

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS,
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Whether the mail-borne anthrax attacks of 2001 were of domestic or foreign origin remains a mystery. The investigation to date has not discovered who forever transformed once-innocent letters and packages into ubiquitous vectors of disease. So the lessons learned from those tragic events remain our best defense against further attempts to contaminate the mail stream and other public spaces with deadly spores.

There was much to learn. Once it became clear the envelopes sent to Senators Leahy and Daschle had left a deadly trail of extraordinarily virulent, statically volatile anthrax, established assumptions about the ancient pathogen had to be discarded. The accepted lethal dose of eight to ten thousand airborne germs, derived mainly from animal data, had to be revised drastically downward – perhaps to just a single spore. Sampling and testing protocols proved insensitive to finely engineered material easily re-aerosolized.

It is those sampling and testing protocols we examine today. The search for anthrax at the Wallingford, Connecticut postal facility offers an instructive case study, a cautionary tale on the need to maintain a more aggressive approach to novel health hazards in the workplace.

Last month, the General Accounting Office released a report critical of Postal Service communications to employees during the anthrax crisis. Confusing communications stemmed, in part, from what has been generously characterized as an “evolving” system of environmental sampling. In truth, it only evolved from a complacent, almost symbolic program to disprove the presence of anthrax to an appropriately aggressive effort to find spores because Mrs. Otilie Lundgren died.

Obviously, several “negative” findings at Wallingford provided no reliable evidence the facility was free of potentially deadly anthrax. Jurisdictional jealousies, false economies and some scientific hubris artificially limited the quantity and quality of sampling and testing. Facing a wholly new situation, understandable errors were made. But too often, and for too long, those mistakes were not made on the side of excess caution but in the service of unwarranted conclusions about the safety of a contaminated facility.

When a finding of “negative” does not mean zero, and a few spores can be as deadly as a million, sampling must be widespread and aggressive. Testing must yield sufficiently detailed information to allow health officials, and the public, to make sound decisions about prophylactic treatments and site decontamination.

Despite the hard-learned lessons of Brentwood, the Hart Building, and Wallingford, standardized sampling and testing protocols are not yet complete. It seems likely a new anthrax outbreak by mail would trigger another confusing cascade of inter-agency committees and inconsistent testing regimens. Until uniform, scientifically validated protocols are in place, we all stand as sentinels, like Otilie Lundgren, human detectors waiting for our immune systems to sound the alarm.

Our witnesses today will describe current anthrax sampling and laboratory testing technologies, and efforts to apply those technologies more consistently and forcefully in the future. We appreciate their time and expertise, and we look forward to their testimony.