it is.

Mr. POTTER. We are working with all the experts that we possibly can find to make sure, and we will test these systems to assure that they work as expected.

Senator LEVIN. Thank you. Thank you, Mr. Chairman.

Mr. POTTER. Thank you, Senator.

Chairman LIEBERMAN. Thank you, Senator Levin. Senator Bennett, you are next.

OPENING STATEMENT OF SENATOR BENNETT

Senator BENNETT. Thank you, Mr. Chairman.

Mr. Potter, I appreciate your testimony here today and the diligence that you have shown as you have moved through terra incognita and dealt with challenges that you undoubtedly had no idea you were going to face when you took this assignment.

I want to change the whole subject for just a minute because I think my colleagues have pursued the time line and the question of security and safety and so on for your employees sufficiently well that I would just be re-raking the same leaves if I went back in that direction.

We are in a war and it is a different kind of war than we have ever fought before. We have always thought of war as something that was conducted by the armed forces with the rest of us as the homefront, providing support, equipment, materiel, etc., for the war fighter. Indeed, if you talk to people in the military, that is a term they use, the war fighter, and they talk about the tail, the logistics tail that comes along behind the war fighter.

We have to break out of that mentality in this kind of war and recognize, as Senator Carper talked about, that our airline system, which is an essential part of our whole economic structure, has been turned into a delivery system for weapons, and the mail has been turned into a delivery system for those who are our opponents in this war.

Now, I understand exactly why the media wants to know how the mails work and why you want to be responsive to the media, and what I am about to say is not in any sense a criticism of what has been done, but it is something I think all of us need to start thinking about.

As the anthrax story has unfolded, the Federal Government, with your full cooperation, has identified for a potential enemy all of the key facilities for processing mail for the Federal Government. We have given them a blueprint of where the next attack should come, and it has never occurred to us to think in terms of military information security when we are talking about private facilities that everybody can walk into and walk out of.

Now, we are told that the hijackers of the airplanes did dry runs. There have been stories in the paper about this, people who have been identified as being on the airplanes literally taking notes. Where is the flight attendant at this time in the takeoff? What is the situation? Where are things going? That they took these flights in advance of the time they decided they were going to hijack them. Now, that is not illegal, but it is a demonstration of the new world in which we are living.

If I were somebody who wanted to cripple the Postal Service, I would be forced to go into post offices and take notes and look around and try to figure out how things are going on. But now, all I need to do is tune in CNN and I can have, in the name of full disclosure of what is going on, a complete analysis of the entire system so that I can sit in my cave somewhere—probably not Afghani-

stan, frankly, it will probably be in Hamburg or London or maybe even someplace in the United States, and say, oh, now I know exactly where to attack in order to use this new paradigm, where our critical infrastructure and our economy becomes a delivery system for terror.

So all I am suggesting to you, again, without any criticism of what has been done in the past because it requires a whole new set of thinking that we are not used to, from now on, you, this Committee, the Federal Government, everybody has to think entirely differently about the kind of information we give out.

If I were a terrorist, and I am about to break my own rule here and speculate, but if I were a terrorist, the next place I would go would be to the Internet and E-mail because that is the way people are getting around their fear of communicating through the Postal Service. And so I want to be very careful as to how much information I give out as I look at this particular issue that a terrorist might be able to use.

They might be able to say, oh, Senator Bennett just gave a speech to CSIS in which he outlined our vulnerabilities on the Internet and I am going to take notes so that I know how to exploit those vulnerabilities. I am going to change some of the things I say as I talk about critical infrastructure protection as it begins to dawn on me just what kind of a new enemy we are facing.

So I simply wanted to take this opportunity to share that view with you, underscoring for the third time that I am not being critical of the information you have given out and that the Federal Government in settings like this has asked you for, but to use this hearing to alert all of us to the fact that we live in an entirely new, entirely different kind of combat situation than we have ever thought about before. And you in your position suddenly find yourself not part of the tail but right on the front lines in a war situation that no one has ever faced or understood.

If I can close with an historical note, Benjamin Franklin is credited as the founder of the U.S. Postal Service. Benjamin Franklin was the Deputy Postmaster or Co-Postmaster for Philadelphia and later became almost all of New England that he had responsibility for. One of the reasons the British were after Benjamin Franklin is that they realized that the way the Revolutionary War spread throughout the colonies was through the network of the Postal Service. It was a critical communication system in those days that made it possible for the Continentals to maintain and mount their opposition to the British Regulars. And so they went after Franklin and the Postal Service in a recognition of how important that was in terms of the war effort. Now, that is 250 years ago, but it is being recycled now in a deadly new way that we Americans need to pay attention to.

So I do not have any questions, Mr. Chairman, but I thought I would share that view while our witnesses are here.

Chairman LIEBERMAN. Thank you, Senator Bennett.

Senator Cleland.

OPENING STATEMENT OF SENATOR CLELAND

Senator CLELAND. Thank you very much, Mr. Chairman, and gentlemen, thank you for joining us.

Mr. Potter, I think you can be very proud today of your 800,000 Postal Service workers and colleagues. They have withstood the slings and arrows of outrageous fortune and they are still out there doing their job, a great testimony to them and to the leadership of the Postal Service and I commend you for that. You have suffered tremendous adversity, and yet you are coming back with great strength and stamina and we appreciate that very much.

A former member of this body, Senator Sam Nunn, played an interesting role last June in a series of events called "Dark Winter" in which it was a mock exercise put on by Johns Hopkins about what this country would do, how it would react to a biological attack. In this case, it was not anthrax, it was another kind of threat, smallpox. As a matter of fact, Senator Nunn testified before our Armed Services Committee, of which I am a member, and we heard of some of the lessons of that exercise.

One of the things I remember that Senator Nunn said was that a few days into the exercise—he acted as President and he had his cabinet and so forth—that a few days into the exercise, he got very frustrated, he said, with bureaucracy. And a couple of things that he left us with in terms of lessons learned from that exercise were, one, the bureaucracy elements did not talk to one another, and two, a powerful need to communicate with the American people.

We have gone through this anthrax attack and I think we have picked up on the need to do both of those things. First, the bureaucracies have to communicate with one another and coordinate with one another. We need Governor Ridge to step in and do a great job of coordination. Second, we need to communicate to the American people.

I think, in many ways, the Postal Service, and particularly the Postal workers at Brentwood, fell through the bureaucratic crack early on. The reason I say that is this: When we first got into the anthrax issue, it was in Florida. It was basically cutaneous. How did we even know it was anthrax?

We are very fortunate that there was a physician on the ward there that thought that he might try to see if this might be that, since it was not a common illness in America. He contacted the Florida State Health Department in Jacksonville and was immediately in the public health channel. They contacted the CDC in Atlanta and the person that contacted the CDC in Atlanta had just gone through a CDC class on anthrax. So about 3:30 one morning, it was confirmed as an anthrax case. That is one reason we got right on top of it. The CDC was called in early on. My understanding is that they were called in also on the New York case, the Tom Brokaw case.

What happened with the anthrax case here in Washington? Well, it seems it was handled in a different way through a whole set of bureaucracies that were different than the public health bureaucracy. I understand that in your public testimony, your full testimony, you say the different focuses of various law enforcement and health organizations occasionally resulted in parties speaking different languages, and absent an established protocol, lines of authority could occasionally be unclear. I think that is an understatement in terms of what happened.

What happened here was that letter went through Brentwood into Senator Daschle's office. We were told in the Senate that—even the term "garden variety" was used, that it was not weapons grade, that it was not all that dangerous, so to speak. A week later, that story changed even for us, much less you out there and your Postal workers on the front line.

But what happened here? It went to the Capitol Police, who took it to the FBI, who did not send it to the CDC, which was on top of the case. They sent it to Fort Detrick, Maryland, to a biological warfare center that is trained to teach soldiers how to deal with biological warfare in Kuwait, not how to deal with a public health emergency here. So we got that evidence into another whole channel. It was an FBI–DOD channel, not the public health channel where the CDC was most familiar and most expert.

So what happened? Ultimately, that Fort Detrick, Maryland, facility communicated with the FBI but not necessarily with the CDC. Now we know that there has been through the years competition for resources and so forth between the biological warfare center at Fort Detrick, Maryland, run by the Army and the CDC, run by the HHS in Atlanta. So there was, like, subtle competition. But in effect, the right hand did not know what the left hand was doing.

So when you called for the Brentwood analysis from the CDC, they came up. The only contact they had with anthrax and the information was the variety that landed in Florida and the variety that landed in Tom Brokaw's office. The problem was, when Senator Daschle's office had a much higher level of quality of anthrax and it was more lethal, it was more aerosoluble, so to speak, and smaller in size in terms of spores. Therefore, your employees were at risk. The CDC did not have that information until later.

The problem is, I think we need one central clearinghouse in this whole effort to defend ourselves against germ warfare. We need a totally coordinated effort here. That is one of the things I get out of your experience and out of the experience of the Nation.

Let me just ask you, do you think that the authority exists in Governor Tom Ridge's office to go ahead and instill this sense of discipline in defending our homeland and have a central clearinghouse for these kind of public health issues rather than it going off to this agency and that agency and people like yourself not really knowing who to believe?

Mr. POTTER. I personally believe that Governor Ridge can get that accomplished. The response from Governor Ridge's office to the Postal Service has been nothing short of phenomenal. When we did run into situations, we spoke to him and asked for some clear direction on things. I have not had anybody fail to cooperate with the Postal Service. A lot of what you described is news to me. As you say, I cannot even comment on it.

But I can tell you this. I have never picked up the phone to ask for help from anybody in the administration and not received it. I did not always know who to ask, but Governor Ridge has helped clarify that. I did not understand, and still to this day I am not totally clear on how the Public Health Administrations work around the country, and in the health arena, there are a lot of opinions on

how to approach anything—the common flu—somebody gets prescribed different medications.

So we are learning as we go here. But I think the Federal Government is lined up now. Governor Ridge is providing the type of coordination and direction that you speak of and I think, in terms of me, I am satisfied that we are getting the level of cooperation that I would expect.

Senator CLELAND. If we had another outbreak of anthrax in the Postal Service around America, who would you ask? What would you do? Would you go to Tom Ridge? Would you go immediately to the CDC? Or would you just depend on Tom Ridge to guide you to the best experts?

Mr. POTTER. If I knew that we had an outbreak of anthrax, I would go to Secretary Thompson at Health and Human Services and seek his advice. He has the medical experts that can help us with that. He has the prophylactics, the drugs, prepositioned and can move them into the spots around the country where we might need them. He has the resources to bring on board to provide the medical screening that is necessary.

When we set up in New York and in Washington, DC, to have thousands of people receive medication, it was the resources that we got from HHS. They provided the doctors. They provided the screeners. And working jointly with all of the entities that report to Secretary Thompson, they provided the resources that we needed. That is not to say that initially there was not a little bit of a learning curve there, but I think certainly this has galvanized everybody in terms of being prepared to respond.

Senator CLELAND. Thank you very much, and thank you for your response and thank you for your testimony.

Mr. POTTER. Thank you.

Chairman LIEBERMAN. Thanks, Senator Cleland. I think you know, tomorrow, we have folks here from CDC and, hopefully, from the military, as well, so we can have some good cross-exchange on exactly the points you are making.

Senator Voinovich.

OPENING STATEMENT OF SENATOR VOINOVICH

Senator VOINOVICH. Thank you, Mr. Chairman.

First of all, I would like to thank you, Mr. Potter, for your service to our country and the sacrifice of your family. I would like to thank the many Postal workers that we have throughout the United States whose families are worried about them, who are coming to work every day to take care of the mail for the citizens of our great country, so thank you very, very much.

Mr. POTTER. Thank you, Senator.

Senator VOINOVICH. The day after we had the attack on September 11, I went to mass over at St. Joseph's and Father Hemerick said that our lives have changed forever, and our lives certainly have changed in this country forever. I see that as I walk around the Capitol and see the barricades being put up and the permanent blocks and so forth to secure our security here on the Hill.

People at home are really worried. They have a cloud of fear hanging over them, and I think it is our obligation, all of us, to do

what we can to lessen that fear, to lessen that anxiety. I have been spending a lot of time just going around talking to people. People are complaining that they cannot sleep at night. Mothers are worried about their kids. We have got to try to see what we can do to alleviate that. Those who have strong faith, I suggest that they ought to let go and let God—I think God has a plan.

But when you think about what you are doing, it has an enormous impact on people's confidence in this country. Just as airline security has had an impact on how we feel about ourselves and about security in this country, the Postal Service has certainly had a large impact on their lives because it is something that touches them each day.

I think we ought to admit that we were not prepared for bioterrorism. I am not here to criticize you but to help you. We have not done a very good job in the Senate, either. The day it happened in Senator Daschle's office, we were told not to worry about it. It is not a problem. It is garden variety. Nobody needs to get the nasal swab. The next day, we read in the paper that it is a higher level of anthrax, that everybody ought to get their swabs. There was a lot of disorientation and miscommunication and a lot of panic. So you were confronted to a large degree with the same kind of problems that we had.

I think we have to also admit that in terms of physical terrorism, we are a lot better prepared. I think that they did a marvelous job up in New York and in Washington. Our local government officials were there on the spot. Our search and rescue teams were there. They had practiced. They were ready. They got the job done. I think they did a pretty good job in Florida, too, in terms of responding to that situation that they had there.

I think the first thing that I am concerned about is taking care of the families of the people who have lost their lives, and I am going to ask you a series of questions. I will try to make them brief, but what are we doing about those families to make them take care of their physical needs? They are grieving for their loved ones that they have lost. What is the Postal Service doing to take care of them?

Mr. POTTER. Senator, from the outset, we have counselors there with them. We set up, obviously, services for those people. We are advising the families and making sure they get the benefits due them. The Postal Service took care of the funeral arrangements and the Postal Service was preparing a memorial service at the request of those families later this week or earlier next week. We are not going to abandon those employees' families. We are staying very close to those families and we are doing what we can to help with a very, very difficult transition for those families.

Senator VOINOVICH. I can say this, that the way you treat them will have a lot to do with the rest of the Postal workers and how they feel about the Postal Service, and I am very impressed with what you are putting in place to try and restore their confidence in going to work. I think it is really important for you to understand that if they feel confident and safe in their workplace and they are taken care of, then the general public is going to feel much more comfortable about their particular situation and their mail delivery.

The other issue that is one that has been on my mind, because I am concerned about the human capital crisis. How many people in your Postal Service are eligible for retirement? Are you concerned at all about that?

Mr. POTTER. I am certainly concerned about the fact that we have—I do not know the exact number, but we have better than 50 percent of our employees in that category, that are either eligible or will be eligible in very short order for retirement. So that is a concern of mine.

One of the things that we are doing is attempting to recruit people with the appropriate degrees and move them into the chain so that they can move up the management ranks. In 1992, we had a program called the Management Intern Program that was designed to do that, and it had been in place prior to 1992. In 1992, we stopped that. We also stopped an engineering program.

Senator VOINOVICH. Are you covered by Title V of the Civil Service Code or do you have a separate hiring and firing program?

Mr. POTTER. We have a separate program, but we do have the caps, compensation caps applied to the Federal Government.

Senator VOINOVICH. So you are worried about your personnel problem?

Mr. POTTER. Right. We are worried about our ability to recruit and we are worried about the fact that for the last 9 years, we have not aggressively sought out people who have the same skills that we need to replace some of the senior people that we have.

Senator VOINOVICH. I understand that you are not ready yet to come to us with a comprehensive plan or at least a cost for a comprehensive plan to secure the Postal Service, is that right?

Mr. POTTER. We have estimates, but I would hesitate to give you an exact number for fear of being too high or too low. I can tell you that for certain it will be several billion dollars.

Senator VOINOVICH. Another thing that concerns me, Mr. Chairman, is that we have this problem and we are going to move forward and come up with a comprehensive plan to secure the mail. But how reoccurring is this situation going to be in this country? What kind of anthrax is it? How available is it to the common, ordinary person? If our intelligence and law enforcement people go out and solve the previous cases, is there any chance at all that we can eliminate the threat?

You can spend billions of dollars to secure the Post Office and put in new technologies, but if we are successful in terms of our law enforcement and intelligence and we eliminate the threat, then this money has been spent unnecessarily. You have got to look at it from a cost/benefit point of view. Have you spoken to the people in the FBI and other places to really get a handle on just how significant this threat is and whether it will continue?

Mr. POTTER. Our evaluation has been that a vulnerability in our system has been identified. What we are looking to do is shore up that vulnerability. If one were to capture and arrest one or multiple people who are perpetrating this heinous act on America today, that does not preclude the fact that somebody a year from now, 6 months from now, would not choose to take advantage of that vulnerability. Our goal is to look at all our procedures and try and eliminate that vulnerability as best we can.

Senator VOINOVICH. Mr. Chairman, I would hope that in our hearings, we could get some information back from the law enforcement people about just how often they believe that this threat will occur. Is there any way that we can stamp it out so that we do not have this threat hanging over our heads?

The last thing I want to ask you is an Ohio question. By the way, it is not Lima (lee-ma), it is Lima (lie-ma), Ohio.

Mr. POTTER. I am from the Bronx. I do not know that place. [Laughter.]

Senator VOINOVICH. But there has been a lot of talk in our papers about the potentially dangerous shipment of mail coming to Ohio, and I would like for you to comment about how dangerous that shipment is.

Mr. DAY. Senator, I have responsibility for that. Members of my staff are dealing with it. We are being overly, extremely cautious with the shipment of that product to that facility. We are using an outside firm. We have contracted for a firm to bag all of that mail that we send up there. There are no guidelines necessarily in place for how you would transport anthrax, but we use the highest level of hazardous material handling process for biohazards. So we are following all of those procedures, working with the EPA to get it properly prepared to transport it to Ohio. It is escorted. The Postal Inspection Service has helped us with that.

Senator VOINOVICH. I guess what I am saying is that there is a perception today that anthrax is like moving nuclear spent fuel or hydrochloric acid. Put it on that level for me.

Mr. DAY. Senator, we are being, again, overly cautious. The risk that there is actually anthrax in those vehicles is minimal, but we are going to treat it as though there is. We are overly cautious. There is not a risk that we see. Again, it is a level of caution so that when it is irradiated, any possibility, and it is minimal, that it would be irradiated and eliminated.

Senator VOINOVICH. OK. So if the truck tipped over and all the mail went all over the highway or whatever, there is——

Mr. DAY. Senator, just as an example, it got local coverage in Ohio. Unfortunately, one of the bags opened. A little bit of mail spilled out. We filed all the protocols. We tested inside and outside the vehicle, decontaminated the vehicle, rebagged everything. Nothing was found. So this is a minimal risk.

Senator VOINOVICH. Thank you.

Chairman LIEBERMAN. Thank you, Senator Voinovich. Senator Carnahan.

OPENING STATEMENT OF SENATOR CARNAHAN

Senator CARNAHAN. Thank you, Mr. Chairman.

Clearly, there is a new group of heroes in America today and they are the working men and women of this country, the Postal workers, the police, the firemen, and those who are on the front line in this battle against bioterrorism against our homeland today. I want to extend my sympathy to the families of those who died in the line of duty. They died in the performance of public service and we should all be indebted to them.

We remember them all the more because they were among the first to fall in this newest battle to preserve freedom, and we

pledge that we will do all the more to make it safe to handle and deliver and to receive mail in this country. But I believe it is a shared responsibility of the Congress, of the administration, and of the Postal Service to put into place safeguards that will make it possible for us to be able to receive our mail and feel safe and good about it.

We have heard a lot today about the test site and about the decontamination effort. I was wondering if you would take just a minute to tell us something about the testing. Is it a random testing? Is it something that covers every square inch of the area that is defined? And then how does the decontamination process work? Could you just tell us a little bit about that?

Mr. POTTER. I am going to let Pat Donahoe handle that.

Mr. DONAHOE. Senator, first, let us cover the testing. There have been two types of testing we have done. One is in the areas where we were suspicious, as Postmaster General Potter mentioned, in New York, and in Washington. The CDC and the FBI had done the testing in Trenton and down in Florida.

The rest of the testing we are doing, the additional 200 facilities, is a precautionary effort. What we are doing is we are going out, as Postmaster General Potter said, and identifying downstream operations like we had in Washington, DC, downstream operations like we had in Trenton, and then a random sampling nationally of our largest facilities to see if anything is out there and to get a baseline.

From a remediation perspective, we are working very closely with the Army Corps of Engineers, the EPA, and the local public health people to really assess what is there. What we are seeing is different in every case. What we have seen in Trenton and what we have seen in Washington is a higher level than what we have seen in New York and Florida. And once it is established what is there, the local public health and the EPA people have been telling us, these are the exact steps that you need to remediate. If we find anything anywhere else in the country, we will follow that same protocol. Our whole goal here is to assess the system and then make sure it is safe for the employees and the general public.

Senator CARNAHAN. Thank you. I have one other question. Is there any particular action that the Postal Service is taking to ensure the safety of the rural letter carriers who may not have the same access to many of the resources that the Postal workers have in the urban areas?

Mr. POTTER. All employees have been provided masks, gloves, have been provided the same training, have gotten the postcard from my office describing what they should do. The rural carriers are part of the task force. They are at every meeting. They are not being treated separately or differently from any other Postal employee.

Senator CARNAHAN. Thank you, Mr. Chairman.

Chairman LIEBERMAN. Thanks, Senator Carnahan. Senator Durbin.

OPENING STATEMENT OF SENATOR DURBIN

Senator DURBIN. Thank you very much, Mr. Chairman.

I would like to follow up on what Senator Carnahan said by way of her introduction. I just hope for a moment that the critics of public employees and public employee unions are keeping score as they reflect on the Postal workers, the police officers, and the fire fighters who have ended up on the front line of our war against terrorism since September 11. Many have given their lives, and Postal workers Thomas Morris and Joseph Curseen served America and their families deserve our sympathy and gratitude for their sacrifice and I thank you for being here, Mr. Postmaster, as well as those on the panel.

Last Friday, I went to the Chicago facility. Danny Jackson, your Vice President for the Great Lakes Region, came down. We met with not only the postmaster, but all of the labor unions and a group of employees in the facility and around the Chicago area, and we had a conversation about safety.

This is a learning process for us on Capitol Hill and it is for you, as well, in the Postal Service, and I was very pleased with what I heard at that meeting. There was some confusion at the outset about what employees could do and what they could wear and where they could stand and whether they could wear a mask and be at the window selling stamps and whether they had to wear gloves. I think that is all starting to be clarified, and all of the answers I heard were extremely encouraging in terms of the attitude of management toward the safety of the employees. If anything, I came away with the conclusion that your people are going to err on the side of protection, err on the side of caution. That is exactly as it should be when lives are at stake.

One thing, I do not know if it has been mentioned at this hearing, Mr. Chairman, I think it is worth a question on the record. I understand the Postal Service is going to initiate a system-wide effort to immunize everyone with the flu vaccine in the Postal Service. Can you tell me, Mr. Potter, what your plans are?

Mr. POTTER. I have asked the question whether or not that would be an appropriate tack to take, and the reason I say that is because with 800,000 employees, and if you just assume that 20 percent might get the flu, you would have 160,000 people going to a physician and saying, I am a Postal employee. Consider the fact that I might have been exposed to anthrax.

So we are working with the medical community to determine whether or not undergoing an extensive flu campaign is appropriate. The Postal Service is considering paying for flu shots, but again, not being a medical expert, I am seeking the advice as to whether people should do that or should people not do that and I have not gotten a definitive answer yet.

Senator DURBIN. It was my understanding on Friday that the decision had been made, but you are saying it has not been made?

Mr. POTTER. Unless something happened in the interim that I am not aware of. We asked that question of the medical experts and we were not given the definitive go-ahead because there were some people who it is just not appropriate for them to take a flu shot.

Senator DURBIN. Well, I can understand——

Mr. POTTER. It is my desire that if it is determined that is appropriate, that the Postal Service make the flu shots available to our

employees at the Postal Service's expense. Now, I do not want people to misinterpret that in the sense that there are people who are out there waiting to get flu shots, because again, I am going to use the best medical advice that I can get before I make that type of a decision or recommendation.

Senator DURBIN. Mr. Potter, I am not an expert in public health, but the advice that is being given to every American is get a flu shot, and certainly if you are working in a post office and it is going to be a week or 10 days before it effectively protects you and the symptoms of anthrax mirror the symptoms of flu at the earliest stage, it would seem to me to be prudent. But I, too, like you, would defer to the public health experts, but let me tell you, I would not wait too long.

Mr. POTTER. I am not.

Senator DURBIN. I think we are——

Mr. POTTER. That is an ongoing issue that is talked about at our task force meetings, and again, we are seeking the best medical advice. The last thing I want to do is put employees in harm's way, so there is a fine balance that I am trying to find here, but what I just said stands.

Senator DURBIN. Could you get back to me after——

Mr. POTTER. Certainly.

Senator DURBIN [continuing]. Perhaps by tomorrow and let me know what you have learned? I would appreciate that.

Mr. POTTER. Yes, Senator, I will.

Senator DURBIN. Now, I understand that the Daschle envelope was a Postal Service envelope, if I am not mistaken, is that true?

Mr. POTTER. That is true.

Senator DURBIN. So you are familiar with the kind of paper that is used in this envelope and that sort of thing, is that also true?

Mr. POTTER. Familiar with it, but not an expert on paper.

Senator DURBIN. We are all becoming expert in areas——

Mr. POTTER. On a lot of things.

Senator DURBIN [continuing]. We never thought about. Here I am, a liberal arts lawyer, asking you about science, and I will do my best. But it is my understanding that the sample in Senator Daschle's office is the largest sample of the anthrax that we have come up with. It is also my understanding that the size of the particles were extremely small, 1 to 50 microns, I am told. Now, I do not know what a micron is. The only thing I can remember is the micronide filter when I was a kid, and I have no idea what it means today.

But what I am trying to get at is this, if we know what the standard issue is of that sort of paper in that envelope and the size of the particles in the anthrax sample, are you in the process of evaluating that in terms of future occurrences and vulnerability?

Mr. POTTER. Well, I can tell you this. We have issued an order already to pull those envelopes off the public sale at this point until we can evaluate those.

Senator DURBIN. Because they are too porous?

Mr. POTTER. Well, we do not know. We have to take a look. We really do not know enough about the degree or the quality of paper in there, but we want to check that. Again, we have learned a lot over the last week ourselves as far as the size of the microns, the

whole issue, and what we have done is, as this whole investigation moves along, we have been trying to move very quickly to get ahead of it and that is one of the things we did.

Senator DURBIN. Let me ask you, Mr. Potter, what is your goal? In your testimony, you talked about the electron beam system that is currently being contracted for purchase. What is your goal? What do you hope to achieve at the end of this process, once you have brought this equipment in?

Mr. POTTER. My goal is—the goal of the Postal Service is to assure that all mail is safe, and by that, where we have open access to mail, that we sanitize that mail because we are not sure of what somebody might put into the mail stream.

Senator DURBIN. When I went to Chicago, we started talking about how open the mail system is, with mailboxes everywhere and people can put whatever they want into it.

Mr. POTTER. Right.

Senator DURBIN. I do not want to put words in your mouth, so please correct me if I misstate this, but your goal is that once the mail enters the mail system where workers are dealing with it——

Mr. POTTER. Prior to them touching the mail in a plant.

Senator DURBIN. Prior to their touching the mail.

Mr. POTTER. Prior to them introducing the mail into any piece of equipment, it would be sanitized. Tom Day can talk about it, but again——

Senator DURBIN. Let me give you my image here of the mailbox being opened and the letter carrier or someone collecting it——

Mr. POTTER. We are going to look at our collection—we are looking at it from end to end.

Senator DURBIN. End to end.

Mr. POTTER. So we are going to start with the collection box and look at the collection box to determine how we can have the carriers handle the mail safely——

Senator DURBIN. That is my point.

Mr. POTTER [continuing]. Under the assumption that there is a problem with that mail.

Senator DURBIN. So it is from letter carrier——

Mr. POTTER. From the time——

Senator DURBIN [continuing]. Mail handler, at the earliest stage right on through the process.

Mr. POTTER. Right. From the time it is handled at the collection box until the time it hits the first machine, we are going to set up safe handling procedures and put a mechanism in to sanitize the mail before it could enter a machine and potentially become airborne.

Senator DURBIN. Thank you very much. Thanks, Mr. Chairman.

Chairman LIEBERMAN. Thank you, Senator Durbin.

Mr. Potter, I want to ask you just a few final questions and then let you go. You have been very good with your time.

I gather from what you said at one point earlier that the Postal Service has purchased a large number of gloves and masks for employees but that you are not requiring them to wear the masks or use the gloves. Based on what we know now, why are you not requiring them to do that?

Mr. POTTER. We are working through a process of doing that. I am becoming more and more familiar with laws that I never knew existed, and again, we are working through that process.

Chairman LIEBERMAN. So, what you mean, you are not sure you can require them to use that material?

Mr. DONAHOE. Senator, what we are doing right now is we are working with a number of different people. We have got the mask itself. There are two different types of masks. We are working with OSHA and with our unions. You have to make sure people have been properly trained and instructed on how to use the masks. There is also some testing you have to do with employees to make sure that they are getting enough air in based on the type of mask that we use. So we do not want to put people in more harm with a mask in the short term.

Chairman LIEBERMAN. OK. Mr. Potter, as you know, for a period of time, there were these contrasting pictures, that anthrax arrives in Senator Daschle's office, health experts come into the Capitol, the buildings are closed, members and staff people are tested rapidly, and on the other hand, Postal employees who are in the line of attack are not being quickly taken care of. And the question was raised, and I want to give you the opportunity to answer it here, were personnel who work here on Capitol Hill better treated in response to the anthrax scare and attack than employees of the Postal Service?

Mr. POTTER. It is my judgment that the people on the Hill had anthrax. There was a known case of anthrax there, and that people responded based on that knowledge. As I described earlier, in Brentwood, we had no knowledge of that. We were operating under the theory that the envelopes were well sealed and that there was little, if any, chance that anthrax would come out of that envelope.

So in terms of the science and how it was handled, I would say the answer is no. If you look at the end of the day and you use judgment, with hindsight you have 100 percent knowledge, one could make the case. But in terms of the thinking and the thought process at the time, no.

Chairman LIEBERMAN. In a way, your answer may answer the next one I want to ask you. It is a very tough question. I am sure it is one you have asked yourself and others in the Postal Service have asked themselves. Two of your own died, Mr. Curseen and Mr. Morris. As you look back, is there anything you could have done to have protected those lives?

Mr. POTTER. Well, certainly had they been wearing masks, they would have been protected, and we have those out there. Certainly, some of the employees who have cutaneous anthrax, if they had been wearing gloves, would have been protected, so we are moving ahead with that as rapidly as possible. We are moving ahead with targeted screening, again, to try and keep, as best we can, pieces of mail that may contain anthrax out of our system. So we have taken the measures that we know how to take is probably the best answer I can give you, Senator.

Chairman LIEBERMAN. A final question, and you have answered it along the way a bit, but just to summarize, from what you know now, what can we on this Committee or members of Congress do in the near term to support you in not only protecting Postal work-

ers but keeping the mail system functioning and protecting the American people who depend on the mails?

Mr. POTTER. Again, the best thing that we can do now is protect our employees. We are going to have to fund screening, and it may grow in terms of what we do. So certainly there is a funding issue associated with the short-term effort as well as the longer-term effort, and I think that is the area where we are going to need help the most and we are going to work with you, hopefully, to secure that funding.

Chairman LIEBERMAN. We will work with you, as well, and with all the people who work for you. Thank you very much for your time.

Senator VOINOVICH. Would you mind if I asked another question?

Chairman LIEBERMAN. Not at all. Go right ahead.

Senator VOINOVICH. I would be very interested in finding out from you, not today but maybe in the next couple of days, the kind of team that you have put together to come back with recommendations on how you are going to protect the Postal workers and the Postal Service.

As a former governor and mayor, I have found too often that when a problem arises, outside people come in and evaluate it but we do not involve the people who are actually doing the job in making the recommendation. So I want to find out who is on that team that is coming back to you to recommend what you should do in order to take care of the problem. Second, I would like to know whether or not the union representatives are involved on that team.

Mr. POTTER. I would like to, if I could, just respond, and we will respond in greater detail. But we have, as was described in my testimony, a task force that has been established. That task force has union-management association representatives on it. In addition, we are seeking mailer participation in that task force.

We have established a number of subcommittees that are going to work on issues of a long-term nature. We are meeting on a daily basis to address short-term issues, but we have established committees, working committees, that are looking at the longer-term issues to make sure that there is follow-through, and I will be happy to provide that response to the Committee for the record and certainly you, Senator. Thank you for asking the question.

Senator VOINOVICH. Yesterday, we had a mail hoax anthrax situation. I would like you to reiterate how serious a crime that is and how aggressive you are going to be in prosecuting those people that engage in that kind of activity. Allegedly, this was somebody that sent some baking powder to an ex-girlfriend of his that "opened" it in the office and people evacuated and it was quite a scene there in the Cleveland Post Office. I think we have got to make it very clear to these people that this is serious.

Mr. POTTER. I wholeheartedly agree. We have been extremely aggressive in terms of attempting, working with our Inspection Service, the FBI, and local law enforcement agencies to seek out those committing hoaxes. We are going to prosecute them to the fullest extent of the law. It is not a laughing matter. We have gone on record in terms of our own employees that there is zero tolerance

for anyone involved with perpetrating a hoax, making jokes about this.

This is not a laughing matter. It is preying on the fear of the American public and we are doing everything that we can. We are going after people as aggressively as we can to find those who are perpetrating these hoaxes. It is not a joke. It is doing a great deal of damage to the psyche of the American public and we are taking each and every situation seriously. It is a Federal crime. We are prosecuting it as a Federal crime.

Senator VOINOVICH. Thank you.

Chairman LIEBERMAN. Two good points, Senator Voinovich.

Thanks, Mr. Potter. I was just thinking as we were talking about your need for resources that Congress and the President responded very quickly with a substantial amount of money to the airline industry after September 11. We really owe it to you, if you will, our own, and all those who work for you, to do the same and we await your specific statement of needs and we will do our best to meet them.

Mr. POTTER. Thank you, Mr. Chairman.

Chairman LIEBERMAN. We will now move to the second panel, Gus Baffa, President, National Rural Letter Carriers Association; William Burrus, President-Elect of the American Postal Workers Union, accompanied by Denise Manley, who is in the Government Mail Section at the Brentwood Post Office; William Quinn, the President of the National Postal Mail Handlers Union; and Vincent Sombrotto, President of the National Association of Letter Carriers, who will be accompanied by Tony DiStephano, Jr., President of the Letter Carriers Branch 380 in Trenton, New Jersey.

Let me ask all of you to come as quickly as you can to the table. I appreciate your being with us today and your patience. I guess we are going to go left to right here this morning.

Therefore, Mr. Burrus, welcome. We are going to call on you first to offer your testimony. Thanks for being here and we look forward to hearing from you and working with you.

TESTIMONY OF WILLIAM BURRUS,[1] PRESIDENT-ELECT, AMERICAN POSTAL WORKERS UNION, AFL–CIO, ACCOMPANIED BY DENISE MANLEY, DISTRIBUTION CLERK, GOVERNMENT MAIL SECTION, BRENTWOOD MAIL PROCESSING FACILITY

Mr. BURRUS. Thank you, Mr. Chairman and Members of the Committee, and thank you for providing us this opportunity to testify today.

With me today is Denise Manley, who is employed as a Distribution Clerk in the Government Mail Section of the Brentwood mail processing facility. I believe that she can respond to a question that was asked earlier regarding the physical handling of government mail, but based upon the Senator's admonishment earlier, perhaps it would be in our best interest that she not explain how that mail is handled inside the Postal facilities.

The American Postal Workers Union represents approximately 380,000 employees of the U.S. Postal Service. Our members work in every State and territory of the United States, and the very fact

[1] The prepeared statement of Mr. Burrus appears in the Appendix on page 131.

that these men and women have continued to work in the post office since anthrax was first discovered in the mail has been nothing short of heroic. I am proud and humbled to be representing them before you today. In the face of unknown and potentially deadly danger, they have been determined and steadfast in the performance of their duties.

I will submit written testimony for the record and I have an additional statement to make to you this morning.

I want to emphasize that despite the deaths and injuries that have occurred, the American Postal Workers Union and the U.S. Postal Service have approached these tragedies and these challenges together. We entered this process in an adversarial relationship. The American Postal Workers Union has traditionally had major disputes with the U.S. Postal Service.

In fact, just 10 days prior to the discovery of the first Daschle letter, Postal management had issued a shake test for suspicious packages and parcels and we were in the process of resolving that with Postal management, seeking to convince them that if a parcel had the markings of being dangerous, it would not be in the interests of the Postal Service or the employee to raise that package to eye level and shake it. We were able to resolve that issue and we have been able to address many of the anthrax situations together.

The APWU sees this as a situation where we and the Postal Service must confront a common enemy for the good of the Postal Service and for the good of the country. The employer has a legal and moral obligation to provide a safe and secure workplace. In this crisis, we have sought always to do the best that could be done to safeguard the lives of Postal workers. We have set aside our labor-management differences and worked together to protect lives.

We cannot bring back life to our brothers who are now deceased. All we can do, and we are doing all that we can, is to work with Postal management and the other Postal labor unions and management associations to try to make sure that we will never again be required to attend the funeral of a Postal employee whose life has been taken through a terrorist attack. This has been our approach and we will continue to work with management to safeguard Postal lives.

Having said this, I want to alert the Committee to a serious problem that has been made even worse by this crisis. As Postal management publicly expresses its sorrow and concern for deceased Postal workers and their families, they are simultaneously attempting to cut the wages and health benefits of those very workers, using the impact of this act of terrorism as justification for a reduction in their wages and benefits. Postal workers have been without a contract since November 2000. Management has refused to negotiate a new labor agreement and is seeking to impose cuts in Postal workers' wages and health benefits. These are proposals that have been advanced in bargaining before and failed, but this time, they seem to hope that the anthrax crisis will give them an opportunity to achieve them.

The APWU cannot understand how management can expect employees who are required to work in masks and gloves to accept a cut in pay. These employees report to work every day not knowing if that is the day they will be infected with anthrax. Cipro and

masks have become a condition of employment. The APWU will not tolerate or accept management's attempt to exploit this tragic situation to achieve their long-sought goal of cutting Postal wages and benefits.

This is not the time or place for me to go into these issues in detail. I have called an emergency meeting of the APWU's executive board to prepare our response to management's actions, and I have scheduled a press conference at which time I will make a longer statement on this subject and respond to questions.

The focus of today's hearing should be and is the safety of Postal employees. This is our first and our primary concern. Thank you for your attention.

Chairman LIEBERMAN. Thanks, Mr. Burrus, very much.

Ms. Manley, do you want to make a statement now?

Ms. MANLEY. Only a small one, if you do not mind.

Chairman LIEBERMAN. Please do, and then if I might assist you in it or what I think is on the minds of Members of the Committee and then give you the time to respond as you normally would if you made a statement.

You work in the Government Mail Section at the Brentwood facility, and what is really on our minds is whether you feel, from what you know of it, based on what you know and what you have heard today, whether you and the other Postal workers there feel that you were given adequate protection and treatment, and in another sense, whether since all the facts became clear, anything has changed where you are working.

Ms. MANLEY. To my knowledge, the employees were quite upset because they felt that they were not treated accordingly. In my section alone, we felt that we should have been the first ones, since we handled the mail.

Chairman LIEBERMAN. Right.

Ms. MANLEY. But the powers to be, it was out of our hands as being employees. We had to follow rules, regulations, and instructions.

As far as what is happening now as far as the gloves and the masks, we are getting the gloves. We are getting the masks. There are times when there is not enough, but they will go out and get some wherever they can get them. The gloves, the original gloves that we got were all one size, very thin quality, but they have improved.

At this point, the employees are just very scared. They do not know who might be next or what might happen and we just want to make sure that the employees have the safety that upper management is telling you that they are going to provide for us. They do not want it to be stopped just at this level. They want to really see it. It is one thing to say it and then it is another not to see it.

Chairman LIEBERMAN. I thank you for that statement. We hear you. That is exactly the intention of this Committee, to support what you have asked for and we will come back and ask you some questions after we hear from the other witnesses.

Mr. Sombrotto, good morning. Thanks for being here.

TESTIMONY OF VINCENT R. SOMBROTTO,[1] PRESIDENT, NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC), ACCOMPANIED BY TONY DiSTEPHANO, JR., PRESIDENT, NALC BRANCH 380, TRENTON, NEW JERSEY

Mr. SOMBROTTO. Good morning, Mr. Chairman and Members of the Committee. I have a written statement which I have provided to the Committee and I want that entered into the record, or I would ask that it be entered into the record.

Chairman LIEBERMAN. Without objection, it will be.

Mr. SOMBROTTO. I would like to make some comments about this whole situation as it involves anthrax and particularly how it affected and continues to affect our membership, the letter carriers that deliver America's mail.

At the outset, my first concern was for the safety of the men and women that I represent. How could I be assured and how could I assure them that going about their daily tasks of preparing and delivering the mail would not endanger their safety, their health, and their lives?

To that extent, I had some reassurance because the Postmaster General, to his credit, acted very quickly by assembling a task force that was composed of higher management, the Postal Inspection Service, and all of the unions and the union presidents to be members of that task force, and, I might add, then the management organizations within the Postal Service.

At every step of the way, at every bit of information that the Postmaster General learned, he brought it to the attention of the task force and we dealt with those questions and we gave our concerns and our recommendations. He asked us to get feedback from our members. What were they hearing? What were they experiencing? How could that help them? He felt that we would get information that he would not have access to.

And so we did that and we continue to do it. Every day at 10 o'clock every morning, we all meet with the Postmaster General and we met with his other representatives to be advised as to just what the circumstances and conditions are and how we are dealing with this threat of the proliferation of anthrax throughout the Postal system.

I must say that there have been some incidents that I have to point out that cause us, certainly the National Association of Letter Carriers, some concern. When Senator Daschle received the letter, and we all know that whole story, it has been repeated here many times this morning, the actions taken were swift and they were right on target. The staff members of the Senate, those in close proximity to the Senator's office, those that worked in that particular facility were tested immediately to see if they had contracted anthrax. They were provided with the proper medication. They were given the Cipro that would arrest the situation, at least temporarily, while at the same time in New York City, where a newscaster, Tom Brokaw, had received a letter that also contained anthrax.

When we asked for the same sort of rapid treatment from the authorities, and that is that the letter carriers that worked in the fa-

[1] The prepared statement of Mr. Sombrotto appears in the Appendix on page 139.

cility that that letter went through and the five carriers that are responsible for handling and delivering those letters were asked to be tested and to be provided with medication, they were refused. Of course, it was only with our intervention and continuing haranguing that they ultimately did get tested and were provided medication.

Chairman LIEBERMAN. Could you just go over that again? In other words, those were five letter carriers, and where did they work?

Mr. SOMBROTTO. They worked at the Radio City unit that delivers the mail to NBC.

Chairman LIEBERMAN. So what they first asked when this came out was to be tested and given antibiotics, if they——

Mr. SOMBROTTO. That is correct. In fact, all of the employees—there are 90 letter carriers in that facility—asked to be tested. The Postal Service was willing to test them, in fact, was willing to pay for the tests, if necessary. But the CDC said that it was not necessary, it was not appropriate, and they did not have to be tested.

Chairman LIEBERMAN. So that is why they were turned down?

Mr. SOMBROTTO. That is correct. And I want to point that out. That is one incident. Ultimately, they were tested, and ultimately, they were given the medication. But right here in Trenton, New Jersey, where we have had another spot where the mail, actually these letters were deposited and were processed, in the immediate area, there are some 40 other satellite post offices that in one way or another are connected to Trenton and the Postal Service announced that all of these employees should be tested. All of them should be provided with the appropriate medication.

Once again, the CDC stepped in and said that it was not necessary and it was not appropriate, and to this moment, I believe that they have not been tested nor have they been given the medication. I do understand from personal knowledge that in Trenton, all of the employees have been given the medication, but I do not know if all of them have been actually tested, but we have a letter carrier here from that facility that can speak firsthand to that issue.

I visited both Brentwood and Trenton. I spoke to letter carriers in both those facilities. Let me report here with a great deal of pride that the letter carriers have gone about their business every day delivering the mail in those facilities. In Trenton, they set up their own cases in a tent so that they could process and prepare the mail for delivery and have been delivering the mail. The same thing is true in Brentwood. They have been delivering the mail, still again processing it in a tent, and I have pictures here, photographs that show the extent of their involvement.

The fact is that, speaking to these letter carriers, there are over 400, 200 in each site. They all were committed to the proposition that they have a job to do and they are going to do their job. The one thing that they insist on knowing is how they are going to do it in a safe environment. What they asked of me was that was I assured that everything was being done to protect their safety, and I could say unequivocally, as far as my firsthand knowledge was, that the Postal Service has been doing everything humanly pos-

sible to protect the interest of not only the Postal employees, but the American public, as well.

And so as the letter carriers all over this Nation and particularly in those areas where anthrax has been introduced into the work stream, they are delivering their mail every day and serving the American public.

And if I may make a comment, because I heard some of the questions sitting here listening to the Postmaster General's testimony about this attack on America, attack on us, just last week, I had the privilege of meeting with the President of the United States with the Postmaster General to speak about this issue and he identified this is a war on two fronts, a war, one, being fought in Afghanistan by young men and women of our Nation, our Nation's military, and a war that will be fought on our shores here, and there is a new army with different uniforms and here is one of them that is wearing that uniform. And then he asked me to convey a message to all of the members of our union, that he is depending on us not to be intimidated by these terrorists that wish to upset our Nation and intimidate and coerce our Nation.

One of the things that occurred to me was that this was not a random selection of picking the Postal Service as a target. The Postal Service is an institution that exemplifies and both characterizes those things that Americans fundamentally respect as citizens of this Nation and that is our freedom. That is our ability to converse, to communicate, to travel freely and to interact with other citizens freely. There is no institution in this Nation that has the same kind of responsibility as the Postal Service has.

When one thinks about it, you can go to any mail receptacle, any mail collection box in this country. Any citizen or non-citizen can deposit a letter. All it needs is an address. It does not even have to have your return address on it. You can do that with the absolute assurance that that letter will not be tampered with, that no one will examine it, no one will read it, no one will look into it until it gets to its final destination. That is a form of liberty that people understand, and when they attack that type of liberty, they attack the actual foundation of our whole culture. But our Founding Fathers said that this has to be a free and open society.

And so when letter carriers such as Tony DiStephano here go about their business every day and deliver the mail, they are carrying out that part of freedom that we cherish so much in this Nation and we cannot allow this Postal Service to be intimidated. It must continue. It must get the type of help that it needs from our representatives in Congress so that we can show anyone that wishes to declare war on the United States, you can declare war, but every one of its citizens rally to the flag and rally to the tradition of defending our freedom and our liberty.

I want to thank this Committee for holding these hearings because it is of vital importance. I go back to my members with the assurance that we are doing everything humanly possible to protect their safety and their health and certainly their freedom and their liberty.

Chairman LIEBERMAN. Thanks, Mr. Sombrotto. Very well said, and I thank you for that statement.

Mr. DiStephano, we would be delighted to hear from you now.

Mr. DISTEPHANO. Thank you, Mr. Chairman. My name is Tony DiStephano, Jr. I am a working letter carrier currently at the Hamilton facility located in Trenton, New Jersey. I am also President of Branch 380 of the National Association of Letter Carriers. Our branch has 542 members, both active and retired.

After our facility was closed on Thursday, October 18, we continued to sort and deliver the mail in a makeshift worksite in the parking lot behind the facility. Currently, all craft employees are working together under a tent that has been set up at the location so we can process and move the mail. I am happy and proud to say that all craft employees have pitched in to make sure that the mail is being delivered in a timely manner, despite somewhat the hectic circumstances.

Mr. Chairman, it is my pleasure to be here today to share with you the manner in which our letter carriers and other Postal employees responded during this time. I will be happy to answer any questions you may have. Thank you, sir.

Chairman LIEBERMAN. Thanks, Mr. DiStephano. Thanks for what you have done and I hope you will convey back to your members and through them to all of the people that work for the Postal Service—I say the same to you, Ms. Manley—our gratitude and our intention to do everything we can to protect the vital service you do for us. I appreciate you being here.

Mr. DISTEPHANO. Thank you.

Chairman LIEBERMAN. Bill Quinn is the President of the National Postal Mail Handlers Union.

TESTIMONY OF WILLIAM H. QUINN,[1] NATIONAL PRESIDENT, NATIONAL POSTAL MAIL HANDLERS UNION

Mr. QUINN. Mr. Chairman and distinguished Members of the Committee, my name is Billy Quinn. I am the National President of the National Postal Mail Handlers Union. On behalf of the over 50,000 union mail handlers employed by the U.S. Postal Service, I appreciate the opportunity to testify about the challenges of safety and security that currently are being faced by the Postal Service and our Postal employees.

The mail handlers we represent are an essential part of the mail processing and distribution network utilized by the Postal Service to move more than 200 billion pieces of mail each year. Mail handlers work in all of the Nation's large Postal plants and are responsible for loading and unloading trucks, transporting mail within the facility, preparing the mail for distribution and delivery, operating a host of machinery and automated equipment, and containerizing mail for subsequent delivery. Our members are generally the first and last employees to handle the mail as it comes to, goes through, and leaves most Postal plants.

Our paramount concern is the safety of Postal employees, including all mail handlers. To this end, we have been active participants in the Mail Security Task Force that has been established by Postal management and includes representatives of all unions and employee associations.

[1] The prepared statement of Mr. Quinn appears in the Appendix on page 146.

That task force is implementing plans to prevent infection by anthrax or other biological agents that may be sent through the mails. Among other issues, the task force is addressing the need to close affected facilities until they can be certified as safe for all employees, the distribution of necessary antibiotics to Postal employees, the distribution and use of masks and gloves that may be helpful in preventing anthrax infections, the development and delivery of safety training programs, and the development of revised cleaning methods for mail processing equipment. The task force also is looking to the future and is considering a host of issues, such as anthrax vaccines and irradiation of the mail.

I must say, however, that the task force is having great difficulty keeping up with the news and information cycle that has developed around the anthrax issue, and even when the task force has current and accurate information, the timely dissemination of that information to more than 800,000 Postal employees and thousands of Postal facilities is extremely difficult. This problem is exacerbated by the confusing and often contradictory information that is coming out of Postal headquarters, the Centers for Disease Control, and State and local health authorities.

I just returned from a meeting of all our local union officers and representatives. After a lengthy discussion of the various safety and medical issues facing mail handlers, our local leadership was fully informed with as much accurate information as possible. Even with this information, however, these representatives remain anxious. Certainly they know that mail handlers must exercise caution while processing the mail, but they are less certain about precisely what to tell their members about the specific steps mail handlers should take to ensure their own safety. On the workroom floor, there is even more anxiety because members have even less access to accurate information.

The key, therefore, is the timely dissemination of accurate safety and medical information. That should be the focus of the task force and that must be the focus of Postal management, the CDC, and State and local health officials. What is needed now is the constant dissemination of accurate and, to the maximum extent possible, consistent safety and medical information to all Postal employees. Mail handlers and other Postal employees deserve the best available scientific protection against this bioterrorism. Through science and reason, we can overcome rumor and fear. In that regard, the most important action Congress can take is to appropriate all of the funds necessary for the Postal Service to process mail safely without harm to employees.

It is unfortunate that it takes an incident such as this to make people aware of the hazards of working in Postal facilities. Ten years ago, it was the threat of AIDS from needles and blood spills coming from medical waste in poorly constructed packaging in the Postal System. With the help of Congressional oversight, that problem has largely been eliminated. Yet, our members still face hazardous working conditions. All of the Postal unions have written to Congress, have testified about the need for protection from dangerous equipment and terrible ergonomic injuries.

We, therefore, need to take this tragedy and turn it into a positive movement for workers' safety. This is a unique moment when

American citizens have again been made aware of the great importance that the Postal Service serves in our Nation's communications network. They will rally behind a sustained movement to make the Postal workplace safe for its employees and a source of confidence for its customers. To do any less would be to fail in our commitment to the future integrity of the U.S. Postal System.

I want to thank you and I will be glad to answer any questions that you may have.

Chairman LIEBERMAN. Thank you very much, Mr. Quinn. Mr. Baffa, thanks for being here.

TESTIMONY OF GUS BAFFA,[1] PRESIDENT, NATIONAL RURAL LETTER CARRIERS ASSOCIATION (NRLCA)

Mr. BAFFA. Good morning. Mr. Chairman, I submitted my statement and I request that it be made part of the record.

Chairman LIEBERMAN. It will be printed in the record in full, along with the other statements submitted.

Mr. BAFFA. I have a short statement.

Chairman LIEBERMAN. Please proceed.

Mr. BAFFA. Mr. Chairman and Members of the Committee, my name is Gus Baffa. I am the newly-elected President of the 100,000-plus National Rural Letter Carriers Association and I want to thank you, first of all, for holding these hearings.

The Postal Service has attempted to do its very best during this crisis. There is no playbook to follow. This is a road none of us have traveled down before. It does not matter if we are referring to a rural carrier, a city carrier, a clerk, a mail handler, the PMG, the FBI, or the CDC. It is new to all of us. Postal workers are part of the army of foot soldiers in this war against terrorism and back towards normalcy. As our President said, we must continue life as normal. Our members are doing that every day. They are reporting to work, casing the mail, putting it in our vehicles, and delivering it.

Sure, some are very worried. As a Kentucky rural carrier said in a National Public Radio interview, when asked if anything had changed, he replied, "Sure. Now when I go home every day, instead of picking up my 3-year-old daughter who is waiting to give me a welcome kiss with her arms outstretched, I need to take a shower first."

At this time of extreme anxiety, Postmaster General Potter and Postal employees across the country have stepped up to the plate to ensure continued delivery of our Nation's mail. It is now time for Congress to step up to the plate by appropriating the necessary funds to ensure safe and ongoing mail delivery.

Mr. Chairman, we are grateful to the White House and the Congress for the $175 million as a short-term carry-over for November. We also appreciate the $63 million that has been sent to the Postal Service for the destruction of the Church Street Station in New York City. However, we desperately need additional appropriation assistance with the enormous costs of sanitizing the mail and the significant revenue losses associated with this disruption.

[1] The prepared statement of Mr. Baffa appears in the Appendix on page 151.

A high-level task force consisting of Postal Service headquarters, officers, the presidents of the seven employee organizations and unions, the Chief Postal Inspector, the Inspector General, and the CDC have been meeting daily. I am part of those meetings on a daily basis. These meetings bring concerns and questions from our membership to management and the CDC. It is management's opportunity to share the latest actions with us so that we may disseminate them to our members. It is a vital communication in this period of uncertainty.

These meetings are where we learned that the Postal Service had purchased the face masks and the gloves for the employees. They have also, the Postal Service, consulted with the Department of Defense and are purchasing, as heard earlier this morning, the irradiation equipment to kill any and all biological agents.

This war effort will not be cheap or completed without sacrifice. The Postal Service needs an appropriation for the long-term sanitation of the mail to protect employees and customers alike.

Again, we want to thank you for the opportunity to speak this morning, and if you all have any questions, I am ready to answer.

Chairman LIEBERMAN. Thanks, Mr. Baffa.

I thank you all for your testimony. As I hear most of you, what I hear is not criticism of the Postal Service's conduct in this matter, and that may not, in fact, be different from what we were hearing certainly from employees at Brentwood, but the mood of it is certainly different and I just want you to talk about it.

I remember seeing an article in the *Washington Post* where a man, who I think was a driver at Brentwood, said that once it was known that there was anthrax in the letter sent to Senator Daschle's office, in the Postal Service, everybody knew or should have known that that would have come through the Brentwood facility and I do not know if it was done. I remember he used a word which really struck me when he said they had treated us as if we are expendable.

I wonder if you would react to that. Do you feel that maybe the Postal Service, as I have heard you say, did as much as it could do based on the information it was getting? Mr. Burrus, do you want to respond to that?

Mr. BURRUS. Yes, Mr. Chairman. The position of the national union is we have done everything possible to avoid placing blame. That has not been easy because a lot of our members and some of our local leaders are seeking to place blame. So we have tried to walk that fine tightrope of not focusing on whether the CDC or the U.S. Postal Service played any role in the death of those two individuals and focus the attention of our members on the terrorists.

And my message to our members has been that—I have a teleconference every Friday. Last week, we had 500 different sites that were clued in to the teleconference, probably reaching 10,000 to 20,000 of our members, and I would expect that the one this Friday will reach even more. And as I received those inquiries from our members, it is when is my national union going to blame someone?

I tried to share with them that our responsibility has moved beyond the blame. We have to provide safety for you. And once we place blame and we do in unison point our finger at someone, we are no closer to providing safety as we were before we began that

exercise. So I have attempted to focus the attention of our members on the terrorists themselves as well as trying to develop safe conditions for them.

We are going to mourn our brothers. We are going to set aside the week of November 12 through 16 as a week in their honor, request donations from our members and our locals that we can give to the families, and we are going to say to America that Postal employees are heroes, too, and we are going to bring that message through that week in honor of our fallen brothers.

But our message has been consistent. Even though we have had consistent adversarial relationships with the Postal Service, and you can detect that in my statement, we have been in this together. I have avoided the media as much as I can, understanding that we would best be served with a single spokesperson, the Postmaster General. It was not an APWU versus the USPS fight, it is the Postal community's fight.

So I have tried to avoid the media. I have done some spots, but tried to defer all the attention to the head of this organization, who is the Postmaster General, and by doing that, I think I have been able to quell some of the concern of our members, and there is a desire to place blame. We represent almost 400,000 Postal employees and they want somebody's scalp, many of them do. And hopefully, I have deflected that anger.

Chairman LIEBERMAN. Do any other members of the panel want to respond to that question? Mr. Sombrotto, if I remember correctly, you said in your testimony that you thought the Postal Service had done or was doing everything humanly possible to protect the interests of the Postal workers.

Mr. SOMBROTTO. Yes, and there is no question about that. If, I, for one moment thought that they were not doing everything humanly possible, I would have been in my attack mode. I have spent my whole career, over 50 years in the Postal Service, attacking Postal management and I found myself in the unusual circumstance because of their actions, because of the Postmaster General's concern. He said that he is concerned with the safety of the Postal employees that are employed by the Postal Service, said he was going to do everything possible with our help.

And so working in conjunction with, as you have heard, the various organization heads, we have tried to develop strategies that would best protect the safety of our members and his employees and, of course, the American public, as well——

Chairman LIEBERMAN. Right.

Mr. SOMBROTTO [continuing]. Because we have to serve that American public and they have to have confidence that what we are doing is safe and secure for them as well as for us. And so in that sense, he has done a remarkable job and I feel very secure in telling our members that we are doing everything possible to protect their health and safety.

Chairman LIEBERMAN. Ms. Manley or Mr. DiStephano, do you want to add anything to that? I know at Brentwood particularly, people have been understandably feeling agitated and some are certainly being quoted in the media as feeling that not enough was done quickly enough to protect the workers.

Ms. MANLEY. As I have sat here through this morning and listened to the Postmaster General, I have a better understanding of the situation as it was earlier. It is unfortunate that my fellow coworkers were not aware of everything that has been done or being possibly done because that information is not being assimilated to the workroom floor. It is unfortunate.

Hopefully, I will be able to go back to Brentwood and tell my coworkers that this is a new day, a new situation, and we are still a Postal family. The Postmaster General is doing everything humanly possible that he can do with the help that he is getting from wherever he is getting it from. We just have to be patient, work together, and continue to get our mail out as quickly and adequately as we can.

Chairman LIEBERMAN. Thanks. Mr. DiStephano, do you want to add anything?

Mr. DISTEPHANO. Yes, Mr. Chairman. I just think the experience that I just went through in Trenton, New Jersey, I think our biggest detriment was the great deal of uncertainty of the higher officials, the people that we depend on to get accurate information, and I hope today, exchanging this information, that possibly it will avoid confusion in the future and we can have a set outline, so to speak, so then we could just go to the book and say, this is the protocol and everybody is on the same page, and that is very, very important, because we got into a situation where it is like gridlock. One agency is saying one thing. Another agency is saying another thing.

So I think if we can be constructive today and basically come up with an outline, I think we will be far better off in the future. Like you said, we have the safety at hand and people's livelihoods, so if we can do that today, I think we will be better off in the future. Thank you, sir.

Chairman LIEBERMAN. Thank you. I must say, I admire your cohesiveness. I know that everybody at the table at one time or another has not hesitated to take on the Postal Service and do it quite directly. So the fact that you are not here means you have come to the conclusion that they do not deserve it and that there is a higher purpose here, which is typical, I think, of the kind of unity that we have felt around the country since September 11 and I admire you greatly for it.

I do want to say, if it is any comfort, and maybe it is not, that here on Capitol Hill as we look back after the letter to Senator Daschle's office, we feel—certainly I do, I will speak for myself—that the information and the advice we were getting was also confusing, contradictory, often incomplete, and changing as this went on, and maybe that is part of the sad story here.

Senator Voinovich.

Senator VOINOVICH. Mr. Chairman, I first of all want to thank all of you for being here today and I want to thank you for your sacrifice and for your service and for your courage. I agree with the President that you are our new soldiers on the front line. Just as we have tried to provide them with the equipment and training and other things that they need to serve our country, we have an obligation to you to do the same thing.

I was interested that Mr. Quinn commented that he felt that you were getting the kind of participation that you want in terms of the recommendations coming back from the Postal Service about what it is that needs to be done to secure your well-being and to protect the public. Are you satisfied that you are getting the participation that you need so that we get the best recommendations rather than some outside group coming in and saying, this is the way we think it ought to be done?

Mr. BURRUS. If you start in the same order, I guess I would be first. For the American Postal Workers Union, we are certainly convinced that we are being permitted to participate fully. We participate in the meeting at 10 o'clock every morning. We have major input. We are listened to. Many of our suggestions are enacted. We are sharing information about ongoing activities within the Postal Service, giving a scorecard as to the employees that are hospitalized and the differences between the infections of the employees. So we are very well satisfied with the involvement of the unions in the sharing of information and having the opportunity to have input into policy.

Senator VOINOVICH. Mr. Sombrotto.

Mr. SOMBROTTO. If I may, I mentioned earlier that I visited both the Brentwood facility and I visited Trenton and spoke firsthand to about 200 carriers in each facility. I did that with a great deal of trepidation. You go there and I expected that I would be inundated with complaints about numerous things, particularly in view of the fact that it looked and certainly appeared that those represented on Capitol Hill were getting faster and better treatment than letter carriers and other Postal employees in these facilities.

And I must say, it amazes me to this moment that group of men and women that usually have complaints—there is never an end to the complaints that they have—I received not one complaint by any one of those individuals that were in those parking lots. Were they concerned about their safety? You bet they are. Were there anxieties? You bet there were.

What they needed was assurance that we are doing everything possible to protect their interests, and as I said, I can say it with a firm knowledge that we are doing everything that is possible. The Postal Service is doing everything that is possible. Together, all of us are doing everything that is possible to protect their interests and we are going to continue to do that. And so if that is what is necessary——

Senator VOINOVICH. You believe that you are getting the participation that you need?

Mr. SOMBROTTO. Oh, sure.

Senator VOINOVICH. And everybody else? Mr. Baffa.

Mr. BAFFA. Absolutely.

Senator VOINOVICH. Mr. Quinn.

Mr. QUINN. Yes.

Senator VOINOVICH. Mr. DiStephano.

Mr. DISTEPHANO. Yes, sir. I would just like to reiterate a smaller note.

Mr. SOMBROTTO. You notice what I said? You can never keep these guys quiet. [Laughter.]

Mr. DISTEPHANO. But we are getting the information disseminated down, I guess, from the higher-ups and it is reaching us and we are learning on a day-to-day basis how to learn with the issues and, so to speak, we are writing the book. So I am satisfied that everyone is trying to do their best to ensure our safety and taking the precautions——

Senator VOINOVICH. I agree with Senator Lieberman that our information and communications were just as bad as yours. As I mentioned earlier, my people were told, you do not have anything to worry about in the Hart Building. You do not have to have your nose swabbed. This is garden variety stuff. Do not worry about it.

So the next day, they read in the paper this is the high-grade stuff, you ought to have your swab, and it makes the Senator who is working with these people look like he does not care about them, and I know, and I am sure some of the other Senators gathered their people together and apologized to them and said we were basing our decision on the information that was given to us and it was erroneous, and then we had everybody swabbed and then we closed the building and the rest of it.

I know my time is up, but what are your thoughts about whether communications improved substantially and how it could be made even better so that your members are more comforted that they are getting accurate and consistent information?

Mr. SOMBROTTO. Well, as an illustration, we all got together with the Postmaster General. We made a film about what was happening and it was sent out. The moment we made it, it had—you talk about built-in obsolescence—it already was—this situation is so fluid and so dynamic that it changed, so we had to make another film, which has been distributed and shown in post offices throughout the Nation.

And so in that respect, we are trying, using every mode of communication, individually, together in our own organizations. We have sent out bulletins and we are doing it in conjunction with the Postal Service, as well.

Mr. BURRUS. Let me not leave the wrong impression, though, regarding cooperation. While our interaction at the headquarters level has been excellent and we have shared almost every bit of information with one another and have done a lot of things together, however, the Postal Service is a large bureaucracy. There are 38,000 facilities. In many of those facilities, there is not the interaction that we are enjoying here at the headquarters level.

Senator VOINOVICH. I noticed you were present at the Cleveland Post Office.

Mr. BURRUS. Yes. I was going to mention that, since we both have Cleveland in our backgrounds, 1974 to 1980.

Senator VOINOVICH. Are you now here in Washington, then?

Mr. BURRUS. I am the National President of APWU——

Senator VOINOVICH. You are stationed here?

Mr. BURRUS [continuing]. Effective November 10, yes.

Senator VOINOVICH. But, back in Cleveland, you were just mentioning, is the communication as good there as it is up here?

Mr. BURRUS. No, it is not as good in Cleveland as it is at the headquarters level. I have set up an internal system where they can bring those disagreements that they have at the local level

through, that we can resolve them at an intermediate level or, if necessary, here at the headquarters level. But I am in constant contact with my representatives throughout the country, and many of them, since we have had such an adversarial relationship over the years, many of the parties have not found a way, even with this crisis, to find a way to communicate with one another, so that is an ongoing struggle, and this is life and death so it is essential.

We have been trying to send the message out from here, and that is one of the reasons I have deferred to the Postmaster General in some respects, because we have got to send a unified message and not continue that friction that exists among our representatives at the other levels.

Senator VOINOVICH. Well, maybe you can use this as an opportunity to come together and develop some kind of better understanding.

Mr. BURRUS. Well, they have got to sign a contract to do that.

Chairman LIEBERMAN. Mr. Burrus, we welcome you to your new leadership position. If I am not mistaken, the young man that you are succeeding is in the room here, is that correct? Would you want to note that?

Mr. BURRUS. Yes, he is, Moe Biller, who has spent a lifetime as a champion of working people and the citizens of this country. I have served with him for 21 years as the executive vice president in the Biller administration. He has now decided that he will retire. I have offered that he could extend his term by another 6 months or a year until anthrax is past us. He has graciously declined and turned it over to me. [Laughter.]

Mr. BURRUS. But Moe has had a charmed life. He has been a symbol for our union. We named our building after him, and he is present in the room, my president forever, Moe Biller.

Chairman LIEBERMAN. Thanks, Mr. Burrus. I appreciate it and am moved by that tribute. It is great to see that transition occurring with that kind of closeness.

I told Moe when I first came to town that I had a recollection some years ago of reading about this stirring, tumultuous labor leader who took the Postal workers out on strike at one point, and I do not even know what year that was, but——

Mr. BILLER. It was 1970.

Chairman LIEBERMAN. Nineteen-seventy. I will not tell you how old I was then, Moe. Anyway, I wanted to note that for the record and also to wish you all the best as you assume this important leadership position at this difficult time.

Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman.

I want to thank our distinguished witnesses for being here today and know that you represent the hundreds of thousands of Postal employees throughout the Nation. You are here because you care about the safety and health of all of the employees.

I am also pleased that we have the representatives from Brentwood and West Trenton post offices who shared their experiences with us today.

I know that our effort in the Committee is to hear you and to try to help you and the Postal Service to find the best way to pro-

tect the safety and health of all Postal employees. I ask this question to the four union leaders who are here for responses.

The Postal Service is proposing the use of electron beam technology to sanitize the mail. This equipment will be operated and serviced by trained technicians from the manufacturers. Although Postal employees will not operate and service the equipment, your members may have concerns that the sanitizing equipment poses an equal or greater health risk than exposure to anthrax spores.

So my question is, are you concerned about the health risks to Postal workers who will be in close proximity to the sanitizing equipment, and have you had an opportunity to discuss the use of this equipment with the Postal Service, public health officials, and manufacturers of the equipment? Let us start with Mr. Burrus.

Mr. BURRUS. Yes. I have had my safety specialist do some limited research on the technology that is under consideration to be used in Postal facilities and it is my understanding that the mail that will be sanitized will be conveyed into the room where the process will occur through a conveyor system. So it will not be a matter of an employee being exposed to the gamma rays or whatever technology is being used. It will be just pushing the button. The mail and conveyors will go into a room, sit for the prescribed period of time, come out the other end clean.

So I do not expect, and when we had our first meeting, we were talking about equipment that would irradiate the mail. I think they have moved beyond that now. I think they have gone to a different type of technology. But I must await and see what they finally settle on and determine what the risk exposure may be. But my understanding at this point is the way it will be constructed, there will be no interaction between the employees and the electronic rays, so it will not pose a risk to our people.

And more than likely, the mail handler craft, Billy Quinn's people, will probably be the ones involved in taking it in and taking it out. But our people are the processors and they are the ones that will access that mail on the other side of the room.

Senator AKAKA. Mr. Quinn.

Mr. QUINN. Well, that is the first time the APWU has ever said any work is ours. Thanks, Bill. [Laughter.]

Mr. BURRUS. A little jurisdictional——

Mr. QUINN. Well, certainly with the great deal of scrutiny this issue has been given, I fervently hope and pray that safeguards will be put in place. I am confident that with the Postal authorities, with the CDC, I would assume OSHA involved and any other entity who will be involved that they will take every step to ensure that Postal employees involved in this process will be fully protected. Obviously, it would be nothing short of inane to take some action to avoid anthrax and cause a problem that could conceivably be far more harmful. So it is something that I realize is in the embryonic stages, but I am confident that everybody will be contributing their input and that the processing will be safe for the employees involved.

Senator AKAKA. Mr. Sombrotto, do you have any comment?

Mr. SOMBROTTO. We do not handle mail of that sort, and having heard about the dangers here, I am very happy about that, as well.

I am sure whatever they put in, it is going to be safe. They will have to ensure the safety of the employees.

Senator AKAKA. Mr. Baffa, would you have a comment?

Mr. BAFFA. The same as Mr. Sombrotto said. Our people really will not be handling that type of mail. But again, I feel sure that all precautions will be taken.

Senator AKAKA. Thank you very much. We hope that it works out well.

Ms. Manley, do the employees at the Brentwood facility feel they are receiving accurate and up-to-date information? After all, only yesterday, public health officials were advising Postal workers to take 60 days of antibiotics rather than the initial 10 days. How does such information reach you?

Ms. MANLEY. Let me explain one major factor right here. The people in Brentwood are scattered in various other Postal facilities right now since ours is closed. So in order for us to get the information, we are either getting it from the managers from that facility or the news.

And as far as taking the extra pills, well, we realize that it must be done to protect our safety and I understand, because I went and got mine last night, they have changed it and it is not as strong as the original one. We are able to drink a little more caffeine or whatever they said we could not do the first time, we can do now. But this is how the information is getting to us, through the news media or through the other managers at the other facilities where we are located.

Senator AKAKA. I know my time is up, but let me finish with Mr. DiStephano. As the President of your union testified, there are letter carriers casing mail in tents next to buildings because the building is closed.

Mr. DISTEPHANO. Yes.

Senator AKAKA. That must be quite stressful. How are you and your colleagues coping with the stress and is the Postal Service providing appropriate counseling support and adequate information to its craft employees?

Mr. DISTEPHANO. Yes. We have currently in place the EAP program and it was offered to us right at the outset of this whole situation. So they have been supportive and there were several people that came down to offer their services, so that is a resource that we have to tap if we have to.

But to make a comment, I am very proud of the courage and the dedication of the letter carriers, my members. They deliver the Nation's mail on a day-to-day basis. Like Mr. Sombrotto has stated, the complaints are practically remote. There are some concerns. There is always a heightened sense of awareness. But all I can say is they come in to work and I think that the rolls as far as sick leave have improved. They are coming out and doing the job.

They are not going to alter our lifestyle, these terrorists, and I am very proud of these men and women and so America should be very proud of them. Like I said, they are not complaining. They are delivering the mail, and some people are choosing to use the gloves and the masks and some are not. So with that, I would just like to congratulate the people that deliver the Nation's mail.

Senator AKAKA. Thank you. Mr. Chairman, I have another question.

Chairman LIEBERMAN. Go right ahead, Senator.

Senator AKAKA. Mr. Burrus. I have seen commentary in the newspapers to the effect that Postal workers have not been given as much protection as they should have received. Of great concern to me was the suggestion that there was a racial component to this problem. Would you care to comment on that?

Mr. BURRUS. Yes. It is one of the negatives of the media. They portray an image, and often that portrayal has a byproduct.

The recent anthrax circumstances have portrayed Brentwood and the employees that work at Brentwood, and I have heard several news analysts make references to the racial identity of the images on the screen, that they were African Americans. Over 70 percent of my bargaining unit is Caucasian. They are not African Americans.

It is giving the image that all of the Postal Service is staffed by African American individuals, citizens of this country, and it is just a—it is an incorrect image. We have every nationality that exists in this country, 800,000 employees, and in my bargaining unit, almost 400,000 employees. But the vast majority of my bargaining unit are Caucasians and the minority is African Americans, principally in the urban areas of the country where they become Postal employees. But we reflect America.

Senator AKAKA. Thank you. I have other questions, but go ahead.

Chairman LIEBERMAN. Thanks, Senator Akaka. Let me just say for the record how good it has been, as always, to work with you and your staff on this hearing.

Senator Carper.

Senator CARPER. Thank you, Mr. Chairman. We are almost 45 minutes into our weekly Democratic and Republican caucus meetings, so I am going to be real brief so that we can go join our colleagues for at least a portion of that.

Before we go, though, I just want to say how much I appreciate the statesmanship that each of you have demonstrated here today and in the preceding days. These are tough times for all of us. I know these are especially tough times for you and the people that you represent. As you leave here today, I just want you to know that I am real proud of you and my guess is that the men and women you represent and their families are, as well. Thank you for doing the right thing by them and thank you for doing the right thing by our country.

Mr. Burrus, I understand you are just about to assume the mantle of leadership from one of the giants in the Postal Service.

Mr. BURRUS. Yes.

Senator CARPER. I want to salute him as he prepares to head on. In the Navy, we used to say fair winds and a following sea, and we wish you well, Moe. To Mr. Burrus, we very much look forward to working with you and I congratulate you on the confidence that your membership has shown in your election.

Thank you, Mr. Chairman.

Chairman LIEBERMAN. Very well said, Senator Carper. I thank you for making that statement.

I thank all the witnesses. This has been a very important and informative hearing, both to hear from the Postmaster General on the first panel about how he made the decisions he made and why and what the basis of the information was, and then to hear from you who are living this and representing the people who live it about your general feeling that the Postal Service and the Postmaster General did about as much as they could do as quickly as they could based on the information they had at the time.

You have affected my opinion about this, because I have been reading in the media and this is a case where I came to the hearing with an open mind, did not know what I would be hearing, and your attitude, because you are living it every day, has informed me and I appreciate the way you approach this because you are obviously saying what you believe based on your experience. That is part of what it means to be a fact finder on a Committee like this.

It does seem to lead directly to tomorrow's hearing, when we will have as witnesses public health experts, the people that the Postmaster General was turning to, at least some of them, for the information that he needed to make the judgments that he made, and then we will have some outside public health experts who will comment on how that happened and the hearing will actually begin with two of our colleagues who have expressed a special interest in testifying on this and have special concerns. That is Senator Clinton and Senator Wellstone.

So for now, I thank you very much for all that you do for us every day. I thank you for the unity that you have shown today, which was not reflexive. I know that. Again, to repeat what I know about each and every one of you and your unions, when you do not like what the Postal Service does, you say it and directly and without hesitation.

So if you come to this conclusion, it impresses me that you are all working together, and that is not only important on the substance of the decisions made, but it reflects again what I have said, that on September 11 we saw the worst of human nature. Since then in America, I think we have seen the best, and part of the best is the unity that is ultimately our greatest strength and that unity hopefully moves us to a position where we will not give way to the fear that the terrorists are trying to inflict on us.

So what you have all said, what the Postal workers who are here have said and what you reflect from your membership, they are coming to work every day and they will be damned if they are going to let a bunch of terrorists stop them from delivering the United States mail. We cannot ever thank you enough for that.

God bless you. Thank you for being here today, and the hearing is adjourned.

[Whereupon, at 1:11 p.m., the Committee was adjourned.]

TERRORISM THROUGH THE MAIL: PROTECTING POSTAL WORKERS AND THE PUBLIC

WEDNESDAY, OCTOBER 31, 2001

U.S. SENATE,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
AND THE SUBCOMMITTEE ON INTERNATIONAL SECURITY,
PROLIFERATION AND FEDERAL SERVICES,
Washington, DC.

The Committee and Subcommittee met, pursuant to notice, at 9:40 a.m., in room SD–342, Dirksen Senate Office Building, Hon. Joseph I. Lieberman, Chairman of the Committee, and Hon. Daniel Akaka, Chairman of the Subcommittee, presiding.

Present: Senators Lieberman, Akaka, Cleland, Carper, Dayton, Thompson, Stevens, Voinovich, and Bennett.

OPENING STATEMENT OF CHAIRMAN LIEBERMAN

Chairman LIEBERMAN. Good morning. Today the Committee meets for its second hearing on Terrorism Through the Mail: Protecting the Postal Workers and the Public. We are holding these hearings in coordination with the Subcommittee on International Security, Proliferation and Federal Services, chaired by Senator Daniel Akaka, as the oversight committee for the U.S. Postal Service.

We are here as fact finders, to learn how decisions were made at various Federal agencies and how information was exchanged between Federal and State agencies in the wake of this new insidious form of terror through the mails and terror generally. Our goal is to learn what we can do to keep Postal workers and the mail they handle and deliver safe and sound.

Yesterday's hearing I thought was very informative, and in fact, valuable in terms of our understanding of how the Postal Service responded to the discovery of contaminated mail at mail facilities.

The tragic fact, of course, is that two members of the Postal Service family died, both of them employees of the main processing facility for the Washington area, Brentwood, through which the letter opened in Senator Daschle's office passed. Postmaster General Potter testified yesterday as to why he made the decisions he did based on the advice he got from public health experts, including some of the agencies that are represented here today. Union leaders, representing those Postal workers closest to the contamination, testified that they concluded that the Postmaster and in fact the Postal Service did all that they could do as quickly as they could with the information they had to work with.

But I must say that I am left with questions about whether the information they received was adequate and why, and wonder whether the U.S. Postal Service,should have closed all of its facilities that handle government mail after anthrax was discovered in the Dirksen mail room on October 18. And I understand that we are all learning as we go along here, and that is what I want to speak about with some of the public health officials, and that the purpose of these hearings is not to accuse, but to learn, and to learn in a way that will help us do better.

I just was notified by a member of my staff as I walked through the door to remind everyone, unfortunately, about the seriousness of what we are dealing with, that apparently the hospital worker who has come down with anthrax, not as far as we know with any close proximity to the mail, has died this morning. And this tragic news perplexes us and gives a special sense of urgency to our quest for more information from the public health community that is good enough to be with us this morning.

A larger question that this death this morning makes even more pressing, that I hope to discuss, is whether our public health system is truly prepared to address the unique, and for America, unprecedented threats of bioterrorism. We have obviously dealt with public health crises before, and with infectious diseases before, and while bioterrorist attacks have characteristics that are similar to those, they are also unique. So we want to ask, do conflicting agency interests lead to a breakdown in communication and coordination, and if so, how do we overcome those conflicts in order to best serve the people whose lives are at stake?

The various agencies within the Federal Government that have responsibility in crises like these need to be reading from the same script and speaking with one voice. It certainly seems to me that Governor Ridge is the one who must lead and drive the vast resources of our Federal Government during this unfolding anthrax crisis and prepare us to better meet what may be the next germ warfare challenge that is directed against the United States.

Senator Thompson.

OPENING STATEMENT OF SENATOR THOMPSON

Senator THOMPSON. Thank you, Mr. Chairman. I was not aware that the lady in New York had passed away, but I was reading this morning from a *New York Post* article about that case, and it just demonstrated again how little we know about what we are dealing with. It said that public health officials found themselves baffled, and the CDC Director was saying, with regard to whether or not there was a linkage to the mail, "Your guess is as good as mine." And I must say there is a lot to be said for candor nowadays, and if there ever was a time for modesty among all of us, or humility, now is the time with regard to what we do not know. While we have to have accountability, I think it is more and more clear that none of us really have answers to the questions of what the likely source of this bacteria is, what the nature of it is, how people are infected by it, what the likelihood of cross-contamination is, all these questions. We are just going to have to get on it and deal with it, and I think we are doing that.

I was impressed, as you were yesterday, with the testimony of the Postal authorities and the Postal workers, who are carrying on this job and not being intimidated by it, and the fact that they are working together. There was a lot of hype about acrimony and accusations of racism and all of that in the newspaper, but when you talk to the people involved, you learn that they are working together. Everything is not perfect, but they are working together to try to overcome this, and I understand that everybody is trying to do their best.

But we surprisingly, in many respects, have an awful lot to learn about what we are dealing with. Although we pointed out yesterday that there have been numerous commissions and agencies making reports about biological terrorism in the past, I do not think one of them ever mentioned the possibility that these weapons could be used through the mail. Looking back on it now, it looks like something that would have logically happened, but understandably, the professional health people and others have been more concerned with the mass spreading of biological weapons. As bad as this is, it is nothing compared to what could be out there in terms of usage and mass contamination.

The GAO has recommended for some time now that the government conduct comprehensive threat and risk assessments, and clearly we need those. I think we are beginning to get those now. And I am glad today that you brought in some of the Nation's leading experts in the areas of infectious diseases and biological weapons, so that we can understand these subjects a little better. I am glad that we are dealing with people who apparently are secure enough to be candid enough to tell us what they do not know. I know the CDC office is overwhelmed, and we appreciate you being here. And I also appreciate the appearance of the public and private health officials.

At our recent hearing on bioterrorism we were told repeatedly that training and support of local and private health care professionals should be a top priority, so we need to do that.

One minor matter. Mr. Chairman, you are facing the same problems that I faced when I was sitting in your chair, and that is the witness statements are getting in later and later. I came from a breakfast meeting this morning and for the first time saw most of the statements we are dealing with here today. I know these hearings were hurried up a bit, but it is not just these hearings. For some time now our Committee rules have become the exception rather than the rule, and it makes it meaningless if we cannot have statements in here in time for us to look at them. We cannot really have a decent dialog with witnesses if we do not know what their statements are. I mean the statements on this important hearing today are somewhere in my staff's files, and they will remain there until after these hearings are over with, and then maybe we will have a chance to look at them.

So I would hope that both staffs would first of all make it so that witnesses have time to get these statements in, and then really, require them to submit them at least a day ahead of time so that those of us who really do want to look and think through some of these things, have an opportunity to do that. Thank you very much, Mr. Chairman.

Chairman LIEBERMAN. Thanks, Senator Thompson. I could not agree with you more. Part of the problem, and this is not aimed at this administration as compared to earlier ones, it has been always so. Anybody in government has to go through a process of clearance of statements before they get to us and it takes time. And you are absolutely right, it makes it harder for us to be as informed as we want to be as we come into these hearings.

Senator Akaka.

OPENING STATEMENT OF SENATOR AKAKA

Senator AKAKA. Thank you very much, Mr. Chairman, for calling this joint hearing.

I know that our witnesses share many demands on their time, and their appearances before this Committee is appreciated.

At yesterday's hearing I said that the last line of defense in a homeland terrorist attack should not be the Congress, nor should the first line of defense be the men and women of the U.S. Postal Service. You, our public health officials, are our health intelligence service when it comes to protecting the health and safety of Americans. Just as the terrorist attacks on September 11 exposed shortcomings in our Nation's intelligence gathering and monitoring capabilities, the response to the recent bioterrorism attacks via the mail have highlighted areas in our Federal and local public health infrastructure which are urgently in need of improvement.

We are all concerned about the safety of the mail, Postal workers and the American public. Our 2-day hearing is reviewing the government's response to the criminal use of the mails and how this new threat has impacted Postal operations. Today we will learn how the public health sector reacted to the spread of anthrax through the mail and explore where we need to go from here.

The recent anthrax events underscore the need for new detection methods and information-gathering systems. I recently introduced two separate but related bills that address the crucial issue of our national preparedness for acts of bioterrorism. S. 1560, the Biological Agent Environment Detection Act, authorizes appropriations totalling $40 million to support research and development of technologies to detect organisms in the air, water and food that cause disease in humans, livestock, and crops. My proposal mirrors the President's request of $40 million to support early detection surveillance to identify potential bioterrorism agents. As we have learned from the events of the past few weeks, there is a critical need to increase funding for research and development of new technologies to detect the use of biological weapons against this Nation.

My other bill, S. 1561, introduced with Senator Rockefeller, authorizes additional funds to develop training programs with community health care providers. We need to enhance the cooperation between critical elements of our health care system included in the National Medical Disaster System. These increased funds will support expanded use of existing telecommunication systems, implement a telemedicine training program for VA staff and their community public health counterparts. Remote regions of our Nation need the assurance that local public health responders will have the training and information they need to protect and treat citizens in instances of biological terrorism.

The Postal Service has safely delivered the Nation's mail over 200 years. Prior to last month the Postal Service averaged 80 anthrax threats a year. Until now there had never been a real case of anthrax transmitted through the U.S. mail. The Postal Service has never had to deal with toxic contamination like this before. Their knowledge of the impact of these attacks and their responses reflect the guidance they receive from the CDC and other public health officials.

Mr. Chairman, since September 11, the Postal Service has delivered more than 15 billion pieces of mail. The Postal Service is working with its employees, who know that they are at ground zero of this assault on America. The more than 800,000 Postal employees deserve our gratitude and our thanks.

I would also like to acknowledge the tremendous work carried out by all the scientists, technicians, public health officers, HAZMAT units, environmental remediation specialists, and medical personnel, who are responding to these unprecedented attacks. We all have to be vigilant. If something in the mail makes you suspicious, do not open it. Do not check it, bump it or smell it. Wash your hands with soap and water and call 911. Law enforcement officials will respond.

I must tell you last week that happened to me. I received a letter, did not know the name, and it was handwritten. I put it into a cellophane bag and followed the criteria that is used, and I was commended for that. And I got a copy of the letter that came to me. And it was from a school, and the school was asking me for my photograph. [Laughter.]

Again, Mr. Chairman, I would like to thank you for convening today's hearing and our witnesses for taking the time to be with us today. Thank you very much.

Chairman LIEBERMAN. Thanks, Senator Akaka.

We thank our two colleagues, who have been especially interested in these matters, for being here. Senator Wellstone, why do you not go first?

TESTIMONY OF HON. PAUL D. WELLSTONE,[1] A U.S. SENATOR FROM THE STATE OF MINNESOTA

Senator WELLSTONE. Thank you, Mr. Chairman. You have a full schedule, so I will be very brief. Let me thank you and Senator Akaka, and Senators Cleland, Dayton, and Thompson for inviting me to be here with you.

I wanted to say to Senator Thompson, listening to him speak, that sometimes we do not want to know what we do not know, and I think that is part of what we have to deal with as well.

I commend you for holding the hearings. As chair of the Subcommittee on Employment, Safety and Training, I am concerned about the adequacy of workplace safety measures being taken to protect the well being of Postal workers, and indeed the public as a whole, as we face these recent anthrax attacks. This hearing could not come at a more important time.

Earlier this week Senator Dayton and I hosted several meetings in Minnesota with Postal workers, managers and State public

[1] The prepared statement of Senator Wellstone appears in the Appendix on page 157.

health officials about issues and concerns in the face of the recent anthrax attacks, I have to say, Mr. Chairman, that this may be gratuitous, but I would recommend—Mark and I were talking about this—that everybody do this back home. It is incredible. The Postal workers just were so pleased. I would have thought it was a given. They were just so pleased that we wanted to meet with them. That is the way they feel right now, and you learn an awful lot from people who really understand these issues because they are right there at the workplace, so I would recommend that.

I want to share these concerns with you and hope that the Committee can address them. I also believe that our current response to the anthrax attack to the mail system presents a microcosm of workplace health and safety concerns about adequate responses to acts of bioterrorism or threatened acts of bioterrorism in general. So again, what you are doing here today is extremely important.

The workers that Senator Dayton and I met with are in a very stressful situation. Indeed, they are the front-line soldiers in dealing with this latest act of terrorism. I think we all know that. They are shouldering their responsibilities proudly, and despite their fears, they are getting up every day to serve their country and the public by processing and delivering the mail. We, as a Nation, should be very grateful to them for that.

Here are some of the concerns that we heard at the hearing that I want to share with you. Medical and testing protocols. In Minnesota there appears to be confusion about who should be tested for possible exposure to anthrax, who should do that testing, who should pay for that testing, and when particular work places should be tested. When a worker encounters a substance that looks suspicious, that worker either wants to be tested or wants the substance to be tested. That is totally understandable. I recognize that there are a large number of false alarms, and I am told that since September 11 there have been at least 5,400 anthrax threats. But there are also reports of new "hot spots" every day. I would urge that protocols developed by the Postal Service, in consultation with the Centers for Disease Control, take into account the human and psychological toll on these public servants who are under incredible stress. We need to do whatever we can, reasonably, to ease their fears.

Second, communications. Related to the above concerns, we also heard that there was confusion about protocols and practices. Sometimes workers received different answers to the same questions. Sometimes they felt they were not given all the answers. This seems to mirror some of the confusion we have been experiencing at the national level as well. I know these are trying times, and I certainly do not question the hard work or the sincere intentions of everyone who is trying to deal with this horrible scourge, but it does seem that in dealing with a public health crisis, clear lines of responsibility and absolute candor are imperative.

Third, worker involvement. We are also hearing about the importance of involving workers—Mark and I heard this all the time—and their representatives in determining how best to respond to the latest threats. Front line workers best understand the procedures, equipment and the like that potentially place them and oth-

ers at risk. Their voices need to be in the mix as risks are assessed and responses are planned.

Let me give you an example. Minnesota is home to one of three so-called "mail recovery centers."

By the way, Mark, I do not know about you, I had no knowledge of this until we met with these employees.

What are mail recovery centers? These are the centers that handle mail and packages that have incorrect or incomplete addresses, lack return addresses, have contents that have become separated from the main bulk of the letter, or for some other reason cannot be delivered. In other words, these are packages that fit the profile of what might be considered suspicious. And the Minnesota Center receives 100,000 of these very day. It was not until Monday, after our meetings with the Postal workers and managers, that we heard that this Center would undergo environmental testing.

I am pleased that this decision has been made, but I also think it is a useful case in point. If we involve workers up front in risk assessments and decisions about how to respond, we will inevitably make better decisions.

Two final quick points. Efficacy of preventative approaches. As you know, the Centers for Disease Control has issued guidelines for the use of protective masks and gloves for Postal workers deemed to be at risk. During our meetings, we heard some skepticism about the efficacy of these measures. My understanding is that you will have representatives of the Centers for Disease Control here today, and I urge you to question these witnesses closely about these measures.

Training. There seemed to be large understandable gaps in workers' and managers' understanding about how to respond to acts or threatened acts of bioterrorism. Training on effective responses would seem to be in order. Such training might be delivered through unions, local health entities or other local agencies. My understanding is that Postal workers have asked specifically for training in how to use the masks or respirators recommended by the CDC. As you consider the resources necessary to respond to the recent anthrax attacks, I urge you to consider the need for "best practice training" for managers and for workers.

Again, Mr. Chairman, I commend you for holding these hearings, and I look forward to working with you and my colleagues, Democrats and Republicans, on critical workplace health and safety issues. I thank the Committee.

Chairman LIEBERMAN. Senator Wellstone, thank you very much. That was an excellent statement which is very helpful to this Committee as we both fulfill our responsibility of specific oversight over the Postal Service, which is given to the Committee, but also our general governmental oversight to try to improve the way in which our government is responding to these new challenges.

Senator Clinton, you have been very actively and thoughtfully involved, I know, in these matters. I thank you for being with us today, and I look forward to your testimony.

TESTIMONY OF HON. HILLARY RODHAM CLINTON, A U.S. SENATOR FROM THE STATE OF NEW YORK

Senator CLINTON. Thank you very much, Mr. Chairman, and I thank you and the Members for holding these hearings.

And I want to associate myself completely with my colleague, Senator Wellstone's comments. I think he has very well summarized some of the concerns that I bring to you, and I will not be repetitive, but I have had the same experience that he and Senator Dayton have had in talking with Postal workers, talking with people who are responsible for their safety, as well as the Postmaster General, CDC officials.

And I think everyone recognizes that we are on a very steep learning curve, but our Postal workers are on the front lines of this battle against bioterrorism, and I think we have to move expeditiously to give them the protection, the protocols, the training and the assistance that they need.

I want to express my personal sympathies to the families of Joseph Curseen and Thomas Morris, who were the first of our Postal workers who died from anthrax inhalation. And once again New York is at the center of this battle. We just learned that the woman, Kathy Nguyen, who had suffered from inhalation anthrax, has just passed away. So now we have even more questions to ask about how did this woman, who so far as we know, did not work in the mail room directly, did not handle mail, contract this disease?

I want particularly to focus on the situation in New York. Last week anthrax was found on four high-speed sorting machines at New York City's largest mail distribution center, Morgan Station in Manhattan, which processes 20 million pieces of mail a day. The reasons or science behind the Postal Service's decision to keep the Morgan facility open were not immediately clear, and workers were left to wonder how safe was it for them to go into this facility, while we knew anthrax was present on machines that had been used, when the machines themselves were shut down for cleaning, but the area where the machines were found was not quarantined or in any way sealed off the way that we are now finding is done in other settings, and the workers were left with a lot of questions.

In speaking with Postal officials, I and my staff determined that they were doing what they thought was in the best interest of their workers, of course. They had consulted with CDC, but the absence of protocols, which are certainly a moving target because we know more today than we did last week or the week before, meant that the Postal Service was pretty much flying on their own. They were being asked to devise their own protocols in consultation with CDC experts.

We have to reestablish confidence that the guidance health officials provide Postal workers is up to date and the best practice we know at the time. Federal health officials need to make clear that their response is based solely on science and not on where those buildings are located or who works in them. I heard from many people that there was a deep concern about frankly shutting down this facility, which is at the heart of a massive mail distribution system in New York City. But I believe that everyone has to recognize that the health of our people, the health of our workers has

to come first, and the inconvenience that comes from shutting down a facility is just something we have to live with until we understand how to prevent the anthrax from being present and hurting any of our workers.

I strongly urge that we provide the kind of meetings and town hall sessions that Mark and Paul did on their own in Minnesota, that the Postal Service held in New Jersey to address customers' and employees' questions, that Eleanor Holmes Norton did here in Washington. And last week I wrote to the Postal Service and the CDC, asking that they hold such a meeting in New York.

Now, the media conveys a lot of good information, but it is sometimes contradictory and difficult for a lay person to follow. We also need a single spokesperson for our Nation on this issue. I strongly believe that we ought to do that immediately. I know a number of us have raised that with Secretary Thompson and others. I am pleased to see Dr. Fauci, with whom I worked in the past on AIDS related work out there speaking, but we need a credible, reliable, candid, reassuring, medical scientist spokesperson. And I think that would go a long way toward easing a lot of the anxiety and answering a lot of the questions.

Second, I have also called for a standard protocol for responding to the discovery of anthrax in Federal buildings, from the halls of Congress to post offices. Each site where anthrax is found should be treated with the same urgency under the same protocol to prevent further exposure as every other site.

Now, although the forms and potency of the anthrax may vary, in order to be vigilant, our response should not. And I think we have to exercise the maximum caution. Again, I reiterate that we are learning as we go, but what we know today has to be immediately applied. Otherwise, we put our Postal workers, our citizens at risk.

I believe that the dialogue which is now taking place, and in large measure thanks to this Committee expediting it, is crucial, but we are going to need money to respond to these demands. It is not just good enough for people to come and testify and express their concerns.

I recently visited a Lockheed Martin facility in New York that is engaged in automating the mail handling and distribution, but is also under discussions with the Postal Service to see how we could create technological sensors and scanners to try to prevent the anthrax or any other biological or chemical agent from ever getting into our distribution system, from ever getting into the sorting machines where they can be pressed, possibly releasing whatever the agent is.

I urge very strongly that before the Congress leaves this year we take steps to give the Postal Service the resources it needs to immediately do what is required, and it is much more than buying masks and gloves. I mean there are even scientific experts who say that that is not the best way to proceed. So we have to look across the board at the Postal Service's needs and try to fund them.

Finally, Mr. Chairman, as we look at this, we know that we have to keep two, what seems to be contradictory thoughts in each of our minds. On the one hand we do have to be aware of the potential dangers that we face. We have to be alert and more vigilant. On

the other hand, we cannot give in to fear which is the most contagious agent around and we have to stand against it. The best way to do that is what you are doing so long as what you are finding out today is followed by action with resources to act on the recommendations you will be making. We have to send a clear message to Postal workers and citizens, that our government is not only listening, but acting.

And I appreciate greatly the willingness of this Committee to focus on this important issue, and I look forward to supporting the recommendations that you will come forward with.

Chairman LIEBERMAN. Thanks, Senator Clinton, for a very informed, thoughtful and constructive statement. I will share with you we had a very important dialog with the Postmaster General here, where he said that the USPS is putting together basically a budget request, a supplemental budget request, and there was quite strong bipartisan support from Members of the Committee wanting to do whatever we could to make this right. So, thank you very much. We look forward to working with both of you, wish you a good day.

Senator DAYTON. Mr. Chairman.

Chairman LIEBERMAN. Yes, Senator Dayton.

OOPENING STATEMENT OF SENATOR DAYTON

Senator DAYTON. If I may just add just briefly, thank you very much, and I want to commend you for these hearings as well, and I want to commend both of my colleagues. Senator Clinton and Senator Wellstone, I know, have been really in the forefront of personal involvement in these concerns.

And just to pick up on one incident which Senator Wellstone and I heard several times, so I think it is not unique to Minnesota, and it ties in with what Senator Clinton said about not sparing cost in these urgent matters. We had a number of Postal workers who thought they had been exposed, who called the Postal Service. They were told because it is a part-time medical clinic, partially staffed, in Minnesota, Minneapolis-St. Paul, to call their private health provider. They identified themselves as Postal workers, at which point the private health care, the HMO said, "We do not do this kind of testing." And the concern was the impression the employees received was that this was because the HMOs did not want to incur a cost that might, if it were a workplace incident, be covered under Federal Worker's Comp. In fact, one case, they were told to call the Minnesota Department of Health, who did the testing, which was erroneous information.

So I would like to put the Postal Service on alert that their responsibility is to make sure all of their workers have access to immediate testing, which we have learned is crucial to the identification and possible treatment of this disease. Second, that private health care providers who are trying to shirk their responsibilities to provide immediate care, I think are reprehensible and it ought to be illegal. And third, that we need to have, as both of these Senators have said, a coordinated protocol so that everybody knows they can get immediate attention and the right information the first time on one phone call. Thank you.

Chairman LIEBERMAN. Well said. Thank you. Thank you, our Senate colleagues.

We will now call the second panel to the table, Dr. Mitchell Cohen, who is the Director, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases at the Centers for Disease Control and Prevention; Raymond Decker, Director of Defense Capabilities and Management Team at the U.S. General Accounting Office; Major General John S. Parker, Commanding General, U.S. Army Medical Research and Materiel Command in Fort Detrick; and Dr. Ivan Walks, Director of the District of Columbia Department of Health.

We are very appreciative of the presence of the four of you. We are particularly appreciative because we know that you are active participants in the response to the crisis we are facing, and at the same time we need to hear from you so you can help us be more informed and constructive in our own response. We are trying to make sure that the name plates coincide with the people. [Laughter.]

But you have all become so well known to us in the last several weeks that I think even without the written names in front of you, we know who you are. Again, we thank you for being here.

And I suppose what Senator Thompson said is perhaps what—I hope it is encouraging to witnesses, but I share his sentiment, which is that there is a natural tendency at a time that is unsettling, such as the one we are in, frightening for many, to turn to experts and want exact answers. And yet, the more we go on with this, I think we appreciate that to some of the questions, even the experts do not have answers yet. And therefore the best answer is probably "We don't know yet." That is the best way to maintain I think our credibility and our sense of working together to find the answers and respond appropriately.

So with that, what might be called invocation, I will start with Dr. Mitchell Cohen.

TESTIMONY OF MITCHELL L. COHEN, M.D.,[1] DIRECTOR, DIVISION OF BACTERIAL AND MYCOTIC DISEASES, NATIONAL CENTER FOR INFECTIOUS DISEASES, CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. COHEN. Good morning. Chairman Lieberman and Senator Thompson, I want to first thank you for inviting me to participate today. I have provided a written statement for the record. As you mentioned, I am the Director of the Division of Bacterial and Mycotic Diseases at the Centers for Disease Control and Prevention.

Our responsibilities deal with very broad areas that deal with these organisms, including organisms such as anthrax, and involve laboratory work, epidemiologic investigations, and prevention. We have been actively involved in all of the investigations that have been going forward, as with many other people at CDC.

Let me just cut it short and say that I would be very pleased to answer any questions that you have.

[1] The prepared statement of Dr. Cohen appears in the Appendix on page 160.

Chairman LIEBERMAN. Thanks, Dr. Cohen. That was shocking brevity. [Laughter.]

And we have a lot of questions for you, so we look forward to the question and answer.

General Parker, do not be constrained by Dr. Cohen's brevity. Go right ahead.

MAJOR GENERAL JOHN S. PARKER,[1] COMMANDING GENERAL, U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND AND FORT DETRICK

General PARKER. Good morning, Mr. Chairman, and other distinguished Members of this Committee and the Subcommittee. Thank you for the invitation to testify before you today in this important matter.

My name is Major General John S. Parker, and I represent the outstanding scientists and professionals of the U.S. Army Medical Research and Materiel Command, and my biocontainment laboratory, the U.S. Army Medical Research Institute of Infectious Diseases, also known as USAMRIID.

USAMRIID's mission is to develop the medical products, strategies, procedures, information and training for medical defense of our service members against biological warfare and endemic infectious diseases that require biocontainment. In recent years this mission has expanded to include helping defend our Nation against biological terrorism.

Since September 11, USAMRIID has been fully engaged in supporting the Department of Defense, Federal Bureau of Investigation, Health and Human Services, Congress, and the interagency community with round-the-clock, cutting edge reference diagnostic capabilities. A large number of samples have been processed, requiring over 31,750 laboratory assays. The results of these tests are reported to our customers upon full confirmation of the laboratory findings.

I am here today to discuss USAMRIID's support to the FBI in analyzing the powdery material contained in the letter sent to Senator Daschle. I present the following timeline to document the chronology of our response.

On the afternoon of October 15, USAMRIID received samples from the Federal Bureau of Investigation and the Capitol Police, which included letters addressed to Senator Daschle. The initial observation of the material in one of the letters performed under biosafety level three containment conditions, revealed a fine, light tan powder that was easily dispersed into the air. Preliminary laboratory results including polymerase chain reaction and fluorescent antibody stain indicated Bacillus anthracis spores. USAMRIID reported to the Federal Bureau of Investigation on the afternoon of October 15 the preliminary results indicating that the material was anthrax spores. Further, one of our technicians and scientists made a statement that this material grossly had some attributes consistent with "weaponized" anthrax. On the evening of October 15, USAMRIID completed the initial battery of confirmatory tests, verifying positive results for anthrax. This additional information

[1] The prepared statement of General Parker appears in the Appendix on page 174.

was relayed to the FBI that evening and was subsequently reiterated to the Federal Bureau of Investigation and others in an interagency conference call on the morning of October 16. At that time USAMRIID revisited the term "weaponized" and decided terms "professionally done" and "energetic" as more appropriate descriptions in lieu of any real familiarity with weaponized materials.

On October 16 USAMRIID began to examine the sample further via transmission electron microscopy. Initial transmission electron microscopal analysis was performed on hydrated powder. This study revealed that the material was comprised solely of a high concentration of spores without debris or vegetative forms, suggesting that this material was refined or processed.

USAMRIID participated in an interagency conference call on the morning of October 17, updating participants on the results of the antibiotic susceptibility profile. Statistical analyses for the spore dimensions from the transmission electron micrographs were begun on October 17. On the same day, USAMRIID provided the Federal Bureau of Investigation samples of the powder from the Daschle letter to send to another laboratory for further analysis of that material beyond our capabilities. The results from the transmission electron microscopy of the hydrated powder were reported to the interagency phone conference by October 18.

On October 17, I briefed the full Senate Caucus, Senator Daschle's staff and the assembled Senate staff, in addition to participating in a news conference with Senators Daschle and Lott, on the preliminary characterization of the sample.

USAMRIID next began investigating the dry powder on October 18 by scanning electron microscopy. This method revealed particle aggregates of varying sizes, comprised solely of spores without a visible binding matrix. The material seen under the scanning electron microscope ranged in size from single spores to aggregates of spores up to 100 microns or more in diameter. These spores within the aggregate were uniform in appearance. The aggregates had a propensity to pulverize. We first relayed these observations to our customer, the FBI, on the evening of October 19. A written progress report was hand carried to the FBI on October 22 for a discussion of the USAMRIID data in comparison with that of other laboratories contributing to the ongoing analysis and investigation. USAMRIID's data were briefed to the Secretary of Health and Human Services on October 23 at his request, in my presence.

USAMRIID continues to support the Federal Bureau of Investigation in the ongoing investigation and any related analysis we can perform with our biocontainment capability and scientific expertise. We are proud to be an integral component in our Nation's defense and response to this tragic situation. I am especially grateful for the opportunity to address this august body today. I am now ready for your questions.

Chairman LIEBERMAN. Thanks, General Parker. That was a very important statement, very significant in a few regards. I myself learned some things that I did not know before, and I look forward to asking you some questions about them.

Mr. Decker, thanks again for being with us. We appreciate the GAO's assistance in this as in almost everything else this Committee does.

TESTIMONY OF RAYMOND J. DECKER,[1] DIRECTOR, DEFENSE CAPABILITIES AND MANAGEMENT, U.S. GENERAL ACCOUNTING OFFICE

Mr. DECKER. Thank you, Mr. Chairman.

Mr. Chairman, Senator Thompson and Members of the Committee, I am pleased to be here today to participate in this hearing on the security of the U.S. mail and Postal workers. As requested, my testimony will focus on the work we have done at GAO over the past 5 years on combatting terrorism and our recommendations advocating a risk management approach for these efforts. Our body of work includes over 60 products based on information gleaned from a range of sources to include Federal departments and agencies, State and local governments, foreign governments, and private entities.

Although today's discussion will center on these current anthrax crises, my statement will offer a longer more strategic view to help guide our Nation's leaders, senior officials, and others who must make key decisions which link resources with prioritized efforts to achieve meaningful results.

The events of the last 8 weeks and the long-term aspects of our national engagement to combat terrorism highlight the need for effective near- and long-term actions at all levels of government, as well as in the private sector. The designation of a focal point within the Executive Office of the President to lead the Office of Homeland Security is a positive step. As Governor Ridge and his team begin to craft a national strategy to effectively prepare the Nation against future attacks, we believe a sound risk management approach is essential to underpin decisions which identify requirements, set priorities, direct actions and allocate resources.

Risk management is a balanced, systematic and analytical process to evaluate the likelihood that a threat will endanger an asset and identify actions which reduce the risk and mitigate the consequences of an attack or event. Mr. Chairman, an asset may be a physical structure, an individual or a group of individuals, or an important mission or function.

A good risk management approach should have three key elements: Threat assessments, vulnerability assessments, and criticality assessments. Allow me to briefly discuss each assessment.

A threat assessment is an important process that identifies and evaluates threats using various factors such as capability intention, past activity, and the potential impact of an attack or event. At the national level, the Central Intelligence Agency and other agencies of the intelligence community are responsible for those assessments that involve international terrorist threats. The FBI, on the other hand, gathers information and assesses the threat posed by domestic sources of terrorism.

In 1999 and again in our most recent report of September 20, on combatting terrorism, we recommended that the FBI prepare a formal intelligence assessment of the chemical and biological agents that could be used by domestic terrorists without the assistance or support of a foreign entity. The FBI concurred, and expected to issue the assessment in December this year.

[1] The prepared statement of Mr. Decker appears in the Appendix on page 178.

Additionally, we recommended that the FBI produce a national level threat assessment, utilizing intelligence estimates and input from the intelligence community and others to form the basis for and to prioritize programs developed to combat terrorism, to include weapons of mass destruction. The FBI concurred, and expected to complete this classified study later this month.

Mr. Chairman, the original dates the FBI provided us were before the September 11 incident. In recent contact the Bureau has stated that these assessments are being reviewed, and their work will be delayed.

The vulnerability assessment, which is the second key component, identifies weaknesses in physical structures, security systems, plans, procedures and other areas that could be exploited, and suggest options to eliminate or mitigate those weaknesses. For example, a common physical vulnerability is the close proximity of parking areas near a building or structure, with the obvious concern about a vehicle that may be laden with explosives. Jersey barriers and other mechanisms to increase the standoff distance—and that is the distance between the vehicle, a potential explosive device—and a building is increased between the building and the vehicle. It might be one possible solution to this particular problems.

Normally a multidisciplinary team of experts in engineering, security, information systems and other areas perform vulnerability assessments. Teams within an organization can perform these assessments, which is the case by several of the major agencies in the government, Department of Defense in particular. In a 1998 GAO combatting terrorism report, we noted that a major multinational oil company uses this exact approach to better assess its overseas facilities' vulnerabilities. And when they look at these vulnerabilities, sir, they look at some that could be affected by a natural event like a hurricane, tornado, or a typhoon, and others that are manmade that may be terrorism, civil unrest, and general criminal activity.

The third component, criticality assessments, are designed to identify which assessments are most important to an organization's mission or represent a significant target which merit enhanced protection. For example, nuclear power plants, key bridges, major computer networks, might be identified as critical assets based on national security or economic importance. A good example would be a sports stadium or a shopping center, when filled with people, might represent another critical asset. In this case some facilities might be critical at certain times and not at others. Typically, the affected organization or activity would perform its own criticality assessment. We note that the report of the Interagency Commission on Crime and Security in U.S. Seaports, issued late last year, stressed the need for these assessments in conjunction with threat and vulnerability assessments.

Simply stated, sir, one must know as much as possible about the threat, identify one's weaknesses to potential attacks or debilitating events, and determine which assets are most important and require special attention in order to make sound decisions on preparedness when leveraging limited resources.

One caveat about threat assessments. Our goal must be to understand threats and create assessments to guide our action. To

this end, there are continuous efforts within the government, the intelligence and law enforcement communities, to assess foreign and domestic threats to the Nation. However, even with these efforts, we may never have sufficient information on all threats. So there may be a tendency to use the worst-case scenario. Since worst-case scenarios focus on vulnerabilities, and there are unlimited vulnerabilities, as there are unlimited scenarios and possible contingencies, this would exhaust our resources.

Therefore, we believe that is essential that a careful balance involving all three assessments be used in preparing and protecting against threats, even if the threat assessment is considered less than satisfactory.

In summary, Mr. Chairman, threat, vulnerability and criticality assessments, when completed, evaluated and used together in a risk-based process, allow leaders and managers to make key decisions affecting planning and actions which will better prepare against potential terrorist attacks that may involve a wide range of weapons. If this risk management approach were universally adopted and applied by the Federal, State and local governments, and by other segments of our society, we could more effectively and more efficiently prepare an in-depth defense which might make future acts of terrorists more difficult to achieve their goal, but should we fail in preventing an attack or an event from happening, our preparedness might mitigate the impact of that attack.

Mr. Chairman, this concludes my statement. I would be pleased to answer any questions that the Committee might have.

Chairman LIEBERMAN. Thanks, Mr. Decker. A very helpful statement.

Dr. Walks, it is a pleasure to have you with us. Thanks for all your public service in recent weeks. We have watched you with admiration, and we look forward to your testimony now.

TESTIMONY OF IVAN C.A. WALKS, M.D.,[1] CHIEF HEALTH OFFICER OF THE DISTRICT OF COLUMBIA AND DIRECTOR, DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH (DOH), ACCOMPANIED BY DR. LARRY SIEGEL AND TED GORDON, SENIOR DEPUTIES, DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH (DOH)

Dr. WALKS. Thank you, sir. Good morning, Chairman Lieberman. Good morning, Mr. Stevens, Mr. Voinovich, Mr. Thompson, Mr. Akaka, and Mr. Cleland.

My name is Ivan Walks. I am the Chief Health Officer of the District of Columbia, and I direct the Department of Health, and it is an honor to be asked to come this morning and provide testimony. I am joined by my two senior deputies, Dr. Larry Siegel and Ted Gordon.

I would like to first start on behalf of Mayor Anthony Williams, by first saying that all of us here in the District of Columbia share the grief of the U.S. Postal Service over the loss of two of their own, two of our neighbors and fellow public servants. These deaths are tragic especially because they were deaths due to deliberate

[1] The prepared statement of Dr. Walks appears in the Appendix on page 192.

acts of terror. Our hearts and prayers go out to those families. They are the victims of evil.

I would like to start by setting a little context. The use of an infectious disease weapon places the providers of health care in the role of first responders. Our doctors, nurses and other providers have become our first line of defense. Dr. Hanfling, who was here this morning, exemplifies that, and is one of those new heroes that we have in a different kind of war. With anthrax we are facing a significant challenge that we, as a Nation, and as a society have never faced before. We are facing the results of a deliberate terrorist act by one or more individuals who are determined to deliberately harm and disrupt our lives and our society. The enemy can choose its time, its place and method. As such, we must predict and prepare. As we try to predict when, where and how, we must ensure that we are appropriately resourced.

The good news is the United States of America has the world's greatest laboratories and the world's greatest scientists. The bad news is that our public health infrastructure has been neglected. It is critically important to emphasize that we can only fight the terrorists by devoting the necessary resources now to training and equipping medical and public health personnel, and developing and delivering educational material to the public. As a Nation, we will need to develop a heightened sense of awareness of potential threats to the public health, and institute plans to mitigate them.

At the request of Senator Frist, who has worked closely with the Department of Health here in Washington, DC, a budget of $30 million to support our infrastructure here in the District was presented. Our needs reflect those of State and local health departments across the country.

For the last 5 years, the District of Columbia Department of Health has been planning for a bioterrorism event. On September 11, we activated our enhanced biosurveillance protocol. This means that we monitor daily emergency room presenting symptom logs. We sort of knew what came in and what it looked like. Our epidemiologists analyze that data in order to look for unusual clusters of suspicious illnesses. Further, on September 26, I sent an alert to all regional health care providers to move them in what I call a public health upgrade. We went from diagnosis reporting, which was federally mandated, things like Legionnaire's, tuberculosis, etc., to a symptom reporting paradigm. That alert included what those symptoms would look like. It notified hospitals and health care providers of warning signs and symptoms that might indicate an anthrax infection. We also submitted a biochem disaster, "Day 1," contingency plan to the Executive Office of the Mayor.

On Monday, October 15, we learned from watching television news that an envelope potentially containing anthrax had been opened in Senator Daschle's office in the Hart Senate Office Building. The FBI later confirmed that the letter's contents had tested positive for anthrax.

Sherry Adams, who directs our Office of Emergency Health, confirmed that report with the office of Dr. Eisold, the attending physician at the Capitol. At that time the incident was believed confined to the U.S. Capitol. I called, spoke with Dr. Eisold. He thanked me for my call, and assured me that their resources were

in place. However, because of our Department's bioterrorism plan, we assessed the potential threat to the larger community and we recognized our need for assistance. We called the Centers for Disease Control and Prevention Bioterrorism Office in Atlanta, Georgia. We asked them to send a technical support team to assist in epidemiological monitoring, surveillance and community outreach. We also asked for a national pharmaceutical stockpile advance team to give technical assistance. Finally, we requested a public health service officer from the Office of Emergency Preparedness to act as a liaison. The Federal Government approved all three requests. Those requests were made on October 15.

At 4:30 a.m. on October 16, Mrs. Adams was notified by Dr. Tracy Treadwell of the CDC that a virulent form of anthrax had been confirmed. The CDC technical assistance team arrived in our Department of Health offices by 8 a.m. that day. We briefed them about our Department's concerns and needs. Shortly thereafter the CDC deployed part of their team to work with Dr. Eisold on Capitol Hill.

I am going through this because I think it is important to understand that even from a local health department, when a call is made to the Federal jurisdiction, they responded immediately real time and they were there to work with us. I know a lot of heat has been taken by CDC, but I want to put on the record that when we called they responded immediately.

Other members of the CDC team remained to work with us at the Department of Health, assessing our biosurveillance protocols and activities in order to ensure the safety of District residents and visitors.

On Tuesday, October 16, I again made contact with the office of Dr. Eisold to discuss some concerns of our local hospitals. Folks were not wanting to go and line up. They were going to local hospitals. They wanted treatment there. They wanted testing there. The Capitol Hill team did a couple of things. They not only worked with Dr. Eisold, but they also made recommendations that the Department of Health should be included as planning went forward on Capitol Hill.

On Wednesday, October 17, Dr. Scott Lillibridge called the Department of Health and invited us to join a joint task force that was meeting in the Capitol Building. Dr. Larry Siegel represented our Department of Health at that meeting. The discussions on Wednesday included concerns about the path of the anthrax letter. As early as Wednesday, those discussions were ongoing. But the best science on Wednesday indicated that a sealed letter arriving at Senator Daschle's office would not pose a threat of inhaled anthrax to Postal workers. There was not a neglect on the part of the CDC of the Postal workers in our community. There was clearly an understanding that we found later not to be compatible with this form of anthrax that has been described.

On Thursday, October 18, the Postal Service, being proactive, called us. Dr. David Reed, the Medical Director for the U.S. Postal Service, called our Department of Health, and we entered into further conversation about the risk that might be apparent to Postal workers. Again, the recommendation from CDC, consistent with all the best science at that time, was that if there was a risk to those

Postal workers, it was a risk of cutaneous anthrax, it was not a risk of inhalation anthrax.

On October 19, we learned how horribly wrong all of the best science was. On Friday night, October 19, the experts, the heroes on the front line, Dr. Hanfling and the group at Inova Fairfax, called the Department of Health hotline that we had set up the previous Wednesday, and told us about what they called a suspicious case, looked like pulmonary anthrax. We followed that case closely with them and with the CDC, and did a couple of things. We knew that if this was in fact a case of confirmed inhalation anthrax, it would really change all of our preconceptions about this illness.

We worked with that joint task force. Senator Frist, a tremendous ally, wonderful leader, was with us in the room here in the Capitol in Jeri Thompson's office. We had Deputy Surgeon General Ken Moritsugo and a cast of other folks from the Federal Government working with local folks to do some planning. We could not afford to wait until we had a confirmatory test to plan. That Saturday we were here until late in the evening, and we decided if that test was positive what our behavior would be the next day.

Seven a.m. Sunday morning I got a call from Dr. Kabazz, the CDC lead, to tell me that test was confirmed positive. Within 5 hours Admiral Lawrence, Dr. Kanouse, the other folks on the Federal side had already deployed a team of doctors, nurses and pharmacists to the District of Columbia. In addition to that, Secretary of Health for the State of Maryland, Georges Benjamin, and the Commissioner of Health for the State of Virginia, Anne Peterson, both came to the District, and we had a joint press conference in the District to talk about our regional response to know what was a real threat, because by the time we had that press conference early Sunday afternoon, we knew a second person was ill and we already thought that there may be one death related to inhalation anthrax, and we had already begun to get calls about this difference in care that people on the Hill got versus people in town.

This became a tremendous concern of ours. We reacted quickly, and made sure that the folks from Brentwood, those Postal workers, got exactly the same care the folks on the Capitol got. The minute we understood, the minute the CDC understood there was a credible threat, everyone reacted as one, based on good planning and established relationships over those several previous days.

By October 21 and 22 we had those two deaths; they were confirmed. We now had four cases of inhalation anthrax contracted in a way that a week previous no one thought could occur. During those first 2 days we provided appropriate prophylactic care and testing for over 3,000 Postal workers. Senator Frist and his wife came and went through the facility to ensure that we were doing the job that he had planned with us that we would do.

During the next couple of days several things happened. I am going to try to summarize my testimony because it is detailed, and I want it to be detailed, but I also want to complete what I am trying to convey.

Chairman LIEBERMAN. Dr. Walks, please go on, but we will print your full statement in the record, so I appreciate the time that you took to prepare it.

Dr. WALKS. Thank you, sir. Please ignore the two typos I found while I was reading it. [Laughter.]

Chairman LIEBERMAN. I will.

Dr. WALKS. From Sunday to Monday one practical thing occurred. We had planned—we had this wonderful campus at D.C. General that was now available for what we call surge capacity. If we needed it, it was there. When we were ready to deploy on Sunday, we discovered something. RFK Stadium, two doors down, was having this thing with Michael Jackson and the Backstreet Boys and 50,000 people coming. We could not use D.C. General. We had a contingency plan. We went to One Judiciary Square, and in that large facility we were able to set up and do all of our work, then on Monday move over to D.C. General without missing a beat. That is a credit to the Office of Emergency Preparedness and those folks who worked with us and continue to work with us.

In the record there is a lot of detail about what that center looks like. I think that we have shown it works efficiently, and I really want to share that with folks because reinventing the wheel is not something we advocate and think people need to be able to do.

To summarize the last week, what we have experienced here in Washington, DC is a tremendous learning curve. We have watched some of the brightest people leave their homes, leave their families, come camp out with us. More than 85 CDC folks are camping out with us at our Department of Health. We have watched people make their best decisions they could, given all of the available science, and we have learned something. We have learned that people can be ahead of us on the science, and people can lose their lives. But we have learned something else. We have learned that the people on the front lines, the first responders in a biological attack of this kind, people like Dr. Hanfling and the folks at Inova Fairfax, when people come to them for care, they can go beyond the science, they can recognize, I know it should not look like this, but it looks like this. We have three people in hospitals now that 2 weeks ago we would have thought would not be alive. They are in the hospital. They continue to be stable, and they continue to receive excellent care, and they continue to prove every day that inhalation anthrax does not have to be a death sentence.

My message is twofold. One is that cooperation can lead to results that we can embrace. The second is this: I grew up in California. We learned to live with earthquakes. You cannot predict them. Sometimes they can kill people. People in the Midwest live with tornadoes. People in the Southeast live with hurricanes. There is something about emergency preparedness that needs to cut through all of the things we are talking about today. If you are going to be on the Metro, carry some comfortable shoes and a 10-ounce bottle of water. It can make a huge difference if there is an event and you have to walk any appreciable distance. In California kids in certain school districts bring a shoe box to school the first of the year. In that shoe box is their favorite nonperishable food, a flashlight, and a note from mom and dad that says something like, "Ivan, this is mom and dad. I know you can't leave school right now and we can't come to get you. Your teachers will take care of you. You will be OK. Do what they say until we can come."

There are some basic emergency preparedness messages that do two things. One is it gives people something to do. Cannot smell anthrax, cannot taste it, it gets you sick days after you have been exposed. The public cannot do anything with that. Those of us whose job it is to worry, we need to worry. And as I said earlier, when you do not know, say you do not know, so folks will believe you when you say what you do know. But on the other hand, by giving the public basic emergency preparedness stuff that they can do that is useful, people do not feel helpless, they are empowered to take some control of this new world in which we live, and I think we can all go forward with that spirit of preparedness, cooperation and real-time shared information. I think that real-time shared information is our best weapon in the fight against terrorism. It can comfort the public and allow us to work better together. Thank you.

Chairman LIEBERMAN. Thank you, Doctor. That was very impressive and very helpful testimony. And you declared a few people heroes, but I would give you a medal for being as proactive and as quickly proactive as you were in this matter, and also for exactly the themes that you struck at the end. I appreciate that.

Dr. WALKS. Thank you, sir.

Chairman LIEBERMAN. General Parker, I have said it before, we are going back over what happened in this unusual and unprecedented event to see if we can learn from it, and particularly from the view of this Committee, better coordinate government responses as all of you have said. What drew my attention in your statement, and here we were in the unusual position of not just being Senators on an oversight committee, but we were all part of this story insofar as we were involved with the letter of Senator Daschle, the closing of the buildings, etc. What drew my attention in your testimony, in trying to put this all together, was that on Monday, October 15, when the Daschle letter was opened and FBI was called in, they called you in, USAMRIID, and it was that day that—I will read from your testimony—USAMRIID reported to the FBI on the afternoon of October 15 that preliminary results indicating that the material was anthrax spores. Further, one of our technicians/scientists made a statement that this material grossly had some attributes consistent with "weaponized anthrax." And in the call on the morning of October 16, your agency, department, revisited the term "weaponized" and decided the terms "professionally done" and "energetic" were more appropriate descriptions in lieu of any real familiarity with weaponized materials.

This was a real source of concern to us on the Hill, because at an early point we were told this is pure stuff, in fact, that is why we are closing the building, and at another point we were reassured that it was indistinguishable from other anthrax found in other locations. I have to ask you the question whether the change in designation from "weaponized" to "professionally done" or "energetic" was requested of you by other governmental agencies or whether it was a determination that you made yourselves?

General PARKER. Sir, thank you for that question. We made that determination ourselves. The term "weaponization" has no real scientific or medical meaning, and it was an impression by a scientist that was shared to the FBI liaison office on October 15 when he

first saw the material. The anthrax spore was in fact an anthrax spore, and what we saw was that the sample from Senator Daschle's letter was very light and powdery and seemed to float in the air. And that had no connotation with anthrax that would be put on a projectile and sent somewhere as we think of a weapon.

But in the same context, sir, anthrax spores are not something that you put in everybody's letter, and in this particular case the anthrax spore was put in a letter and the letter was used as a missile, and it was—it had the grid coordinates on it for Senator Daschle. So in a way, that letter was weaponized with a deadly anthrax spore. But we found that a better characterization for that was that because of its purity and because of its lightness, we wanted to say that a professional had to have a hand in this, and that it was energetic, that perhaps someone knew something to be able to make it very powdery and stay in the air.

Chairman LIEBERMAN. OK. While I think we were somewhat confused here on the Hill, for example, by the various descriptions we were getting, I was interested to note that, Dr. Walks, you said that by October 16, which was the Tuesday morning, presumably from the conferences you had been involved in, you had concluded that this was, to quote the word you used in your testimony, "a virulent form of anthrax." So there was a sense within the public health community, now growing, that this was serious stuff, it was different. And in that sense, as you said, whether we are talking about a weapon as we conventionally understand it or a letter sent, this was potentially, certainly injurious and maybe deadly.

Now, to follow the trail that we started out on here in the Committee yesterday, which deals with the Postal Service, Postmaster General Potter testified to us that as he was following this, wondering who to call, he called CDC. And so my question to you, Dr. Cohen, and I do not know who was involved here, is whether at those early dates you were also informed or somebody at CDC was informed that this was virulent, different, capable of floating anthrax that was found in Senator Daschle's mail?

Dr. COHEN. Yes, and in fact, the function I have been serving while I have been in Washington has been a liaison to the FBI, so I actually participated in the call that occurred on the evening of October 15, where the observational information about this was provided to the FBI. I hosted a conference call with CDC in the wee hours of October 16 to share that information.

It was important to note that this was the first material that we had actually seen, so that the assumption was that any of the other cases that previously had occurred in Florida and New York, were caused by the same material. So many of the assumptions were based on those epidemiologic investigations of those previous outbreaks.

Chairman LIEBERMAN. So it is possible that when, I believe it was Governor Ridge at one point or whoever said it, said that this was indistinguishable from the other anthrax, we took that—and then somebody else said it was garden variety anthrax, we took that to be reassurance. Maybe it was not meant to be that.

But let me get to the point about the Postal Service. We come then to—I am jumping ahead a bit because my time is running out on this round—I believe it was on Thursday, October 18, that there

were traces of anthrax found in the mail room here in the Dirksen. And then it was that day that Postmaster General Potter initiated some environmental testing at the Brentwood facility. As I look back to yesterday's testimony, and he indicated that he made that judgment based on counsel from CDC. If we knew that this was anthrax capable of moving in the air because it was refined, and we concluded it was virulent in that sense, and we saw by Thursday, October 18, that it had appeared upstream in the mail stream at the Dirksen mail room—and I know hindsight is always clearer—my question is: Why was not the Post Office advised to close Brentwood and other facilities right away? Now, I do not know, and you probably know better, anthrax may have enough of a period where it has to develop in some way. I am thinking about those two people who died. If Brentwood had been closed on Thursday, October 18, might their lives have been saved? I do not know. Presumably they might have been infected with this quite a while before. Let us leave that aside for a moment. I would like you to come back. My question is why was not the Post Office advised to close Brentwood and all other facilities under their administration upstream after we knew what we knew on October 18?

Dr. COHEN. It was based on the information that was developed from the Florida and the New York investigations, where there was no evidence of risk to Postal workers. So the assumption was based on having observed this material and thinking that this was the same material that had been sent to AMI or the same material that had been used in New York. Plus, as Dr. Walks has pointed out, the assumption was also made that a sealed envelope would not be able to produce a large enough aerosol that would create the 8,000 to 50,000 spores that a person would need to become ill.

Chairman LIEBERMAN. That is all really common sense, and again this is hindsight, so I say it with real empathy for the difficulty of the questions that you were being asked. Once the traces were found in the Dirksen mail room, should that not have set off an alarm that something unusual was happening, that maybe it was possible for this stuff, the anthrax to get out of the packages or the envelopes and not just endanger people once the package was open?

Dr. COHEN. Well, what you have with an aerosol exposure, you have two parts to it. You have the spores that distribute and float around. Then you have smaller particles that fall out. And the larger particles that fall out, it has been thought that those larger particles pose much less of a risk to being re-aerosolized, so that the potential for small numbers of spores in an area to be a risk was thought primarily to be a risk to cutaneous disease, not to inhalational disease.

Chairman LIEBERMAN. My time is up, but just to conclude it, General Parker, do you have an opinion on the question I just asked about looking back whether Brentwood and the other mail facilities should have been closed after traces were found in the Dirksen mail room?

General PARKER. Senator Lieberman, I truly believe that even the terrorist in this event firmly believed that when he put that substance in that envelope that it would—and I do not want to describe the envelope because that may be part of the criminal inves-

tigation, but the way the envelope was prepared by that terrorist would give you the impression that the terrorist did not even believe that it would get out of that envelope and that it would arrive on Senator Daschle's desk. So the fact that the spores did in fact pass through porous areas in that envelope and create an aerosol that cause harm in this particular case, was maybe a fact too far for most of us, sir.

Chairman LIEBERMAN. Fair enough. I appreciate your answers very much to very difficult questions. Senator Thompson.

Senator THOMPSON. Did anyone see what I saw, in passing, this morning on television, where a person had a well-sealed envelope with talcum powder in it, and was doing it like this, and you could see it coming through the envelope. And I am told that the microns in that talcum powder are probably larger than some of the stuff that we are dealing with.

Now, I think the average person is going to ask, somewhere along the line, why, with the billions of dollars that we were already spending in these areas in terms of military preparedness, research and development, did that not occur to somebody. And the difficulty with what you say, Dr. Cohen, is that while surely you are correct in that the full situation did not present itself from the Florida and New York situation, when something like this happens, you cannot just depend on what happened with regard to the first part of the attack.

We are hopefully supposed to be able to depend on years of research and analysis to give us an understanding of the nature of these properties. I mean anthrax is not a new substance. That is why I find it difficult to understand why we know so remarkably little about its properties and uses, and so forth, which gets me to the military.

You would think that in preparing, as I understand what USAMRIID does in normal times, Major General, you would conduct research, and develop vaccines, drugs, and diagnoses in laboratories for field use by the military, basically in an effort to protect the military service members. You would come up with countermeasures. I think one would think that our preparation for military purposes would be somewhat advanced, but I get the impression from Senator Lieberman's line of questioning and your answers, that immediatly following the discovery of anthrax, you were going through a series of tests and developing information.

We were told, initially, that the anthrax was of weapons grade. And it was not just a matter of backing off that statement to say that it was "sophisticated" or whatever. We were also told that the anthrax was merely garden variety, which led us to believe that it was the opposite. Come to find out, both were true in terms of the nature of the substance. As I understand it, it was garden variety, but what had been done to it in the processing, was not a garden variety kind of situation. So, I know that you were being pounded with questions on a minute-by-minute basis. I take it that you were running tests during all of this time and coming up with additional understanding about what you were dealing with, and then giving us information as you went along. Is that what happened?

General PARKER. Senator, that is exactly right. We were trying to do the right studies, do the right research on the product to get

the right answers, and the demand for information, as you can well imagine, was pretty severe.

Senator THOMPSON. Well, my concern is that, what if our military personnel had been attacked? How many hours or days would we have had to analyze these properties and do these tests and conduct this debate and discussion that we have had with various pieces of information coming from various sources, and all of this? Clearly we are in trouble, from a military standpoint, if we are flying by the seat of our pants. I do not mean that in any derogatory manner, but I really am perplexed that we are not more knowledgeable right from the very beginning of a potential attack like this. And of course, now your constituency—I do not know if this has occurred to anybody over there, but it occurs to me, that your constituency now is not the military; it is everybody, because the likelihood of a State-sponsored attack on our military with this sort of stuff is probably low.

As I understand it, during the first Bush Administration, Saddam Hussein was told that if he used this sort of stuff on us, he and his whole country would be annihilated; and he backed off. As far as individual terrorists are concerned, I do not know if they are extremely likely to take on the military. I think civilians are more likely to be targeted nowadays for this kind of attack. That is just my opinion; something I assume that is being analyzed and discussed. But what is your read on this?

I would think that the CDC would be able to come to the military and get a quick read on a situation like this. I guess one of the questions is, is the relationship as it should be? Obviously, this was new; this is different, hindsight being 20/20, and all that. I do not mean to be overly critical, but we have a responsibility to ask the tough questions, and it looks to me like the CDC and the best that we have in our country, which I assume is the military organization that is responsible for this, nowadays especially ought to have total integration with regard to this issue. Do you share that opinion, and what is being done about that?

General PARKER. Senator Thompson, I more than share it. We have an active, and we have had a long and active relationship between the CDC and on all of my medical laboratories, actually, not just the USAMRIID. We engage in combating infectious disease and bioterrorism, and have actually a written agreement that says we are hand in hand on that, and we do joint experimental work both at the CDC and USAMRIID to solve problems, potential problems for this Nation.

Senator Thompson, I would like to say that I think the military posture is one that is very good. I think in the paradigm of bioterrorism or the use of weapons of mass destruction, the military has financed and looked at the use of biological weapons or chemical weapons on a battlefield scenario, and in recent years we have focused on the use of these terrible agents and biological weapons in a bioterrorist or an asymmetric way. And because of that, I think if you look at the programs, we have a very large program to develop detectors, we have a very large program to look at pretreatments and therapeutics for these things, and drugs and vaccines to prevent our service members from falling ill.

Senator THOMPSON. But now it is obvious, is it not?

General PARKER. And now it is the constituency of the United States of America that we are concerned about.

Senator THOMPSON. Exactly. Now we all see you have to integrate all of that into the public health system.

General PARKER. Yes, sir, and——

Senator THOMPSON. A big job.

General PARKER. It is a big job, sir.

Senator THOMPSON. But the battlefield now is the streets of New York and any other place in America.

General PARKER. Yes, sir. And the delivery means has become quite asymmetric, and that has added to the challenge.

Senator THOMPSON. I would think that the Congress and the administration are going to really have to address this and work together to see what the future should hold for the organization, how it might be redirected in some respects in light of what we know now. You have done excellent work and I am not being critical of you individually. You have put a good voice out there.

In finishing, I just want to commend Dr. Walks for what he has been doing over the last few weeks. We have all been watching. Your candor and reassurance are exactly what we need. I would personally hope that someday the whole Nation would get the benefit of your services, Dr. Walks. So thank you for what you are doing, too.

Dr. WALKS. Thank you, sir.

Chairman LIEBERMAN. Thank you, Senator Thompson. I hope you do not have to wait for the Thompson presidential administration for that to happen. Although that may be soon. I do not know. [Laughter.]

Senator THOMPSON. Do you really want to go there?

Chairman LIEBERMAN. No, I do not. Thank you, my dear friend and distinguished statesman. Senator Akaka.

Senator AKAKA. Mr. Chairman, I want to thank the panel for your comments. The possible use of anthrax as a biological weapon is not a new threat. In 1998, there was a series of bioterroristic threats of anthrax exposure through letters sent to health clinics. Although these letters were a hoax at that time, CDC said these threats required prompt action by health, law enforcement, and laboratory personnel. Coordination and communication across agencies are necessary to protect the public and first responders from credible biological warfare and bioterrorism agents such as anthrax.

I wish to remind all our public health officials in the Federal Government that prompt and immediate coordination is paramount. I echo Senator Clinton's remarks when she said we need a single credible medical professional speaking to the American public.

Dr. Cohen, last Friday our staff were briefed by the Postal Service that tests performed by URS Company, the contractor working in the Brentwood facility, were inconsistent with tests performed by workers from the CDC. Can you comment on the discrepancy between the results? And do the differences arise from different samples, from different testing methods, or from some other factor?

Dr. COHEN. I am not aware of those discrepancies. We would be happy to look into that and respond for the record.

Senator AKAKA. There were, but we certainly will want to hear from you on that.

Dr. COHEN. Certainly.

INFORMATION PROVIDED FOR THE RECORD BY DR. COHEN'S OFFICE

The URS contractor collected 29 samples around October 18 (Thursday) and 14 of these came back positive for *Bacillus anthracis* early the following week. (Brentwood Postal facility was closed on Sunday, October 21 based on the lab confirmation of the first patient with inhalational anthrax detected in DC). The URS samples were from the path of the Daschle letter (note related to where patients worked or a grid of the facility) but were mainly from DBCS 17 (where the sorting of the letter had occurred) and outgoing bins for government mail.

Later CDC samples also detected *B. anthracis,* but in a lower percentage of samples than this URS batch, which is not at all surprising since the samples were conducted in a much wider area.

A summary of the CDC testing can be found in the December 21, 2001 MMWR, Vol. 50, No. 50 (*http://www.cdc.gov/mmwr/preview/mmwrwrhtml/ mm5050a1.htm*) The full details of the CDC sampling found that 8/114 (7%) surface wipe samples were positive, including 4 positives from on and around DBCS 17 (which is consistent with there being positives near that sorter, as was found in the original sampling by URS).

Senator AKAKA. Dr. Walks, I thank you for your comments and for what you have done over the weeks now. We have an advantage in the current situation of knowing that there is a disease out there. You properly mentioned that we need to be prepared, we need to cooperate our efforts, and we need to communicate or share what we know.

Many bioterrorism scenarios do not have such a clear indication that an attack has occurred. New York City has a syndrome surveillance program in which data is collected on emergency room visits, on pharmacy purchases, on school absences, emergency service calls, and unusual deaths to quickly alert local and State authorities of a potential epidemic. Does Washington, DC have a syndrome surveillance program? If not, are there plans to implement one? And how would you coordinate such a program with public health departments in Maryland and Virginia?

Dr. WALKS. Yes, sir, we do have such a plan. We are growing it as we go. We are involving more people as we go. One of the things that I do want to mention, there are about 1,400 employees in the District of Columbia's Department of Health. Many of them are manning our hotline overnight and then going to their day jobs during the day. We are working very hard. We have that in place.

Beyond that, we have an improving relationship with our area hospitals. We have to depend on them. They are our first responders. There is a 10 a.m. conference call every day. I missed that this morning. I am going to pay for that. But they depend on myself, Dr. Siegel, and Dr. Richardson, to be on that call, share information real time. That call also includes the regional health officers in the neighboring counties in Maryland as well as in Virginia.

I have an advantage of personally knowing Dr. Georges Benjamin, the Secretary of Health for the State of Maryland, and personally knowing Dr. Peterson who is the health commissioner for the State of Virginia. Those relationships were really brought to bear on Sunday when we needed to present a regional coordinated public health response to a brand new threat. No one thought that this kind of thing could happen.

So yes, we have that kind of system in place. I think Baltimore also has something similar. A lot of public health departments across the country need the kinds of resources that we are asking for to put those kinds of systems in place, and also to man those systems. One of the challenges we have is that we have been told we can get equipment. But equipment without people does not allow you to really do your job. I think many public health departments around the country would echo the need for that equipment.

I think our hospital partners also need to be supported. We have private hospitals volunteering—one of our medical directors came on Sunday with his daughter asleep on his shoulder, to see what he could do to help. There is a tremendous medical community out there that really needs to be resourced. It used to be just police and fire. Now it is medical folks that are on the front lines.

Senator AKAKA. You are correct when you mention that there are problems in an emergency, as you mentioned, earthquakes, tornados or hurricanes, and how when that happens some people are turned away by HMOs or whatever. We need to put together a national criteria where——

Dr. WALKS. There is also another reason why you really need to have public health infrastructure. When you have something like we had, thousands of people who need to be protected first from this very horrible disease, they need to have a place to go. People are terrified, and there is a risk from everybody taking antibiotics. So if you have got people going to hospitals all over town getting antibiotics: Ivan Walks goes to Hospital 123. He gets his pills. He goes to Hospital XYZ; he gets his pills. He gives some to his neighbor. People have been selling Cipro on the Internet.

By having one location—and Dr. Eisold did this for the Capitol folks, and we did this for the other folks in the District—we can keep a good record. What if we learned something 2 days ago? The CDC is learning things real time. They are telling us real time. What if we learned something 2 days ago and we have to contact all of those people? One central database is a tremendous public health tool.

Senator AKAKA. Thank you for that.

General Parker, thank you so much for your almost daily briefings to the Senate and members of the Senate. That has been very helpful to us. You were quoted in yesterday's *Washington Post* as saying that you do not have a large amount of anthrax samples to test and that this is limiting your ability to determine its characteristics. Has this been limited further by giving some of your samples to the FBI for analysis at another lab? Or what tests could be done at this other facility that could not be done at your lab?

General PARKER. Senator, first of all, we have had four incidents and the amount of sample has been very limited among all four. But there is an absolute limit of sample so it has to be carefully used.

Our capabilities at USAMRID are such that we can identify and verify the organism, and we can do electron microscopy to do the sizing of the organism. But chemical characterization, typing of the organism is not within our current capabilities at USAMRID.

Our customer, the Federal Bureau of Investigation, was very interested in questions like, are these spores all of the same family

or strain? The expert in the country is Dr. Kiam at the University of Northern Arizona, and we sent our specimens—we know how to behave under the select agent rule and know how to package specimens so that we can move them from one institution to another. The Federal Bureau of Investigation asked us to move samples to northern Arizona for typing.

When we were very interested in perhaps what was mixed with the spores we—actually, before we moved spores for that type of identification, killed the spores, a small sample of them, by radiation at our laboratory, and then moved them to the Armed Forces Institute of Pathology where special x-ray diagnostics could be done on the sample to give us more information about the characterization of the substance.

So, sir, yes, we have our capabilities at USAMRID, but the greater picture is, we try not to duplicate or spend money on things that we know that there are experts in the country who we can reach out to and have the work done very, very well for us. They do that time and time again, so we are very happy with their answer, and we believe they have credibility with their answer. That is very important because the virtual laboratory is the type of laboratory we want for the 21st Century. We depend on the research and engineering expertise that this great Nation has, no matter where it is geographically.

Senator AKAKA. Thank you.

General PARKER. One sample was so small, the Brokaw sample, we had so little of it, and because it was part of a criminal investigation our customer, the Federal Bureau of Investigation asked us not to further analyze that because there is so little available for us.

But on the other two, the Daschle sample and the *New York Post* sample, we had sufficient material to send around and get better characterization. As of this time, we do not have any original sample from the Florida case, sir.

Senator AKAKA. Thank you. Thank you for your responses.

Chairman LIEBERMAN. Thanks, Senator Akaka. Senator Voinovich.

OPENING STATEMENT OF SENATOR VOINOVICH

Senator VOINOVICH. Thank you, Mr. Chairman. Yesterday we had the Postal officials in to talk about what we could do to protect our Postal workers, and to create an environment where they feel safe in processing the mail, and guaranteeing the public that they would not have to worry about their mail delivery. I mentioned that there is a lot of anxiety in the country.

I would like to just share with the Members of this Committee and the panelists, this is from the *Cleveland Plain Dealer* today: Across Northeast Ohio, Attacks of Anxiety. "The fear of anthrax is causing enough aghast in northeast Ohio to keep health officials and emergency crews responding to calls about anything that walks, talks, or acts like a potentially dangerous spore, from baby powder to bathrooms to doughnut crumbs. . . .

"We are told to watch for unfamiliar mail, to wash our hands, to tell our superiors about any suspicious package and substances. We watch news reports about the rising numbers of infections and ex-

posures in Washington, DC, Florida, and New York, New Jersey, and suddenly anything white and powdery, an extra stamp on a letter, envelopes from the bank machine are suspect."

This small county health commissioner says, "I think it is getting to the point of paranoia," blaming the media for exaggerating the threat. "We are wasting a lot of resources, time, and money."

It goes on, "When doctors, nurses, and hospital administrators spend much of their workday meeting and planning for bioterrorism and fielding anthrax related calls, it is expensive. When police, firefighters, hazardous material crews answer bogus emergency calls, it has a price. When businesses are temporarily evacuated, when companies beef up mailroom security, buy gloves and masks, and train workers on how to handle suspicious packages, it saps productivity.

"'This will cost the country tens, even hundreds of millions of dollars,' lamented Michael Fuer, chairman and chief executive officer of Office Max, which evacuated the mailroom in its Shaker Heights headquarters for 2 hours last week after receiving a suspicious UPS package that turned out to be harmless."

It goes on and says, "The appearance, anyway, that the government is wrestling with an opponent it really does not know much about has not helped allay fears."

I would like to take this out of who did what to whom, and look at the big picture. The big picture is, we have got to do something out there to allay the fears of the people in this country. We need to either remove them, or certainly lessen those fears and get things back on track so this does not do in our economy. We need to get good information out there.

Dr. Walks, I commend you. I am also the ranking member on the D.C. authorization committee. I think you are doing a great job. But we have to understand that we need to deal with this in a responsible fashion. Maybe I am looking at it from the point of view of an old mayor and a governor of a State. We need to have a plan that is in place.

First, I think we have to make it clear, and maybe the President ought to say it, that is the hoaxes have got to stop. This is no joke, and if you play that game, you are going to jail. We really need to get that out there, to stop that.

Then second of all, we need to have in place a system where people can handle this in a rational, understandable fashion.

Dr. Cohen, I would like to congratulate you. I know that you have been funding—I think you have got 11 States that you funded with competitive grants for technical assistance and to determine best practices. You were out in front on that issue of getting the States ready for something that could happen in the area of terrorism.

But the fact of the matter is that our State and local health departments are being overrun. The State of Ohio has 800 cases that have come in. They have got 300 that are still needing to be processed. Now those are probably minor ones that they do not feel are that important.

I looked at that web site on Ohio biological threat response, and I must say, it leaves something to be desired. There has got to be some information out there that people can understand. What tele-

phone number do I call? What is the process that we go through? So that they feel that if there is something, it is just going to be handled in a kind of a regimented way so they just feel good about life as it is. Keep going, and if something happens, pick up the phone. We know the number to call, somebody takes care of it and it is all worked out.

Senator Bayh and I, and several other former governors, have introduced the Bioterrorism Preparedness Act. I think we need to get some money out there right away to the States and the local communities to organize this in a better fashion. This bill calls for $5 million immediately to the States to get started, and then competitive grants for another $200 million.

Do we need to have local health departments with better lab facilities? Right now it usually gets down to the State, and then I do not know where you get involved, Dr. Cohen. But right now, in Ohio, it seems like all of the investigations are going to the State of Ohio, I think even with the FBI.

So I would just like you to comment about how can we improve this situation so that we get better information on the street. Can we do something about lessening the anxiety and putting an organizational plan in place that aids and gives people comfort that if something happens it is going to be taken care of in an efficient way?

Dr. COHEN. We do actually provide funding to all the States in some areas for bioterrorism, but I would completely agree about the need for additional funding.

The infrastructure in public health, as has been pointed out, has eroded over time, and in many of these diseases that are potential bioterrorism threats there has been attrition because those diseases were no longer naturally-occurring threats to the public health. Diseases like anthrax were much less of a problem, so there was a great deal of de-emphasis in public health in dealing with them. So there was a basic need for improving public health and there was a need as well for improving those areas around bioterrorism.

I think there is a variety of things that can be done. Obviously, rebuilding the public health infrastructure and building a new public health infrastructure in these areas are critical. But also information dissemination. I think part of what is critical in our response is the practitioners, the HAZMAT folks. We need to be able to provide more information to encourage that kind of surveillance.

We need education; education for professionals and for the general public. I think all of this will be very helpful in trying to put a true estimate on the risks that people face. So I think it is a multi-faceted approach, but I think we start with the infrastructure and then we move into various areas as well.

Senator VOINOVICH. How do we move rapidly, like in the next week or so, to calm the fears of the people in this country? It has already negatively affected our economy and our way of life. I was on the phone with the wife of a very good friend of mine last night at 11 and said, "Do not worry about anything. Let me worry about it. It is going to be fine." But they need some comfort right now.

How do we get that message across? Dr. Walks, you speak eloquently. I wish I could get you on TV, and have a national pro-

gram, and have them listen to you. We really need to do that. What are your thoughts about that? How do we get that message out to people?

Dr. WALKS. My good friend, Dr. Acter, the head of the American Public Health Association says the No. 1 question he is asked is, how can I know that my local health department is ready? I think we should give the resources to those local health departments to be ready. Our mayor is proactive. He wanted on his desk a Day One plan. What do you do? What does it look like, if something happens on Day One? We put that plan on his desk, and we had to implement that plan. I think it is important to have that.

If people know that their local health leaders know who to call, have a plan in place, protocols, procedures, policies, the surveillance that we talked about, those are things that give people comfort. You have got to be able to stand up in front of people and say, if the unthinkable happens—and we know it already has—this is what we will do. Let people know that you are prepared.

Senator VOINOVICH. Any other comments? I know my time is up. How would you do it on a national level? Should the President go on and talk about this, or how do we lessen peoples' fears?

Dr. COHEN. Again, I think that education, the many potential routes of education through leaders, through clinicians, through various media organization assessing what the true risk is. But again, encouraging people that they do have to be alert, because we are not talking about something that is natural, that has predictable patterns. But something that potentially is intentional and can change. So I think there has to be two components to the message.

Dr. WALKS. Can I just interject? I think that someone like the American Public Health Association can help us craft a single message. I think it is important for us to have a single message that people can respond to, that everyone can endorse, and then that one single message needs to get out.

Chairman LIEBERMAN. Thanks, Senator Voinovich. Important questions and good answers. Senator Cleland.

OPENING STATEMENT OF SENATOR CLELAND

Senator CLELAND. Thank you very much, Mr. Chairman. I will say that I have sat through hours of testimony on this issue, both as a member of the Armed Services Committee and a Member of this Committee, and I am now totally confused and somewhat bewildered. But as I look back at the studies of a terrorist attack on this country put on by Johns Hopkins, Dr. Tara O'Toole and others, called Dark Winter, another mock exercise called Top Officials, or TOPOFF, this confusion, this bureaucratic sense of chaos is all part of the norm. It was predicted in these two studies.

I do think we are in a bureaucratic snafu of the first order. That the right hand does not quite know exactly what the many other hands are doing. And in many ways, all hands are in the pie, but we are not sure, and not able to reassure the American public what the pie is.

I will say that I do not think I am the only one confused and bewildered. I think a lot of Americans are in the same position. I think the Postmaster General, in a statement yesterday before our

Committee, basically said the same thing. He said the different focuses of various law enforcement and health organizations occasionally resulted in parties speaking different languages. And he said, absent an established protocol, lines of authority could occasionally be unclear. That is an understatement if there ever was one.

Now I see why there is a lot of lack of clarity in terms of protocol. Under Presidential Decision Directive 39 of September 2001, the Department of Justice, a law enforcement agency, acting through the FBI, is designated as the overall lead Federal agency for all domestic terrorism incidents. And under Executive Order 13–228 of October 8, 2001, the Assistant to the President for Homeland Security shall be the individual primarily responsible for coordinating domestic response efforts of all departments and agencies in the event of an imminent terrorist threat.

It is interesting too, I asked the Postmaster General yesterday what he thought his line of communication was. He said Tom Ridge, homeland defense person. I said, if another anthrax attack broke out, who would you go to? He said Secretary Thompson. All of a sudden he was already out of his chain of command.

Now we have the Congress in the Public Health Service Act and the Public Health Threats and Emergencies Act passed last year authorized the CDC—not a law enforcement agency, but a public health agency—authorized the CDC through the Secretary of HHS, to direct the national response to bioterrorism.

Here we have got the Executive Branch designating two folks, and we have got the Congress designating the public health operation and CDC becomes the lead dog. CDC is to take such action as may be appropriate to respond to the public health emergency, including conducting and supporting investigations into the cause, treatment, or prevention of a disease.

We are split as a government. So neither through statute, regulations, executive orders, or past practice is there a clear protocol.

The procedure followed at Brentwood is perfectly consistent with current statute and regulation, but was confusing, and the confusion had deadly consequences. For instance, my understanding, Dr. Cohen, having visited the CDC and talked with Jeffrey Copeland down there, the CDC got into, or the public health segment got into the anthrax issue in Florida almost by accident in the sense that a doctor on the scene thought, I have never seen this before, but maybe . . .

He called the public health entity in the State of Florida in Jacksonville. He did not call the FBI, and there was no homeland security person in the White House. He called his public health entity in Jacksonville. And in Jacksonville, the person he talked to had just gone through a CDC course on anthrax. He touched base with the CDC, and within hours, 3:30 in the morning, CDC in the public health chain confirmed it was anthrax.

One of the questions I would like to ask you as I finish my statement here is, in effect, when did you become aware of the virulent nature of the so-called Daschle letter version of anthrax since that anthrax was not sent to the CDC. That was sent to Fort Detrick, Maryland to an Army entity. Then the Brentwood facility tested their own operation through a private contractor which went to a

Navy lab. So we have got three different entities here all testing anthrax and not particularly in touch with one another, I am afraid.

I think that it is important that we make sure that the proper role of law enforcement as led by the FBI is there. What is their role? To identify the perpetrators and bring them to justice. I think they have their role. But in matters of weapons of mass destruction such as a biochemical attack that threatens lives and public health, I think the priority, the lead role ought to be taken by the CDC.

In my opinion, clear authority for the CDC and the HHS to take the lead role with public health authorities like Dr. Walks and others to direct timely and effective response by other government agencies and the public is crucial. With this authority, I think Congress must give the CDC the needed funding to train the epidemiologists, secure the safety of laboratories, provide adequate and timely pharmaceuticals, and maybe most important, provide to the public credible information: Tell the truth. That has come out—Dr. Tara O'Toole who will be another panelist here—in the Dark Winter exercise, one of the real problems was communicating to the public.

Senator Sam Nunn in that Dark Winter exercise, my dear friend who played the role of the President said, he learned two things. One, you do not know what you do not know. So we are all on this learning curve; all of us. But he said the second thing he learned was, he got very impatient as President, a few days into the exercise, with bureaucracy.

So I am afraid that we have got a problem here that we have got to work out. We have got to clarify the roles and responsibilities of our agencies, and we have got to name a lead person or a lead agency to take the lead here and speak every day to this issue and give the public credible information. A rapid health response can make the difference between a threat and a tragedy.

So I am working on measures to do this. I am going to be meeting with Homeland Security Director Tom Ridge to discuss these proposals.

Now, Dr. Cohen, my understanding of the role of the CDC in your experience was with the Florida case, basically cutaneous anthrax. You were not sent the samples from the Daschle letter. Is that correct?

Dr. COHEN. The samples from the Daschle letter were sent to Fort Detrick, yes.

Senator CLELAND. Right. And you were not sent the samples from the New York experience, were you?

Dr. COHEN. Well, they were also sent to Fort Detrick, but we were sent the organisms that were isolated from those samples for characterization.

Senator CLELAND. All right. And the testing that you did was not at Brentwood but at an interim facility, and you found nothing, right?

Dr. COHEN. Well, I believe that the specimens that were mostly environmental specimens initially in the D.C. area went to Fort Detrick as well.

Senator CLELAND. Right. But your testing—you did not test at Brentwood. You tested at an interim facility and found nothing

there. Therefore, your advice to Brentwood was, in effect, you do not have to test. But that was based on your experience with what you knew up to that point.

Dr. COHEN. Oh, yes.

Senator CLELAND. So the other samples, which were much more virulent, actually went somewhere else, and you and your staff did not quite know exactly what you were dealing with except Brentwood became the place that paid the price.

Dr. COHEN. We made the assumption since the only specimen that was available at the time, which was the Daschle letter specimen, which was looked at and reported to us on October 15, we made the assumption that the specimens were the same, so that what had been received in Florida and would have been received in New York likely had the same characteristics.

As part of that, we would then make the assumption that the risks that were perceived in Florida and New York would be the same risks that we would potentially experience in the District.

Senator CLELAND. But had all of these anthrax specimens gone to you as a central clearinghouse, wouldn't you have had a better gauge on what exactly was happening? You could track it better, you could give better advice to anybody, whether it was Dr. Walks or the Senate Attending Physician or to anybody in America?

Dr. COHEN. I am afraid what happened with the specimens were that they were discovered at different times, so that the *New York Post* specimens and the Brokaw specimens were only available later in the week of October 15. So when the decisions were made, the only specimen that was available was that from the Daschle letter.

Senator CLELAND. But if all of these were sent to one location, to a central clearinghouse that has the labs and the expertise—and CDC has 8,000 employees, and basically the Congress last year, in effect, said you should be the lead agency in dealing with germ warfare in America. That is not the view of the Executive Branch, but it is the view of the Congress. And it does seem to me that we do need at least one clearinghouse so all of this can be sorted out and then speak to the American people and to the rest of us as to exactly what is going on.

I have no further questions, Mr. Chairman.

Chairman LIEBERMAN. Thanks, Senator Cleland. Again, a very important line of questioning. Senator Thompson and I were just talking about it.

It may be that after these couple of hearings we have held, building on others, we may ask our staff to put together a chronology which raises these questions, and perhaps it will suggest legislation. But if nothing else, I think we ought to send it over, by hand delivery, to Governor Ridge and have him take a look at it to see what should be done.

Senator Carper.

OPENING STATEMENT OF SENATOR CARPER

Senator CARPER. First of all, thanks to all of our witnesses for being here. Just to follow up on the questioning that Senator Cleland was following, earlier this week, in fact, on Monday, I asked to meet with some people at the DuPont Company who run

a small operation there called Qualicon. The technology that they work on is designed to enable them to track disease or bacteria or microbes in food, and they work on a variety of foodborne pathogens to detect them and analyze them and so forth.

They have the ability to use this equipment to take samples of anthrax, different strains of anthrax, and to analyze it, and within hours, tell you what kind of agent you are dealing with. They have the ability to depict visually and in other ways what the sample is. You can literally stand right there and look at the screen and see the differences between the different kinds of anthrax or other pathogens.

Senator Cleland is talking about making sure that we try to get all of the samples centralized, whether it is in the CDC or some other place. I saw the technology with my own eyes this week that enables us to not only analyze at one location, but then just to disseminate it, literally through the Internet, and to spread that information in real time to whoever needs it.

I did not know this technology until Monday, but I think I know just about enough to be dangerous right now. But it does not appear to me, having seen what I saw earlier this week, that you really do not have to centralize and have all the samples taken to the same place and examined by the same people. You can analyze it in different places and share your information through available technology.

I do not know who in the Federal Government, who in the administration, who in the Executive Branch, needs to be aware of the existence of this technology. I would ask our witnesses to share with us in writing their thoughts this week as to who we should contact to say this exists. If you could get back to us this week, I would be most grateful.

I want to go back to what Senator Voinovich was talking about earlier when he was referring to the hysteria that seems to have grown around the anthrax scares of the last couple of weeks. I think it was a day or two after Senator Daschle's office received the letter and they had a number of people there who tested positive for exposure. I pulled together the folks in my own staff in my office in Hart, right next door to Tom Daschle's office. We are next-door neighbors. People were anxious and concerned, as they ought to have been, and their families were especially concerned. We had parents calling from around the country, especially the interns' parents, saying, Get out of the building, come home, get out of there.

But I sat my staff down and I said, All right, let's just think about this for a while. This whole building, the whole Hart building, could be contaminated with anthrax. Every ventilation system could be full of anthrax. Every one of us in this office, everyone who works in this building, staff and Senators, could have anthrax. None of us has to die. And I do not think we convey this message consistently enough and often enough. This is a disease for which there is vaccination. This is a disease for which there are any number of antibiotics which, if detected early, can treat the disease and save virtually everybody's life who has come in contact with it.

This is a substance that is not easily developed. In fact, I am told only a handful of laboratories have the capability of creating it so

that not just any Tom, Dick, or Harry can create it and send it out in the mail to threaten us.

Finally, unlike smallpox and other similar diseases, this is not something that is communicable. And yet out of a handful of letters that have been sent, our Nation is in a tizzy. I do not mean to demean the threat or the concern. We certainly abhor the loss of life and the threat to health of people who are in hospitals or under treatment today. But we have to put this whole thing in context.

What I said to my staff that day was this: Let's just calm down. And somebody needs to be saying as a Nation that, while we need to be vigilant, we need to be mindful of the concern and the nature of the concern, let's just calm down a little bit as well.

Who is the appropriate person to deliver that message? It could be Governor Ridge. I do not think it could be any of us, although within our own States and within our own jurisdictions we certainly play that role. We set an example. I do not think by closing down the House of Representatives a couple weeks ago and heading for home that we sent that right kind of message. I think, if anything, we exacerbated people's fears. But we have some opportunities and responsibilities ourselves to send that message.

That is pretty much what I wanted to say. Normally when we have panelists before us, I always ask questions, and I have not asked any questions of you fellows today. But I did want to respond to the concern that Senator Cleland raised, and I certainly wanted to respond to that which Senator Voinovich has raised. Again, we thank you for being here and for your service.

Chairman LIEBERMAN. Thanks, Senator Carper. Thanks very much. You have been very good with your time and answers. I can ask you while you are all here, because as we have traced the disease, we have talked about in some of the examples today how events are going beyond our experience and quite logically thought about the danger being only to those who are exposed to an envelope that is open or a package that is open and the experience of the Postal workers, and now we have had this most perplexing death of a woman in New York today who, from what we have heard, was not in the presence, as far as we know, directly of anthrax, was not working in a mail situation, for instance.

Repeating our earlier statement that there is a lot we do not know, I am curious, any of you who are experts at the table, how you respond to this fact and what may be going on here. Or, as I would be asking if I weren't sitting here, What in God's name is going on here? Do you have any thought about what happened?

Dr. COHEN. Well, I think that is why it is very critical that we conduct a thorough epidemiologic investigation to find out if there were any potential exposures that might explain that particular case. And I think it is clearly a high priority to try to determine how transmission occurred.

Chairman LIEBERMAN. Any other thoughts about it, General Parker or Dr. Walks? Don't feel obliged if you do not have any.

Dr. WALKS. I actually do have a thought on that. I think that at times like this it is important for us to talk about what we do know. I think we have learned enough now not to guess, and I agree that we need to wait until the science takes us there.

But, again, it is important for people not to be so perplexed by this one case that we are paralyzed and we have all of the things that we have talked about today.

Chairman LIEBERMAN. Right.

Dr. WALKS. We know a lot about how to treat this.

Chairman LIEBERMAN. Good point. Now, the last question is on behalf of Senator Thompson and me, and it may actually be educational for the public. We have both had in our minds—at least I have—that anthrax is white. And in your testimony, you said it was tan. So is it white or tan or can it be both?

General PARKER. Senator Lieberman, to be safe, I would say both. But in our experience with concentrated spores, it is off-white at best, because the spore does have some color to it.

Chairman LIEBERMAN. So it tends more to be white than not white?

General PARKER. Well, it may depend on its concentration, too. In a rather diffuse way, it may look white, and in a dense, concentrated way, its color may come forth and look a little tan or brownish. So I do not think that we want to signal that white powders on tables or white powders on floors are automatically not suspect.

The problem that I have, there is this terrible concentration on anthrax, and there are other agents that threaten this Nation, and how are we going to identify and deal with those as they come up? It is a serious, serious problem for this Nation. And I think the laboratories at Fort Detrick and the Defense Department have struggled for years with these problems.

I would say to you, if I could take one second, that knowledge and education are critical. Usually the creation of knowledge is not created overnight. It takes long-time work and research. And so as we look forward, not in the next week—and I am right with you—what do we have to do this week to help this Nation get over this? But in the long term, we have to make sure that we have a rich research base in academia and in our agencies to do long-term research on these potential things so that we know more and more about them, so that when something happens we are not trying to learn as the incident unravels.

Chairman LIEBERMAN. Thanks, General Parker. That is a good note to end it on. I thank you for your testimony. I thank you for all that you and your organizations have been doing. We could look back, sometimes we may sound critical. Obviously everybody has been trying their best in a most demanding and unusual situation to protect the public health. For that we are eternally grateful to you, and we look forward to working with you on the answers to some of the questions organizationally that this Committee has raised today. Thank you and good luck in your work.

We will now call the third panel: Dr. Dan Hanfling, Chairman of the Disaster Preparedness Committee, Inova Fairfax Hospital, officially designated a hero today; and Dr. Tara O'Toole, Deputy Director, Center for Civilian Biodefense Studies, Johns Hopkins University, who I will give a medal to for her extraordinary work in this area.

Can I ask the previous panel to move back from the table so that the two witnesses for this panel can come forward?

I want to begin with an expression of regret. I have to leave the hearing room for a few moments. Senator Akaka will Chair while I am gone, but I will be back, and I thank both of you for being here.

Dr. Hanfling, why don't you begin.

TESTIMONY OF DAN HANFLING, M.D., F.A.C.E.P.,[1] CHAIRMAN, DISASTER PREPAREDNESS COMMITTEE, INOVA FAIRFAX HOSPITAL

Dr. HANFLING. Mr. Chairman, distinguished Members of the Committee, it is an honor, it is a privilege to come before you for the purpose of shedding light on the events of the last week and a half. I am Dr. Dan Hanfling. I am a board-certified emergency physician practicing in the Department of Emergency Medicine at Inova Fairfax Hospital. As Senator Lieberman mentioned, I am the co-Chairman of the Inova Health Systems Emergency Management and Disaster Preparedness Task Force, and I have had extensive experience in the delivery of out-of-hospital emergency medical care, including disaster scene response, most recently at the Pentagon, with the FEMA National Urban Search and Rescue Response System.

In the post-September 11 world, it is clearer than ever that many elements of our newest war will be fought in ways never previously imagined. Many of the battles will be waged quite literally right here at home. The eruption of a public health crisis from anthrax-contaminated mail has demonstrated beyond a doubt that the front line in this war is our hospitals and their emergency departments.

With hardly a moment to collectively catch our breath in the wake of the events of the second week of September, the medical community has been thrust front and center in the response to multiple cases of cutaneous and inhalation anthrax during the month of October. What we all hoped was a case of natural outbreak of disease was quickly proven to be the deliberate work of terrorists. And what we hoped would be limited to one work site quickly spread to multiple targets across three metropolitan regions.

On the afternoon of October 20, 2001, I was called with the information that a U.S. Postal Service employee who works at the Brentwood Postal Facility in the mail-handling room was admitted to Inova Fairfax Hospital following a comprehensive emergency department diagnostic evaluation. Although confirmation of the inhaled form of anthrax was still pending and the Centers for Disease Control and Prevention had already dispatched a superbly capable epidemiologist to interrogate and evaluate this patient, there was no question in anyone's mind just what this gentleman had come in with. In the words of Dr. Thom Mayer, who actually is sitting behind me here, the Chairman of the Department of Emergency Medicine, this man's blood was "crawling with anthrax."

With a sense of urgency appropriate to the gravity of the situation, hospital administrators and key clinical decisionmakers conferred by way of hourly conference calls. This was primarily meant to keep abreast of the fluid situation and to craft a plan of action,

[1] The prepared statement of Dr. Hanfling appears in the Appendix on page 209.

especially a medical plan of action. Those new to the field of crisis management naively assumed that all would be made clear by "soon-to-be-released" guidelines coming from the CDC. But such information was not readily forthcoming.

In fact, as the crisis unfolded, the stream of information continuously appeared to be moving in an unidirectional flow. The CDC was requesting and receiving clinical and epidemiologic data, but the return of information to the people who needed it the most in order to take care of this patient—and then his colleagues and the many thousands of Postal employees at risk for contracting the disease—simply did not happen in a timely fashion.

I am aware of daily conference calls occurring between representatives in the State of Virginia Department of Health and their counterparts in the CDC. But the results and conclusions of such discussions did not filter down quickly enough to the hospital and medical communities. From some very frank discussions that I had with my counterparts in the District of Columbia and within the State of Virginia Department of Health, it was clear from the very beginning that the CDC was perceived to be in charge of the unfolding situation. In addition, the local health department took some time to find its position and its voice in this developing story.

What is so ironic is that if this had been a major snowstorm barreling up the eastern coast of the United States, we would have found a lot more information at our fingertips because the mechanism for reporting those sorts of things are in place. But here, with an unfolding public health crisis, there was no means for conveying information in a consistent and timely manner, issues that we have heard presented by panelists earlier this morning.

It became apparent that the lack of coordinated communication and inconsistent leadership from the top was hindering the ability of the medical community to respond in a coordinated fashion to this crisis. In fact, with every new anthrax exposure site came a new and often different set of antibiotic prophylaxis recommendations. Again, something that we have heard some mention of made earlier.

This has been further exacerbated by the geographic and jurisdictional boundaries that separate the national capital region into its constituent parts: The District of Columbia, the State of Maryland, and the Commonwealth of Virginia.

The conference call mechanism initiated by Inova Health Systems on October 20 soon expanded to include participants from hospitals all across Northern Virginia. Along with a handful of my colleagues, we created an operational entity that was designated the Northern Virginia Emergency Response Coalition, which was comprised of key decisionmakers from the hospitals and including representation from the local and State public health departments.

In doing so, we attempted to create a clinical consensus with respect to the evaluation, treatment, and management of patients presenting to hospital emergency departments with the concern of anthrax exposure. In support of this effort, Inova Fairfax Hospital stood up its Disaster Support Center, which served as a real-time communication link for all of the Northern Virginia hospitals.

Simultaneous with these efforts, much the same was being done in the District of Columbia through the excellent leadership pro-

vided by the District of Columbia Hospitals Association. In fact, hospital and public health representatives from both the States of Maryland and Virginia increasingly populated the DCHA conference calls—in fact, the call that Dr. Walks was referring to in his testimony.

These calls were as close as we ever came to approaching a semblance of coordinated communication, but even these shared telephone calls were no substitute for a professionally managed emergency operations center that has the capacity for providing sophisticated communications support and timely information management.

Politics, I am afraid, got in the way of effective consequence management as evidenced by the fact that the five patients from Brentwood showed up for treatment at hospitals across the region—in the District, in the State of Maryland, and in the Commonwealth of Virginia—yet the Mayor and the State Governors never once, to my knowledge, discussed this crisis together in public.

In fact, Dr. Walks and I actually did not meet face to face until last Thursday night when we were on the set of a television interview on the unfolding crisis. This was not a means of omission by purpose. This is, again, because the mechanisms for this sort of coordinated communication, especially in a metropolitan region such as the District of Columbia, are not in place.

Some of these failures may also be due to a lack of understanding of the expectations and roles of public health officials in such an emergency. Some of the shortcomings can be offset by proper preparation. As an example, training emergency department staff and other members of the medical community in the recognition of the use of bioterror agents I think must now be given the highest priority.

Previous training efforts have been very limited in scope and reach. The American College of Emergency Physicians, supported by a grant from the Department of Health and Human Services, for example, evaluated the barriers to effective training in the medical response to nuclear, biological, and chemical incidents. This is something that I had presented in previous testimony to this Committee. The barriers were felt to be due to a lack of adequate funding and time constraints due in part to personnel shortage. Yet what this last week has taught us more than anything else, as did the outbreak of West Nile virus before this, is that clinical determination of biological terrorism will be recognized first by a cautious, astute clinician, well versed in the possibilities of bioweapons use, and very likely in our hospitals' emergency departments. In fact, while we have discussed certain failings in the public health system, it should now be quite clear that the front lines in this war are our emergency departments, even more so than the public health agencies, I might say. Federal efforts to address such existing deficiencies should take this matter seriously into consideration.

There is a lot of work yet to be done with respect to "all-hazards" disaster planning and preparedness. I cannot emphasize enough the fact that such preparation must take a systems approach in order to be able to address whatever the next threat may be. And financial support for these efforts must be focused on emergency

departments and hospitals that will diagnose and treat the next victims. Surveillance systems, for example, while they have their role, will not replace the doctors and nurses in the trenches who will be called upon to make the diagnoses and to initiate treatment.

Now, what follows are absolute needs that hospitals require in order to effectively face these new threats. I might add these are needs that we required "yesterday."

We need an enhanced communication mechanism and protocol that allows for coordinated sharing and discussion of essential information in real time across jurisdictional and geographic boundaries.

We need improved integration of Federal experts into the local organizational structure and delivery of their message in a consistent and timely manner.

We require the development of local stockpiles of essential medical supplies and equipment in the event that the next outbreak occurs either simultaneously on multiple fronts or with some confusion, thereby delaying the delivery of Federal assets or diluting the amount available to be distributed.

Funding for fixed-cost items such as decontamination capabilities and personnel protective equipment that play more of a role in a chemical terrorism event, but are still issues that we need to consider in the context of all-hazards preparation, must be funded for hospitals to meet the threat of unconventional terrorism.

And financial support for training and education of health care providers in the evaluation, diagnosis, and management of the new threats that are out there must be made.

Based on estimates which I was asked to prepare on behalf of the Virginia Health and Hospitals Association, the fixed costs of some of these items that I have just mentioned alone come in at about $5 million for the State of Virginia, and in addition to that, when you add stockpiling needs and education needs, we would estimate an additional $30 to $40 million, again, for the State of Virginia.

The accepted means of declaring an escalating situation a disaster are straightforward. This occurs when local resources are outstripped such that the Federal assistance is required. Implementation of the Federal Response Plan, in turn, clearly designates the appropriate lead Federal agency to handle a crisis. With that in mind, then, it is hard to understand how it came to pass that in this past week the CDC took the lead in responding to this crisis. As we attempted to do in Northern Virginia, the health care community, including the local county health departments, became increasingly coordinated in developing and executing a response to the unfolding situation.

Ideally, the CDC and the U.S. Postal Service should have served more in a consulting role, giving back information to the public and to the medical community. However, this communication was slow in coming and often lacking in definite authority. In order to be truly effective, these efforts must instill confidence and the message must be consistent and clear. Thank you.

Senator AKAKA [presiding]. Thank you. Dr. O'Toole.

TESTIMONY OF HON. TARA O'TOOLE, M.D., M.P.H.,[1] DIRECTOR, CENTER FOR CIVILIAN BIODEFENSE STUDIES, JOHNS HOPKINS UNIVERSITY

Dr. O'TOOLE. Thank you, Mr. Chairman. I think the response to these anthrax incidents has revealed much that is admirable and that has succeeded in our public health and our medical systems, particularly the dedication of thousands of professionals in the public health and the medical realms.

However, it has also presented us with a vulnerability assessment, to use Mr. Decker's term, of the public health system. We can conjure up thousands of scenarios of bioweapons attacks, and we could do a vulnerability assessment and a criticality assessment for each of them. But I would hope that we would use the living lessons that we have experienced over the past few weeks to improve our capabilities in the future. And I would like to quickly run through the five lessons or vulnerabilities that I have observed, and perhaps these will be useful in terms of trying to provide an algorithm for our thinking.

First of all, I think there has been an obvious and serious failure at the top of our government to make communications strategies a priority. The government has done simply a terrible job of communicating what is going on and what it means, and I will come back to this in a minute. This is true both among the government agencies working on the problem and also affects the communication between the government and the public and the media and professionals in the private sector.

Second, we have very serious, longstanding structural problems within the public health system that we are going to have to fix, and they are going to be very expensive to repair and will take years to heal. These includes fragmentation and lack of surge capacity in both public health and medical areas, and I will come back to those.

Third, there is a lack of specific preparedness for bioterrorism response within the CDC, the State, the local, and the city health departments and on, as Dr. Hanfling says, the front lines of clinical care in this country. We are, in fact, getting exactly what we have paid for. Much has been accomplished in the last 3 to 5 years, and, in fact, we would not even have enough national pharmaceutical stockpile to call upon and get our Cipro and doxy from if preparations for bioterrorism had not begun several years ago.

Nonetheless, in the past 3 years, we have spent $1 per year for every American man, woman, and child on bioterrorism response, and we are seeing the fruits of that investment. That simply is not enough. It does not even come close to being enough.

Fourth, I think what we are seeing is a lack of transparency and possibly an inadequate strategy or focus on how to identify, prioritize, and solve some of the many science problems that are coming before us.

And, last, happily, we have not tested the capacity of the health care delivery system to respond to a large event, but I think that we should be very mindful of the stress and the difficulties that

[1] The prepared statement of Dr. O'Toole appears in the Appendix on page 214.

have visited the health care system in the States and cities affected by what are now only 18 anthrax cases.

So let me review those five points in greater detail.

First of all, the lack of an adequate communications strategy. I do not think this is simply about a credible, highly knowledgeable, deeply schooled, and media-friendly person getting up once a day or ten times a day and talking to people. That is absolutely essential and it has not happened. But what we need to think about is exactly how we would hook up all of the different pieces of the public health system and the health care system in real time with actual data. This connectivity problem of trying to link together all of the multiple nodes that are involved—the hospital in Florida, the health department in Florida, the lab in Florida, the lab in CDC, USAMRIID, D.C., Trenton, New Jersey, New York City, etc.—is very, very difficult, and part of that difficulty has to do with the fragmentation of our health system and the lack of connectivity within that health system.

I do not think the public is panicking. I do not think the public is acting irrationally. I think the public is, in fact, responding very sensibly to what it sees as a lot of confusion. They are trying to figure out how to protect themselves and their kids.

There is a poll out from CNN that says reasoned calm and reluctance to panic characterize the general state of the American public. Only 50 percent of Florida residents have any concern about contracting anthrax. The so-called panic buying of gas masks and Cipro is not panic buying. It is a reasonable response to uncertainties about whether the national pharmaceutical stockpile can get to them when they need it. They are reading the newspapers and worry that they may not be told what they need to know in a timely fashion.

So I do not think the public is responding to panic. I think the public is responding to inadequate information. In times of uncertainty and great anxiety, what you need to do is increase the information flow, not try to shield the public from disturbing information.

I think we should also follow some common risk communication rules that have been articulated today such as say what you know and what you do not know and what you are uncertain about very clearly. This confusion and consternation that was caused by the difference between a "garden variety anthrax" and "weaponized anthrax" I think is an accurate example of what happens when you do not have enough deeply knowledgeable people speaking all the time, correcting misapprehensions, and deepening people's understanding of what these terms mean.

It is hard to communicate. I was speaking with General Parker before the hearing, and he noted that in every exercise and every drill of any kind he has ever been in, communication is the No. 1 problem. It is hard to do. You need to practice. You need to exercise. We need more drills and more exercises involving all of the different players so we can figure out who is who and how to communicate more efficiently, as Dr. Hanfling has suggested.

Second, we have pervasive and very deep structural inadequacies in our public health response. The fragmentation and the problems of information not flowing to the front lines I think is obvious. We,

at Hopkins, are getting lots of calls from State and local health officials trying to figure out what the environmental sampling protocol is. No one knows. I have not seen one. I have no idea. People are basically making it up. The local and State health departments for the most part are not capable of devising these kinds of protocols without help. Yet they are not getting enough specific guidance to put them together. Hence, we are going to have a lot of inconsistent environmental surveillance protocols. It is going to make it difficult to analyze this information in total.

The Federal and State public health departments have inadequate resources. We are hearing stories of people literally sleeping in the labs at CDC and not coming out for days on end. People are being pulled from every niche of State and local health departments to do all anthrax all the time. In some places, no other public health work is getting done. One doctor in California called the State health department to find out what to do about a suspicious letter and was told he was number 450 in line to talk to a human being.

The labs are overwhelmed with these thousands of samples they are being asked to identify. You heard Dr. Walks talk about how in D.C. health workers are manning the hotlines overnight and then going to work.

This cannot continue. This lack of surge capacity is exhausting people across the Nation. They are working their hearts out. And we have only got less than two dozen cases. What would happen in a big attack? We have no bench. We have no depth.

Third, lack of specific preparation for bioterrorism. Less than 20 percent of the local health departments have a written—not exercised, but merely written—bioterrorism response plan. We have no play books. We have not worked out how HHS and CDC and FBI and the local health departments and the State health departments are going to interact. We have no capacity to rapidly push information to the city and county health departments. Two weeks ago, CDC's own Internet capability was down for 8 hours. That was the one E-mail web line in and out of CDC. There is no backup. There is no redundancy. It was gone.

Half of the local health departments cannot connect to the Internet, and those who can are mostly on very slow land lines that cannot download a lot of data quickly, making them rather useless in this situation.

We have little capacity to get information to the clinical community. The physicians in this crisis have been as frustrated as anybody trying to get information about anthrax and what to do and how to collect specimens.

Fourth, inadequate or at least inadequate transparency into dealing with the science questions and technical decisions has been a real problem. It is, I think, unreasonable to ask the people in the middle of this operational fray to also think through all of the angles that need to be played out and considered. And I would hope in the future that we would consider means of calling together experts from around different parts of the government and the private sector and the universities to act as backup and as a brain trust, if you will, in such emergencies.

Finally, the hospitals. I will just echo Dr. Hanfling's notes. One hospital that I know of estimated how much it would cost just to do the basic minimum to get ready for bioterrorism attacks—not chemical attacks, bioterrorism—and is spending $7 million right now—this is a big academic center nearby—exclusive of stockpile, exclusive of training for staff. That is the kind of figure we are looking at imposing upon hospitals, 30 percent of which are already in the red.

I would just like to leave you with the following thought: Given what I understand of the costs out there—and I think we have pretty good estimates to indicate this—simply bringing the 83 State health labs up to the level where they can all rapidly diagnose environmental samples of anthrax would cost $400 million. If there is less than $2 billion right away in a bill for public health department infrastructure and upgrades, then I think we have to conclude that the government does not understand the threat, has not learned the lessons of the past few weeks, and is not yet apprehending that the anthrax problems that we have faced are the prologue and not the whole story associated with bioterrorism in the United States.

Thank you, Senators.

Senator AKAKA. Thank you very much for your responses. I would like to welcome back Dr. Hanfling and Dr. O'Toole to the Governmental Affairs Committee. It is unfortunate that the conversation we had on bioterrorism in July has become so pertinent and real today. The hypothetical has become reality.

Dr. Hanfling, I am sorry CDC did not stay to hear your testimony. I am very concerned to learn that the information discussed between CDC and Virginia public health did not make it down to the hospitals. Why do you believe this breakdown in communication occurred? And are there ways of improving it?

Dr. HANFLING. Senator Akaka, I think that to be fair to our Federal partners, it is not that the information never made it down. It is just that it took a while for that information to filter down, and it also took a while to put in place the mechanism, one, to collect that information and then, two, to distribute it.

So part of this problem, I think, is related to the absence of a coordinated communication system that not only is in place in real time now, but that is practiced and tested. And to be fair, the CDC did post information as it made it available on its Health Alert Network (HAN) and on its Web page, and yet it seems a little bit strange to me that I could access that as easily from my study at home as I could from the command center at my hospital. And I would have hoped that there would be a more direct conveyance of those sorts of critical pieces of information into the hands of the people who needed it.

Senator AKAKA. Dr. O'Toole and Dr. Hanfling, I agree that we need a nationwide, comprehensive communication network to connect everyone involved in bioterrorism response. The CDC currently has the Health Alert Network in several States and plans to expand this system to the entire Nation.

Is this the sort of communication system that you feel is needed?

Dr. O'TOOLE. No. That may be part of it, but I think if we are talking about a communication network, what we need are cell

phones, we need Blackberries, we need laptop computers, we need phone connectivity, in addition to electronic data flows. HAN is very slow. The tremendous virtue of HAN is it is the only thing going to the local health departments. They have been complaining in this crisis that they are not getting the information that goes from CDC to the State health departments in a timely fashion. It is kind of getting filtered and reworked in the State level, as I understand it, and then it is taking hours or days to get back down to the local health department, by which time it is not very useful.

CDC has 80-some-odd different surveillance systems, none of which connect to each other. We definitely need to look at these kinds of electronic surveillance systems. We absolutely have to build electronic capability into these various nodes in the health system, but that is only the beginning. In a big epidemic, you are going to want hand-held electronic devices. You are going to want cell phones. You are going to want to be able to communicate in the crisis.

New York City, which has a very robust medical system, had all of its communications knocked off-line on September 11 because the mother node was in the World Trade Towers. They scrambled to put phones and walkie-talkies and so forth in the hands of the people who needed them, and they succeeded because they are New York. But we need to plan for that kind of redundancy. We need to think through how are we going to communicate. And it probably should be a mix of phone calls to key people—probably Dr. Hanfling would be one such person in his hospital—bulletins that go out not just to docs directly but to professional medical societies. That is how docs learn what is going on. They do not generally go up on the Web looking for info during the night after they see patients.

Dr. HANFLING. I would also echo that if we go back to September 11, for example, across Northern Virginia and the District of Columbia, hospitals prepared in earnest for casualties that we believed would come, if not from the Pentagon, then from the World Trade Towers in New York City. But the information about the status of those two situations was no better than what we were able to watch on TV. And there was no real coordinated communication even amongst the hospital communities.

The District of Columbia Hospitals Association has really established what I think is a best practice in terms of meeting this challenge with what is called a hospital mutual aid radio system, where they are connected every morning by radio to assess the capabilities and the bed capacities in each of the institutions. I think it is a great idea that ought to be shared elsewhere so as to be able to gain a full appreciation of what are the hospitals prepared for. And in having that mechanism in place, then, when a crisis unfolds, as we saw over the last week and a half here in the Metro D.C. area, use that communication tool to share information.

Senator AKAKA. We have been talking about and it has been alluded to that there should be a national spokesperson or a lead agency that should do this. Do you have any suggestions as to what that may be?

Dr. HANFLING. Well, I will take a stab at that. I think that it was mentioned by Senator Cleland that we have the Homeland Security

agency, we have the Centers for Disease Control, we have the Department of Justice. We have essentially at the Federal level a turf battle, if you will, over who is in charge. And we have heard those words echoed in this town before, and I think it is clear that a consistent message that is both directed towards the public and, when needed, enhanced for the clinicians and the medical community must come from above.

It seems to me that this administration has chosen to focus its efforts across the Federal agencies into Governor Ridge's new position as the Secretary of Homeland Defense. And if we agree with the words of the President that we are fighting a new war, both overseas as well as at home, then it makes sense that someone in that office ought to be a point person day in and day out for sharing this message consistently.

Senator AKAKA. What are your comments on that, Dr. O'Toole?

Dr. O'TOOLE. Well, Senator, having been in government service, I do not think there is any way to organize out turf battles, and I would prefer to spend less time talking about who is in charge and more energy on understanding what needs to be done. I think if we had a clearer understanding of our capacity to respond as it is and what it ought to be, there would be a lot less competition for being in charge, frankly.

Senator AKAKA. Thank you. Thank you, Mr. Chairman. My time has expired.

Chairman LIEBERMAN [presiding]. Senator Thompson.

Senator THOMPSON. Thank you very much. You have certainly laid out an impressive array of areas where we are deficient. You both have been dealing with health care issues and in government service.

Ms. O'Toole, what is most surprising to you about this? I mean, you are not naive about the way government operates or the nature of the problem that we are dealing with here. What has surprised you the most about our lack of ability to deal with this, as Ms. O'Toole says, a relatively small attack, if you want to call it that. The CDC is inundated, phone lines are hung up, people do not know how to talk to each other, all that. Somebody may have done us a gigantic favor by doing this. Hopefully we will learn from this so that when the real attack occurs we will know what we are doing.

Has anything about this surprised you, really?

Dr. O'TOOLE. No.

Senator THOMPSON. Because you have seen over the years the lack of money that we have devoted to this. National security in general has gone down. The military budget has gone down. You could not stack all of the reports on terrorism and the threats that we face, end to end in this room probably. But yet no money, no real money, has been appropriated to do anything about it.

What about you, Dr. Hanfling? I do not know if you have been in government or not, but——

Dr. HANFLING. No. I have lived in the District long enough to appreciate some of those frustrations, though.

I would echo Dr. O'Toole's sentiments in terms of really saying that we are not surprised, although, on the other hand, there has been—I think it took a while for us in the last 5 years to really

begin to examine the nuts and bolts of this whole threat of what initially we called "weapons of mass destruction," what some of my colleagues at George Washington University and I have tried to shift to really describing it as "weapons of mass exposure," because it is not necessarily destruction, as we have seen in this last week, and what our colleagues at Johns Hopkins, Dr. O'Toole, Dr. Henderson, and Dr. Inglesby, have done to really even further define the specific threats of bioterrorism.

I think this is part of a process, and I would agree with you that the silver lining in all of this is that maybe we can use these experiences as an insight into where we really need to focus attention. But, again, am I surprised? I am not surprised at the way this unfolded.

Senator THOMPSON. Dr. O'Toole, you mentioned the need for information flow. I have mixed feelings about that because, up until very recently, anyway, it is quite clear that a lot of the people who had the responsibility for this were getting conflicting and incorrect information. I am not sure how much timely information flow we need when it is bad information and when we really do not know what we are talking about or what we are doing.

I mean, as Members of the Senate, we have been briefed in great secrecy about the real story, and these briefings have been totally wrong in some respects. So I do not know if it is better to go out there day to day and say half of what we told you yesterday is incorrect. Clearly, everyone needs periodic reassurance, but I agree with you that the only people who I see panicking are people in this town. I think it never occurred to any Tennessean to call me and ask me how they ought to conduct their lives in light of what is going on. You hopefully learn as you go along and exercise some common sense, and people understand the heightened risk of certain circumstances and the need to be more careful than normal—things of that nature.

Your information that is flowing cannot be any better or more reassuring than the truthfulness of it or the accuracy of it. And I think we have to go back to the origins of the problem.

On the money side, you mentioned some numbers, and I am not sure I got them all. You said, $7 million per hospital, not including stockpile, not including training. What did that figure represent?

Dr. O'TOOLE. It represents, for example, the cost of buying the appropriate protective gear for health care workers, special masks to prevent spread of contagious disease. It represents infrastructure changes, applying HEPA filters to one section of the hospital that could be turned into a ward for patients with transmissible disease. It represents some education costs for staff.

Senator THOMPSON. You mentioned $400 million for laboratories for States.

Dr. O'TOOLE. Yes.

Senator THOMPSON. We have already exceeded—yesterday we exceeded your $2 billion figure. The post office alone needs $2.5 billion.

Dr. O'TOOLE. No. Two billion for State and local health departments.

Senator THOMPSON. I see. So what would be the other major components?

Dr. O'TOOLE. Beyond State and local health departments?

Senator THOMPSON. Beyond that, yes.

Dr. O'TOOLE. Well, certainly the stockpile costs are going to be appreciable. Certainly education for the medical professionals has to be considered. That is not a big-ticket item. We could probably do that for $20 million.

We are going to have to think over the long term how we increase the surge capacity and the talent available to all levels of health departments in the coming years. This is something that the Hart-Rudman report called for. We need an infusion of young people and of technical talent in the sciences into the government.

I would like to see programs, for example, that encourage mid-career professionals to go work at CDC for a year and come back out. I think it would be terrific for CDC professionals to go down to the front lines once in a while, have a chance to do more reflective work.

Senator THOMPSON. I think people are just beginning to realize that this human capital crisis that we talk a lot about has several national security implications.

Dr. O'TOOLE. Yes.

Senator THOMPSON. That is what Hart-Rudman was talking about.

We have not even mentioned the technology yet. Senator Carper mentioned detection technology and analysis technology. The FBI is behind, at least a decade, in terms of just hardware and technology, to give one example. We have got a tremendous built-up demand out there across the government for technology, and the need for people, as you point out, to be able to operate it. We have a terrible track record being able to implement large information systems, for example, in government. We have wasted billions and billions of dollars.

We cannot get the IRS straightened out, much less respond to some real national emergency today. So we are going to need the technology, we are going to need the people who know what they are doing with regard to it, and we must be able to retain and keep the highly trained people in this new era.

We have some real fiscal issues here that we are going to have to deal with. We are going to have to talk about sacrificing and what we are going to have to do with regard to the average citizen. Probably, ultimately, the most significant thing we are going to have to do is reprioritize in this country, and our budgets are going to look a lot different. We are going to have to start spending a lot of money on new things that have built up.

Dr. O'TOOLE. Absolutely.

Senator THOMPSON. And less money on some things that we would like to have but we just can't afford. That is why, as we discuss these economic packages and so forth, we need to remember that at the end of the day we are going to need some big bucks out there for other things, even though we think that if we write the right kind of legislation we can turn the economy around. That is foolish in and of itself. I hope that as we consider these other issues we take what you are talking about to heart, because if we are really serious about this and we think that this threat is going to remain with us, it sounds like is going to cost billions and bil-

lions. As you say and as prior witnesses said, this anthrax is just one thing. This is probably the best known of the potential biological problems out there and maybe one of the ones that is easiest to deal with. And we have experienced it on a very limited basis.

Do you have a comment on that?

Dr. O'TOOLE. Could I mention just something about technology? Because I think it falls directly within the purview of this Committee. We have gotten lots of calls about technologies that might solve one or another problem. I have gotten calls from venture capitalists looking for ways to usefully invest in the Nation's biodefense.

There is no place in the government where the strategic analysis of R&D needs for biodefense comes together. We need to figure out some governmental mechanism whereby we can look at the needs across all of the different agencies, set priorities, and figure our what our investment strategy is going to be. That cannot simply live in DOD, it cannot simply live in NIH, for reasons we could discuss. But we do need a home for that kind of function.

Senator THOMPSON. Thank you very much.

Dr. HANFLING. I would just echo though that while technologies are important, there is still going to be no substitute for the stethoscope and the pen.

Dr. O'TOOLE. Agreed.

Chairman LIEBERMAN. Thanks, Senator Thompson. Thanks, Senator Akaka.

Just a few remaining questions if I might. Dr. Hanfling, I have read the testimony that both of you submitted. The system that you had in place at Fairfax Inova obviously worked brilliantly and saved people's lives. The two Postal workers who died went to other hospitals and their illnesses were not detected, and that is part of, unfortunately, why we are looking at this.

In general terms what would you say Fairfax Inova, under your leadership, did right, and I suppose more to the point, what did the other hospitals, in a general sense do wrong? And I am asking this to try to establish a model for health care institutions around the country.

Dr. HANFLING. I understand the gist of what you are trying to get at, and although to be specific to these two cases, I mean, there but for the grace of God go I. I mean, how easily might it have been to let someone slide through.

I think that the first thing that we did well was we anticipated, and we recognized, watching the crisis unfold in those early days in Boca Raton, Florida and then in Manhattan, we anticipated that this was something that was going to happen here as well. Did not know that it was going to come on the Senate side, did not think that it would necessarily come anywhere to a specific target in the District of Columbia, but as health professionals, as an emergency physician, that is one of the things that I am trained to do. I am an anticipator. And I think the benefit with Inova Health Systems was that our administration and our other medical leaders recognized that we needed to step up our vigilance and be cautious. So anticipation is the first piece.

I think the second piece is that we—and I will tell you, I pushed very strongly to start sharing information, certainly amongst

health care providers in terms of going back to what is a wide array of available information, whether you look at the textbooks or whether you go on the websites or whether you go to the libraries and pull our journal articles. We began to try and distill this information into something that was readable and accessible and relatively straightforward, so as to put that on the radar screens of clinicians in our health system.

And I think the third thing that we did, again in a hurry-up offense sort of mode, was to develop a communication network that started as conference calls on the hour every hour beginning on the night of Saturday, October 20.

Chairman LIEBERMAN. You did that or did someone else do it?

Dr. HANFLING. Well, it was initiated by Pat Walters, who is our Executive Vice President in the Inova Health System, along with Dr. Thom Mayer, who is sitting behind me, and myself and a few others, with input from the CDC epidemiologist who was dispatched up to Inova Fairfax to review the case. And that took on a life of its own, and we realized that communicating and sharing both clinical and administrative information was the only way we were going to get through this crisis.

Chairman LIEBERMAN. But am I right that until you from Inova initiated that, that you were not receiving official communications from any other public health agency that was intended to alert you? In other words, your sensitivity to this was coming from following the media and having heard about the cases in Florida particularly.

Dr. HANFLING. That is correct, and I will tell you an anecdotal story, which is that a number of clinicians, including the gentleman sitting behind me, was at the patient's bedside on the second or third day. And in the same room with the curtain closed in the bed next to his was a television that was tuned to CNN. And my colleague, who was gracious earlier this morning from the District of Columbia, Dr. Walks, was reporting information on the two patients at Inova Fairfax Hospital, and describing one, if not the both of them, as gravely ill. And the gentleman looked up from his bed and said, "You know, Doc, is there something that I need to know about that you're holding back here?" [Laughter.]

Chairman LIEBERMAN. There you go.

Dr. HANFLING. So, again, that was not purposeful, but it spoke to the fact that we need to work to coordinate these sorts of events, and as Dr. O'Toole said, we need to put those mechanisms in place and practice them and train on them before these events unfold.

Chairman LIEBERMAN. This goes right to your point about communication being inadequate, does it not, Dr. O'Toole?

Dr. O'TOOLE. Yes.

Chairman LIEBERMAN. Ideally, what—and again it is all hindsight—what should have happened here in terms of communication?

Dr. O'TOOLE. Well, I think we should have realized early on that communication was absolutely at the core of everything, from managing the incidents themselves to communicating with the public, and I do not think we have realized that lesson yet. There are many components to this. I think we need multiple, credible, deeply knowledgeable spokes people talking on a nearly continuous

basis, given the hunger among the media for information on this. But I also think we need to have a strategy for communicating with critical nodes, health departments at the different levels, hospital emergency rooms, hospital CEOs and so on and so forth, so the messages can move at the speed of light literally. And we do not have any such system. There is no connectivity in the public health or medical system, and in fact, if you use Kevin Kelly's definition of a system, which is something that talks to itself, we ain't got one.

Chairman LIEBERMAN. Yes. And that is, to say the obvious, that is critical because in these kinds of public health or bioterrorist attacks, particularly if they are not obvious like somebody dropping stuff from a plane, the people, the first responders are going to be the ones who know about it first, the doctors' offices, the emergency rooms, and unless there is that kind of communication, we may miss it.

In this regard, I am going to ask you a question that came to mind during the last panel. What is the incubation period for anthrax or do we know? In other words, after you are exposed, when does it get to a point where you have got a real serious infection if you are going to have an infection?

Dr. HANFLING. We know about this from the famous "contaminated meat" episode in the former Soviet Union, where there was an inadvertent release of anthrax in what was a bioweapons facility in Sverdlovsk, and it has led to a lot of the decisionmaking that we have now with respect to why we use certain of the medications that we have used, why we use them for the length of time that we do. And roughly speaking, people can get sick in the first 2 to 4 to 6 days, but we know that disease can present as late as 60 days, and that in part speaks to the lengthy time of required prophylactic medications.

And something to echo, and something again that I think was very confusing, early on we saw a lot of efforts under way to do testing, nasal swabbing, for example. You can have a lung full of anthrax and have no spores in your nose, and it does not mean anything. And I think that again, this was some of the—I wish that some of these issues had been forethought before this all unfolded.

Chairman LIEBERMAN. What is a better test if not the nasal swab?

Dr. HANFLING. Well, the definitive test and the way that we made our diagnoses in the hospital was initially to do what is called gram stain and culture, and then the more sophisticated polymerase chain reaction tests, which are looking at the DNA sequencing of these bacterium.

Chairman LIEBERMAN. Which is by taking the bacteria and examining them?

Dr. HANFLING. And then examining them.

Chairman LIEBERMAN. Neither of those is a blood test or is the——

Dr. HANFLING. Blood test, both from the blood.

Chairman LIEBERMAN. Both are from the blood.

Dr. HANFLING. Right.

Dr. O'TOOLE. If I could just comment on that?

Chairman LIEBERMAN. Please.

Dr. O'TOOLE. Imagine how differently this would have unfolded if we had a rapid diagnostic test that could tell you within an hour of taking a blood sample, "You are infected, you are not." What happens with current tests, especially the culture, is they wait until the bacteria grows out of the blood. If it is there, it is there. But that takes time, usually days, depending upon your dose.

We could build those kinds of diagnostic technologies right now with available technology, and we should. We should have rapid diagnostic tests that are reliable and accurate and widely available for the major bioweapons pathogens. That should be a high priority for R&D.

Chairman LIEBERMAN. Somebody called me about a week ago after the first hearing we did on bioterrorism in the Committee, and said that they thought that under the last administration some funding had been provided perhaps to some of the national labs, including Sandia maybe, to actually do work associated with the genome investigations to try to come up with something quite like that. Is that correct?

Dr. O'TOOLE. There was a Defense Science Board Report that you may be referring to, which proposed building microchips, very rapid diagnostic assays, that would identify the genome or the proteins associated with these bugs very specifically and rapidly. And I believe 50 million was invested by the Defense Threat Reduction Agency in that effort to do proof of principle type work.

Chairman LIEBERMAN. Dr. Hanfling, as we go back, particularly looking at the Postal Service story, the incubation period you have given suggests to me that even if the Postal Service had closed Brentwood on Thursday, October 18—which on hindsight it sure looks to me like they should have done, probably looks to them like they should have done it too—would probably not have saved the lives of those two Postal workers, because they died 2 or 3 days later, as I recall, 3 or 4 days later. Does that sound—I am not asking you for a diagnosis, obviously, but——

Dr. HANFLING. I forgot if we were sworn in to this hearing today or not.

Chairman LIEBERMAN. No.

Dr. HANFLING. But I think that it seems, the cluster of cases that presented, in other words, the two patients who unfortunately died, and the two who presented to our hospital, all presented for emergency care in roughly the same period of time, and in reviewing some of their epidemiologic linkage to where they were, what they were doing and the environment in which they worked, I learned a lot about the way these mail sorting facilities work with creating dusts and dusts and dusts of material that is suspended in the air. I would echo your thought that closing the facility on October 18 might not have had a major impact in terms of those two unfortunate folks.

Chairman LIEBERMAN. I meant to ask a question, but I moved on, I lost time, of the CDC representative, Dr. Cohen, who the Postal Service called at CDC. And I wondered whether CDC, being asked to make a very difficult judgment, and obviously basing it on what we knew then, and it looked to everybody like you had to open a package to be exposed, whether they knew that, as I would

not have thought myself immediately, that sorting mail and processing mail involves a lot of compression of the envelopes.

Dr. HANFLING. Right.

Chairman LIEBERMAN. But I will do that on another occasion. You are helping to educate me. I have one more question, and then I am going to yield back to Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman.

Chairman LIEBERMAN. Let me ask one quick one and I will get right back to you.

This is to continue my education. When we were first informed about this, when this hit the Senate, we were told by the doctors, "You got to get 8,000 to 10,000 spores inside you to be infected. It is very hard to do that. Do not worry, and if you are infected, antibiotics will take care of it."

Just reading the newspaper over the weekend, there is a quote, I believe it is from somebody who heads infectious diseases at Brown University—I could be wrong, and I think it was a woman—she said, "You know, those numbers are based on textbook answers that are based on decades old research that was on workers exposed to animal hides."

So help to educate me and anybody listening about whether that sense that we had to be quite significantly exposed was correct? And pursuant to the policy of this Committee, if you do not know, we will take that answer too.

Dr. O'TOOLE. There is also monkey data about how many spores it takes to infect, but that data was gathered, again, under artificial circumstances that do not replicate what happens in a post office. And what you come up with is a curve of about how many spores it takes to infect. Now, one spore can replicate itself endless times, and I suppose there are some rare instances where you might get sick with a handful of spores.

But the answer is we really do not have good data on that, and it is hard to imagine the experiment that you would do to have good data. And that is going to start to be a very important point as we try to figure out when are we able to safely reopen these offices and what constitutes clean enough to send people back in, and what kind of protection workers ought to have. There is a whole nest of very complex science questions that I am sure CDC is pursuing.

I would feel a whole lot better if I knew the questions they were looking into, and I knew who was asking them. I also think we might be reassured if, for example, it was clear that NIOSH, who does know what happens in post offices and does have tremendous experience in environmental surveillance, were involved. I mean there are very few true experts in anthrax in the country, but there are experts in the various very specific scientific elements of these questions. There are people who know an enormous amount about particles in the air and inhalation. There are people who know a lot about protective gear and so forth. We probably need a team approach to these problems, and again, I think that if we are going to build confidence in the credibility of the scientific advice from the government, that whole process of deliberation and inquiry should be very transparent, and it is not right now.

Chairman LIEBERMAN. Thank you. Senator Akaka.

Senator AKAKA. Thank you, Mr. Chairman, I have just one question.

I am so glad you mentioned that good data is important, and testing results are very important. As a matter of fact, some of the decisions that were made were made from whatever testing results were received.

And I want to return briefly to my questions with Dr. Cohen on the varying test results from the Brentwood Postal facility. At Brentwood two preliminary tests came back negative, while the CDC's results showed significant contamination. Senator Clinton suggested a uniform testing method or standard, and my question to you then, would such a uniform testing method or standard prevent this problem in the future?

Dr. O'TOOLE. Well, it would certainly cut down on the discrepancies between different tests, although you probably cannot eliminate that, because all tests are imperfect. I do not know what the testing protocol in any of these places has been. I have very strong impressions that they are different in different places, and we certainly know that the FBI in general uses different tests than the CDC does, and the FBI tests tend to be less accurate. They err on the side of being over protective. They give you false positives more often than the CDC tests.

But this whole business of different testing protocols and uncertainty about what the surveillance protocols are is important and serious and needs to be straightened out.

Dr. HANFLING. I would echo that and remind you that even with more simple tests that we do, there is such a thing as a false positive and sometimes a false negative. We know that testing is not 100 percent certain, and that certainly came to be the case with the initial testing at Brentwood.

I think what Dr. Cohen—again, he is not here to speak for himself—but I think that what Dr. Cohen would say is that if we could standardize the flow of that scientific information so that we have one person doing the same type of test, we might be able to put in better context false positive or false negative because everything is being done by the same criteria in the same location, so maybe that is something to consider.

I did want to go back to Senator Lieberman's question, basic science question though, because while there has been a lot of focus on numbers of spores, really, more importantly, it is the size of the spores, and it is the fact that our respiratory system is pretty capable of preventing illness. That is why we are encouraged to breathe through our noses because it is a filtration system and a lot of those spores may get hung up in the najal turbinates and the other things that are in that upper respiratory system to prevent the small spores from coming all the way down into the depths of the lung where the inhalation form of anthrax would be caused.

So I think suffice it to say we are—I would almost say we are writing the textbook, not even rewriting the textbook, as we learn from these cases around the country.

Chairman LIEBERMAN. And you do not have to breathe in 10,000—I know 10,000, it is a large number, but you do not have to breathe in that number, do you, under the conventional explanation? I presume that means that you breathe in enough spores

that they get lodged inside you and they grow. Is that correct, or does it really mean you have to——

Dr. HANFLING. The spores—we were talking about this a few nights ago. Anthrax is a bacteria that it wants to survive, it wants to live and it wants to replicate itself, and the spore is an encapsulation, it is a covering that protects it and allows it to do it, and in its natural form you find anthrax, as you said, on animal hides, you find it in the soil. When it gets into the body and triggers an immune response reaction, it comes out of that encapsulated spore, and then as all of these lethal factors, all of the biochemical chain reactions that it initiates that then causes illness and death. And I think basic science will need to be directed now to help us better understand that in the context of what we have seen.

Chairman LIEBERMAN. Thank you. I have a final question for you. You have been very gracious with your time. First I do want to thank you for one line in your prepared statement, which we ought to put up both here and in the Executive Branch. "The tendency to shield people from bad news underestimates the ability of the public to rationally respond to disturbing information." I think you are absolutely right.

My question is going to the Committee's concern about organization, you talk about it in your statement and you have in your testimony. We saw here in this Postal Service case, in the Senator Daschle case, Senator Daschle's office opens the package, is concerned about it, calls the authorities. The FBI comes in. The FBI calls in Fort Detrick. As General Parker says, they are a customer, the FBI. At a slightly later point, the Postmaster General testifies to us yesterday that as he begins to follow this, he gets concerned and he calls CDC. And as Senator Cleland said, very interestingly in the testimony yesterday, the Postmaster General said how happy he was Governor Ridge was here to coordinate everything. When Senator Cleland asked him, if this happened again, who would you call? He said Secretary Thompson.

You have very unique knowledge of this whole problem and whole system, and so my question to you is, if you care to answer it, two parts. One, if you were the head of the FBI, would you have called Fort Detrick and General Parker to do this analysis? And if you were the Postmaster General would you have called CDC?

Dr. O'TOOLE. Yes to both, which is part of the problem, because I think the FBI is pursuing a different line of inquiry than the Postmaster General was. And one of the troubles here is that we have many lines of inquiry to pursue simultaneously, which in some moments are separate and discrete; in others they interact in very important ways. I will presume without any personal knowledge, that the FBI wanted to know whether this was highly dangerous powder of the sort that a sophisticated terrorist group or a nation-state might have generated, versus a lone wolf, a biological Unabomber. What the Postmaster General was seeking was information to help him protect his people. So they both went to the right sources.

The problem, which generated this whole weaponized, not weaponized, what does it mean? Fracas was that we did not get everybody together in a room or in multiple rooms to untangle the implications of the analysis done by USAMRIID. So my impression

was that what CDC heard when they backed off of weaponized, at least what the people in the field understood, was that, oh, good, it is not aerosolizable, it is not likely to expose a lot of people. What others heard when they heard it was not weaponized was something similar; it is not really all that dangerous. What USAMRIID meant was something very technically specific. "Weaponized" says more than we know. What we really mean is that it is highly energetic and it can float around in the air.

Chairman LIEBERMAN. So you are not so sure, having heard this morning's testimony, that quality was totally clear to CDC, floating around in the air?

Dr. O'TOOLE. No. And you know, there is not one CDC. There is 8,000 people working for CDC.

Chairman LIEBERMAN. Yes, right. You have both been great, and by the twist of fate, I think you have both now become national resources, so thank you for your testimony. We look forward to continuing to work with you.

I thank Senator Akaka again for co-chairing these hearings with me. They have been very informative, very troubling, in other words, both as to the progress of the diseases, witness the death this morning of this woman in New York, and as to how much more we have to do to be better organized in the Federal Government, with the State and local governments, and with the whole public health, private health infrastructure in our country.

There is a lot of interest here on both sides of the Committee to do something now. We are going to at least ask our staffs to put together a report as to what we have learned. We are certainly going to send that to Governor Ridge for his use as he sees fit. And I think we have begun to talk here about whether some legislative ideas come out of these hearings that we want to introduce, or moving more rapidly to see if we might attach as an amendment to the legislation that Senators Frist and Kennedy are introducing on bioterrorism, whether that is possible or not in that timeframe. I do not know, but it just goes to how productive I think the Members of the Committee feel the hearings have been.

And I thank you both and all the other witnesses for having made that so. The hearing is adjourned.

[Whereupon, at 1:08 p.m., the Committee was adjourned.]

APPENDIX

PREPARED STATEMENT OF SENATOR DURBIN

OCTOBER 30, 2001

Mr. Chairman, thank you for holding this important hearing. It is certainly appropriate and timely that we examine the situation facing the Postal service, its dedicated workforce, and the American households and businesses it serves in light of the recent anthrax contamination.

Cowardly acts of mail tampering have sought to disrupt our most fundamental form of global commerce and written communication.

Just a few weeks ago, we knew very little about the threat of anthrax. Unfortunately, it's now at the centerpiece of discussions and has become part of our daily vernacular. With the tragic and untimely deaths of two Postal employees and illnesses affecting a dozen more, we must respond quickly and effectively to protect their colleagues from this and other possible threats.

Every day, 800,000 Postal employees don their uniforms to process and deliver millions of pieces of mail and parcels to American homes and businesses. Over 49,000 Postal employees serve the State of Illinois, in 2,184 Postal facilities across my State. We must do all we can to ensure the safety, security, and sanity of these dedicated workers.

Last Friday, I had the opportunity to meet with Postal service employees, managers, and labor representatives at Chicago's main post office to learn first-hand about their concerns and the precautions being taken to protect Postal employees from the threat of anthrax-ridden mail.

The United States Postal Service (USPS) has announced that millions of gloves and face masks will be distributed to Postal employees throughout the nation. However, there are still concerns regarding worker safety. The Postal workers with whom I met in Chicago shared with me their apprehensions that the new supplies may not reach the Midwest fast enough, because it is not deemed "high risk" by national USPS workers.

Although Illinois has had no reports of anthrax exposure, Chicago facilities with automated mail-screening equipment such as the one in Carol Stream, IL will be tested for anthrax after the battery of tests at high-priority sites on the eastern seaboard, where anthrax was found.

Also, I understand that the Postal Service plans to equip Chicago facilities with state-of-the-art machinery to screen for anthrax.

There have also been reports about confusing directives concerning the use of gloves and masks on the job. According to Herby Weathers, president of the local Chicago American Postal Workers Union, Postal workers at some Chicago facilities were not permitted to wear protective gloves. Other employees were given inadequate gloves and masks.

Some workers worried about taking anthrax home because they had not been instructed in how to properly remove and store the new safety gear.

We must do all we can to ensure that our nation's Postal workers have the appropriate equipment and accurate information they need to fight this different kind of war we are now waging.

I also listened to management concerns about the projected high costs of acquiring and installing the new security and screening equipment. According to an October 24th *Associated Press* report, the Postal service expected a potential loss of $1.65 billion this year before the September 11th attacks. Postal business has dropped dramatically since the tragedy, exacerbating the Postal service's financial pressure.

Without question, our Postal Service has had a tough year. To help meet the challenges it is facing, it is going to need the full support and financial assistance of

Congress to ensure it has the resources to promptly respond to this new threat. I hope we will respond to this urgency with resolve and expediency.

PREPARED OPENING STATEMENT OF SENATOR COLLINS

OCTOBER 30, 2001

Mr. Chairman, thank you for holding this hearing at a time when many of our postal workers are gravely concerned about going about their daily tasks, and many Americans are worried that performing so mundane a task as opening their mail could make them extremely ill or even kill them. Every day it seems we learn of yet another building contaminated with anthrax or a new victim being infected.

Although the very first person diagnosed with anthrax was a photojournalist, it is now becoming clear that it is our postal workers who are most at risk of infection with anthrax. We must be able to ensure that they are performing the vital task of delivering the nation's mail with every possible precaution and we are ready to diagnose and treat them immediately should those precautions prove to be insufficient.

In conducting this oversight hearing, we should be clear that the deaths and illnesses from anthrax are the fault of the terrorists. It is tragic, nonetheless, that public health officials did not realize the need for prompt tracing of the tainted mail's path and thorough environmental testing. As more anthrax spores are found, it is clear that the terrorists involved hope not only to kill more of our citizens but also to panic the public. My experience in Maine and reports from across the country demonstrate, however, that Americans continue to lead their daily lives without the fear and paralysis sought by these bioterrorists.

I look forward to hearing what steps the U.S. Postal System, our public health system, and others are taking to protect postal workers and the public at large.

OPENING STATEMENT OF SENATOR BUNNING

OCTOBER 31, 2001

Thank you, Mr. Chairman.

Our country has been shaken by acts of terrorism over the past two months. Not only have we watched as terrorists attacked innocent Americans at work in the World Trade Center and the Pentagon early on September 11, but we are now dealing with an attack on our mail system, media outlets and government as letters with anthrax make their way through the Postal system.

In the past, we have all taken for granted that our mail will be delivered six days a week, and that it will be safe. Few of us are taking that for granted these days.

Now, many Americans are afraid to go to their mail boxes. Businesses are worried not only about protecting their employees from dangerous letters, but protecting their very livelihood.

The Postal Service has recently announced certain steps Americans should take when handling their mail.

While this information is helpful, Americans ultimately want to know that their mail is safe and that it will not make them sick.

The employees of the U.S. Postal Service now find themselves on the front lines in this war against terrorism. Two Postal employees in the Washington, DC area have already died.

My thoughts are with the families of these workers during this difficult time.

Yesterday, we heard from the Postmaster General, representatives of several Postal unions and Postal employees about the current situation at Postal Headquarters and at the branches. I hope that Congress, the Postal Service, Postal employees and the American public can continue to work together to make sure mail is safe.

We have a long way to go in our war on terrorism, both nationally and internationally, and I look forward to hearing from our witnesses today as they share their expertise with us on this topic.

Thank you.

STATEMENT OF
POSTMASTER GENERAL/CEO JOHN E. POTTER
BEFORE THE
COMMITTEE ON GOVERNMENTAL AFFAIRS
UNITED STATES SENATE
OCTOBER 30, 2001

Good morning, Mr. Chairman and members of the Committee.

Just over a week ago, a vicious and premeditated act of evil killed two dedicated Postal Service employees. They were family men. Men active in their communities. Men who had made it their life's work to serve the people of America by keeping the mail moving. Yet, by simply doing their jobs, they became innocent casualties in a war unlike any the nation has ever experienced.

The ultimate sacrifice paid by Thomas Morris and Joseph Curseen has made one thing absolutely clear – the men and women of the Postal Service have been thrust onto the front lines of a conflict that few could have imagined. As we mourn for those we lost, we continue to fulfill our mission with pride, courage, and dedication. I am proud of the tremendous job the employees of the Postal Service are doing during this challenging time.

By its very nature bio-terrorism gives no warning. It creates fear. Fear, that if not dealt with in an honest, forthright manner – with information – can cripple an organization or a nation.

This is an extremely painful time for those of us in the Postal Service. A welcome and ordinary daily visit by our letter carriers to the homes and businesses of America has become, sadly, a cause of concern for some.

Mr. Chairman, over a 23-year career, my expertise has been managing various elements of the nation's huge and complex postal system. It has been my job to protect our employees, to maintain effective and efficient mail service, and to serve the needs of our customers.

I do not have all the answers in this case. I do not believe any single person or organization does. But I can tell you what I do know. Three letters confirmed as containing anthrax moved through the postal system. They were sent to NBC News, Senator Tom Daschle, and the New York Post.

Along with the Secretary of Health and Human Services, the Surgeon General, the Centers for Disease Control and Prevention, and other federal, state and local medical authorities, the Postal Service continues to monitor closely infection, potential infection, and the presence of anthrax. As we have since the first case was reported, we have taken aggressive action on our own and sought out the recommendations of the medical community. We believed that this was the right thing to do.

Through our experience in following the trail of anthrax-contaminated letters, the infections of postal employees and others, and the discovery of anthrax at postal and other facilities, we developed a four-track response: investigation, education, intervention, and prevention.

Our Postal Inspection Service has been actively involved with the Federal Bureau of Investigation and other law enforcement agencies in investigating these crimes. They are responding to all reports and information being received. And they are dealing sternly with hoaxes and threats that divert needed resources from the investigation.

With the FBI, the Postal Service has offered a $1 million reward for information leading to the arrest and conviction of those responsible for placing anthrax in the mail. We want to engage the public in helping us bring the guilty to justice.

Before we knew that the mailstream was a conduit for letters containing anthrax, we educated our employees and the American public on safe mail-handling procedures. Postcards were mailed to all of our employees and to postal customers at every address in America. The 145 million postcards contain information about how to identify and safely handle suspicious mail.

We have continued to use every opportunity to educate our employees, our customers, and those in the mailing community so they can protect themselves from possible harm when dealing with the mail.

Internally, we have widely expanded our employee communication efforts throughout the last three weeks. Through mandatory safety talks and other communications – printed, electronic and video – they have received information about the safe handling of mail, including the use of personal protective equipment. One video broadcast on our internal television network features two medical experts from the Centers for Disease Control and Prevention. We have had medical doctors visit our major facilities to speak to our employees about anthrax and the necessary safety precautions. We have also made counseling available to all of our employees to help them through this difficult time.

Our educational efforts have also been focused on America's businesses and consumers. We have prepared and distributed thousands of posters and videos to assist mailrooms across the nation in identifying and safely handling suspicious mail. We are continuing our efforts through the media to share similar information with all Americans. This information can also be obtained on the Postal Service's web site, www.usps.com.

We have also taken steps prevent exposure and sanitize the mail. Early on, we also authorized the wearing of protective gloves and face masks for our employees. We have now secured four million N-95 face masks that are effective in filtering 95 percent of microbes, including anthrax spores, from the air, and 86 million pairs of hypoallergenic vinyl and Nitrile gloves.

When we learned that our employees had actually been exposed to anthrax, we took aggressive steps to safeguard them. Over the last two weeks, more than 15,000 employees have begun receiving antibiotic treatment. Some 9,000 have been tested. To date, nine of our 800,000 employees have contracted anthrax. This is nine too many.

We asked all postal employees to provide us with update emergency contact information as well as their current telephone numbers and residential addresses. Our field units are establishing special telephone numbers for employees to call if they are hospitalized. We have also urged employees under medical care to advise the treating physician or hospital that they are Postal Service employees.

In addition to testing and treatment of employees, we also began environmental testing of 30 major processing facilities along the east coast. We are expanding that to 200 processing facilities nationwide as a precautionary measure. As necessary, based on the results of these tests, we will do further testing of our operations downstream from the mail processing facilities. The Army Corps of Engineers is assisting in our testing efforts.

To date, 128 postal facilities have been tested or are in the process of being tested. Approximately 100 downstream offices that receive mail from Trenton and Brentwood are being tested with the help of the Army Corps of Engineers. In addition, with the assistance of the CDC, 260 mailrooms at businesses and government agencies in the Washington area are being tested.

We have also addressed operational changes aimed at better safeguarding our employees and our customers. We have modified our equipment cleaning procedures to minimize the spread of dust and debris. For routine facility cleaning, we are now using products that are effective in killing anthrax and a number of other bacterial agents.

On Friday, we awarded a contract for the purchase of electron beam systems to sanitize mail as it enters our processing system, with options to purchase more. This equipment has been successfully used in the food and medical industries. In addition, an Ohio firm is now sanitizing targeted mail from our Washington, DC processing facility.

We have performed environmental testing at facilities in Washington, Florida, New Jersey and New York. Where necessary, they have been closed for decontamination. At this time, two New Jersey postal employees have contracted cutaneous anthrax, with two others found to have inhalation anthrax. Two Washington employees remain hospitalized for inhalation anthrax. No employees in Florida or New York have been found to be infected.

Since October 15, when it was established, a Mail Security Task Force has contributed in all of these efforts. Members include the Postal Inspection Service, the Office of Inspector General, medical and safety professionals from the Postal Service, operations managers, representatives of our employee organizations and mailers. This has been a positive and constructive forum. Members are active, they participate, and they listen. They also learn from the information provided to them by guest experts, such as CDC representatives, who have attended meetings.

This mobilization occurred rapidly, just as rapidly as events unfolded over the last three weeks. Here is what we know.

Three letters confirmed as containing anthrax moved through the postal system. To put this into context, since the time the first letters were postmarked on September 18, the Postal Service has delivered more than 25 billion pieces of mail.

In Washington, at the facility where the Senate letter was processed before delivery, two postal employees have died and another two have been hospitalized – all as a result of inhalation anthrax. In New Jersey, where the letters were mailed, two postal employees contracted cutaneous anthrax and two suffer from inhalation anthrax. Fortunately, there is no indication that postal employees have been infected in Florida or in New York.

Among the targets of the three letters, NBC News, the New York Post and the office of Senator Daschle, two individuals have contracted cutaneous anthrax.

The Postal Service, the CDC, the medical community and the nation are in uncharted territory. Yet we are aggressively seeking answers as we work thorough this fluid and dynamic situation. We have worked closely with the Department of Health and Human Services, the Centers for Disease Control and Prevention, the President's Office of Science and Technology, and state and local health departments. Their knowledge has helped to guide us in our medical and operational responses to the exposure of our employees, our customers and our facilities.

Let me start at the beginning. Like the entire nation, we learned of a possible link between anthrax and the mail late on October 8 when news reports indicated a possible connection in the Florida case. The Postal Inspection Service immediately began to assist the FBI in its investigation. And during that week, we provided all of our employees with information about safe mail-handling procedures and how to identify symptoms of anthrax infection.

On October 12 we learned that an employee of NBC News had contracted cutaneous anthrax. The following day, we learned for the first time that it was linked to a letter that came through the mail. This was the first affirmative between anthrax and the mail. On the same day, we issued additional communications to our employees about safe mail handling, including an advisory about using gloves and masks when handling mail. We were advised that there was no special risk to our employees but, in dealing with an unknown situation, we felt it best to take these precautions.

The following day, since we had learned of a link with the mail in the NBC case, we began testing Boca Raton employees for anthrax exposure. All results were negative. However, as a precaution, 30 of that facility's 109 employees began taking antibiotics. Health authorities advised that there was no threat to the other 79 employees but they, too, were offered antibiotics. Environmental testing found trace results of anthrax at the facility. It was decontaminated.
On Saturday, October 27, employees at the West Palm Beach facility began receiving medication. To date, there have been no recorded cases of anthrax infection among Florida postal employees.

In the Florida case, as in virtually all other medical and environmental actions we have taken, we acted after receiving the advice of federal, state and local health authorities.

At the same time, unknown to us, an anthrax-tainted letter to Senator Daschle was moving through our system. On October 15, we learned through the media that letter had been received and opened in the Senator's office.

During this period, we redoubled our internal communications efforts so that all postal employees had additional knowledge about protecting themselves from anthrax and other harmful material that might be in the mail. These included stand-up safety talks, a special program on our internal television network featuring two medical experts from CDC. At the same time, we revised our policy for cleaning dust and debris from mail processing equipment.

Senator Daschle's office, which had received and opened a letter containing anthrax, was contaminated. Testing revealed contamination in other locations of the Hart Senate Office Building.

Testing of Senate employees for anthrax exposure began Monday, October 15. By Wednesday, October 17, we learned that Senate staffers had tested positive for exposure. We contacted the Centers for Disease Control and Prevention to determine if similar activities were necessary for employees of our Brentwood Processing and Distribution Center. We were advised that because the Senate letter was well sealed, our employees were not at risk and no action was necessary.

The next day, October 18, we held a press conference at Brentwood to announce the $1 million reward. This site was selected because, based on medical information, we understood that there were no problems at that location. We felt it was important to let employees, the public and the media know that we were taking the appropriate steps to keep the mail, and those who were in contact with it, safe.

We had also independently arranged for environmental testing of the Brentwood facility as a precautionary measure. Initial field test results were negative but, laboratory test results, which we received on October 22 showed that areas of the building were contaminated with anthrax. However, we had closed the facility as a precaution on October 21, after learned that two facility employees were ill with inhalation anthrax. CDC environmental tests, which began on October 22, later confirmed the contamination.

Because the duties of one of the hospitalized Brentwood employees involved visits to the Air Mail Facility at Baltimore Washington International Airport, that facility was also closed, as a precautionary measure, on October 21. Medical testing of Brentwood and BWI employees began on October 21 and they were placed on antibiotics.

On the same day, we learned that the worst had happened – a Brentwood employee, not previously identified as being infected, died. The following day, this tragic event was followed by similar news that another employee, also not known to be infected, died. In both cases, the employees had contracted inhalation anthrax.

Meanwhile, we had learned that two New Jersey employees had contracted cutaneous anthrax. We learned only this week from CDC officials that two others have confirmed cases of inhalation anthrax. Environmental tests disclosed spores at our offices in Hamilton Township and West Trenton, and they were closed for decontamination on October 19. Through both CDC and state health authorities, employees at the affected facilities were tested and received antibiotics. As a precaution, we are also testing other Trenton-area facilities.

All of these actions will have a dramatic impact on our finances. We must recoup the expenses incurred with bio-terrorism. We must pay for testing, masks, gloves and sanitization equipment and services. We did not anticipate the expenses connected with the anthrax attacks on top of an already bleak financial outlook. This outlook had already been clouded by revenue loss associated with all of the events that began with the September 11 attacks.

Against this backdrop, we are grateful that the White House has committed $175 million to help the Postal Service pay for the supplies and equipment we are initially obtaining to protect the safety of our employees, our customers, and the mail. We are extremely grateful for this funding. It is an important step in our long range efforts to protect the mail.

Management and the national leadership of the four principal employee unions and the three organizations that represent postmasters, supervisors and management employees are working extremely closely on this issue. The advice, suggestions and support of our employee representatives are critical to our ability to take a productive and unified approach to protecting all of our employees, both craft and management. We continue to meet daily and consult and plan together as we implement and expand our efforts.

We have learned a great deal through this experience. Initially, we did experience communication problems, sometimes receiving critical information through the media, not from other agencies. The different focuses of various law enforcement and health organizations occasionally resulted in parties speaking different "languages." And, absent an established protocol, lines of authority could occasionally be unclear. With the establishment of the Office of Homeland Security under the leadership of Governor Tom Ridge, we have experienced a significant improvement in this area.

We have learned that there is no effective and quick method to test facilities for anthrax. With this in mind, we have implemented a structured expansion of our facility testing to 30 sites. The distribution of a 10-day supply of antibiotics to employees during the testing period reflects the inability to test quickly.

However, we have learned much. Our employees and the public are far better informed that they have ever been on this issue. We have implemented better

operational procedures that can help minimize anthrax transmission. And we have also improved our maintenance processes. We have come extremely far in so short a period.

I have described a great many actions. But we will not stop there. We cannot. As the entire nation has been reminded through this crisis, the mail is a critical part of our national infrastructure – it is not an option. It is a major element of our personal and business communications, and it will remain so. That is why we will continue our efforts – whatever it takes and as long as it takes – to defeat the enemy we are facing today. It will take the contributions of many people and many organizations working closely together toward this single goal if we are to prevail. And I believe we will.

I want to assure you that we are not underestimating in any way the challenge of protecting a system that is so vast. We will find the right balance between protecting our employees and customers and delivering on our historic mission of operating an effective and efficient Postal Service that remains both safe and accessible.

In closing, I would like to recognize the men and women of the Postal Service. They have demonstrated an incredible commitment to public service during this challenging period. I am proud of each and every one of them.

Thank you.

TESTIMONY OF
WILLIAM BURRUS, PRESIDENT-ELECT

AMERICAN POSTAL WORKERS UNION, AFL-CIO

ON

"TERRORISM THROUGH THE MAIL,
PROTECTING THE POSTAL WORKERS
AND THE PUBLIC"

BEFORE THE

COMMITTEE ON GOVERNMENTAL AFFAIRS,
AND THE SUBCOMMITTEE ON
INTERNATIONAL SECURITY, PROLIFERATION
AND FEDERAL SERVICE
UNITED STATES SENATE

OCTOBER 30, 2001

Hello, Mr. Chairman, and members of the committee. Thank you very much for providing this forum to discuss the enormous crisis faced by this country and, in particular, by the United States Postal Service. As you know, this matter is a matter of life or death for postal workers.

The American Postal Workers Union represents approximately 380,000 employees of the United States Postal Service. Our members work in every State and Territory of the United States. The fact that these men and women have continued to work in the Post Office since anthrax was first discovered in the mail has been nothing short of heroic. I am proud, and humbled, to be representing them before you today. In the face of unknown and potentially deadly danger, they have been determined and steadfast in the performance of their duties.

The September 11, 2001, attack on the World Trade Center and the Pentagon was unspeakably horrible, and it has changed our country in ways that are very profound. The subsequent attack on our

country by the use of anthrax – and that is what is, an attack on our country – is also likely to have a profound effect on our country. Certainly, its effect on postal workers, the American Postal Workers Union, and the United States Postal Service, has already been profound. The deaths of two postal workers and the hospitalization of numbers of others has tested the commitment of postal workers to their work, and to the mission of the Postal Service. It also has tested the commitment of the Postal Service to the welfare of its workers.

I want to emphasize that, despite the deaths and injuries that have occurred, the American Postal Workers Union and the United States Postal Service have approached these tragedies and these challenges together. We are not blaming anyone for the harm done to postal employees and the Postal Service except those terrorists or other criminals who intended to cause death and serious bodily harm by sending anthrax through the mail.

The United States Postal Service accounts for approximately eight percent of Gross Domestic Product, and it delivers messages

and packages to every home in America. For 200 years, it has bound this country together by providing universal service at a uniform and affordable price. It is the best, the most efficient, and the least expensive Postal Service in the world. In short, it is an institution that has enormous, in fact incalculable, value to this country. That value is measured not only in economic terms, but in social terms. Despite the power and sophistication of the Internet, it is still only the United States Postal Service that touches every life in America. As an article in the Wall Street Journal recently stated, "Even a temporary disruption in the distribution of letters and packages due to the anthrax scare could be yet another blow at a time when recession seems at hand."

Immediately when anthrax was discovered in postal facilities, postal officials consulted promptly, and at length, with officials from the Center for Disease Control and other specialists to determine how to protect postal employees. Unfortunately, our base of knowledge about this disease and the threat posed by anthrax was not sufficient to save the lives of two of our fellow workers. I want to reemphasize that I am

not saying that anyone was negligent, or that anyone failed to try hard to protect people. Tragically, two people died and others were injured.

I have been asked how the APWU first learned that anthrax had been discovered in a postal facility. We learned through the news media. After we learned, I met with Postmaster General Potter. At my suggestion, Mr. Potter and other top officials of the Postal Service, began meeting on a daily basis with the presidents of the postal unions and the heads of organizations representing non-union postal employees. This group has sought the best and most sophisticated medical, scientific and engineering information available to meet this threat. We have been reviewing procedures and protections constantly, seeking any available means to protect employees and the public. To their credit, Postmaster General Potter and the Postal Service have exerted every effort to assure and protect the lives of postal workers.

The employer has a legal and a moral obligation to ensure its

workers a safe and secure workplace. That obligation is most important when the issue is one of life or death. The APWU insists that postal facilities be made secure and that the mail be made safe through any necessary means.

The APWU has reached an agreement with the Postal Service that postal facilities where anthrax is found will be closed. In other facilities, even where there is no known anthrax, postal employees are to be issued protective equipment, including respirators and gloves; and environmental testing is to be pursued aggressively. No postal employee will be asked to work in a facility known to be contaminated.

This understanding about how to respond to the discovery of anthrax in a postal facility has been severely tested by the discovery of traces of anthrax in the Morgan Station facility in New York City. Based on advice from scientists, the Postal Service determined that it would close the floor in Morgan Station where the anthrax was found and continue to operate on other floors of that facility. I want to emphasize that the discovery in Morgan station was of traces of

anthrax. The Center for Disease Control has expressed the opinion that these traces are so small as not to pose a health threat to workers in other parts of the Morgan Station facility. This issue was resolved and the parties have renewed their commitment that, if contamination exists, facilities will be closed.

I also have been asked to describe the efforts by the APWU to keep its members informed during this crisis. We have an e-mail list that reaches 1700 locals of the APWU. We try to make the information available to that list as current as possible. We also have set up an 800 number that provides the same information. In addition, I have held two nationwide teleconferences. The first reached approximately 360 sites, at which multiple workers were able to participate in the call, and the second teleconference reached more than 500 sites. In the teleconferences, we provide the members an update, and respond to their questions. Each call lasted approximately two and one-half hours.

The dedication and commitment of postal workers who have

continued to work under these conditions is heroic. Notwithstanding the fact that we have assurances from the best experts on this subject, there can be no guarantee of safety under the circumstances. Postal workers in Morgan Station, and for that matter in every other postal facility in this country, are meeting the true definition of courage: despite their fear and concern, they are performing their duties. I hope and pray that the experts are right, and that no more tragic deaths are suffered.

It remains the policy of the American Postal Workers Union that buildings where anthrax is found must be closed until they are decontaminated. In our view, any amount of anthrax presumptively requires closure. We do, however, remain available to work with postal officials and officials of the Center for Disease Control in an effort to continue providing vital services to the American public.

Testimony of
Vincent R. Sombrotto
President of the National Association of Letter Carriers
Before the
United States Senate
Committee on Governmental Affairs
October 30, 2001

Mr. Chairman, on behalf of the 320,000 members of the National Association of Letter Carriers and myself, I'd like to thank you for holding this important hearing today. I know that you and the members of this committee will understand if I say that I really wish that this hearing was not taking place, but given the current situation we at the the NALC appreciate your concern.

The outpouring of support that we have received over the last week and half has been heartening. To every American, the sight of their letter carrier is a symbol of our national community. It is as familiar as virtually any image of our country. When the perpetrators embarked on this heinous attack they could not possibly have imagined the strength and compassion of the American public.

I know that Congress is keenly aware of the role that the mail plays in our society. As Senator Daschle recently pointed out, "I don't know of anything more important than mail. (Lawmakers) read their mail in order to get a sense of what people are thinking. They read their mail because people have specific concerns.... To be cut off from your mail is really a major impediment to the way any Senate or House office works and functions." In this past Sunday's Washington Post, Helen Dewar reported, "Members say a hand-written letter has a personal quality that is irreplaceable. Its absence, they

say, has eroded their own sense of confidence that they are in close contact with the people who elect them, especially the less-affluent and others who do not have computers." Congresswoman Connie Morella stated that, with her Washington office unable to receive mail, constituents were dropping off their letters at her house.

When we are confronted with a challenge of this magnitude that is wholly removed from anything we have seen before, the learning curve is steep. But the Postal Service and all of the employee organizations have been able to disseminate timely information, as it becomes available to us. It is no secret that our union has not always seen eye-to-eye with the USPS, but this unprecedented attack has met with an equally unprecedented level of cooperation.

We have been forced to rethink the way we move our mail. Serving more than 130 million delivery points six days a week requires a massive and expensive infrastructure — an infrastructure that will largely have to be revamped in the coming months. Our members have learned the hard way that they have to look for new threats, and that the country is relying on them for protection. I have visited our members at the Brentwood facility here in Washington and in West Trenton. The New Jersey letter carriers are casing their mail in tents next to the building where they normally work. They have told me that they are proud to carry on with their work as a way of demonstrating their resolve and to send a strong signal to the thugs who perpetrated this crime against our nation.

Every day for the last two weeks I have gathered with the heads of the postal employee organizations and the Postmaster General at postal headquarters to obtain and share the latest developments. We have heard from the CDC, law enforcement and executive branch agencies in our efforts to understand the full magnitude of this situation. In addition to the videotape and other materials that have been distributed from postal headquarters, we at the letter carriers have been working diligently to disseminate information to our members. We have been regularly updating our website with the latest information, our "NALC Bulletin" is distributed and posted in 13,000 postal facilities and we have been communicating with our National Business Agents through our Intranet.

Last week I had the high privilege of meeting in the Oval Office with President Bush, Governor Ridge and Postmaster General Potter. The White House committed $175 million to deal with the immediate response, such as testing and the distribution of antibiotics, masks and gloves. The Postal Service is also using $200 million from its own security fund. However, there are still enormous expenses to be met, and the Postal Service will be seeking the $2.5 billion in funds necessary to obtain and install equipment to sanitize the mail. These are funds that would go towards the purchase of machines through which mail at all processing facilities would pass to be "cleansed" of biological agents. This would prevent the transmission of Anthrax, Smallpox and other infections through the mail. In addition to the actual purchase of the machines, each facility will need to be retrofitted to accommodate the new equipment and to ensure that employees are trained to operate them safely.

It is important to note that the Postal Service is a self-funded entity and does not receive an appropriation. However, remember Congress does owe the Postal Service $957 million under the Revenue Forgone Reform Act of 1993. Rather than being paid $29 million a year over 42 years as is written into that act, the Postal Service needs the full amount now. Even that amount represents only a portion of the revenue lost as a result of the recent events.

This last couple of weeks has exacted a toll on our members and the Postal Service itself. Restoring the confidence of postal employees and the American public is of the utmost importance, not just for our national psyche, but because the Postal Service is an integral part of this country's economic infrastructure. Individuals and businesses rely on the Postal Service to receive and pay bills and securely send original documents. Keeping that system up and running is absolutely essential. Going days without mail exacts an extraordinary price. For example, one utility company in the DC area has reported that they normally receive 30,000 payments through the mail each day. This is just one isolated example of what the mail means to our economy. It is incumbent upon us -- to whatever extent possible -- to make sure that such economic disruption is not visited upon other areas of the country. We also need to keep some level of perspective on the situation. Thus far we have been relatively fortunate that the tragic events of the last few of weeks seem to have been limited to relatively small geographic areas. We also need to be vigilant, because if these evil doers spread their

poison elsewhere in the country, the result could be exponentially worse than it has been to this point.

I'd also like to note, Mr. Chairman, that this disaster has further highlighted the shortcomings of the 30-year-old law governing the postal service. Simply put, the Postal Service needs greater flexibility, not just when disaster strikes, but on a daily basis.

Each year the NALC honors our heroes of the year, and letter carriers never cease to amaze me by demonstrating what they are capable of when they are confronted with adverse situations. Now every letter carrier must display that same type of heroism. They are the first line of protection for a large segment of the American population. I know they are up to the task, but they also have to have the tools to take on this new challenge.

Mr. Chairman, I wish to thank you and the members of this committee for taking an interest during this difficult time. Too often the work that we do goes unnoticed. In many ways, that serves as a silent tribute to the members of the NALC. Now that the times have called for a more vocal expression of support, I'm glad that you all have been there. Thank you.

Answers to Questions Submitted to
NALC President Vincent R. Sombrotto

1. How was the NALC notified of each transmission of anthrax through the U.S. Mail?

   - Immediately after the first case of anthrax was reported, the NALC began regular meetings with other union leaders and postal officials. Those meetings have continued twice daily for the last two weeks (once a day in person and once by conference call). Once that system was set up, notifications of new cases have been quickly disseminated either in person or by phone call.

2. When did the NALC learn of these events, and who notified the NALC?

- See answer to question 1

3. Upon learning of these events, what actions did the NALC take to relay the information to its state and local chapters, and how did the state and local chapters relay the information to its members?

- The NALC has 15 National Business Agents in different locations around the country. Information has been provided to them via our Intranet, over the phone and by either mailed or faxed written materials. There is a constant flow of the latest information being communicated to them and they in turn have a network to distribute that information to individual letter carriers at postal facilities.
- Information is also provided through the NALC website and the NALC Bulletin, a newsletter that is posted in 13,000 facilities throughout the country.

4. How is the NALC coordinating with Postal management and public officials?
- Coordination with Postal management is addressed in question 1. As for public officials, the NALC has met with dozens of Congressional representatives, including Senators Akaka, Edwards and Kennedy.

5. What are the NALC's recommendations to its members, to the USPS management, and the public with regard to both current anthrax contamination occurrences and safeguarding against future incidents?

   - NALC should take precautions to make sure they are protected, including wearing masks and gloves if they feel they are necessary. If they encounter anything suspicious follow the guidelines they have been issued and contact a supervisor immediately
   - Members of the public have received postcards with tips for identifying and dealing with suspicious mail. They should remain calm and follow those guidelines.

- The Postal Service needs to take steps to ensure the safety of the mail. That will also require Congressional action to provide the USPS with the resources to buy and install equipment to sanitize the mail.

6. Assess the Postal Service's responses to each of these events and what actions USPS should take in a future event.

   - The Postal Service reacted quickly and has set up a good communications network. Keeping such a network in place will be the key to dealing with any future events.

National Postal Mail Handlers Union

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TESTIMONY OF

WILLIAM H. QUINN

NATIONAL PRESIDENT

NATIONAL POSTAL MAIL HANDLERS UNION

BEFORE THE

SENATE COMMITTEE

ON

GOVERNMENTAL AFFAIRS

and the

HOUSE COMMITTEE

ON

GOVERNMENTAL REFORM

U.S. POSTAL SERVICE:

ENSURING THE SAFETY

OF POSTAL EMPLOYEES AND THE MAIL

OCTOBER 30, 2001

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Mr. Chairman and Distinguished Members of the Committee. I am Billy Quinn, National President of the National Postal Mail Handlers Union. On behalf of 50,000 union mail handlers employed by the U.S. Postal Service, I appreciate the opportunity to testify about the challenges of safety and security that currently are being faced by the U.S. Postal Service and all postal employees.

The mail handlers we represent are an essential part of the mail processing and distribution network utilized by the Postal Service to move more than 200 billion pieces of mail each year. Mail handlers work in all of the nation's large postal plants, and are responsible for loading and unloading trucks, transporting mail within the facility, preparing the mail for distribution and delivery, operating a host of machinery and automated equipment, and containerizing mail for subsequent delivery. Our members are generally the first and the last employees to handle the mail as it comes to, goes through, and leaves most postal plants.

Our paramount concern is the safety of postal employees, including all mail handlers. To this end, we have been active participants in the Mail Security Task Force that has been established by postal management and includes representatives of all unions and employee associations.

That Task Force is implementing plans to prevent infection by anthrax or other biological agents that may be sent through the mails. Among other issues, the Task Force is addressing the need to close affected facilities until

they can be certified as safe for all employees; the distribution of necessary antibiotics to postal employees; the distribution and use of masks and gloves that may be helpful in preventing anthrax infections; the development and delivery of safety training programs; and the development of revised cleaning methods for mail processing equipment. The Task Force also is looking to the future, and is considering a host of issues such as anthrax vaccines and irradiation of the mail.

I must say, however, that the Task Force is having great difficulty keeping up with the news and information cycle that has developed around the anthrax issue. And even when the Task Force has current and accurate information, the timely dissemination of that information to more than 800,000 postal employees in thousands of postal facilities is extremely difficult. This problem is exacerbated by the confusing and often contradictory information that is coming out of Postal Headquarters, the Centers for Disease Control, and state and local health authorities.

I just returned from a meeting of all of our Local Union officers and representatives. After a lengthy discussion of the various safety and medical issues facing mail handlers, our local leadership was fully informed with as much accurate information as possible. Even with this information, however, these representatives remain anxious. Certainly they know that mail handlers must exercise caution while processing the mail. But they are less certain about precisely what to tell their members about the specific steps mail handlers should take to ensure their own safety. On the workroom floor, there

is even more anxiety, because members have even less access to accurate information.

The key, therefore, is the timely dissemination of accurate safety and medical information. That should be the focus of the Task Force, and that must be the focus of postal management, the CDC, and state and local health officials. What is needed now is the constant dissemination of accurate – and to the maximum extent possible, consistent – safety and medical information to all postal employees. Mail handlers and other postal employees deserve the best available scientific protection against this bio-terrorism. Through science and reason, we can overcome rumor and fear. In that regard, the most important action Congress can take is to appropriate all of the funds necessary for the Postal Service to process mail safely without harm to employees.

It is unfortunate that it takes an incident such as this to make people aware of the hazards of working in postal facilities. Ten years ago, it was the threat of AIDS from needles and blood spills coming from medical waste in poorly constructed packaging in the postal system. With the help of congressional oversight, that problem has largely been eliminated. Yet our members still face hazardous working conditions. All of the postal unions have written to Congress or testified about the need for protection from dangerous equipment and terrible ergonomic injuries.

We therefore need to take this tragedy and turn it into a positive movement for worker safety. This is a unique moment, when American citizens

have again been made aware of the great importance that the Postal Service serves in our nation's communications network. They will rally behind a sustained movement to make the postal workplace safe for its employees and a source of confidence for its customers. To do any less would be to fail in our commitment to the future integrity of the U.S. postal system.

Thank you, and I will be glad to answer any questions you may have.

Statement of Gus Baffa, President of NRLCA

to the U. S. Senate Subcommittee on

International Security, Proliferation, and Federal Service

October 30, 2001

Mr. Chairman and members of the Committee, My name is Gus Baffa. I am President of the 101,000 member National Rural Letter Carriers' Association. Thank you for holding these hearings.

The use of the US mail as a vehicle for terrorist attacks was intended as a biological poisoning of prominent Americans. The attacks have had other effects as well. One effect has been a tremendous disruption of one of the great services to the Commerce of this country, Our United States Postal Service. Mail delayed costs the economy billions of dollars. Banks, Credit Unions, Utilities, Mortgage Companies and Credit Card companies are granting amnesty because of mail delays.

Another effect of the attacks is that the use of one of the most reliable staples in American's daily lives has become frightening to many Americans. Yet, since September 11th USPS has delivered more than 20 Billion safe pieces of mail.

The tragedy to our Postal Community is very real. On behalf of all the members of the rural letter carrier family, I offer our Sympathy to the families of victims of the terrorists. We offer our thoughts and prayers for a full and speedy recovery for our brothers and sisters who are currently undergoing treatment for anthrax poisoning. To the rural carriers who work in Trenton or receive mail from Brentwood, our continuing prayers of thanks that not one of you has been diagnosed positive.

The Postal Service has attempted to do it's very best during this crisis. There is no playbook to follow; this is a road none of us have been down before. This is an asymmetrical attack on our country. It doesn't matter if we are referring to a rural letter carrier, a postal clerk, the PMG, the FBI, or the Center for Disease Control (CDC), it's new to all of us.

Postal Workers are part of the army of foot soldiers in this war against terrorism and back toward normalcy. As our President said, we must continue life as normal. Our members are doing that every day, we are reporting to work, casing mail, putting it in our vehicles, and delivering it. Sure some are very worried. As a Kentucky rural carrier said in a National

Public Radio interview, when asked if anything had changed, he replied sure, now when I come home each day instead of hugging my three children immediately, I bathe first.

At this time of extreme anxiety, PMG Potter and postal employees across the country have stepped up to the plate to ensure continued delivery of our nation's mail. Now it is time for Congress to step up to the plate by appropriating the sums necessary to ensure safe and ongoing mail delivery, and by passing postal reform legislation to ensure that the postal service can function safely and effectively in the 21st century.

The mailing industry is a vital service engine to our Nation's commerce and economy, generating $871 billion annually, and making up approximately 9% of the Gross National Product. However, the postal service is operating under an antiquated law that hinders its ability to adapt to the changed world of the new century. Congress needs to enact legislation that enables the Postal Service to operate in the 21st century as a 21st century institution. Congressmen McHugh's, Davis's, and Chm. Burton's bill is an excellent vehicle to bring this essential change. The time to mark-up this bill is NOW.

We are grateful to the White House and Congress for the $175 million as a short-term carry-over for November. We appreciate the $63 million related to the destruction of Church Street Station in New York City and events immediately after September 11th. We are most grateful for this beginning.

However, we desperately need additional appropriations assistance with the enormous costs of sanitizing the mail and the significant revenue losses associated with this disruption. In addition, we need postal reform legislation to ensure that the short-term money and future appropriations to be properly utilized. We urge Speaker Hastert to make room on the House calendar for reform legislation this year.

A high level task-force consisting of USPS Headquarter Officers, the Presidents of the 7 employee organizations and unions, the Chief Postal Inspector, the Inspector General of the Postal Service, and the CDC has been meeting daily. These meetings bring concerns and questions from our memberships to management and the CDC. It is management's opportunity to share the latest actions with us so we may disseminate them to our members. It's vital communication in this period of uncertainty.

Those meetings are where we learned the USPS has purchased 4 million facemasks and shipped 2 million of them on Oct 23 to 140 locations, starting on the East Coast. These masks are able to filter out 95% of all microbes in the air, including anthrax spores. Use of these masks is not mandatory, but is highly recommended.

The USPS has purchased 86 million pairs of gloves made of vinyl and Nitrile, a high-grade industrial plastic, to supply 3 pairs per employee per day throughout the nation. Forty-four million pairs have been shipped. Use of these gloves is not mandatory, but is highly recommended.

USPS has consulted with the Dept of Defense and is purchasing irradiation equipment to kill any biological agents in mail separated by targeted screening. This new equipment will be built directly into the sorting process. Its technology will be completely safe for employees and customers. It will be using the latest, state-of-the-art technology.

This war effort will not be cheap or completed without sacrifice. The Postal Service needs an appropriation for the long-term sanitation of the mail to protect employees and customers alike, and we need assistance because of

the income disruption. The management and employees of the US Postal Service will come to work and do our jobs each and every day. We need you in Congress as a partner to pass postal reform now, so the appropriations needed to insure the safety of the mail for our employees and customers will be well spent.

Thank you, Mr. Chairman. I would be pleased to answer any questions.

Testimony of Senator Paul D. Wellstone
Chair, Senate Subcommittee on Employment, Safety, and Training

Senate Government Affairs Committee
"Terrorism Through the Mail: Protecting Postal Workers and the Public"

October 31, 2001

Mr. Chairman, and members of the Committee, I want to thank you for the opportunity to testify today and commend you for holding these hearings. As Chair of the Subcommittee on Employment, Safety, and Training, I am concerned about the adequacy of workplace safety measures being taken to protect the health and well being of postal workers and indeed the public as a whole in the face of the recent anthrax attacks. This hearing could not come at a more important time.

Earlier this week, Senator Dayton and I hosted several meetings in Minnesota with postal workers, managers, and state public health officials about their issues and concerns in the face of the recent anthrax attacks. I want to share these concerns with you in the hopes that the Committee will be able to address them. I also believe that our response to the current anthrax threat to the mail system presents a microcosm of workplace health and safety concerns about adequate responses to acts of bioterrorism or threatened acts of bioterrorism in general. So, what you are doing here today is extremely important.

The workers Senator Dayton and I spoke with are in a very stressful situation, to say the least. Indeed they are the front line soldiers in dealing with this latest act of terrorism. They are shouldering their responsibilities proudly. Despite their fears, they are getting up every day to serve their country and the public by processing and delivering the mail.

Here are some of the concerns that I am hearing and which I share.

Medical and testing protocols: In Minnesota there appeared to be confusion about who should be tested for possible exposure to anthrax, who should do that testing, who should pay for that testing, and when particular workplaces should be tested. When a worker encounters a substance that looks suspicious, that worker either wants to be tested or wants the substance to be

tested. That is totally understandable. I recognize that there are a large number of false alarms. I am told that just since September 11th there have been at least 5,400 anthrax threats. But there are also reports of new "hot spots" every day. I would urge that the protocols developed by the Postal Service in consultation with the Center for Disease Control take into account the human and psychological toll on these public servants who are under incredible stress. We need to do whatever we can reasonably do to ease their fears.

Communications: Related to the above concerns, we also heard that there was confusion about protocols and practices. Sometimes workers received different answers to the same questions. Sometimes they felt they were not being given all of the answers. This seems to mirror some of the confusion we have been experiencing at the national level as well. I know these are trying times. And I certainly do not question the hard work or sincere intentions of everyone who is trying to deal with this horrible scourge. But it does seem that in dealing with a public health crisis, clear lines of responsibility and absolute candor are imperative.

Worker Involvement: We are also hearing about the importance of involving workers and their representatives in determining how best to respond to the latest threats. Front-line workers best understand the procedures, equipment, and the like that potentially place them and others at risk. Their voices need to be in the mix as risks are assessed and responses are planned. Let me give you an example. Minnesota is home to one of three so-called "mail recovery centers." These are the centers that handle mail and packages that have incorrect or incomplete addresses, lack return addresses, have contents that have become separated from the main bulk of the letter or for some other reason cannot be delivered. In other words, these are packages that fit the profile for what might be considered suspicions – and the Minnesota center receives 100,000 of these a day. It was not until Monday after our meetings with the postal workers and managers that we heard that this center would undergo environmental testing. I am pleased that this decision has been made. But I think it is also a useful case in point. If we involve workers up front in risk assessments and decisions about how to respond, we'll inevitably make better decisions.

Efficacy of preventive approaches: As you know, the Center for Disease Control has issued guidelines for the use of protective masks and gloves for postal workers deemed to be at risk. During our meetings, we heard some skepticism about the efficacy of these measures. My understanding is that you will have representatives of the Center for Disease Control here today and I urge you to question these witnesses closely about these measures.

Training: There seem to be large, understandable gaps in workers' and managers' understanding about how to respond to acts – or threatened acts – of bioterrorism. Training in effective responses would seem to be in order. Such training might be delivered through unions, local health entities, or other local agencies. My understanding is that postal workers have asked specifically for training in how to use the masks or respirators recommended by CDC. As you consider the resources necessary to respond to the recent anthrax attacks, I urge you to consider the need for "best practices" training for workers and managers.

Again, Mr. Chairman, I commend you for holding these hearings. And I look forward to working with you on these critical workplace health and safety issues.

Testimony
Before the Committee on Governmental Affairs and Subcommittee on International Security, Proliferation and Federal Services
United States Senate

Bioterrorism: CDC's Public Health Response

Statement of
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Director
Division of Bacterial and Mycotic Diseases
National Center for Infectious Diseases
Centers for Disease Control and Prevention
Department of Health and Human Services

For Release on Delivery
Expected at 9:30 am
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Good morning, Mr. Chairman and Members of the Committee. I am Dr. Mitchell L. Cohen, Director, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC). Thank you for the invitation to update you on CDC's public health response to the threat of bioterrorism. I will update you on CDC's response to recent anthrax exposures, and I will discuss the status of implementing the overall goals of our bioterrorism preparedness program.

As has been highlighted recently, increased vigilance and preparedness for unexplained illnesses and injuries are an essential part of the public health effort to protect the American people against bioterrorism. Prior to the September 11 attack on the United States, CDC was making substantial progress toward defining, developing, and implementing a nationwide public health response network to increase the capacity of public health officials at all levels–federal, state, and local–to prepare for and respond to deliberate attacks on the health of our citizens. The events of September 11 were a defining moment for all of us, and since then we have dramatically increased our levels of preparedness and are implementing plans to increase it even further.

Recent Anthrax Exposures

As you are aware, many facilities in communities around the country have received anthrax threat letters. Most were received as empty envelopes; some have contained powdery substances. However, in some cases, actual anthrax exposures have occurred. On Wednesday, October 3, the Florida Department of Health notified CDC of a positive anthrax laboratory test result in a Florida resident who had recently visited North Carolina. Samples were sent overnight to CDC for confirmatory testing, and CDC dispatched two investigative teams–to Florida and North Carolina–on October 4. By Sunday, October 7, test results confirmed that a second person–a coworker of the first individual–had been exposed to anthrax and that traces of the bacteria had been found in their workplace. A decision was made to close the building, and

additional CDC staff were sent to help the state and local public health department manage notification, health evaluations of other coworkers, and provision of prophylactic antibiotics after the National Pharmaceutical Stockpile was deployed.

As CDC was continuing to receive clinical specimens and environmental samples from Florida, we became aware of a possible case of cutaneous anthrax in New York City. This person, an NBC employee in Rockefeller Plaza, had opened envelopes containing powder on September 18 and 25 and subsequently developed a skin lesion. A biopsy of the lesion yielded evidence of anthrax. The diagnosis was confirmed by immunohistochemistry on a skin biopsy specimen in CDC's laboratory in the early morning of October 12. The New York City Department of Health and CDC immediately implemented appropriate public health actions, including restricting access to two floors of 30 Rockefeller Plaza and evaluating workers for the need for prophylactic therapy. CDC sent additional personnel to New York, joining the more than 30 epidemiologists and other CDC staff assisting with worker injury and enhanced syndrome surveillance following the September 11 terrorist attack. Laboratory studies on the powder from the September 25 letter were negative for the organism causing anthrax. Subsequent investigation identified the letter that had arrived on September 18, which was found to be contaminated with *Bacillus anthracis*, the organism that causes anthrax.

On October 15, CDC was notified of a possible anthrax exposure on Capitol Hill. A letter, which has now been confirmed to have contained *B. anthracis*, was opened by a Senate staff member. This person took appropriate action, notifying emergency personnel, and public health measures were promptly implemented. Certain areas of the office building were closed, and employees were screened by history for exposure and started on antibiotic prophylaxis after a nasal swab was obtained to assess the extent of the exposure zone. CDC has sent over 70 epidemiologists, laboratorians, environmental health experts, industrial hygienists, and other public health professionals to Washington, DC, to assist local, state, and federal authorities in the investigation.

Environmental specimens have tested positive from the initial area of exposure as well as several other locations in Congressional office buildings. In addition, mail rooms in the U.S. Capitol complex have had positive environmental samples. Environmental specimens have also tested positive from mail facilities servicing the Departments of State and Justice, the CIA, the Walter Reed Army Institute of Research, and the U.S. Supreme Court.

Late Friday evening, October 19, enhanced regional surveillance activities–a collaborative effort between the Washington, DC, Department of Health (DCDOH), the Maryland Department of Health and Mental Hygiene, and the Virginia Department of Health–identified a patient with an acute respiratory illness who was an employee of the U.S. Postal Service's Washington, DC, Processing and Distribution Center (the Brentwood facility). The patient's illness progressed, and on Sunday, October 21, the illness was confirmed as inhalational anthrax. Between October 20 and 22, three additional postal workers at the Brentwood facility were hospitalized for what was determined to be inhalation anthrax. On Thursday, October 25, a mail handler for diplomatic pouch mail at an off-site mail facility servicing the Department of State was hospitalized and subsequently confirmed as having inhalational anthrax. Two of these five workers have died.

On Saturday, October 20, CDC and DCDOH initiated an investigation of the Brentwood facility, based on the clinical presentation of illness in the index case. Although no specific exposure event was identified, the contaminated tightly sealed letter that was mailed to the Senator's office was processed at this facility on October 12 before entering the Capitol mail distribution system. The Brentwood facility was closed on October 21, and antibiotic prophylaxis was recommended to employees working there. In addition, business visitors to nonpublic operations areas of this facility also were offered antibiotics. Subsequently, antibiotic therapy has been recommended to all mail handlers in facilities receiving mail directly from the Brentwood facility pending results of ongoing epidemiologic and environmental investigation.

The first patient also worked at a second postal facility. On October 21, this facility also was closed. Antimicrobial prophylaxis also was recommended for workers at this facility pending further epidemiologic and environmental testing.

As of this morning–October 30–2 cases of inhalational anthrax have been identified in Florida, 5 cases of inhalational anthrax have been identified in Washington, DC, 1 case of inhalational anthrax and 6 cases of cutaneous anthrax have been identified in New York City, and 2 cases of inhalational anthrax and 4 cases of cutaneous anthrax have been identified in New Jersey.

CDC is working with U.S. Postal Service employees and managers on strategies to protect workers in mail-handling and processing facilities from exposure to anthrax. These strategies include administrative controls to limit the number of workers potentially exposed, engineering and house-keeping controls to prevent exposure, and personal protective equipment for workers handling mail.

The best defense against such biologic threats continues to be accurate information regarding how to recognize a potential threat and knowledge of appropriate actions. In the *Morbidity and Mortality Weekly Report* (*MMWR*) and in multiple health advisories distributed via the Health Alert Network, CDC has issued several updates on the investigations as well as interim guidelines for health departments with recommended procedures for handling such incidents. These guidelines include advice to the public and state and local health officials dealing with suspicious incidents, as well as guidance to clinical laboratory personnel in recognizing *Bacillus anthracis* in a clinical specimen. The guidelines also outline post-exposure prophylaxis and anthrax treatment recommendations. In persons exposed to *Bacillus anthracis*, disease can be prevented with antibiotic treatment. Early antibiotic treatment of all forms of anthrax is essential. The *Bacillus anthracis* strains in this outbreak are susceptible to doxycycline and fluoroquinolones. Ciprofloxacin or doxycycline is recommended as the

antibiotic for initial use for prophylaxis. Copies of the October 26, 2001, *MMWR*, which addresses these issues, have been provided to the Committee.

This is the first bioterrorism-related anthrax attack in the United States, and the public health ramifications of this attack continue to evolve. In collaboration with state and local health and law enforcement officials, CDC and the FBI are continuing to conduct investigations related to anthrax exposures. During this heightened surveillance, cases of illness that may reasonably resemble symptoms of anthrax will be thoroughly reviewed. The public health and medical communities continue to be on a heightened level of disease monitoring to ensure that any potential exposure is recognized and that appropriate medical evaluations are given. This is an example of the disease monitoring system in action, and that system is working.

Public Health Leadership

The Department of Health and Human Services' (DHHS) anti-bioterrorism efforts are focused on improving the nation's public health surveillance network to quickly detect and identify the biological agent that has been released; strengthening the capacities for medical response, especially at the local level; expanding the stockpile of pharmaceuticals for use if needed; expanding research on disease agents that might be released, rapid methods for identifying biological agents, and improved treatments and vaccines; and preventing bioterrorism by regulation of the shipment of hazardous biological agents or toxins.

As the nation's disease prevention and control agency, it is CDC's responsibility on behalf of DHHS to provide national leadership in the public health and medical communities in a concerted effort to detect, diagnose, respond to, and prevent illnesses, including those that occur as a result of a deliberate release of biological agents. This task is an integral part of CDC's overall mission to monitor and protect the health of the U.S. population.

In 1998, CDC issued *Preventing Emerging Infectious Diseases: A Strategy for the 21st Century*, which describes CDC's plan for combating today's emerging diseases and preventing

those of tomorrow. It focuses on four goals, each of which has direct relevance to preparedness for bioterrorism: disease surveillance and outbreak response; applied research to identify risk factors for disease and to develop diagnostic tests, drugs, vaccines, and surveillance tools; infrastructure and training; and disease prevention and control. This plan was developed with input from state and local health departments, disease experts, and partner organizations such as the American Society for Microbiology, the Association of Public Health Laboratories, the Council of State and Territorial Epidemiologists, and the Infectious Disease Society of America. It emphasizes the need to be prepared for the unexpected – whether it is a naturally occurring influenza pandemic or the deliberate release of anthrax by a terrorist. It is within the context of these overall goals that CDC has begun to address preparing our nation's public health infrastructure to respond to acts of biological terrorism. Copies of this CDC plan have been provided previously to the Committee. In addition, CDC presented in March a report to the Senate entitled *Public Health's Infrastructure: A Status Report*. Recommendations in this report complement the strategies outlined for emerging infectious diseases and preparedness and response to bioterrorism. These recommendations include training of the public health workforce, strengthening of data and communications systems, and improving the public health systems at the state and local level.

CDC's Strategic Plan for Bioterrorism

CDC outlined necessary steps for strengthening public health and healthcare capacity to protect the nation against bioterrorist threats in its April 21, 2001, *MMWR* release of *Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response - Recommendations of the CDC Strategic Planning Workgroup*. This report reinforces the work CDC has been contributing to this effort since 1998 and lays a framework from which to enhance public health infrastructure. In keeping with the message of this report, five key focus areas have been identified which provide the foundation for local, state, and federal planning efforts:

Preparedness and Prevention, Detection and Surveillance, Diagnosis and Characterization of Biological and Chemical Agents, Response, and Communication. These areas capture the goals of CDC's Bioterrorism Preparedness and Response Program for general bioterrorism preparedness.

- ***Preparedness and Prevention***

CDC has been working to ensure that all levels of the public health community – federal, state, and local – are prepared to work in coordination with the medical and emergency response communities to address the public health consequences of biological and chemical terrorism.

CDC is creating diagnostic and epidemiological guidelines for state and local health departments and will help states conduct drills and exercises to assess local readiness for bioterrorism. In addition, CDC, the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Department of Defense (DOD), and other agencies are supporting and encouraging research to address scientific issues related to bioterrorism. In some cases, new vaccines, antitoxins, or innovative drug treatments need to be developed, manufactured, and/or stocked. Moreover, we need to learn more about the pathogenesis and epidemiology of the infectious diseases which do not affect the U.S. population currently. We have only limited knowledge about how artificial methods of dispersion may affect the infection rate, range of illness, and public health impact of these biological agents.

- ***Detection and Surveillance***

As was evidenced in Florida, New York, and Washington, DC, the initial detection of a biological terrorist attack occurs at the local level. Therefore, it is essential to educate and train members of the medical community – both public and private – who may be the first to examine and treat the victims. It is also necessary to upgrade the surveillance systems of state and local health departments, as well as within healthcare facilities such as hospitals, which will be relied

upon to spot unusual patterns of disease occurrence and to identify any additional cases of illness. CDC is providing terrorism-related training to epidemiologists and laboratorians, infection control personnel, emergency responders, emergency department personnel and other front-line health-care providers, and health and safety personnel. CDC is providing educational materials regarding potential bioterrorism agents to the medical and public health communities on its website for Public Health Emergency Preparedness and Response at www.bt.cdc.gov. CDC is working with partners such as the Johns Hopkins Center for Civilian Biodefense Studies (www.hopkins-biodefense.org) and the Infectious Diseases Society of America to develop training and educational materials for incorporation into medical and public health graduate and post-graduate curricula. With public health partners, CDC is spearheading the development of the National Electronic Disease Surveillance System, which will facilitate automated, timely electronic capture of data from the healthcare system.

- ***Diagnosis and Characterization of Biological and Chemical Agents***

To ensure that prevention and treatment measures can be implemented quickly in the event of a biological or chemical terrorist attack, rapid diagnosis is critical. CDC has developed guidelines and quality assurance standards for the safe and secure collection, storage, transport, and processing of biologic and environmental samples. In collaboration with other federal and non-federal partners, CDC is co-sponsoring a series of training exercises for state public health laboratory personnel on requirements for the safe use, containment, and transport of dangerous biological agents and toxins. CDC, also in cooperation with the Association of Public Health Laboratories (APHL) and the National Laboratory Training Network (NLTN) have sponsored a "hands-on" laboratory course for public health microbiologists. In conjunction with the course, CDC produced two videos that were distributed to the participants as well as to members of the NLTN. The participants in this course are now using these videos and the other materials developed by CDC to train other laboratorians in their states. CDC is also enhancing its efforts

to foster the safe design and operation of Biosafety Level 3 laboratories, which are required for handling many highly dangerous pathogens. Furthermore, CDC is developing a Rapid Toxic Screen to detect people's exposure to 150 chemical agents using blood or urine samples.

- ***Response***

A decisive and timely response to a biological terrorist event involves a fully documented and well rehearsed plan of detection, epidemiologic investigation, and medical treatment for affected persons, and the initiation of disease prevention measures to minimize illness, injury and death. CDC is addressing this by (1) assisting state and local health agencies in developing their plans for investigating and responding to unusual events and unexplained illnesses, and (2) bolstering CDC's capacities within the overall federal bioterrorism response effort. CDC is formalizing current draft plans for the notification and mobilization of personnel and laboratory resources in response to a bioterrorism emergency, as well as overall strategies for vaccination, and development and implementation of other potential outbreak control strategies such as quarantine measures. In addition, CDC is developing national standards to ensure that respirators used by first responders and by other health care providers responding to terrorist acts provide adequate protection against weapons of terrorism.

- ***Communication Systems***

Rapid and secure communications are crucial to ensure a prompt and coordinated response to an intentional release of a biological agent. Thus, strengthening communication among clinicians, emergency rooms, infection control practitioners, hospitals, pharmaceutical companies, and public health personnel is of paramount importance. To this end, CDC is making a significant investment in building the nation's public health communications infrastructure through the Health Alert Network (HAN). HAN is a nationwide program to establish the communications, information, distance-learning, and organizational infrastructure

for a new level of defense against health threats, including bioterrorism. Currently, 13 states are connected to all of their local health jurisdictions; 37 states have begun connecting to local providers as well; and CDC is also directly connecting to groups, such as the American Medical Association, to cast a broad net of coverage. CDC has also established the Epidemic Information Exchange (Epi-X), a secure, Web-based communications system that provides information sharing capabilities to state and local health officials. CDC also provides timely satellite broadcast and web-broadcast training through the Public Health Training Network. For example, CDC experts recently shared information on anthrax with physicians, hospitals, and other healthcare providers across the country.

Ongoing communication of accurate and up-to-date information helps calm public fears and limit collateral effects of the attack. CDC communicates with the public directly through its website on emergency preparedness and through a public inquiry telephone and email system, which, since the recent attacks, has responded to hundreds of questions daily. In addition, CDC communicates to the public by releasing daily updates to the news media, answering inquiries from the press and providing medical experts for interviews.

The National Pharmaceutical Stockpile

Another integral component of public health preparedness at CDC has been the development of a National Pharmaceutical Stockpile (NPS), which is mobilized in response to an episode caused by a biological or chemical agent. The role of the CDC's NPS program is to maintain a national repository of life-saving pharmaceuticals and medical material that can be delivered to the site or sites of a biological or chemical terrorism event in order to reduce morbidity and mortality in a civilian population. The NPS is a backup and means of support to state and local first responders, healthcare providers, and public health officials. The NPS program consists of a two-tier response: (1) 12-hour push packages, which are pre-assembled arrays of pharmaceuticals and medical supplies that can be delivered to the scene of a terrorism

event within 12 hours of the federal decision to deploy the assets and that will make possible the treatment or prophylaxis of disease caused by a variety of threat agents; and (2) a Vendor-Managed Inventory (VMI) that can be tailored to a specific threat agent. Components of the VMI will arrive at the scene 24 to 36 hours after activation. The NPS was mobilized for the first time on September 11, when a 12-hour push pack was deployed to New York City, delivering 50 tons of medical supplies to the site of the disaster in 7 hours. In addition, substantial quantities of VMI were delivered to New York City within 24 hours. Components of the VMI were deployed to Palm Beach, Florida, Montgomery County, Maryland, and Trenton, New Jersey, to provide adequate supplies of antibiotics to provide prophylaxis to individuals who were potentially exposed to anthrax. CDC has developed this program in collaboration with federal and private sector partners and with input from the states.

Core Capacities for State and Local Health Bioterrorism Preparedness and Response

CDC has been working with partners at all levels to develop core capacities needed to respond to pubic health threats and emergencies. CDC is also developing specific guidelines to assist public health agencies in their efforts to build comprehensive bioterrorism preparedness and response programs. This collaborative effort engages federal, state, and local partners in determining what is needed for state and local public health agencies to improve their preparedness and response to bioterrorism. This process enables health departments to more effectively target specific improvements to protect the public's health in the event of a biological or chemical terrorist event and will provide the framework for future program efforts. The core capacities effort is for dual purpose. While these capacities focus on bioterrorism events, they are also relevant to naturally occurring infectious disease outbreaks and natural disasters.

Challenges

CDC has been addressing issues of detection, epidemiologic investigation, diagnostics, and enhanced infrastructure and communications as part of its overall bioterrorism preparedness strategies. Based on federal, state, and local response in the weeks following the events of September 11, and on recent training experiences, such as the National TOPOFF event and the *Dark Winter* exercise, CDC has learned valuable lessons and identified gaps that exist in bioterrorism preparedness and response at federal, state, and local levels. CDC will continue to work with partners to address challenges such as improving coordination among other federal agencies during a response and understanding the necessary relationship needed between conducting a criminal investigation versus an epidemiologic case investigation. These issues, as well as overall preparedness planning at federal, state, and local levels, require additional action to ensure that the nation is fully prepared to respond to acts of biological and chemical terrorism.

Disease experts at CDC are working with partners at other federal agencies and in state and local health departments to develop strategies to prevent the spread of disease during and after bioterrorist attacks. Specific components include (1) creating protocols for immunizing at-risk populations subject to the availability of suitable vaccines; (2) isolating large numbers of exposed individuals when there is risk that the disease can be spread from person to person; (3) reducing occupational exposures; (4) assessing methods of safeguarding food and water from deliberate contamination; and (5) exploring ways to improve linkages between animal and human disease surveillance networks since threat agents that affect both humans and animals may first be detected in animals.

Conclusion

In conclusion, CDC is committed to working with other federal agencies and partners as well as state and local public health departments to ensure the health and medical care of our citizens. We have made substantial progress to date in enhancing the nation's capability to

prepare for and respond to a bioterrorist event. The best public health strategy to protect the health of civilians against a biological attack is the development, organization, and enhancement of public health prevention systems and tools. Priorities include strengthened public health laboratory capacity, increased surveillance and outbreak investigation capacity, and health communications, education, and training at the federal, state, and local levels. Not only will this approach ensure that we are prepared for deliberate bioterrorist threats, but it will also ensure that we will be able to recognize and control naturally occurring new or re-emerging infectious diseases. A strong and flexible public health infrastructure is the best defense against any disease outbreak.

Thank you very much for your attention. I will be happy to answer any questions you may have.

Not for publication
until released by
Committee on Governmental Affairs
United States Senate

Terrorism Through the Mail: Protecting the Postal Workers and the Public

By

MG John S. Parker

Commanding General, U.S. Army Medical Research and Materiel Command and Fort Detrick

Submitted to the

Committee on Governmental Affairs and the Subcommittee on International Security, Proliferation and Federal Service

October 31, 2001

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United States Senate

Good morning, Mr. Chairman and other distinguished members of this committee and subcommittee. Thank you for the invitation to testify before you today. My name is Major General John S. Parker and I represent the outstanding scientists and professionals of the U.S. Army Medical Research and Materiel Command and my biocontainment laboratory, the U.S. Army Medical Research Institute of Infectious Diseases, also known as USAMRIID. USAMRIID's mission is to develop the medical products, strategies, procedures, information, and training for medical defense of our service members against biological warfare and endemic infectious diseases that require biocontainment. In recent years this mission has expanded to include helping defend our nation against biological terrorism.

Since September 11th, USAMRIID has been fully engaged in supporting DOD, FBI, HHS, Congress, and the interagency community with round-the-clock, cutting-edge reference diagnostic capabilities. A large number of samples have been processed requiring over 31,750 laboratory assays. The results of these tests are reported to our customers upon full confirmation of the laboratory findings.

I am here today to discuss USAMRIID's support to the FBI in analyzing the powdery material contained in the letter sent to Senator Daschle. I present the following timeline to document the chronology of our response.

On the afternoon of 15 October, USAMRIID received samples from the FBI and the Capitol Police, which included letters addressed to Senator Daschle. The initial observation of the material in one of the letters, performed under biosafety level 3 containment conditions, revealed a fine, light tan powder that was easily dispersed into the air. Preliminary laboratory results including polymerase chain reaction and fluorescent antibody stain indicated *Bacillus anthracis* spores. USAMRIID reported to the FBI on the afternoon of the 15th the preliminary results indicating that the material was anthrax spores. Further, one of our technicians/scientists made a statement that this material grossly had some attributes consistent with "weaponized" anthrax. On the evening of 15 October, USAMRIID completed the initial battery of

confirmatory tests verifying positive results for anthrax. This additional information was relayed to the FBI that evening and was subsequently re-iterated to the FBI and others in an interagency conference call the morning of 16 October. At that time, USAMRIID revisited the term "weaponized" and decided the terms "professionally done" and "energetic" as more appropriate descriptions in lieu of any real familiarity with weaponized materials.

On 16 October, USAMRIID began to examine the samples further via transmission electron microscopy (TEM). Initial TEM analysis was performed on hydrated powder. This study revealed that the material was comprised solely of a high concentration of spores without debris or vegetative forms, suggesting this material was refined or processed.

USAMRIID participated in an interagency conference call on the morning of 17 October, updating participants on the results of the antibiotic susceptibility profile. Statistical analyses for the spore dimensions from the TEM micrographs were begun on the 17th. On the same day, USAMRIID provided the FBI samples of the powder from the Daschle letter to send to another laboratory for analysis of the material. The results from TEM of the hydrated powder were reported to the interagency phone conference by the 18th.

On 17 October, I briefed the full Senate Caucus, Senator Daschle's staff and the assembled Senate staff, in addition to participating in a news conference with Senators Daschle and Lott, on preliminary characterization of the sample.

USAMRIID next began investigating the dry powder on 18 October by scanning electron microscopy (SEM). This method revealed particle aggregates of varying sizes comprised solely of spores without a visible binding matrix. The material seen under SEM ranged in size from single spores to aggregates of spores up to 100 microns or more. The spores within the aggregate were uniform in appearance. The aggregates had a propensity to pulverize. We first relayed these observations to our customer, the FBI, on the evening of 19 October. A written progress report was hand-carried to the FBI on 22 October for a discussion of USAMRIID data in comparison with that of other laboratories contributing to the ongoing analysis and

investigation. USAMRIID's data were briefed to the Secretary, HHS, on 23 October, at his request.

USAMRIID continues to support the FBI in the ongoing investigation and any related analysis we can perform with our biocontainment capability and scientific expertise. We are proud to be an integral component in our Nation's defense and response to this tragic situation and I am especially grateful for the opportunity to address this august body today. I will now entertain your questions.

United States General Accounting Office

GAO

Testimony

Before the Senate Committee on Governmental Affairs

For Release on Delivery
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HOMELAND SECURITY

A Risk Management Approach Can Guide Preparedness Efforts

Statement of Raymond J. Decker
Director, Defense Capabilities and Management

GAO
Accountability * Integrity * Reliability

GAO-02-208T

Mr. Chairman and Members of the Committee:

I appreciate the opportunity to be here today to participate in this hearing on security of the U.S. Mail and postal workers. As requested, my testimony will focus on the work we have done over the past five years on combating terrorism and our recommendations advocating a risk management approach for such programs.[1] Risk management is a systematic process to analyze threats, vulnerabilities, and the criticality (or relative importance) of assets to better support key decisions linking resources with prioritized efforts for results.

With the coordinated terrorist attacks against the World Trade Center and the Pentagon on September 11, 2001, terrorism rose to the top of the country's national security and law enforcement agendas. Funding to combat terrorism, which was originally budgeted for just under $13 billion, may now exceed $50 billion for fiscal year 2002. The funds support efforts to mitigate the effects of the attacks, enhance transportation security, support national security, assist the U.S. commercial aviation industry, and can help in a variety of other related purposes. Moreover, as military operations continue in Afghanistan, letters containing the anthrax bacteria have turned up in congressional offices, federal agency buildings, post offices, and several media companies. On October 29, 2001, the Attorney General indicated the need to be prepared for still more terrorist incidents. The threat of such incidents comes with great uncertainty given the changing nature of terrorist attacks over the last decade—ranging from food poisoning in Oregon, to a truck bomb in Oklahoma, to suicide airline hijackings in New York, to anthrax-laced letters in the District of Columbia.

Much of the discussion in today's hearing will focus on the government's response to incidents involving anthrax delivered through the U.S. Mail. Given the recent nature of these incidents and the ongoing investigation, the thrust of current actions will be short-term crisis management and tactical responses. While we have conducted a number of reviews of federal programs to combat terrorism, we have not conducted any detailed reviews of recent actual events. Thus, my testimony will take a more strategic and longer-term view to help guide future programs and responses to combat terrorism and other threats. First, I will provide some background on our past work related to risk management,

[1] A list of related GAO products appears at the end of this statement.

including our recommendations and individual agencies' experiences. Second, I will provide more details on the elements and benefits of risk management as we face new and uncertain challenges.

In our recent capstone report on combating terrorism, we made several recommendations to improve the federal government's ability to combat terrorism.[2] Our key recommendation was implemented on October 8, 2001 when the President signed Executive Order 13228, establishing the Office of Homeland Security as the single focal point for overall leadership and coordination. While we have not reviewed the functions and responsibilities of the newly established Office or the associated Homeland Security Council, we believe that its efforts to develop a national strategy for homeland security should include a risk management approach.

Summary

Since 1996, we have produced more than 60 reports and testimonies on the federal government's efforts to combat terrorism. Several of these reports have recommended that the federal government use risk management as an important element in developing a national strategy. Individual federal agencies have efforts underway, but the results to date have been inconclusive. In September 1999, we recommended that the Department of Justice, specifically the Federal Bureau of Investigation (FBI), conduct threat and other assessments at the national level as part of a risk management approach that could be useful nationwide. In April 1998, we asked Congress to consider requiring that the domestic preparedness program use a risk management approach with state and local governments in preparing state and local governments for terrorist attacks involving weapons of mass destruction. The Department of Justice is working with state and local governments to complete risk management tools for the domestic preparedness program. The Department was nearing completion of these assessments, but has told us they will be delayed by the September 11, 2001, terrorist attacks. However, the FBI has advised us that these will be limited to threat assessments only and will not include other important aspects of risk management that we advocate. In September 2001, we recommended that the Department of Defense (DOD) take steps to improve its risk management approach in force protection through better assessments of

[2]See *Combating Terrorism: Selected Challenges and Related Recommendations* (GAO-01-822, Sept. 20, 2001).

threats, vulnerabilities, and criticality. The DOD concurred with our recommendations and agreed to make changes to strengthen its approach.

Despite these inconclusive results, we continue to believe the federal government can benefit from risk management. Risk management is a systematic and analytical process to consider the likelihood that a threat will endanger an asset (e.g., a structure, individual, or function) and to identify actions that reduce the risk and mitigate the consequences of an attack. An effective risk management approach includes a threat assessment, a vulnerability assessment, and a criticality assessment. A threat assessment identifies and evaluates threats based on various factors, including capability and intentions as well as the potential impact of an event. Nonetheless, we will never know whether we have identified every threat or event and may not have complete information about the threats that we have identified. Consequently, two other elements of the approach, vulnerability assessments and criticality assessments, are essential to prepare better against threats. A vulnerability assessment is a process that identifies weaknesses that may be exploited and suggests options to eliminate or mitigate those weaknesses. A criticality assessment is a process to systematically identify and evaluate an organization's assets based on a variety of factors, including the importance of its mission or function, whether people are at risk, or the significance of a structure or system. Criticality assessments are important because they provide a basis for prioritizing which assets require higher or special protection. A risk management approach can be applied at all levels of activity in our country—from federal agencies to state and local governments and across the public and private sector. The approach that we have described could help our nation prepare against threats that it faces and permit better direction of national finite resources to areas of highest priority. Recent events render it imperative to adopt and implement this risk management approach now.

Background

As demonstrated by the terrorist attacks of September 11, 2001, the United States and other nations face increasingly diffuse threats. Potential adversaries are more likely to strike vulnerable civilian or military targets in nontraditional ways to avoid direct confrontation with our military forces on the battlefield, to try to coerce our government to take some action terrorists desire, or simply to make a statement. Moreover,

according to the President's December 2000 national security strategy,[3] such threats are more viable today because of porous borders, rapid technological change, greater information flow, and the destructive power of weapons now within the reach of states, groups, and individuals who may aim to endanger our values, way of life, and the personal security of our citizens.

Hostile nations, terrorist groups, and even individuals may target Americans, our institutions, and our infrastructure with weapons of mass destruction—including biological, chemical, radiological, nuclear, or high explosive weapons. Although they would have to overcome significant technical and operational challenges to make and release many chemical or biological agents of a sufficient quality and quantity to kill large numbers of people, it has been tried, as demonstrated by the current incidents of anthrax-laced letters. Previous attempts have been made such as in 1995 when the Aum Shinrikyo group succeeded in killing 12 people and injuring thousands by releasing the nerve agent sarin in the Tokyo subway. Prior to the Aum Shinrikyo attack, in 1984, the Rajneeshee religious cult in Oregon contaminated salad bars in local restaurants with salmonella bacteria to prevent people from voting in a local election. Although no one died, hundreds of people were diagnosed with food-borne illness.

A fundamental role of the government under our Constitution is to protect America from both foreign and domestic threats. The government must be able to prevent and deter attacks on our homeland as well as detect impending danger before attacks or incidents occur. Although it may not be possible to detect, prevent, or deter every attack, steps can be taken to manage the risk posed by the threats to homeland security.

Risk Management Efforts by Individual Agencies Have Been Inconclusive

We have conducted numerous cross-agency reviews of programs to combat terrorism and have made recommendations that the federal government adopt a risk management approach which could be used at the national as well as the state and local level. Efforts by individual federal agencies related to risk management are underway by the Department of Justice (in conjunction with state governments), the FBI, and DOD. However, the results to date have been inconclusive.

[3] *A National Security Strategy for a Global Age*, December 2000.

National Level Threat Assessments Approaching Completion

In September 1999, we recommended that the Department of Justice, specifically the FBI, conduct threat and other assessments at the national level as part of a risk management approach that could be useful nationwide. In response to our report, the FBI agreed to lead two assessments.

The first assessment is a report on those chemical and biological agents that may be more likely to be used in the United States by a terrorist group that was not state sponsored (e.g., terrorist groups without access to foreign government stockpiles, production capabilities, or funding). Because of limitations on intelligence, the FBI decided to focus on chemical and biological agents. While not identifying specific terrorist groups, this assessment would still be useful in determining requirements for programs to combat terrorism. The FBI is sponsoring this assessment in conjunction with the Department of Justice's National Institute of Justice and the Technical Support Working Group.[4] This assessment will be provided to state and local governments to help them conduct their own risk management assessments. The Department of Justice had estimated that the final assessment would be published in December 2001.

The second assessment is a national-level threat assessment of the terrorist threat in the United States. According to the Department of Justice, the FBI is in the process of conducting this assessment which will encompass domestic terrorism, international terrorism, weapons-of-mass-destruction terrorism, cyber-terrorism, and proliferation of weapons of mass destruction. The report will assess the current threat, the projected threat, emerging threats, and related FBI initiatives. The Department had estimated that this classified assessment would be completed in October 2001.

Department of Justice and FBI officials told us that the September 11 terrorist attacks may dictate revisions to these assessments and delay their completion. While we view both of these assessments as positive, the FBI noted that these would be limited to threat assessments only and will not include other important aspects of risk management that we discuss below.

[4] The Technical Support Working Group is the national interagency research and development program for combating terrorism.

State and Local Threat Assessments Underway

In April 1998, we asked the Congress to consider requiring the domestic preparedness program -- then run by the DOD — to use a risk management approach in its efforts to prepare state and local governments for terrorist attacks involving weapons of mass destruction.[5] The Department of Justice took over that program in fiscal year 2001, and has worked with the FBI to create a risk management tool for state and local governments.[6] This tool includes a step-by-step methodology for assessing threats, risks, and requirements. It also includes information on how to prioritize programs and to project spending amounts. The information from the assessments will be used to develop statewide domestic preparedness strategic plans. The statewide assessment process includes an initial risk assessment and identification of the most likely scenarios. This risk assessment is the culmination of three other assessments: threat, vulnerabilities, and public health assessments. This design feature enables the program to focus resources on preparing for the most likely scenarios. The Department of Justice plans to use the results of these assessments to drive the allocation of its resources for equipment, training, and exercise programs, consistent with our recommendation. According to Department of Justice officials, these assessments have been completed by four states — Rhode Island, South Carolina, Hawaii, and Utah.

DOD Uses a Risk Management Approach in Antiterrorism Efforts

In September 2001, we recommended that the DOD take steps to improve its risk management approach in its force protection efforts through better assessments of threats, vulnerabilities, and criticality.[7] Regarding DOD's threat assessments, we recommended that the Department expand its methodology to increase the awareness of the consequences of changing business practices at installations that may create workplace violence situations or new opportunities for individuals not affiliated with the DOD to gain access to installations. We also recommended that

[5] The domestic preparedness program, originally conducted by the DOD, was directed by the Defense Against Weapons of Mass Destruction Act of 1996 (P.L. 104-201, Sept. 23, 1996). The program also was known as the Nunn-Lugar-Domenici program, named after the senators who authored the original bill.

[6] Fiscal Year 1999 State Domestic Preparedness Equipment Program, Assessment and Strategy Development Tool Kit, May 15, 2000. This document was published by the Department of Justice's Office for State and Local Domestic Preparedness Support.

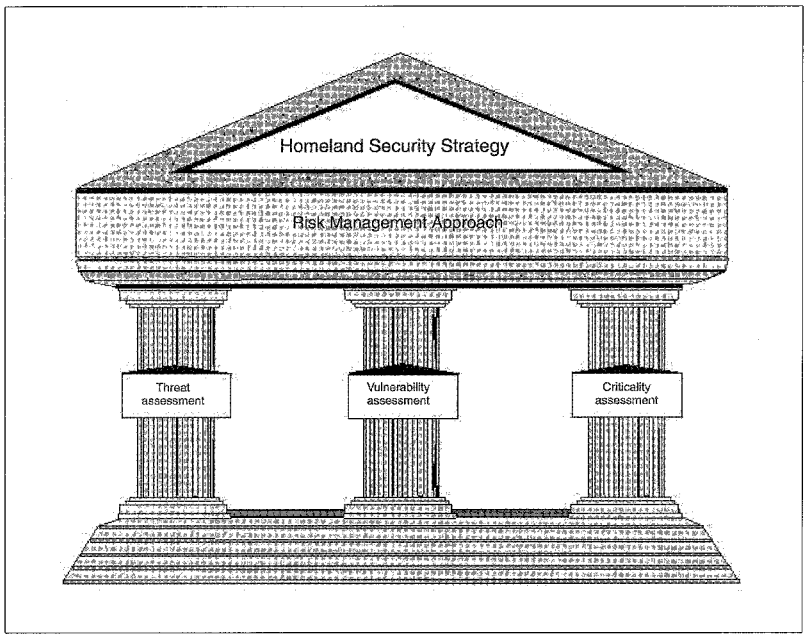
[7] *Combating Terrorism: Actions Needed to Improve DOD Antiterrorism Program Implementation and Management* (GAO-01-909, Sept. 19, 2001).

installation commanders form threat working groups and personally and actively engage state, local, and federal law enforcement officials to provide threat information from these sources on a regular basis. The Department agreed with these recommendations and stated it would review its methodology to ensure that no threat indicators are overlooked and that it would require installation commanders to establish threat working groups. To improve its vulnerability assessments, we recommended that DOD identify those installations that serve a critical role in support of our national military strategy, and ensure that that they receive a vulnerability assessment. We further recommended that the Department develop a strategy to conduct vulnerability assessments at National Guard installations and develop a mechanism to record and track all vulnerability assessments conducted. DOD agreed with these recommendations and is changing its program standards and procedures to implement these recommendations. Regarding criticality assessments, we recommended that DOD require criticality assessments be done at all installations. DOD agreed with this recommendation and has revised its program standards to require this assessment.

A Risk Management Approach Can Guide Preparedness Efforts

Risk management is a systematic, analytical process to consider the likelihood that a threat will harm an asset or individuals and to identify actions that reduce the risk and mitigate the consequences of an attack or event. Risk management principles acknowledge that while risk generally cannot be eliminated, enhancing protection from known or potential threats can reduce it. As described in detail below, a risk management approach can have three elements: assessments of threat, vulnerabilities, and criticality (or relative importance). This general approach is used or endorsed by federal agencies, government commissions, and multinational corporations. Figure 1 below is a graphical representation of the risk management approach we discuss.

Figure 1: Risk Management Approach



Source: GAO analysis.

Threat Assessments Are an Important First Step

A threat assessment is used to evaluate the likelihood of terrorist activity against a given asset. It is a decision support tool that helps to establish and prioritize security-program requirements, planning, and resource allocations. A threat assessment identifies and evaluates each threat on the basis of various factors, including capability, intention, and impact of

an attack. Intelligence and law enforcement agencies assess the foreign and domestic terrorist threats to the United States. The U.S. intelligence community—which includes the Central Intelligence Agency, the Defense Intelligence Agency, and the State Department's Bureau of Intelligence and Research, among others—monitors the foreign-origin terrorist threat to the United States. The FBI gathers information and assesses the threat posed by domestic sources of terrorism. Threat information gathered by both the intelligence and law enforcement communities can produce threat assessments for use in national security strategy planning.

Several federal government organizations as well as companies in the private sector apply some formal threat assessment process in their programs, or such assessments have been recommended for implementation. For example, DOD uses threat assessments for its antiterrorism program designed to protect military installations. DOD evaluates threats on the basis of several factors, including a terrorist group's intentions, capabilities, and past activities. The assessments provide installation commanders with a list of credible threats that can be used in conjunction with other information (such as the state of the installation's preparedness) to prepare against attack, to recover from the effects of an attack, and to adequately target resources.

Similarly, the Interagency Commission on Crime and Security in U.S. Seaports reported that threat assessments would assist seaports in preparing for terrorist threats. [8] The Commission recommended that the federal government establish baseline threat assessments for terrorism at U.S. seaports and, thereafter, conduct these assessments every 3 years. Additionally, a leading multi-national oil company attempts to identify threats in order to decide how to manage risk in a cost-effective manner. Because the company operates overseas, its facilities and operations are exposed to a multitude of threats, including terrorism, political instability, and religious or tribal conflict. In characterizing the threat, the company examines the historical record of security and safety breaches and obtains location-specific threat information from government organizations and other sources. It then evaluates these threats in terms of company assets that represent likely targets.

While threat assessments are key decision support tools, it should be recognized that, even if updated often, threat assessments might not

[8] *Report of the Interagency Commission on Crime and Security in U.S. Seaports*, Fall 2000.

adequately capture emerging threats posed by some terrorist groups. No matter how much we know about potential threats, we will never know that we have identified every threat or that we have complete information even about the threats of which we are aware. Consequently, we believe that a risk management approach to prepare for terrorism with its two additional assessments, discussed below, can provide better assurance of preparedness for a terrorist attack.

Vulnerability Assessments Are a Way to Identify Weaknesses

A vulnerability assessment is a process that identifies weaknesses in physical structures, personnel protection systems, processes, or other areas that may be exploited by terrorists and may suggest options to eliminate or mitigate those weaknesses. For example, a vulnerability assessment might reveal weaknesses in an organization's security systems, financial management processes, computer networks, or unprotected key infrastructure such as water supplies, bridges, and tunnels. In general, these assessments are conducted by teams of experts skilled in such areas as engineering, intelligence, security, information systems, finance, and other disciplines. For example, at many military bases, experts have identified security concerns including the distance from parking lots to important buildings as being so close that a car bomb detonation would damage or destroy the buildings and the people working in them. To mitigate this threat, experts have advised that the distance between parking lots and some buildings be increased. Another security enhancement might be to reinforce the windows in buildings to prevent glass from flying into the building if an explosion occurs.

The Seaport Commission recommended similar vulnerability assessments be conducted. It identified factors to be considered that include the accessibility of vessels or facilities, avenues of ingress and egress, and the ease of access to valuable or sensitive items such as hazardous materials, arms, ammunition, and explosives. For private sector companies, such assessments can identify vulnerabilities in the company's operations, personnel security, and physical and technical security.

With information on both vulnerabilities and threats, planners and decision-makers are in a better position to manage the risk of a terrorist attack by more effectively targeting resources. However, risk and vulnerability assessments need to be bolstered by a criticality assessment, which is the final major element of the risk management approach. Because we may not be able to afford the same level of protection for all vulnerable assets, it is necessary to prioritize which are most important and thus would get the highest level of protection.

Criticality Assessments Are Necessary to Prioritize Assets for Protection

A criticality assessment is a process designed to systematically identify and evaluate important assets and infrastructure in terms of various factors, such as the mission and significance of a target. For example, nuclear power plants, key bridges, and major computer networks might be identified as "critical" in terms of their importance to national security, economic activity, and public safety. In addition, facilities might be critical at certain times, but not others. For example, large sports stadiums, shopping malls, or office towers when in use by large numbers of people may represent an important target, but are less important when they are empty. Criticality assessments are important because they provide a basis for identifying which assets and structures are relatively more important to protect from an attack. The assessments provide information to prioritize assets and allocate resources to special protective actions. These assessments have considered such factors as the importance of a structure to accomplish a mission, the ability to reconstitute this capability, and the potential cost to repair or replace the asset.

The Seaports Commission has identified potential high-value assets (such as production, supply, and repair facilities; transfer, loading, or storage facilities; transportation modes; and transportation support systems) that need to be included in a criticality analysis, but it reported that no attempt has been made to identify the adverse effect from the loss of such assets. To evaluate the risk to an asset, the Seaports Commission advised that consideration be given to the mission and the military or economic impact of its loss or damage. The multi-national company we reviewed uses descriptive values to categorize the loss of a structure as catastrophic, critical, marginal, or negligible. It then assigns values to its key assets. This process results in a matrix that ranks as highest risk, the most important assets with the threat scenarios it believes are most likely to occur.

Conclusion

Some federal agencies have taken steps related to risk management, but the results have been inconclusive. We continue to believe that risk management is the best approach to guide programs and responses to better prepare against terrorism and other threats. After threat, vulnerability, and criticality assessments have been completed and evaluated in this risk-based decision process, key actions can be taken to better prepare ourselves against potential attacks or events. Threat assessments alone are insufficient to support the key judgments and decisions that must be made. However, in conjunction with vulnerability

and criticality assessments, leaders and managers can make better decisions based on this risk management approach. If the federal government were to apply this approach universally and if similar approaches were adopted by other segments of society, we could more effectively and efficiently prepare in-depth defenses against acts of terrorism and other threats directed against our country. Without a risk management approach, there is little assurance that programs to combat terrorism are prioritized and properly focused.

This concludes my prepared statement. I will be pleased to respond to any questions you or other members of the Committee may have.

Contacts and Acknowledgements

For further information about this testimony, please contact me at (202) 512-6020. Stephen L. Caldwell, Brian J. Lepore, Mark A. Pross, Lorelei St. James, and Lee Purdy also made key contributions to this statement.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

Testimony
Before the Committee on Governmental Affairs and the Subcommittee on International Security, Proliferation and Federal Services
United States Senate
Senator Joseph I. Lieberman, Chairman

District of Columbia Government Coordination and Preparation for Bioterrorism

Terrorism Through the Mail: Protecting Postal Workers and the Public

Statement of
Ivan C.A. Walks, M.D.
Chief Health Officer of the District of Columbia
Director, District of Columbia Department of Health

For submission on Wednesday, October 31, 2001

Good morning Chairman Lieberman and members of the Full Committee on Governmental Affairs and the Subcommittee on International Security, Proliferation and Federal Service. My name is Dr. Ivan C.A. Walks. I am the Chief Health Officer of the District of Columbia and the Director of the District's Department of Health (DOH). I welcome this opportunity to testify before you today.

Acknowledgement of Deaths

On behalf Mayor Anthony Williams let me first say that all of us here in the District of Columbia share the grief of the United States Postal Service over the loss of two of our neighbors and fellow public servants. These deaths are tragic, especially because they were deaths due to deliberate acts of terror. Our hearts and prayers go out to these two families. They are victims of evil.

Context

The use of an infectious disease as a weapon, places the providers of healthcare in the role of first responders. Our doctors, nurses and other providers have become our first line of defense. With anthrax, we are facing a significant challenge that we as a nation and as a society have never faced before. We are facing the results of a deliberate terrorist act or acts of one or more individuals who are determined to deliberately harm and disrupt the lives of our citizens and of our society.

The enemy can choose its time, and place, and method. As such, we must predict and prepare. As we try to predict when, where and how, we must ensure we are appropriately resourced. The good news is that the United States of America has the world's greatest laboratories, with the world's greatest scientists. The bad news is that our public health infrastructure has been neglected.

It is critically important to emphasize that we can we can only fight the terrorists by devoting the necessary resources now to training and equipping medical and public health personnel and by developing and delivering educational material to the public. As a nation, we will need to develop a heightened awareness of potential threats to the public health and institute plans to mitigate them. At the request of Senator Frist who has worked closely with the DOH a budget of $30 million to support our infrastructure needs here in the District was presented. Our needs reflect those of state and local public health departments across the country.

The District of Columbia Experience

For the past five years, the District of Columbia Department of Health has been planning for a bioterrorism event. On September 11th, we activated our enhanced biosurveillance protocol. This means that we monitored daily emergency room presenting symptom logs. Our epidemiologists analyzed that data in order to look for unusual clusters of suspicious illnesses. Further, on September 26th, I sent an alert to all regional health care providers to move them from diagnosis reporting to a symptom based reporting construct. That alert notified hospitals and health care providers of warning signs and symptoms that

might indicate an Anthrax infection. We also submitted a biochem disaster "day one" contingency plan to the Executive Office of the Mayor.

On Monday, October 15th, we learned from the television news that an envelope potentially containing Anthrax had been opened in Senator Daschle's office in the Hart Senate Office Building. The FBI later confirmed that the letter's contents had tested positive for Anthrax.

Sherry Adams, RN who directs the District of Columbia Department of Health's Office of Emergency Health and Medical Services (OEHMS) confirmed that report with the Office of the Attending Physician. As the incident was believed confined to the U.S. Capitol complex, I called and spoke with John Eisold, MD, the Attending Physician. I assured him that our Department of Health was available to assist him. He thanked me for the call and assured me that he had the resources he needed

Because of our bioterrorism planning, the OEHMS staff of seven assessed the potential impact in the community beyond the Capital complex. We recognized our need for assistance. We called the Centers for Disease Control and Prevention (CDC) Bioterrorism office in Atlanta, Ga. and asked them to send a Technical Support Team to assist in epidemiological monitoring, surveillance, and community outreach. We also asked for a National Pharmaceutical Stockpile Advance Team to give technical assistance. Finally, we requested a USPHS officer from the Office of Emergency Preparedness to act as a liaison. The federal government approved all three requests.

At 4:30am on the 16th of October, Mrs. Adams was notified by Dr. Tracy Treadwell of the CDC that "a virulent form" of Anthrax had been confirmed. The CDC technical assistance team arrived in our Department of Health offices prior to 8am on the 16th. We briefed them about our Department of Health's needs and concerns. Shortly thereafter, the CDC deployed part of their team to work with Dr. Eisold at Capital Hill.

Other members of the CDC team remained to work with us at the DOH; assessing our biosurveillance protocols and activities in order to insure the safety of District residents and visitors. On Tuesday the 16th, I again made contact with the Office of the Attending Physician to discuss concerns raised by some of our District area hospitals. Those issues included patient complaints about long wait times for medications and insistence that they be treated at local area hospitals.

While on Capital Hill, the CDC team recommended that the District's Department of Health be involved in all further discussions regarding the Anthrax attack. Upon their return to the Department of Health, The CDC team briefed us about the events of the day.

On Wednesday October 17th, the Department of Health established an Anthrax hotline for questions, concerns and clinical reports. Dr. Scott Lillibridge called the DOH and invited us to a joint taskforce meeting at the Office of the Secretary of the Senate. Dr. Larry Siegel represented the Department of Health at both the meeting and a joint press conference led by Senator Frist.

Discussions at that Wednesday meeting included concerns about the path of the Anthrax letter through the mail delivery system. The CDC concerns and recommendations at that time were based on existing knowledge and science which indicated that anthrax spores could not escape a sealed envelope in sufficient quantity to infect an individual with Inhalation Anthrax. Given the experience of the mail handlers in New York, CDC scientists were more concerned over exposure to cutaneous anthrax, a far less serious, and readily treatable condition.

On Thursday October 18th, the District's Department of Health received a call from Dr. David Reed, the National Medical Director of the US Postal Service. We discussed concerns with Dr. Reed about Anthrax contamination at the Brentwood facility. Again, there was a recommendation by the CDC that consistent with the available science, environmental or employee testing at the Brentwood facility was not indicated at that time. The US Postal Service decided to go ahead and begin environmental tests for Anthrax contamination using a private contractor. On Thursday, both Dr. Siegel and I attended the joint taskforce meeting at the Office of the Secretary of the Senate.

It is important to note that, through Friday there was no CDC or any other prediction that anyone outside of the Hart building could be at risk for Inhalation Anthrax. In order to try to pinpoint the Hart Building areas of exposure, the Office of the Capitol Physician obtained nasal swabs from Senators and staff. These people were initially placed on up to 10 days of antibiotics pending further analysis of the information. As test results

became known, a discrete area of potential exposure was defined, and individuals in that area received a full course of antibiotic therapy. As new areas of potential exposure were identified, additional people were included for prophylactic therapy.

The Emergence of Illness at Brentwood

On Friday night October 19th, the DOH call center was notified by the Inova Fairfax Hospital that they were treating a Brentwood Postal Worker who had a clinical presentation consistent with Inhalation Anthrax. This turned out to be the index case. Both the DOH and the CDC followed this gentleman's case closely. Dr. Siegel and I spent the day Saturday with the joint taskforce at the US Capital. Under Senator Frist's leadership, we conferred with both DHHS Secretary Thompson and Governor Ridge.

As the day wore on further test results from Inova Fairfax supported the initial suspicions of Inhalation Anthrax. Working closely with the CDC and other components of the Commissioned Corps of the Public Health Service, we updated and finalized our "day one" plan. It was becoming clear that what were sound CDC recommendations based on prior knowledge and science had left the Brentwood workers unprotected.

By Saturday night, we were following a second suspicious case. At approximately 7am Sunday morning, CDC confirmed Inhalation Anthrax in the first Inova patient. I activated our response plan.

On October 21st and 22nd, two additional postal workers, also associated with the Brentwood Postal Facility were hospitalized with clinical presentations suspicious for inhalation anthrax and subsequently died. Inhalation Anthrax was later confirmed as the cause of both deaths.

Our initial plan included the use of the DC General Health Campus. However, with over 50,000 people expected next door at RFK Stadium for a Sunday concert, the DOH working closely with the US Public Health Service, the Office of Emergency Preparedness, the CDC and the Postal Service, immediately established the Anthrax Evaluation and Dispensing Unit at – One Judiciary Square to evaluate and dispense prophylactic antibiotics to postal workers, other mail in bulk handlers and other individuals who may have been exposed to Anthrax at the Brentwood postal facility in Washington DC.

Using the existing facilities and equipment, we created a model process for intake and screening, informational briefings, medication dispensing, outpatient tracking, and crisis counseling. At the news conference announcing the opening of the Anthrax Unit, Georges Benjamin, MD the Maryland Secretary of Health and Virginia's Health Commissioner E. Anne Peterson, MD joined us.

The strength of our response has been our coordination with the Centers for Disease Control and other appropriate MD, VA, and federal public health officials.

The DOH has been working hand-in-hand with the Centers for Disease Control, the U.S. Public Health Service, and the U.S. Postal Service to define the epidemiological perimeter of this event, to establish treatment modalities that are appropriate to the disease and its presentation in subject populations, and to identify means to limit the spread of the problem.

Services

The Evaluation and Dispensing Unit provides the following services:

- General written information about Anthrax and its treatment
- Informational briefing from a physician
- Consultation with a pharmacist
- "Sick Call" interview with a physician (for all clients who may have symptoms compatible with Anthrax)
- Interview with a mental health professional available for all clients
- Emergency medical services available
- Dispensing of antibiotics

Operations

Intake – All clients complete a General Information form and an Anthrax Heath and Medical Questionnaire. Health professionals review Questionnaire and determine if the client has checked "Yes" on any of the screening questions. If the client has Flu-like symptoms (possibly compatible with Anthrax) they are referred to the "Sick Call" area to

see a physician after they pick up their prophylactic antibiotics. If the client is taking any other medications and /or dietary supplements; has a history of epilepsy, liver or kidney disease; or drinks dairy, caffeine or products containing high levels of calcium; or is pregnant or breast feeding, the client has a consultation with a pharmacist. If the client does not check "Yes" on any question on the Anthrax Health and Medical Questionnaire, they go directly to "Express Dispensing" line and receive their medication from a pharmacist.

On that first day, we began taking nasal swabs of potentially affected employees to establish an epidemiological perimeter, and we dispensed 10-day supplies of the antibiotic, Cipro™, to all people who came in for treatment. The support of Senator Frist was invaluable. In fact the Senator and his wife toured the operation on Sunday. On Monday we moved to DC General. Over the course of Sunday and Monday, we tested with nasal swabs and treated with antibiotics over 3,000 Brentwood workers.

On Tuesday the CDC advised that nasal swab testing of all workers was no longer indicated to identify the area of exposure, since the confirmed cases made it evident that individuals at the Brentwood Postal Facility were exposed. Nasal swabs are of absolutely no value in guiding the treatment of individual patients. It is important to note that they are used only to pinpoint the area of contamination. And as has been reported, Brentwood has a large open area, and cases occurred in different areas of the building.

Although there have been a handful of suspected Inhalation Anthrax infections REPORTED in the Washington Metro area, the number of case actually CONFIRMED is limited to 5: the two postal workers who tragically died, plus three other individuals who are proving every day that Inhalation Anthrax caught early and treated appropriately, can be managed. All three continue to do well.

Based upon further CDC analysis and recommendations, the at risk treatment cohort was expanded early last week to include individuals who work at mail handling facilities that receive mail in bulk from the Brentwood facility – the "downstream" facilities.

The expansion of the treatment cohort was validated by the finding that among the five confirmed positives, one is a mail handler from the State Department Annex #32 remote facility in Virginia that receives mail in bulk from Brentwood.

The Difference Between Protocols Used At the Capitol and at Brentwood

Unlike what several people are assuming, the basic protocols used at the Capitol and at Brentwood are the same.

After a confirmed Anthrax incident:

- Individuals in suspected areas of exposure have been placed on limited treatment while an area is either confirmed or cleared. If an area is confirmed, treatment is extended to the full period.

- Individuals in confirmed areas of exposure receive the full course of therapy.

Each situation is different. The decision to TREAT, and HOW TO TREAT, is based on the unique information at a specific location. While we do not want to under-treat individuals, we also must be cautious not to over-treat, since there is the potential for long-term negative effects as a result of the use of these drugs. Over-prescription runs the risk of creating strains resistant to our medications.

We are working with a disease that has been relatively unknown, with treatment that has been rarely necessary. As new information and new science becomes available to us, we continue to adjust our approach accordingly.

Contamination Concerns and Public Safety

We need to be vigilant, but not afraid. Each of us needs to be part of our new awareness: being vigilant for ourselves, and for others as well. Our recommendation to USPS is that they deploy technologies that will sanitize the mail.

The positive news is that the anthrax we are facing is sensitive to a full range of antibiotics. If you suspect that you may have been exposed, and are experiencing what you think are symptoms, you should see your health provider at once. You should not wait.

The unfortunate thing is that many of the symptoms of pulmonary anthrax are similar to the symptoms of the flu. It will be a challenge for us as we enter the flu season, to distinguish between these two. However, the typical runny nose and watery eyes of the flu are usually absent in Inhalation Anthrax.

This is a new challenge. And we continue to gather more information, and learn more science, and be more effective with this new challenge. We are in daily contact with the CDC, the U.S. Public Health Service, HHS, the U.S. Postal Service, the Metropolitan Washington Council of Governments, the Secretary of Health of Maryland and Virginia Commissioner of Health. The D.C. Department of Health has maintained daily contact directly with the FBI and daily contact with other federal agencies.

Currently, the D.C. Department of Health is hosting approximately 85 CDC personnel. We are providing computers, communications, logistics, transportation, food, office space, office supplies, and laboratory support, supplies, and equipment. We hold two meetings a day – one in the morning and one in the evening – to ensure a smoothly operating process and to monitor the treatment cohort and epidemiological evidence. A daily medical conference call is held between Regional Health Officers, the DOH and all regional hospitals in DC, MD, and VA, including military medical facilities to share information on people who have come into area hospitals seeking treatment and testing for Anthrax exposure. This group also shares information on the status of patients who are in the hospital with either confirmed or potential diagnoses of inhalation or cutaneous Anthrax.

Additionally, our surveillance people are in daily contact with their counterparts at the county and state level in MD and VA to ensure consistent treatment regimens and to share and evaluate medical information. Based on current data, new recommendations from CDC are being released today that will further refine their treating and testing protocols.

It is fair to say that the science is an evolving body of knowledge, and the pace of change is fairly rapid. Having said that let me say that there are some fairly straightforward things that everyone should do to protect themselves (irrespective of whether they work handling mail). First, wash your hands with soap and water frequently during the day, but especially after handling mail. We need to start with the basics before adopting more elaborate and expensive work practice controls.

Second, we need to ensure that people can recognize suspicious mail and know what to do with it both prior to and after opening such mail. Obviously, steering clear of hazardous mail will minimize the risk of exposure. Further, knowing what to do and what not to do will minimize the risks after exposure. This will require a continued and aggressive public education campaign on the part of the U.S. Postal Service and state and local departments of health, nationwide.

Third, until the U.S. Postal Service can deploy technology to irradiate and sanitize the mail, people who are actively employed in handling mail might consider using a High-

Efficiency Particulate Air (HEPA) filter mask approved by the CDC's National Institute of Occupational Safety and Health. HEPA filters can remove 99.97 percent of particles 0.3 microns in size. For reference, the period at the end of a sentence is about 500 microns in diameter.

Finally, the U.S. Postal Service clearly needs to implement some sort of technology that can sanitize the mail as it is being processed. This technology exists. I would urge Congress to make funding available to the Postal Service in a supplemental appropriation, if need be, to allow it to obtain and deploy such technology as soon as possible.

Going Forward

Our "day one" plan has proven to be effective. In any future bioterrorism event we would follow protocols we have developed and continue to refine during this incident. Of course, our future actions will be informed by the lessons we learn in the handling of the current situation.

I would like to close by making three vital observations. They are, if you will, the lessons I have already learned over the last 10 days.

Access to Information

Local public health officers across the nation cannot make sound medical judgments without access to the broadest range of accurate, timely, unfiltered information. There have been occasions over the past 10 days when I have felt "out of the loop" of critical

information. For example, I learned about the ultimate characterization of the Anthrax spores from the media several days after the Postal Service was notified. Public health officers – especially those in major population centers – should have background checks and receive security clearances so that they can fully participate in briefings as appropriate.

Coordinated Decision-making

One of the reasons we have been successful in our efforts in Washington, D.C. is that we have had an excellent cooperative, collaborative relationship with our federal and regional partners. However, some areas have not been completely smooth.

Picking up on these differences, the press and some public have accordingly questioned whether some people received favorable medical treatment. This is an issue of perception rather than medical fact. The consequences are not measured in morbidity and mortality, but it public apprehension and anger.

Coordinated "Real Time" Public Information

Likewise, the value of coordinated timely public information has become abundantly clear. Message coordination across agencies and distances can slow decision-making and information dissemination. If the aim of the terrorist is to instill fear, then the inability of government to sing from the same sheet of music only helps the terrorist attain his goal. We need to ensure, that we are coordinated in our message and factual information.

The best way to instill and preserve public confidence is with accurate, timely, and informative public information delivered in a confident and compassionate manner, coupled with a treatment plan that is medically sound and competently executed. We will never be able to undo the events of September 11 or the deaths related to Anthrax.

It is a different day. We now live in a different world. As terrorists try to cripple America by infecting us with fear, I offer a public health prescription.

Lets use the public confidence lessons learned in California related to earthquakes, in the Midwest related to tornadoes and in the Southeast related to hurricanes. These are real threats we have learned to endure while living normal lives. Basic emergency preparedness and public education is key. Lets not be afraid to both inform and involve the public.

STATEMENT BEFORE THE SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS AND THE SUBCOMMITTEE ON INTERNATIONAL SECURITY, PROLIFERATION, AND FEDERAL SERVICES

"TERRORISM THROUGH THE MAIL: PROTECTING POSTAL WORKERS AND THE PUBLIC."

DAN HANFLING, MD, FACEP

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WASHINGTON, D.C.

UNITED STATES CONGRESS
DIRKSEN SENATE OFFICE BUILDING
OCTOBER 31, 2001

Mr. Chairman, and distinguished Members of this Joint Committee, it is an honor and a privilege to come before you this morning for the purpose of shedding light on the events of the last week and a half. I am Doctor Dan Hanfling, a board certified emergency physician practicing in the Department of Emergency Medicine at Inova Fairfax Hospital. I am Co-chairman of the Inova Health Systems Emergency Management and Disaster Preparedness Task Force, and have had extensive experience in the delivery of out-of-hospital emergency medical care, including disaster scene response, most recently at the Pentagon with the FEMA National Urban Search and Rescue Response System.

In the post-September 11th world, it is clearer than ever that many elements of our 'newest' war will be fought in ways never previously imagined. Many of the battles will be waged, quite literally, right here at home. The eruption of a public health crisis from anthrax-contaminated mail has demonstrated beyond a doubt that the front line in this war is our hospitals and their emergency departments. With hardly a moment to collectively catch our breath in the wake of the events of the second week of September, the medical community has been thrust front and center in the response to multiple cases of cutaneous and inhalation anthrax during the month of October. What we all hoped was a case of natural outbreak of disease was quickly proven to be the deliberate work of terrorists. And what we hoped would be limited to one work site quickly spread to multiple targets across three metropolitan regions.

Actions Taken by Federal, State and Local Public Health Agencies

On the afternoon of October 20, 2001 I was called with the information that a United States Postal Service employee who works at the Brentwood Postal Facility in the mail-handling room was admitted to Inova Fairfax Hospital following a comprehensive emergency department diagnostic evaluation. Although confirmation of the inhaled form of anthrax was still pending, and the Centers for Disease Control and Prevention (CDC) had already dispatched a superbly capable epidemiologist to interrogate and evaluate this patient, there was no question in anyone's mind just what this gentleman had come in with. In the words of Doctor Thom Mayer, the Chairman of the Department of Emergency Medicine, and Doctor Cecele Murphy, who made the diagnosis, this man's blood was "crawling with anthrax." With a sense of urgency appropriate to the gravity of the situation, hospital administrators and key clinical decision-makers conferred by way of hourly conference calls. This was primarily meant to keep abreast of the fluid situation and craft a plan of action, especially a medical plan of action. Those new to the field of crisis management naively assumed that all would be made clear by "soon-to-be-released" guidelines coming from the CDC. But such information was not readily forthcoming. In fact, as the crisis unfolded, the stream of information continuously appeared to be moving in a unidirectional flow. The CDC was requesting and receiving clinical and epidemiologic data. But the return of information to the people who needed it the most in order to take care of this patient -- and then his colleagues, and the many thousands of postal employees at risk for contracting this disease -- simply did not happen in a timely fashion. I am aware of daily conference calls occurring between representatives in the State of Virginia Department of Health and their counterparts in the CDC, but the results and conclusions of such discussions did not filter down quickly enough to the hospital and medical communities. From some very frank discussions that

I had with my counterparts in the District of Columbia and within the State of Virginia Department of Health, it was clear from the very beginning that the CDC was perceived to be in charge of the unfolding situation. In addition, the local health department took some time to find its position and voice in this developing story. What is so ironic is that if this were a major snowstorm barreling up the East Coast, we would get so much more information than we did this past week, and in large part because a mechanism for conveying that information would have been utilized.

Coordination of Federal, State and Local agencies with the medical community

It became readily apparent that a lack of coordinated communication and inconsistent leadership from the top was hindering the ability of the medical community to respond in a coordinated fashion to this crisis. This was further exacerbated by the geographic and jurisdictional boundaries that separate the National Capitol Region into its constituent parts – the District of Columbia, the State of Maryland and the Commonwealth of Virginia. The conference call mechanism initiated by Inova Health Systems on October 20th soon expanded to include participants from hospitals all across northern Virginia. Along with a handful of my colleagues, we created an operational entity that was designated the Northern Virginia Emergency Response Coalition, comprised of key decision makers from the hospitals and including representation from the local and State public health departments. In doing so, we attempted to create a clinical consensus with respect to the evaluation, treatment and management of patients presenting to hospital emergency departments with the concern of anthrax exposure. In support of this effort, Inova Fairfax Hospital stood up its Disaster Support Center, which served as a real-time communication link for the northern Virginia hospitals. Simultaneous with these efforts, much the same was being done in the District of Columbia through the excellent leadership provided by the District of Columbia Hospitals Association (DCHA). In fact, hospital and public health representatives from both the States of Maryland and Virginia increasingly populated the DCHA conference calls. These calls were as close as we came to approaching a semblance of coordinated communication. But even these shared telephone calls were no substitute for a professionally managed Emergency Operations Center (EOC) that has the capacity for providing sophisticated communications support and timely information management. Politics got in the way of effective consequence management, as evidenced by the fact that the five patients from Brentwood showed up for treatment at hospitals across the region – in the District, in Maryland and in Virginia – yet the Mayor and the State Governors never once discussed this crisis together in public. In fact, I do not believe the Director of the District of Columbia Department of Health spoke to anyone from Inova Fairfax Hospital until Thursday night when we sat together to do a television interview, five nights after the first patient had been admitted to my hospital. By no means was this an omission of purpose. It most likely occurred because no formalized mechanism was solidly in place to facilitate such a discussion.

Training for Bioterrorism Response by Emergency Department Staff

Some of these failures may be due to a lack of understanding of the expectations and roles of public health officials in such an emergency. Some of these shortcomings can be offset by proper preparation. As an example, training emergency department staff and

other members of the medical community in the recognition of the use of bioterror agents must now be given the highest priority. Previous training efforts have been very limited in scope and reach. The American College of Emergency Physicians, supported by a grant from the Department of Health and Human Services, evaluated the barriers to effective training in the medical response to nuclear, biological and chemical incidents. These were primarily found to be a lack of adequate funding and time constraints due in part to personnel shortages. Yet, what this last week has taught us more than anything else, as did the outbreak of West Nile Virus before, is that clinical determination of biological terrorism will be recognized first by a cautious, astute clinician, well-versed in the possibilities of bioweapons use. In fact, while we have discussed certain failings in the public health system, it should now be quite clear that the front lines in this war are our emergency departments, even more so than the public health agencies. Federal efforts to address such existing deficiencies should take this matter seriously into consideration.

Recommendations and Lessons Learned

There is a lot of work yet to be done with respect to 'all-hazards' disaster planning and preparedness. I cannot emphasize enough the fact that such preparation must take a systems approach in order to be able to address whatever the next threat may be. And financial support for these efforts must be focused on emergency departments and the hospitals that will diagnose and treat the next victims. Surveillance systems, for example, while they have their role, will not replace the doctors and nurses in the trenches who make the diagnoses and treat the patients. What follows are the absolute needs that hospitals require in order to effectively face these new threats.

- An enhanced communication mechanism and protocol that allows for coordinated sharing and discussion of essential information in real time across jurisdictional and geographic boundaries.

- Improved integration of federal experts into the local organizational structure, and delivery of their message in a consistent and timely manner.

- Development of local stockpiles of essential medical supplies and equipment in the event that the next outbreak occurs simultaneously on multiple fronts, thereby delaying the delivery of federal assets, or diluting the amount available to be distributed.

- Funding for fixed cost items such as decontamination capabilities and personnel protective equipment that may be required by hospitals in order to meet the threat of unconventional terrorism.

- Financial support for training and education of healthcare providers in the evaluation, diagnosis and management of the new threats that threaten the well being of our nation's public.

The accepted means of declaring an escalating situation a 'disaster' are straightforward. This occurs when local resources are outstripped such that Federal assistance is required. Implementation of the Federal Response Plan, in turn, clearly designates the appropriate lead federal agency to handle the crisis. With that in mind then, it is hard to understand how it came to pass this week that the CDC took the lead in responding to this crisis. As we attempted to do in Northern Virginia, the healthcare community, including the local county health department, became increasingly coordinated in developing and executing a response to the unfolding situation. Ideally, the CDC, and the United States Postal Service (USPS), with its ability to contact its employees, should have served more in a consulting role, giving back information to the public and to the medical community. However, this communication was slow in coming and often lacking in definite authority. In order to be truly effective, these efforts must instill confidence, and the message must be consistent and clear.

United States Senate
Committee on Governmental Affairs
Subcommittee on International Security, Proliferation and Federal Service
October 31, 2001

Testimony of Tara O'Toole, MD, MPH

Mr. Chairman and distinguished members of the committee: thank you for the opportunity to appear before you today. I am a physician and public health professional, who served from 1993-97 as Assistant Secretary of Energy for Environment Safety and Health. I am now a member of the faculty of the Johns Hopkins Bloomberg School of Public Health and am Director of the Johns Hopkins Center for Civilian Biodefense Studies. The Center, begun in 1993 under the leadership of Dr. D.A. Henderson, is jointly sponsored by the Hopkins Schools of Medicine and Public Health.

This morning, I would like to review the nation's response to date regarding the handling of the anthrax cases among postal workers and others. I will try to use specific events and anecdotes to illustrate what has gone wrong, what has gone right, and what we might do to better prepare the country to respond to bioweapons attacks on civilians. My intent is not to assign blame or to offer unconstructive criticism of agencies or of the many public health professionals who are now working extremely hard on our behalf in difficult circumstances. It is imperative however that we use the experience of the past few weeks to better understand the weaknesses and vulnerabilities of the response to date and that we respond to such analysis with appropriate and constructive actions – including appropriate federal investments in public health infrastructure and other aspects of bioterrorism preparedness. Recognizing the successes and achievements of these hectic days is equally important, lest our understanding of what is going on be unbalanced and misleading.

The anthrax attacks we have experienced are likely not the end of the story of America's struggle with biological weapons. They are the prologue to the story. We must learn from the tragedies and confusion of the past weeks so that we can do better and improve our response to such attacks. We can do better – much better. But as we are witnessing, preparation is essential if we are to mitigate the effects of bioterrorism.

Communication is Inadequate

One of the most obvious realities surrounding the occurrence, investigation of and response to the anthrax cases has been the pervasive uncertainty and confusion. Much of this confusion stems from the many questions for which we have, as yet, no answers: who did this? how many letters were contaminated with anthrax? From whence were they mailed? Who was in contact with the letters?

There are also a host of what I will call "science questions": questions we might be able to answer after some research – which of course takes time - but for which we now have

only partial answers or unproven ideas, perhaps supported by available knowledge, but never tested out in situations quite like those we face.

There are in addition, a whole set of questions that seem to arise from inconsistent or confusing responses on the part of government officials to queries raised by the media and by people directly affected by the anthrax mailings and by ordinary people trying to make sense of what is happening and what they should do to protect themselves and their families.

It is to be expected that we do not have satisfying answers to all our questions. We have to act based on what we know. We should acknowledge that no one anticipated the exact situation we now face. But the truth is that overall, the government has done a terrible job communicating what is going on. The result has been confusion among many local public health officials which is reflected in inconsistent reactions, public frustration and skepticism about the basis for recommendations. If such communications problems persist, we may expect to see an erosion in the public's confidence in government decisions.

Shielding the Public from Hard Facts?

It may be that in some instances government officials – and let us keep in mind that hundreds of people in different settings from different agencies and different states and cities and counties have represented and spoken on behalf of "government" in past weeks – have been concerned about frightening the public or inciting mass panic and irrational behavior if either the facts, or the full range of uncertainties about the anthrax attacks were known. The tendency to shield people from bad news underestimates the ability of the public to rationally respond to disturbing information. Over-protectiveness offends the sensibilities of regular people who face difficult circumstances on a daily basis. It also undermines trust in subsequent messages because people will continue to wonder "What info is being withheld from me? What knowledge am I being 'protected' from?"

All evidence - from the current crisis and from studies of past disasters – indicates that the public is not prone to panic.

- "Reasoned calm" and "reluctance to panic" characterize the general state of the public, according to two national polls conducted in late October (USA TODAY/CNN/Gallup; Newsweek).
- A late Oct poll of Florida residents found >50% with little or no concern about contracting anthrax.
- Reports of mass testing for exposure and distribution of prophylactic antibiotics among employees of affected institutions indicate an orderly process while hundreds and sometimes thousands of individuals waited their turn in line.
- So called "panic-buying" is not that at all. Buying gas masks and Cipro from the individual's point of view = a reasonable attempt to secure protection in the context of a proven, stark vulnerability to terrorism.

- Concerns about "fitting" masks and antibiotic doses to children also suggest that some individuals are attempting to protect dependents, thus fulfilling their social role and responsibilities in uniquely trying circumstances.

Insufficient Information Outreach to Critically Affected Groups

In thousands of workplaces, employers are struggling to understand what they should do to protect mailhandlers and other employees from anthrax exposure. Our center has gotten inquiries from people looking for advice. One NGO was told it would cost approximately $20,000 dollars to do an environmental survey – and this organization had no easy way of evaluating whether the proffered service would be effective. The government has yet to issue any guidance on these matters. Local health departments have been left to devise their own sampling strategies, which will inevitably result in a wide variety of approaches of uncertain efficacy.

It is also the case that there are too few informed medical and public health professionals answering the questions of those directly affected by the anthrax attacks. We hear of people who were possibly exposed to anthrax deciding to discontinue antibiotics because of side effects. In other instances, it is not clear that people have been adequately informed of possible side effects of these powerful drugs or told what to do if they arise. There are great concerns that not all postal workers at risk have received antibiotics – fewer people showed up at distribution centers than were expected in some cases.

Lack of Connectivity among Public Health Officials

It is very possible from what we hear that the people most frustrated by the poor communications surrounding the anthrax cases are state and local health public health officials. There has been a pervasive lack of precise information filtering down to health officials on the county or city level about what mail rooms should be closed or surveyed; how environmental surveillance for anthrax is to be conducted; who should get antibiotics for how long, what kind of protective equipment is adequate, etc. Most local health departments are neither trained or equipped to make these kind of judgments on their own – only 20% of local health departments in one survey had written bioterrorism response plans. Yet it is clear that CDC cannot be expected to be everywhere at all times either.

The ability to communicate rapidly and reliably is a fundamental feature of modern business practice. Cell phones, blackberries, and email are expected, routine equipment in the modern world. *Yet America has failed to invest in such basic communications tools for its public health system.* Half of the 3000 local health departments are not connected to the Internet. Two weeks ago CDC's Internet connectivity failed – there was no web site or email communication in or out of CDC. There was and is no back-up system, no redundancy in this crucial communication link. If a system is "something that talks to itself" (to use Kevin Kelly's definition), then the United States does not have a public health "system". The much-touted Health Alert Network (HAN) was developed through the dogged insistence of the National Association of City and County Health Officials.

But HAN is proving disappointing in the current crisis. Information moves too slowly along these channels to be of much practical use.

The ability to link local, state and federal health officials in a robust, real-time communication network is critical to bioterrorism response. The US has not developed a strategy for accomplishing this, let alone begun to realistically fund such an effort.

Lack of Public Health Surge Capacity

We have thus far diagnosed 18 cases of anthrax, 12 of which are inhalational, resulting in three deaths. Thirty-seven additional people have tested positive for exposure. At least 13,000 persons are taking prophylactic antibiotics. Anthrax surveillance is underway at more than 200 postal facilities nationwide. CDC is considering whether to do environmental testing at thousands of mailrooms in the Washington DC area, and 20 federal buildings have tested positive for anthrax including the Supreme Court and a Senate Office building.

What has remained invisible amid all this is the toll this is taking on the public health work force itself. CDC has mobilized to devote extraordinary resources to the problem. We hear of CDC laboratory personnel literally living in the lab, getting only catnaps for days on end. State laboratories are overwhelmed by the over 2000 instances of "suspicious" powders needing analysis. In states where anthrax cases have arisen, local health officials are doing little else other than "all anthrax all the time". A doctor in a West coast state where there have been no anthrax cases reported that when he tried to call the public health department to find out what to report a suspicious mailing, he was told he was number 450 in the line to talk to someone.

What we are seeing is a public health system that does not have the capacity to respond to a surge in demand for services. If 18 cases of anthrax have taxed our public health system to this extent, what can we expect in the wake of a large attack involving thousands of victims? Most of the public health officials being pulled into duty have no training in bioterrorism. Most states and cities are improvising as they seek ways to meet the demand. We are also now seeing governors apply hiring freezes to state payrolls in reaction to the economic downturn, a trend which will erode even current response capacity.

Medical Community Out of the Loop

There is some good news. From the small number of anthrax cases seen thus far, it appears that prompt medical diagnosis and proper treatment might reduce the fatality rate of inhalational anthrax to levels below the 80% predicted by historical evidence. Thus it is extremely important that clinicians be aware of the risk factors known to be associated with anthrax cases and be informed about the signs and symptoms and treatment of such cases.

Doctors have, for the most part, been left out of the information loop. The New York City Department of Health and CDC have both distributed web-based bulletins describing the features of identified cases, actions taken, and recommended procedures for collecting clinical specimens. But it appears that these bulletins are not reaching many physicians, most of whom do not have time to surf the web. CDC physicians did appear via teleconference at a meeting of 4000 infectious disease physicians last weekend. The detailed clinical information provided was very useful to doctors – yet this data is not yet widely available.

Lessons Learned: What the Anthrax Attacks Indicate We Must do to improve US Biodefense Capabilities

The events of the past weeks suggest important lessons. If we are wise, we will use these experiences to improve the nation's ability to respond to future attacks and thereby lessen the suffering and death and disruption of bioterrorism. The following responses could significantly improve US biodefense capability:

We must understand that public health is now an essential aspect of national security. We must establish a strategic plan to upgrade the capacity of federal, state and local health departments to respond to bioweapons attacks and must prepare to invest the resources needed to implement such upgrades. Assessments underway by the Hopkins Center indicate that the cost of essential improvements will be in the many billions of dollars.

Communication in the midst of public health crises must become a strategic priority. HHS should undertake a planning and development effort to ensure that federal, state and local health agencies are prepared to meet the information needs of the public, the media and professional communities. This will require the identification of appropriate spokespersons as well as a clear map of how information should flow during a crisis and the equipment necessary to rapidly move large amounts of data among many disparate communities. Policies regarding the release of information pertinent to criminal investigations or national security sensitivities should be worked out in advance and processes to adjudicate what information is withheld from the public should rapidly move decisions up the line of authority. Efforts to "spin" information in order to shield the public from disturbing information should be avoided.

Coordinate the fragmented efforts of Federal, state and local public health agencies. In addition to developing the communications system needed to link disparate health agencies so that information can be rapidly transmitted and exchanged, we should require regular and sophisticated drills and exercises involving multiple health agencies and elected officials. Such drills have proven very useful in revealing coordination problems among response agencies and in suggesting solutions.

Train public health officials in bioterrorism response and encourage professionals to participate in government service

Plans and guidelines directing the public health and the medical response to bioterrorism are rudimentary or absent in many locales. Many health agencies cannot afford to spare staff to send them to training sessions. This is also true for many medical professionals and hospital employees. Congress must recognize the financial and staffing pressures on these sectors and devise means of encouraging bioterrorism preparedness planning, and training in these vital sectors. Doctors typically learn from peers and from publications and meetings hosted by professional societies. We must find ways to rapidly educate practicing physicians about new and emerging health threats.

Two Men Who Were Just Doing Their Jobs

The Man Next Door: Joseph Curseen Jr. Pulled His Community Together

By Phil McCombs
Washington Post Staff Writer
Friday, October 26, 2001; Page C01

Joseph P. Curseen Jr. was no whiner.

After feeling ill and passing out at Mass last Saturday afternoon, he told the rescue squad he was okay, and stayed to receive Communion.

That night, as usual, Curseen, 47, reported for work at the big Brentwood postal facility in Northeast Washington -- but by 2 a.m. he was again feeling so ill that he called his wife, Celestine, and went home early.

The next day his condition worsened. He was tired and nauseated. He was perspiring beads of sweat "as big as half dollars," his wife later told a priest. She took him to Southern Maryland Hospital Center near their home in Clinton, where he was diagnosed with stomach flu and sent home.

Early the next morning she brought him back to the emergency room. He was having trouble breathing.

Six hours later he was dead -- of inhalation anthrax.

Joe Curseen Jr., Celestine said, was a devoted, loving husband -- "caring, friendly, religious." Then, unable to continue, she excused herself, saying she had to hang up the phone.

Evil, said John Ball sadly, "seems to take the good ones." Ball and other neighbors and friends remember Curseen as a quiet, friendly, fun-loving man, a pillar of his community in Cambridge Estates, a tidy swath of Colonial-style homes tucked behind a commercial strip just off Old Branch Avenue near Andrews Air Force Base. The Curseens moved there in 1986.

"He was an incredibly hard worker," said Ball, who lives next door to the Curseen house. "He worked the night shift at the post office. He paid off his house in 10 years."

According to a representative of the American Postal Workers Union, Curseen "was a very dedicated worker. He never used any sick leave in the 15 years he worked for the Postal Service. That was incredible."

"He was a super-sweet guy," recalled Kathy Ball, John's wife. "You'd see him out jogging and cutting his grass with that little elastic knee brace he always wore. He wore a mask for his allergies, too. He was incredibly easygoing, and if anything needed doing around the neighborhood, he'd help out."

Curseen became president of the neighborhood community association about 10 years ago. He often intervened with the builder on behalf of homeowners, and worked hard to establish a playground and park in the area though he and his wife had no children.

The Curseens regularly attended St. John the Evangelist Catholic Church in Clinton, where Joe fainted Saturday evening. On the family's answering machine at home, Joe's voice still says gently, "Have a blessed day."

"Last Friday he was out passing out fliers about speed bumps, so that we could get them," Kathy Ball recalled. "It was his latest project. He was so active, he turned us into a community. He *was* our community.

"For some reason, the last few days I've been thinking about Camelot. Joe was sort of our King Arthur."

Curseen grew up in a small, clean-cut neighborhood of row houses on Bangor Street in Southeast Washington. The son of a postal worker and housewife -- his parents still live there -- he reported for first grade at Our Lady of Perpetual Help, set high on a hill overlooking the gleaming monuments of Washington.

Tomorrow, his funeral service will be held there at 10 a.m., with Washington Archbishop Theodore McCarrick presiding.

Like many black Washingtonians who move to the suburbs, Curseen maintained a strong connection with the parish of his youth, where he'd stayed throughout elementary school. Until his death, he remained a member of Our Lady of Perpetual Help, regularly attending services there as well as in Maryland, and serving as a special minister of the Eucharist.

"In his own quiet way," recalled Our Lady's priest, the Rev. Lowell Case, "he told me, 'Southeast Washington will always be part of my life.' "

Case said the Curseens "were an old 1950s kind of family. The neighborhood was full of stable, law-abiding, respectful people like them. Joe was always polite, extremely reverential. 'Good morning, Father,' he'd always say, and, 'Father, do you need me to help clean up?'

"The Curseens never wanted to bore you with their life story. They made it clear that they had come to serve, and not to be served. Joe's father set that tone."

Joe Jr., Case said, "had a firm handshake; he'd look you in the eye. There was not a lot of small talk. He was very interested in history and family and community events. He was extremely well-read."

Joseph P. Curseen Sr. was also a longtime head of his community civic association. In many ways, Case said, the son "followed in his father's footsteps."

Yesterday, while he helped his two daughters make arrangements for the funeral, Curseen Sr. was said by friends to be too tired to give interviews. "We live in a dangerous world," he'd told USA Today earlier, "and those cowards who did this will have a lot to answer for one day.

"My faith stands by me, my wife and Joe's wife."

The family had sacrificed financially to send young Joe to Gonzaga College High School, a premier parochial institution. He went on to graduate from Marquette University in Milwaukee, where, according to news reports, he majored in business.

After college, he remained in Milwaukee for a time and met his future wife there, Celestine Curseen said in her brief phone interview. Friends said that Joe lived in California for a period before returning to the East.

"He was just a very quiet, very gentle man -- and a gentleman," said the Rev. Case.

Tomorrow's Mass of Christian Burial, he said, "is going to be a biggie." Mayor Anthony Williams and other dignitaries are expected to attend. Case plans a sermon on "when bad things happen to good people," drawing his text from John 9:3, in which Jesus causes a blind man to see:

Jesus answered, Neither hath this man sinned, nor his parents: but that the works of God should be made manifest in him.

"Even in tragedy," the priest said, "there will be something that God wants us to learn. We have to trust that He will grant Joe eternal rest and peace -- he was one who never hurt anyone and was just doing his job.

"He was a good and upright and honest man who had a deep sense of responsibility to his community and family, and to his church family."

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Two Men Who Were Just Doing Their Jobs

A Team Player: Thomas Morris Jr. Was a Model Worker and Avid Bowler

By Lisa Allen-Agostini
Washington Post Staff Writer
Friday, October 26, 2001; Page C01

Wanda Morris remembers her father-in-law, Thomas L. Morris Jr., as a thoughtful, humble man. He once bought her a subscription to Reader's Digest without telling her, she recalls. When she got it in the mail she was surprised and pleased; she mailed him a thank-you card but never thanked him in person.

"I didn't have a lot of time" with him, said Wanda, who has been married for eight years to his son, Thomas L. Morris III, "and now, I can't."

And it makes her sad and angry about her father-in-law's death. "I was already grieving" for the victims of the Sept. 11 attacks, she said. "Now that this has happened on top of that, it's . . . more to bear."

The loss of his father has left Thomas III, 33, sounding shaky and numb. They were close, he said. Both lived in Suitland, and Thomas III says he saw his dad often. He talked to him last week.

"When I called him he said he wasn't feeling well," Thomas III said, his voice catching slightly. "He didn't know. He thought he was coming down with something, like the flu."

Mary Morris, Morris Jr.'s wife, thought the same thing. But by 8:45 p.m. Sunday, the 55-year-old postal worker was dead. Authorities say it was from inhalation anthrax.

A distribution clerk, Morris worked at the Brentwood facility in Northeast Washington, which was shut down this week after the deaths of Morris and his co-worker Joseph P. Curseen Jr.

Morris was the first of the workers to die this week. He will also be the first to be buried. His funeral service is today.

Every day Morris showed up for work with his lunch in a brown paper bag, his colleagues say. He'd been with the U.S. Postal Service since 1973, and had spent half a lifetime handling letters and packages. Among his duties was unloading the 18-wheeler mail trucks that arrive at the vast Brentwood plant, putting the sacks of mail onto tables, and sorting it all before it was sent out to different routes, said Ray Williams, executive vice president of the Nation's Capital Southern Maryland local of the American Postal Workers Union.

Morris, Williams said, was a model employee.

"Thomas Morris was always a straightforward person," Williams said. "He was one person that you expected to do right."

One part of Morris's routine was bowling. He was the president of the Tuesday Morning Mix bowling league for the past four years, said Larry Williams, a league member. Everybody at the Parkland Bowl in Silver Hill called Morris "Mo," he said.

"He got along well with everybody in the league," which meets weekly between September and May, Larry Williams said. "To us, he was a good guy."

Thomas III says his dad bowled every week, with an average in the 200s.

His father also "loved people. He was active. . . . I never knew him when he wasn't talking," said Thomas III.

Before joining the postal service, Thomas III said, Morris served at Kincheloe Air Force Base in Michigan. His father will be buried today at the Cheltenham Veterans Cemetery in Maryland.

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FEDERAL DIARY

Stephen Barr

Anthrax Crisis Highlights the Quiet Heroics of Postal Service

The U.S. Postal Service workers found to have anthrax are—at least in one key respect—like the firefighters and police officers who answered the alarms at the Pentagon and World Trade Center on Sept. 11. They are public servants, working in uniforms, doing their job.

Firefighters and police officers, of course, could see the damaged buildings and perhaps had a sense of the danger they were facing. The postal workers are up against invisible spores and, at best, can only be on the lookout for powdery substances.

"I suspect none of the postal employees were going to work in the morning thinking they were on the front line of the war against terrorism," **Paul C. Light**, director of governmental studies at the Brookings Institution, said yesterday.

Donald F. Kettl, a University of Wisconsin professor who studies government, said: "Here they are, going about their jobs, doing them as best they know how, and this happens to them. They end up in this situation."

At a White House briefing, federal officials left little doubt that they believe anthrax killed two District postal workers. "Our hearts are heavy knowing that two co-workers have become the latest victims of terrorism," Postmaster General **John E. Potter** said.

Tom Ridge, director of the Office of Homeland Security, said: "We've got men and women wearing uniforms elsewhere around the world. We have men and women wearing uniforms in the post office. . . . We have casualties in the towers in New York. We have casualties in the post office. So it's pretty clear that this speaks to one war in two battlefields."

Potter and **Vincent R. Sombrotto**, president of the National Letter Carriers Association, said yesterday that the Postal Service would not curtail mail delivery. As Sombrotto noted, the post office has been through rough times before.

A history of the post office by **Marshall Cushing**, published in 1893, describes postal officials trying to deliver the mail during an 1888 yellow fever epidemic in Jacksonville, Fla. "The work was given out as best it might be among the well," Cushing wrote. "The employees never complained at the known dangers which they encountered daily."

In April 1986, the American Philatelist magazine published a 15-page article, "Disinfected Mail." The author, **William A. Sandrik**, recounts a history of postal efforts to ward off yellow fever, cholera, leprosy, smallpox and other diseases.

In keeping with that tradition, Potter said yesterday that the Postal Service would buy technology to "sanitize the mail."

For more than 200 years, employees of the Postal Service have provided a street-level network that fosters the concept of a united nation. Last year, they added the equivalent of a city the size of Chicago to their delivery network. Letter carriers pick up canned goods donated for charitable food drives each year, and many carriers know the residents of the blocks they walk.

Even though Americans complain about junk mail, rising stamp prices and long lines in post office lobbies, they usually give the Postal Service good marks in public opinion polls.

In a July survey sponsored by the Henry J. Kaiser Family Foundation and the Harvard School of Public Health, 83 percent said the Postal Service was doing "a good job" of serving its customers. Only 10 percent said the agency did a "bad job," and the rest gave mixed responses.

Poll numbers and history fade, however, when compared with the challenge facing Postal Service employees now.

"We cannot, we *cannot*, let fear be our constant companion. We will overcome this," Sombrotto said.

CONGRESSIONAL TESTIMONY

U.S. POSTAL SERVICE SAFETY AND SECURITY

CHARLES MOSER, PRESIDENT
NATIONAL ASSOCIATION OF POSTMASTERS OF THE UNITED STATES

BEFORE THE
SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS

OCTOBER 30, 2001

On behalf of the 42,000 members of the National Association of Postmasters of the United States (NAPUS), I am honored to share my thoughts with the Committee regarding the tragic events that have impacted the U.S. Postal Service and its employees.

Today, the House of Representatives is deliberating over a commission to study how best to commemorate the 300th anniversary of Benjamin Franklin's birth. Our first Postmaster General, Benjamin Franklin, must be turning in his grave over the damage suffered by the Postal Service as the result of these attacks. The historic mission that the Postal Service provides can be jeopardized act if we do not act decisively to restore confidence in our nation's mail system. Our founding fathers charged the post office to "bind the nation together." We must recommit ourselves to this goal. Moreover, and just as important, we must look out for the safety of our postal workforce and customers throughout the nation.

Postmaster General Potter has been handed a situation for which he could not have planned. Yet, I believe he has ably spearheaded efforts to protect the integrity of our postal system. Nonetheless, two of our own, postal employees, who hailed from the Washington, D.C. Brentwood Mail Facility, have lost their lives to mailed anthrax. Postal workers in New York, New Jersey, Maryland, Virginia, the District of Columbia, and possibly other areas may have been exposed to this biohazard. Nationwide, the Centers for Disease Control have claimed that we currently have thirteen confirmed cases of this disease. Postal customers, including Senator Daschle's office and other congressional offices, have been exposed to the infected mail. These events are intolerable and need to be addressed.

On behalf of country's 28,000 active postmasters, I commend the degree of cooperation that our employees have exhibited, and their desire not to be intimidated by terrorists whose moral compass is nonexistent. The safety of our more than 800,000 postal employees cannot be sacrificed. Consistent, rationale, and effective criteria for protecting our workers must be employed. Accurate information needs to be disseminated to postal managers in order that everyone is reading off the same playbook. We must adequately protect our workers and customers who use the mail.

The commerce of our nation's democracy relies upon a secure and universal Postal Service. Constituent correspondence to congressional offices is currently being quarantined. This necessary precaution may hamper the

ability of American citizens to communicate with you. Now, it's extremely difficult for your constituents to share their thoughts with you about legislation that may impact their daily lives. Bioterrorists have exploited the most ubiquitous symbol of our government – its postal facilities and its mail – to provide the means to deliver their deadly cargo.

Clerks, letter carriers, mail handlers, supervisors, and postmasters have been thrust into the frontlines of a very dangerous battle. This is a battle over the very essence of our democracy, the free-flow of information. It is imperative that the Postal Service arm itself with the essential weapons to protect its employees, preserve the sanctity of the mail, and guarantee continued universal mail service. Our country's postmasters pledge to you that we will fight vigorously to safely ensure that the lines of communication among the mailing public, business mailers, and government institutions are not jeopardized. A strong and aggressive Postal Inspection Service is a necessary prerequisite to investigate and bring to justice those who have committed these crimes against the mailing public and postal employees.

NAPUS commends Congress and the White House for their desire to assist the Postal Service in waging a successful battle to protect our country's delivery network, processing plants, and post offices. As I am sure you understand, the necessary equipment to accomplish this goal will not be cheap. Nonetheless, its acquisition should be a government priority. Consequently, NAPUS urges you to push for appropriate funding to ensure the continued sanctity of the mail and universal postal services.

Postal employees, the mailing community, the American public, Congress, the President, and the Postal Service itself must work together if we are to succeed.

Thank you.

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