

Opening Statement of
Senator Susan M. Collins

**Nuclear Terrorism:
Providing Medical Care and Meeting Basic Needs
in the Aftermath**

Committee on Homeland Security and Governmental Affairs
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This Committee's earlier hearings explored the frightening possibility that terrorists could detonate a nuclear bomb in an American city. With a nuclear device small enough to be transported in a truck, they could inflict thousands of casualties and cause terrible destruction.

As I said at our last hearing, our top priority must be to improve the diplomatic, intelligence, and law-enforcement efforts that limit nuclear

proliferation, safeguard weapons-grade nuclear material, and thwart terrorists' plots.

If detection and interception fail, however, we must be ready for the aftermath. Half a century ago, Cold War duck-and-cover drills and signs marking subways as shelters were widely seen as futile gestures given the salvos of 50- or 100-*megaton* nuclear missiles that could fly in an all-out U.S.-Soviet war.

A terrorist nuclear attack on a large American city would likely be a different scenario. A ground-level detonation of 10-kiloton device - equivalent to 10,000 tons of explosives and "small" by the morbid standards of these weapons - would destroy nearly everything within a half-mile radius. But large portions of the target city would still be standing -

and would contain hundreds of thousands of survivors.

Today, we examine the urgent question of what would have to be done quickly and effectively to aid those survivors. Great numbers of people would need radiological decontamination, medical care, food, shelter, and social services. Most would need guidance on sheltering in place versus evacuation. First responders and medical personnel would need to know where to deploy.

Effective planning and training for a large-scale and well-coordinated mass-care response are vital. This effort requires coordination among DHS, HHS, DOD, state and local emergency managers, first responders, and key players in the private sector.

This Committee heard compelling testimony on the need for response planning last October, when Dr. Tara O’Toole of the Center for Biosecurity at the University of Pittsburgh Medical Center testified on our lack of readiness to respond to a bioterrorism attack. Dr. O’Toole told us that nuclear or biological attack – including the fear of successive attacks – “are the only two types of assault that could really destabilize the United States of America.” She cautioned that our national readiness to respond is overestimated.

Responding to that threat would require more than deploying first responders and materials. In the chaotic and terrifying aftermath of a nuclear blast, providing timely, accurate, and actionable information would be literally a matter of life and death. People would need to know what has

happened, where to find help, whether their immediate circumstances dictate evacuation or sheltering in place, and what to do next to protect themselves and their families.

How important would it be to communicate accurate, trusted information? For people gripped by an overwhelming urge to flee, it could be critical. The Department of Homeland Security has calculated that people who try to flee Washington, D.C., in the first 24 hours after a terrorist nuclear attack could expose themselves to *seven times* the radiation of those who shelter for just three days in their basements before leaving. People would need to know that sheltering indoors while short-lived radioactive particles decay and the fallout plume disperses could reduce their risk of radiation sickness and future cancers.

The real-life importance of effective crisis communication was illustrated in the Three Mile Island nuclear-reactor core incident in Pennsylvania in 1979.

Dartmouth College physicist John Kemeny headed a presidential commission to investigate the incident and the response. The Kemeny Commission report found “confusion and weakness” among information sources and a lack of understanding among many reporters that “resulted in the public being poorly served.”

A Commission task force noted problems including delayed or incorrect information, conflicting official statements, overly technical statements, and lack of coordination. The problems aggravated public confusion, fear, and emotional

stress – consequences that would have been far more serious if the Three Mile Island incident had caused any casualties.

A terrorist nuclear attack would give us the worst of both worlds: mass casualties and response problems surpassing those of Hurricane Katrina, plus the dangerous, invisible threat of atomic radiation.

Clearly, our response plans for mass care, food, and shelter cannot succeed without a carefully planned system for giving people clear direction.

I thank our witnesses for assisting us today, and look forward to a useful discussion.

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