DOMESTIC PREPAREDNESS AGAINST TERRORISM: HOW READY ARE WE?

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS, AND INTERNATIONAL RELATIONS

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

SECOND SESSION

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DOMESTIC PREPAREDNESS AGAINST TERRORISM: HOW READY ARE WE?

MONDAY, MARCH 27, 2000

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS, AND INTERNATIONAL RELATIONS,
COMMITTEE ON GOVERNMENT REFORM,
Stratford, CT.

The subcommittee met, pursuant to notice, at 10 a.m., at the Stratford Armory, 63 Armory Road, Stratford, CT, Hon. Christopher Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays and Tierney.

Also present: Representative DeLauro.

Staff present: Lawrence Halloran, staff director and counsel; Vincent Chase, chief investigator; Robert Newman, professional staff member; Jason Chung, clerk; and David Rapallo, minority counsel.

Mr. SHAYS. I'd like to call this hearing to order and welcome our witnesses and our guests. Our collective duty to protect public safety and national security demands we ask "How ready are we to confront the changing face of modern terrorism?" The answer, we are more prepared today than yesterday, thanks, in part, to the skill and dedication of the witnesses we will hear this morning.

But terrorism challenges rational people to come to grips with irrational, to think about the unthinkable. And it compels local, State and national leaders to commit to and rely upon unprecedented levels of mutual assistance and cooperation in the event of a terrorist incident. These are challenges we are not yet fully prepared to meet.

Last Friday's exercise brought that lesson home as local police, fire and emergency medical personnel worked through a fictional, but all too plausible, scenario of a chemical-laced pipe bomb explosion on an Amtrak train. They learned what types of equipment, training and planning are needed to improve existing response capabilities.

At the same time, we all learned a sobering truth. Without the proper local preparations and outside support, first responders to a chemical or a biological incident scene inevitably become the second wave of victims.

Facing that harsh reality, mayors, Governors, Congress and the President are asking the same questions. What do local responders need to function and survive as our first line of defense against terrorism? What additional capabilities should reside at the State and national levels to be brought to bear in support of local officials when needed?

Answers required close calibration of local, State and Federal interests and authority. It is a difficult and potentially costly balance to strike. But, given that time and distance between a terrorist attack and effective response are measured in human lives, the balance must be found and funded.

Since 1997, the Federal Government has spent several billion dollars on domestic preparedness programs. Last year, the congressional mandated Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction reported frustration and confusion among local and State officials trying to navigate a busy bureaucratic menu of Federal counter-terrorism agencies and programs. The Advisory Panel also observed a lack of consensus on the nature and extent of the domestic terrorism threat, compounding the difficulty of needs assessments and budget planning.

Today, the subcommittee came to Connecticut to assess the impact of Federal programs to combat terrorism and to ask what needs to be done to improve their focus, their reach and their effectiveness.

Thanks to the efforts of the Connecticut Office of Emergency Management, the Connecticut Military Department and the city of Bridgeport in planning and conducting last Friday's exercise, and I might say funding it as well, witnesses this morning are able to address our questions with recent experiences and fresh insights. The subcommittee is grateful for the time and expertise our witnesses bring to these important discussions and we look forward to their testimony.

[The prepared statement of Hon. Christopher Shays follows:]

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Statement of Rep. Christopher Shays
March 27, 2000

Our collective duty to protect public safety and national security demands we ask: How ready are we to confront the changing face of modern terrorism?

The answer: We are more prepared today than yesterday, thanks to the skill and dedication of the witnesses we will hear this morning. But terrorism challenges rational people to come to grips with the irrational, to think about the unthinkable. And it compels local, state and national leaders to commit to, and rely upon, unprecedented levels of mutual assistance and cooperation in the event of a terrorism incident. These are challenges we are not yet fully prepared to meet.

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Facing that harsh reality, mayors, governors, Congress and the president are asking the same questions: What do local responders need to function, and survive, as our first line of defense against terrorism? What additional capabilities should reside at the state and national levels, to be brought to bear in support of local officials when needed?

Answers require close calibration of local, state and federal interests and authority. It is a difficult, and potentially costly, balance to strike. But given that time and distance between a terrorist attack and an effective response are measured in human lives, that balance must be found, and funded.

Since 1997, the federal government has spent several billion dollars on domestic preparedness programs. Late last year, the congressionally mandated Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction reported frustration and confusion among local and state officials trying to navigate a busy bureaucratic menu of federal counter-terrorism agencies and programs. The Advisory Panel also observed a lack of consensus on the nature and extent of the domestic terrorism threat, compounding the difficulty of needs assessments and budget planning.

Today, the subcommittee came to Connecticut to assess the impact of federal programs to combat terrorism, and to ask what needs to be done to improve their focus, their reach and their effectiveness.

Thanks to the efforts of the Connecticut Office of Emergency Management, the Connecticut Military Department and the City of Bridgeport in planning and conducting last Friday's exercise, witnesses this morning are able to address our questions with recent experiences and fresh insights. The subcommittee is grateful for the time and expertise our witnesses bring to these important discussions, and we look forward to their testimony.

Mr. SHAYS. At this time, I'd like to call on my colleague, Mr. Tierney, if he'd like to make a statement.

Mr. TIERNEY. Thank you. Thank you, Mr. Chairman. And good morning, everyone. Let me also welcome all of the witnesses that are here this morning, as well as the local, State and Federal officials who took part in the exercise on Friday, which I understand was quite an event. I'm glad you could all be with us.

I also want to thank the Connecticut National Guard for organizing the exercise and hosting the hearing today here at the Armory. We're scheduled to have another hearing up in my district probably next month and I hope we can offer as much hospitality and do as good a job up there as you've done for us.

Terrorism is obviously a concern for all of our cities and towns because it will require a response by local resources first. Police departments, fire departments, hospitals, all of these local entities will be called upon to respond. And we have to make sure that we have quick and effective response.

In the case of a potentially catastrophic event, however, there are additional concerns that must be addressed. First, how well are we training and equipping ourselves for a future incident? And, second, if an incident occurs, have we thought through the processes and procedures of actions so we know how to respond?

On the first question, preparation for this kind of incident requires us to examine the possible threats, determine the risk of various scenarios and transform that threat/risk assessment into concrete priorities for equipment, training and research.

On the second question, a procedure for action requires that we know who to call, when to call them and what to ask for when we reach them.

With both of these efforts, there are many unknowns and unquantifiables. There are also uncertainties about the extent to which Federal funding should be directed toward enhancing local capabilities, preparing Federal response mechanisms or some combination of both.

I hope when we return to Washington, Mr. Chairman, that we'll have some clear ideas about this situation on our own.

And finally, I want to thank Chairman Shays for his dedication and perseverance on this issue. I have to tell you he's held five hearings like this, I believe, last year on the topic and I think he's had three so far this year. He's demonstrated his commitment to streamlining Federal programs so they'll be much more coordinated, more efficient and ultimately more helpful to the local responders who rely on them.

And I look forward to the hearing this morning. I just also want to close by noting the number of National Guardsmen from Massachusetts that are here, Mr. Chairman, and know that they are lending their expertise to the situation. We're proud and thoughtful to have them here.

Thank you.

[The prepared statement of Hon. John F. Tierney follows:]

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Representative John Tierney
Opening Statement

"Domestic Preparedness Against Terrorism: How Ready Are We?"
Field Hearing — Stratford, Connecticut
March 27, 2000

Subcommittee on National Security, Veterans Affairs, and International Relations
Committee on Government Reform
U.S. House of Representatives

Good morning. Let me welcome all of the witnesses here today, as well as the local, state, and federal officials who took part in the exercise on Friday. I am glad you all could be with us. I would also like to thank the Connecticut National Guard for organizing the exercise and hosting the hearing today here at the Armory. We are scheduled to have another field hearing in my district in Massachusetts next month, and I hope we can offer as much hospitality as you have provided to us.

Terrorism is a concern for all of our cities and towns because it will require a response by local resources first. Fire departments, police departments, hospitals — all of these local entities will be called on to respond quickly and effectively. In the case of a potentially catastrophic event, however, there are additional concerns that must be addressed:

- First, how well are we training and equipping ourselves for a future incident?
- Second, if an incident occurs, have we thought through the processes and procedures of action so we know how to respond?

On the first question, preparation for this kind of incident requires us to examine the possible threats, determine the risk of various scenarios, and transform that threat–risk assessment into concrete priorities for equipment, training, and research. On the second question, a procedure for action requires that we know who to call, when to call them, and what to ask for when we reach them.

With both of these efforts, there are many "unknowns" and "unquantifiables." There are also uncertainties about the extent to which federal funding should be directed towards enhancing local capabilities, preparing federal response mechanisms, or some combination of both. I hope when we return to Washington, we will have some clear ideas about priorities of our own.

Finally, I would like to thank Chairman Shays for his dedication and perseverance on this issue. He held five hearings last year on this topic alone, and I believe this is the Subcommittee's third so far this year. He has demonstrated his commitment to streamlining federal programs so they will be more coordinated, more efficient, and ultimately, more helpful to the local responders who rely on them.

Thank you, Mr. Chairman.

# # #

Mr. SHAYS. I'd like to thank my colleague as well for his incredible support in this committee. It's really a team effort. And the record will note that Massachusetts is very important to Connecticut.

Now I'd like to call on my colleague, Rosa DeLauro, a partner and wonderful friend in so many efforts in Congress. And we are in your district and it's wonderful to be here.

STATEMENT OF HON. ROSA DeLAURO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CONNECTICUT

Mrs. DELAURO. Thanks so much. I, too, want to welcome everyone here today. And I thank my colleague, Congressman Shays, for holding this important hearing and associate myself with my comments—with the comments of my colleague from Massachusetts, John Tierney, in mentioning Congressman Shays' tenacity and doggedness and commitment to this issue.

Let me also welcome Congressman Tierney to Stratford and to the Third Congressional District of Connecticut. We're grateful for the assistance of our Massachusetts brethren. And we're going to do all that we can to get one of these teams in the State of Connecticut here, John.

Let me thank the members of the panel who are here with us today and for your expert testimony. Also, to all the personnel here this morning who took us through the various kinds of efforts that you are making and the description of the equipment that you're using and helping us to try to understand exactly what happens here on the ground.

We are approaching the 5-year anniversary of the bombing of the Alfred Murrah Federal Building in Oklahoma City. We passed the 7-year mark of the attack on the World Trade Center. I dare say that these tragedies have served as a wake-up call to all Americans that terrorism was no longer just in other countries and far-off places like the Middle East or Northern Ireland, that we also have terrorism here. We've learned that it's not only bred abroad but can develop right here at home.

And no one wants to over-excite or to frighten the public with concerns about attacks on their workplaces or homes. We don't want to give terrorists a victory of greatly altering our lives by causing us to live in fear. But we need to be prepared. But the vigilance doesn't mean that we shutter our windows against the outside world. What we're looking at is a prudent and an intelligent approach.

From threats from abroad, we must remain steeled against those who wish us ill, prepared to meet in force in kind. And, similarly, we need to recognize and monitor domestic threats. But keeping in mind that every act cannot be foreseen and prevented, we need to prepare and to ensure that the men and women who would be the first on the scene are equipped with every tool that they need and expertly trained in how to be able to use them.

We've had some foresight of good Senators, Sam Nunn, Richard Lugar, in helping to try to provide some resources to be able to bear on the enhanced capability of Federal, State and local emergency responses in the case of terrorist incidents.

With a $10 billion Federal spending on counter-terrorism—last year it reached $10 billion, enabling us to stockpile antidotes against bio-terrorism, to make grants for the purchase of equipment and to train local law enforcement and other first responders.

The questions that the panelers will undertake today are the efforts that we—reaching those of us who are here on the ground. I think that, as has been said, that the weekend's exercise showed us in many cases that it's not quickly evident that an incident may be a biological attack and that the first people on the scene are always going to be our police, our firefighters and other emergency personnel. And, quite frankly, we want to make sure that they have the protection that they need and can deal with what is at the scene and the institutions, like our hospitals, are also equipped to deal with these kinds of things so that, in fact, the whole system just doesn't shut down when something like this could potentially occur.

But are the efforts reaching us here on the ground? Are they effective? How can we better ensure that we're getting the tools that we need and the training and support to make us responsive to these acts of terrorism?

The one thing as I was going through these, the various demonstrations, it occurred to me as to what extent the vast realm of our technology research, whether it is within the Federal Government's purview, within the military or whether it is in our academic institutions around the country and right here in our State, to what extent is the level of that research and that expertise being brought to bear on this issue in terms of the kinds of technology that we can employ?

Robotics, for instance. We saw some demonstration of that, in which you can deploy the robot and save on—lives, loss of lives with personnel and an accurate indication of what the circumstances within whether it's a Federal building that may have been bombed or some other kind of effort.

And I think that that's something that we ought to ask here and that we ought to try to pursue.

I have gone on long enough as an opening statement for all of us. I look forward to the testimony of our witnesses here this morning and again say thank you to my colleague, Chris Shays, for bringing us all here this morning.

Mr. SHAYS. I thank the young lady. And I do know that you have certain obligations later that you need to go to. So it's just appreciated very much that you're here to start us off.

We are going to have a short presentation by John Wiltse, the director of the Connecticut Office of Emergency Management, and Colonel David Gavigan.

I would just like to thank the Office of Emergency Management because they funded the process that you all went through on Friday. And I think it cost well over $20,000. And so that's very appreciated. And I think it was very useful and I know it will bear a lot of fruit.

Mr. Wiltse.

STATEMENT OF JOHN T. WILTSE, DIRECTOR, CONNECTICUT OFFICE OF EMERGENCY MANAGEMENT

Mr. WILTSE. Thank you, Mr. Chairman. Mr. Tierney, Mrs. DeLauro, I am John Wiltse, director of the Office of Emergency Management. It is certainly an honor for me to appear before you. I am joined, as the chairman indicated, by Colonel David Gavigan, a terrorism preparedness consultant and our lead facilitator for the Park City response exercise.

We'd like to give you a brief overview of the exercise and, most importantly, focus on some of the lessons learned. The exercise purpose is really to assess and to identify. As the chairman indicated, this exercise was designed to be incorporated into today's hearing.

The structure and design. We had substantial and enthusiastic participation from representatives from over 40 agencies. And we're extremely pleased with that. The players were grouped into seven functional areas, including emergency management, health, law enforcement, the city of Bridgeport Emergency Operations Center, first responders and a table utilized to represent a unified command system. Information was given as the scenario unfolded and the tables were able to consult with each other during the exercise.

The chairman summarized a little bit about the scenario. I'd just like to highlight some items. We did simulate a high-speed—the new high-speed Accela train, Amtrak service from Boston to Washington, DC. The train reported an explosion just outside of Bridgeport's Water Street station and made an emergency stop.

The explosion produced 30 fatalities and dozens of more injuries which strained area hospitals, which were already at capacity with a spring flu.

However, the real threat did not materialize for the players until a little later in the scenario when victims began to seek treatment for blister and respiratory ailments. This led players to correctly conclude that this was an act of terrorism utilizing a mustard chemical agent which began to impact the entire Connecticut medical system.

And now some lessons learned. First of all, there is a clear lack of available portable equipment for use at the scene by first responders. Detection and personal protective gear is not available for most fire and law enforcement personnel. Without this good chemical detection equipment, first responders themselves became casualties during this exercise. Health personnel faced the very same issues. There's a general inability to sustain hospital operations in a chemical or biological environment.

And although it was a tabletop exercise, all the agencies recognized that they would not be able to have communicated effectively in the field because of a lack of a centralized and expandable radio system.

Detection and decontamination. There was a fair amount of confusion and problems in the exercise in correctly detecting and, most importantly, confirming the potential agent. There's a clear lack of effective decontamination systems for mass casualties in our health communities. Both medical facilities and first responder agencies simply do not have the equipment and facilities to accomplish this. Because of this lack of detection and decontamination capabilities,

area hospitals did allow their environments to become contaminated during the exercise.

Training and education. Although the exercise was very well received, all the functional areas indicated they would benefit from additional exercises. And we certainly hope to do that. Unfortunately, exercise resources are very limited, especially for municipalities.

First responders also have a great difficulty attending the wide variety of out-of-state terrorism training currently available, mainly because their jobs have to be back-filled on the front lines of their fire and police stations.

Agency roles and coordination. Additional exercising will certainly help us address this area. But there are a variety of different agencies and roles. There's a general need for more education and interagency planning to help simplify the response.

Players did recognize a duplication of efforts as an example in the hazardous material identification area. In short, the incident commander is looking for a centralized and needs a centralized process to obtain resources, one that already exists, for example, with the Federal response plan.

There's also a recognition that we must begin to look at developing regional capabilities, especially here in Connecticut where we do not have strong county governments.

In summary, although we saw with this exercise on the front lines we have very capable agencies and personnel at local and State levels, there are certainly insufficient resources and they are not filtering down to the front lines. We must work more closely together to define our roles and missions at all levels of government, improve interagency planning and education and look toward regionalization.

Mr. Chairman, if you have no questions, this concludes our presentation.

[The prepared statement of Mr. Wiltse follows:]

Park City Response:

A Chemical Weapons of Mass Destruction Exercise

Bridgeport, Connecticut

John T. Wiltse, Director, CT OEM
Col. (Ret.) David W. Gavigan, Lead Facilitator

Exercise Purpose

1. Assess the response capabilities and resources of local, state, and federal agencies.

2. Identify weaknesses and future needs.

Structure and Design

- 90 players, 60 observers from 40 local, state, and federal agencies.
- 7 functional area tables including a Unified Command/JOC.
- Multiple "real time" messages.
- Table cross-communications allowed.

Scenario Overview

- Explosion/fire on Amtrak high-speed train.
- Dozens of deaths/injuries.
- New victims with skin blisters/respiratory distress seek treatment; multiple locations.
- Chemical terrorism suspected.
- Statewide health emergency: facilities overwhelmed/contaminated.

Lessons Learned

- Equipment
  - First responders: insufficient detection and personal protective equipment.
  - Health facilities: insufficient personnel protective equipment and supplies.
  - Communications: lack of integrated, expandable system.

Lessons Learned

- Detection and Decontamination
  - Inability to quickly detect and confirm agent on-site.
  - Lack of mass DECON plans, facilities, and equipment (winter conditions).
  - No portable decontamination systems.
  - Hospitals susceptible to contamination.

Lessons Learned

- Training and Education
  - Increased exercise resources; must fund municipal/regional agency participation.
  - Greater exercise/drill frequency.
  - Fully resource training.

Lessons Learned

- Agency Roles and Coordination
  - Unclear roles, responsibilities, and capabilities: simplify and educate.
  - Duplication of efforts: integrate resources.
  - Centralize requests for federal/state resources.
  - Formal interagency planning.
  - Develop regional response capabilities.

Summary

- Capable agencies and personnel at local and state levels.
- Sufficient resources not filtering down: equipment, exercises, training.
- Define roles and missions more clearly.
- Improve interagency planning/education.
- Regionalize equipment and resources.

Mr. SHAYS. Thank you very much.

We're going to be swearing in our witnesses. And just to acknowledge and point out that we're having three panels. It's probably the largest number of people per panel that I've ever had in any of my hearings. We're going to do local, then we're going to do State and then we're going to do Federal. It's probably going to necessitate our doing a lot more listening than asking questions. But we'll just see how it goes. We're very excited about the day and really appreciate all the participants.

We have our witnesses. And then I'll ask them to stand. But let me just introduce them. We have Dennis Murphy, the Chief Administrative Officer for the city of Bridgeport.

Dennis, nice to have you here.

Accompanied by Mr. Scott Appleby, Emergency Management Director, city of Bridgeport.

We have the Honorable Kenneth Halaby, the first selectman, town of Trumbull.

Ken, great to have you.

And we have Chief Hector Torres, Police Department, city of Bridgeport.

Chief, it's always great to have you here.

And then we have Chief Michael Maglione, fire department, city of Bridgeport.

Wonderful to have you here as well, Chief. And appreciate all that you all did on Friday.

And then we have Mr. Thomas Gecewicz—Gecewicz. I'm not saying it correctly. Did I say it right the second time?

Mr. GECEWICZ. Gecewicz, sir.

Mr. SHAYS. Gecewicz. Thank you, sir. Director, Health Department, city of Bridgeport. And you're doing a great job in a very difficult position.

Accompanied by Ms. Jane Winters, emergency medical service coordinator—excuse me. Accompanied by Mr. Stephen Carden, joint hospital coordinator, Bridgeport Hospital, and Ms. Jane Winters—thank you—emergency medical service coordinator, St. Vincent's Medical Center.

If you would, I would invite you to stand. We swear all our witnesses in. The only one who has ever gotten away with not being sworn in was Senator Byrd when he came in. Big surprise. Right?

[Witnesses sworn.]

Mr. SHAYS. Thank you.

Note for the record that all our witnesses responded in the affirmative.

And quickly, to get some housekeeping out of the way, I ask unanimous consent that all members of the subcommittee be permitted to place an opening statement in the record and the record remain open for 3 days for that purpose. And without objection, so ordered.

I ask for the unanimous consent that all witnesses be permitted to include their written statement in the record. And without objection, so ordered.

Our practice is to give 5 minutes and then roll over for another 5. But—we'll roll over, but if we could—if you're—we're hoping you

can close by 5 minutes. But if you have—need a minute or two more, that's fine.

Just paying respect to our chief elected official, I'm going to have Mr. Halaby—you're going to open us up. And then I'll call on Dennis Murphy, the Chief Administrator.

STATEMENT OF KENNETH HALABY, FIRST SELECTMAN, TOWN OF TRUMBULL

Mr. HALABY. Thank you, Chairman Shays and members of the panel. It's a pleasure to be here with you today.

Mr. SHAYS. Ken, I'm going to ask you to move the mic in front of you a little more.

Mr. HALABY. A little bit more?

Mr. SHAYS. This way.

Mr. HALABY. This way. OK.

Mr. SHAYS. Is that all right?

Mr. HALABY. That's fine.

Mr. SHAYS. OK.

Mr. HALABY. I'd like to thank you, Chairman Shays, and your panel for putting together that wonderful symposium that was sponsored by the Connecticut Office of Emergency Management, the State Military Department and the city of Bridgeport.

Mr. SHAYS. Ken, I'm really sorry. I'm going to ask that the mic be tipped down and be——

Mr. HALABY. Tipped down. OK.

Mr. SHAYS. Yes.

Mr. HALABY. Is that better?

Mr. SHAYS. Yes.

Mr. HALABY. Closer?

Mr. SHAYS. Tilt it like this a little bit so——

Mr. HALABY. All righty. Is that better?

Mr. SHAYS. Good. Is that all right?

Mr. HALABY. That's fine.

Mr. SHAYS. Good. Thank you.

Mr. HALABY. OK. Trumbull, as you know, is a small town adjoining the city of Bridgeport. But we did not take this exercise lightly. We had 14 representatives at the tabletop from our police department, fire department, EMS, fire marshals, fire chiefs, our Health Department and a school principal and a school officer, along with some of our security guards.

It was a wonderful opportunity for us to learn more about the needs of our community and our surrounding cities in the Greater Bridgeport area.

I will not reiterate the need that has already been expressed in the previous testimony by other people here. But I would just like to emphasize after the tabletop exercise, we all went back to our Town Hall and felt that the greatest need was training. A town like Trumbull of 33,500 doesn't have the finances or wherewithal to get the expert training needed to respond as effectively as we would like to.

Along with that, of course, comes the necessary personal protective equipment which we found was in need for such a disaster that may or may not occur and, also, funding for the necessary de-

tection equipment and other equipment needed in these disaster situations.

The interdisciplinary training was thought to be of critical importance and the need to have current lists of who to call, when to call, from all levels so that if we had to be first responders within our own town or, in fact, backups to our sister city of Bridgeport wherein they might ask us to have our Public Works Department come in to set up roadblocks, if the police who already had roadblocks set up were—needed to be relieved of their duties, if they needed extra assistance for a command center, which we do have the capability of in our town with generators and backup equipment. We have a great media center with all the necessary equipment there.

We would stand ready to help, if there was an overflow in the hospitals, to set up such emergency needs through the Red Cross in all of our schools. And we stand ready to help a city like Bridgeport wherever needed in such a disaster.

In terms of our own needs, we are spread out. We're a small town. And the crises of hitting a big building outside of our schools or our small Town Hall are not quite of the same magnitude as what we had experienced when the Bridgeport case was presented to us.

However, we cannot take anything for granted. Towns small or large can be hit. And we do need the training, the equipment and the guidance from those who are in much better positions than ourselves to help better prepare us because as a small town we just do not have the funds to do it ourselves.

I think, Mr. Chairman, that pretty well sums up my presentation.

Mr. SHAYS. Thank you. We may have a question, too, to ask you.

Mr. HALABY. Sure.

Mr. SHAYS. At this time, we will ask—Mr. Murphy, it's wonderful to have you here. And thank you.

STATEMENT OF DENNIS MURPHY, CHIEF ADMINISTRATIVE OFFICER, CITY OF BRIDGEPORT

Mr. MURPHY. Thank you, Congressman. And on behalf of Mayor Ganim, who was unable to be here, he wishes to express his deep gratitude to you and to the committee members for focusing on this very important issue.

There are—there is testimony submitted by Mayor Ganim that you have. I will simply summarize. We will have, as you know, the fire chief, police chief, health director also testify in terms of their areas of expertise.

But there are a couple of issues that I would suggest need consideration. It's been pointed out that a city like Bridgeport would be the first responder to an act of terrorism. And on Friday, the exercise, one thing we learned was once a toxic substance was identified and released, that Bridgeport did not have the technical capacity in the haz/mat area to get sufficient empirical information on the spreading of this toxic substance to make those initial decisions. The decisions of sending children home from schools, evacuating neighborhoods, need to be made on a local level within the

first hour, the first 2 hours, of course, depending on the nature of the episode.

The haz/mat, Fairfield County Haz/Mat, that we cooperate with tremendously and who do tremendous work simply can't respond in that quick a time. And perhaps if these episodes occur, they may be drawn elsewhere. So I—those decisions that we need to make on a local level, which really directly affect people's lives, we would need the supportive equipment and training to be able to make those determinations.

Obviously, there's other equipment, the personal protective gear, et cetera, that we do not have available for police who would be rushing to the scene, all of that are needs that we have for this type of episode.

The second area I would point out that you find in the mayor's testimony is simply the recognition that the city of Bridgeport is on the nexus of major transportation routes. I–95 running through Bridgeport and the train, as pointed out Friday, and Route 825 running down, have, in our knowledge, limited knowledge, quite an extensive transport of chemical, noxious, other types of materials.

Now, we fully understand the importance and the necessity for those having high security in terms of identification of when those are transported through the city.

But I think that some consideration might be given to developing protocols as to either advising urban areas when those transports are occurring, to some extent. Minimally, protocols as to should an event occur, an accident on the highway, a Mianus bridge giving out, thus dumping some toxic materials on the city of Bridgeport, as to a quick identification of the nature of the product, the volume of the product that's being transported through our city. And right now that doesn't exist.

And I think those are critical areas up front that may help us identify who in the national level has that information and to quickly make those first responder decisions. Without that information, our decisionmaking is in the dark.

So we very much appreciated learning on Friday all of the vast array of expertise with the FBI and the Federal agencies. And I think it was a tremendous learning experience for us.

And, Congressman, I really would like to thank you for your efforts in this regard. Thank you very much.

Mr. SHAYS. Thank you very much.

Chief, thank you for being here.

I guess we have two Chiefs here. But Chief Torres. Thank you. That's like what I encounter sometimes when someone says something about Chris Dodd and I think they're talking about me and then I'm embarrassed to find out they're talking about Chris Dodd.

So, Chief Torres, you have the——

STATEMENT OF HECTOR TORRES, POLICE CHIEF, CITY OF BRIDGEPORT

Chief TORRES. Thank you. Thank you, Mr. Chairman. And it's a real honor for me to present here and have this opportunity to give testimony before the Subcommittee on National Security.

Mr. SHAYS. I'm going to ask you to tilt the mic this way so it comes over your paper a little bit.

Chief TORRES. OK?

Mr. SHAYS. Yes.

Chief TORRES. Is that better?

Mr. SHAYS. Yes.

Chief TORRES. OK. It's a real pleasure for me to be here this morning to give testimony before the Subcommittee on National Security, Veterans Affairs, and International Relations.

This past Friday was a real eye-opener for me. I've been an interim chief and I'm still in the learning process of learning this business of being a chief. It was especially gratifying for me to be there to take part in this important incident, command, terrorist activity that just took place.

As chief of police, I understand that more funding is needed. And I know that everybody has alluded to that, including John Wiltse from the State Emergency Office of Management Services (sic). And for me as an overseer of first responders, it's important that our first responders, police, fire, any emergency personnel, have the ability to maximize their effectiveness by having the proper equipment available to them at the beginning of the incident.

Overall, the operation, the incident that took place on Friday was very helpful. It was—it helped us to identify the levels of resources that are available to us at the local, State and Federal level. I didn't realize how many bells and whistles are out there. And as I look around the room, you know, I'm still amazed that there are a lot of bells and whistles that are available to us.

The question is, is the opportunity to have them available to us in the city of Bridgeport or in the region in a timely fashion? So that's one of the things that we need to look at, is to maybe have some of these bells and whistles in our own back yard. Not that they, you know, don't need to be available in Massachusetts and other locations, but we need to start looking at it in a more reasonable approach that are located in our own back yard, available to us in a more timely fashion.

The incident that allowed us to put our thinking caps on—and I believe that more of this integrated training is necessary so that we at the local, State and Federal level can operate in a uniform command structure way.

And, again, I'd like to reiterate that all this funding and all this equipment is necessary at the municipal and regional level.

And I thank you for this opportunity.

Mr. SHAYS. Thank you, Chief.

[The prepared statement of Chief Torres follows:]

CITY OF BRIDGEPORT
DEPARTMENT OF POLICE
300 CONGRESS STREET
BRIDGEPORT, CONNECTICUT 06604

HECTOR E. TORRES
Acting Chief of Police

HECTOR E. TORRES
A/CHIEF OF POLICE
BRIDGEPORT POLICE DEPARTMENT
BRIDGEPORT, CONNECTICUT

MARCH 24, 2000

I am honored to have this opportunity to give testimony before the Subcommittee on National Security, Veteran Affairs and International Relations.

As the Chief of Police I believe that more funding for training, resources and equipment is necessary at the local and regional level. This will enable unified first responders (EMS, POLICE, FIRE) the ability to maximize their effectiveness in the event of terrorist attack in our municipality or region involving chemical, biological, explosive or incendiary devices.

The speedy identification of a terrorist incident and the ability to mitigate the scene must be given priority. A Joint Consolidated Action Plan that incorporates planning and training simulations at the local, regional, state and federal level must be developed and practiced at least once per year. This will allow unified first responders the ability to enhance their respective skills, save lives and property as well.

A Unified Command Structure Concept must be developed at major critical incident events that require inter-action between inter-agency disciplines. Local, state and federal agencies must work under a unified command structure to successfully and quickly mitigate an incident or event thereby reducing loss of life, equipment and property.

An Integrated Communications Systems must be developed to support advanced planning for tactical law enforcement, rescue and relief operations. The ability to communicate with committed agencies (resources) is critical to the successful and safe conclusion to an event or incident. One solution could be to create mobile, incident specific, communication centers that multiple agencies can field during a critical incident or event.

To reiterate, I firmly believe that increased funding for training, resources and equipment is necessary at the municipal and regional level. Yearly training exercises with local, state and federal agencies are essential to develop greater inter-agency cooperation and collaboration.

Mr. SHAYS. Chief Maglione.

STATEMENT OF MICHAEL MAGLIONE, FIRE CHIEF, CITY OF BRIDGEPORT

Chief MAGLIONE. Let's see if I can do this right. Reasonable?

Mr. SHAYS. Great.

Chief MAGLIONE. OK. Besides speaking as the fire chief of the city of Bridgeport, I'm also speaking for the International Association of Fire Chiefs.

As you're well aware, fire service throughout the country is the first responder on all types of incidents. But using the scenario that we went through on Friday, the key points that I believe are going to be repeated again and again today are, one, the need for the equipment at the local level for an immediate determination of what type of agent that we're dealing with, to safeguard our first responders, to safeguard our citizens in general.

The second level of—that would fall into the equipment range. And, again, equipment range would be protective equipment for the first responders that are responding.

Second, we need ongoing training, training that involves the local, State and Federal agencies that are involved, not just in every 3-year timeframe or every 2-year timeframe but on an annual basis where we would have a large-scale event and on a smaller scale, involving those same agencies, such as in the tabletop drills.

In the area of equipment, Congress has focused on each of the 50 States. In doing so, it is important that we not forget that this equipment be supplied to the first responders. In Connecticut, in the Fairfield County area, we deal with a regional response as far as hazardous materials are concerned. This type of team has to have the equipment and the training equal to anything that would be available at the Federal level, which would be available at the State level.

It's very nice that we have the assets at the Federal and State level. However, the problem here is that their response time is 4, 6, 8 hours out in the scenario. OK? And it's just—it's a consequence of distance. It's not any other problem. But we have to have this detection equipment and preventive—mitigation equipment available to us immediately.

OK. There are two operational issues that should be addressed, command and control and communications. And that—in the scenario on Friday, they came very quickly to the front. Communications with all the agencies that were involved—and I believe the slide showed there were 40 different agencies. We have to have a means of communicating. OK? And this lack of interoperable radio communications among the responding agencies is a major weakness. OK?

Congress has the ability to change this. They have the ability to set aside frequencies that will be devoted to just this type of massive emergency.

In the long run, it will be a lot more successful. It's a shame that in actual circumstances we end up using runners which were used back in George Washington's day. It's something that we have to work on.

OK. Command and control. The Bridgeport Fire Department uses the Incident Command System, the ICS system. This is taught by the Federal Emergency Management, the National Fire Academy. It's something that all agencies, whether they are local, Federal or State, have to be involved in. They have to learn how the system works, how it functions, how it's modular construction and where we all fit in in that system.

OK. Finally, an effective preparedness effort and an effective response to an incident of terrorism requires a planning effort that must involve all levels of government. We cannot possibly develop a successful response system without the active participation of all of the responsible agencies at all levels of the government.

We should plan together and train together. And we should do so with an eye to the fact that we may face a spectrum of incidents or threats, terrorist or non-terrorist. All agencies working toward an all-risk national response system is what is called for.

Thank you.

Mr. SHAYS. Thank you very much.

[The prepared statement of Chief Maglione follows:]

BRIDGEPORT FIRE DEPARTMENT
FIRE HEADQUARTERS - 30 CONGRESS STREET

CITY OF BRIDGEPORT, CT 06604

FIRST RESPONDER PREPAREDNESS FOR AN ACT OF TERRORISM

WHAT DO WE NEED?

Statement by Chief Michael A. Maglione

presented to

Subcommittee on National Security, Veterans Affairs,
And International Relations

U.S. House of Representatives

March 27,2000

I am Chief Michael Maglione of the Bridgeport, Connecticut, Fire Department. I also speak today on behalf of the International Association of Fire Chiefs.

There are over 30,000 fire departments in the United States. We are responsible for mitigating public emergencies of all kinds in communities across America. In addition to our traditional mission of fire prevention and suppression, we deliver most of the emergency medical services and nearly all of the hazardous materials response services in this country. We also provide urban search and rescue services in the event of structural collapse. Citizens look to us for help when any situation escalates beyond their ability to cope. In short, local fire departments are the first line of defense against nearly all risks.

The effects of a terrorist incident will be felt locally. This has been cruelly demonstrated, most infamously at the Alfred P. Murrah federal building in Oklahoma City in 1995 and at New York City's World Trade Center in 1993. Any terrorist incident involving chemical, biological, radiological or conventional explosives will by design seek to injure or kill. Immediate and decisive action must be taken by authorities to mitigate injury and prevent death.

Fire departments will respond to a terrorist incident immediately, usually in less than five minutes. How well we are prepared will correlate with the degree to which we can protect life, property and the environment. A national preparedness strategy for incidents of terrorism that may occur within our borders must necessarily focus on local public safety agencies.

There are two areas of a successful preparedness effort that I would like to address. First is the support effort that involves training and equipping fire fighters to identify and mitigate a terrorist incident. Second is the operational role of the three levels of government that will be involved in responding to a large incident - local, state and federal.

Training local emergency response personnel is critical. The ability to identify a terrorist incident as quickly as possible is paramount. These incidents hold special risks for civilians and

responders alike. Fire, police and EMS personnel who become victims themselves will only exacerbate an already dangerous situation. The possibility of exposure to chemical or biological agents has consequences that can be avoided through training that will enable responders to identify their possible presence. It is telling that the Oklahoma City and New York City Fire Departments were dispatched to natural gas and electrical transformer explosions, respectively, in those two incidents. This serves to illustrate that a terrorist will likely not warn or inform us of his actions.

It is also important to remember that in the majority of conventional bombing attacks, the most common form of terrorist violence throughout the world, secondary explosive devices are employed for the very purpose of injuring or killing response personnel who arrive to render aid in the aftermath of the primary explosion. This technique was employed in an attack on a family planning clinic in Georgia three years ago.

Pursuant to the Antiterrorism and Effective Death Penalty Act of 1996, the Department of Justice launched several programs that were designed to supplement the training of 120 cities that was underway at the Department of Defense under the auspices of the so-called Nunn/Lugar/Domenici Amendment to the 1997 Defense Authorization Act. The Justice Department took the critical first step of developing, in concert with the U.S. National Fire Academy, an awareness-level curriculum that is still in use. This course is delivered through a train-the-trainer method that allows fire fighters access to training regardless of the size or location of their jurisdiction. It is vitally important that this training regimen be available to as many fire department personnel as possible. Awareness and the ability to identify an incident are again, paramount.

With respect to secondary explosive devices, the Justice Department also developed a training video that is useful. We eagerly await DOJ's release of a training video that will focus on broader "WMD" incident awareness and recognition.

The Department of Justice has also created a National Domestic Preparedness Consortium that provides training at different sites throughout the country for fire fighters at federal expense. I urge the Congress to continue to make these opportunities available to as many local response personnel as possible.

In addition to awareness and identification training, there are equipment needs that Congress has begun to address. Funding has

been provided for both training equipment through DOD's Nunn/Lugar program and operational equipment through the Department of Justice. The ability to properly detect and identify chemical and biological agents is vital. Additionally, the ability to effectively decontaminate exposed individuals is necessary.

Congress has chosen to focus the equipment issue on each of the 50 states. In doing so, it is important that we not forget the primary role of local first responders. In our region of Connecticut, we employ a regional response team that is called upon to deal with hazardous materials releases whether they be accidental or intentional. This type of team and individual fire department teams must be properly equipped to perform the tasks I have outlined.

Reliance on federal assets that cannot respond quickly is not good enough. This is not an indictment of federal capabilities. It is simply a consequence of distance.

There are two final operational issues that should be addressed. Command and control, and communications have emerged as among the most important aspects of a response to a large public emergency and are perhaps the areas in which we as a country are most seriously deficient. When a large incident occurs, whether it is a bombing attack, a school shooting or a hurricane, agencies from different local, state and federal agencies will respond.

The two critical issues that we face in this circumstance are 1) how to facilitate effective communications between and among responding agencies, and 2) how to manage the various agencies and their personnel and assets that come to the scene of an incident.

The lack of interoperable radio communications among and between responding agencies is a serious problem in almost all jurisdictions, Bridgeport included. Congress can and should address this issue through the provision of additional radio spectrum to public safety agencies. It is frankly appalling that at this juncture in America's technological revolution, fire fighters, police officers and EMS personnel are unable to communicate without establishing the same system of runners General Washington employed during the American Revolution to allow communication between military units.

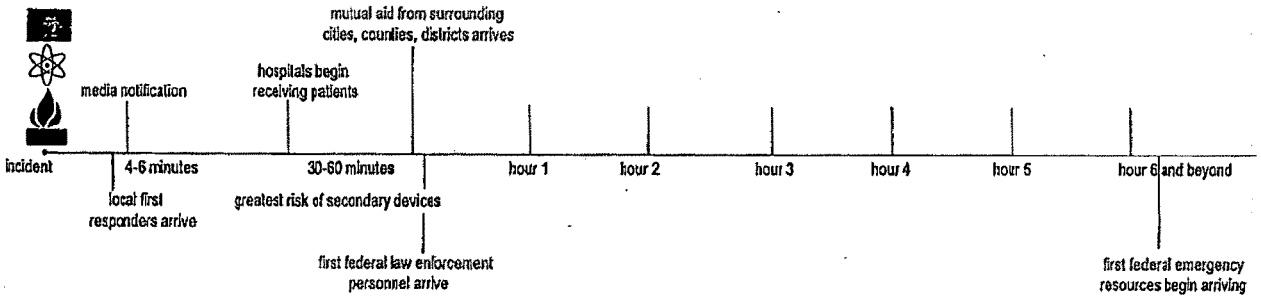
The command and control issue is vitally important. The Bridgeport Fire Department employs the standard Incident Command System (ICS) that is taught by the Federal Emergency Management Agency's Emergency Management Institute and U.S. National Fire

Academy. The ICS is a simple, modular system that allows us to gather information and account for and assign missions to those personnel who are at the scene of an incident. The ICS is in use by the vast majority of America's fire departments and will be in place at the scene of a terrorist attack long before state or federal agencies arrive. All agencies, local, state and federal, that may be expected to respond to a terrorist incident should be trained in the use of the ICS. There should be no exceptions - public safety requires it.

Finally, an effective preparedness effort and an effective response to an incident of terrorism requires a planning effort that must involve all levels of government. We can not possibly develop a successful response system without the active participation of all of the responsible agencies, at all levels of government. We should plan together and train together and we should do so with an eye to the fact that we may face a spectrum of incidents or threats, terrorist or non-terrorist. All agencies working towards an all-risk national response system is what is called for.

Mr. Chairman, thank you for inviting me to testify. I am happy to answer any questions you may have.

Timeline for response to incidents involving weapons of mass destruction



Golden Hour – The first hour is the most vital to treat trauma victims; it is also the most dangerous for civilians and first responders due to the likelihood of a secondary explosion, shifting or falling debris from damaged buildings, etc.

All emergency response depends upon local personnel and equipment for at least six to eight hours before any significant state or federal resources arrive!

For more information, contact the International Association of Fire Chiefs at 703-273-0911.

Mr. SHAYS. Mr. Gecewicz.

STATEMENT OF THOMAS E. GECEWICZ, DIRECTOR OF PUBLIC HEALTH, CITY OF BRIDGEPORT

Mr. GECEWICZ. Mr. Chairman, thank you very much. As you can tell by my accent, I hail from the great State of Massachusetts and I'm a newcomer to the city. I started here February 1. And as we all know, anyone from Boston would take advantage of any political setting. So I will take advantage of the entire 5 minutes, Mr. Chairman. Thank you.

Mr. SHAYS. I'd like the record to note, though, we wanted your training in Massachusetts so by the time you got here, you were all set to do the job just perfect.

Mr. GECEWICZ. Totally agree.

Mr. SHAYS. OK.

Mr. GECEWICZ. And it was the wisdom of the administration to save moneys and do that. Thank you.

I am a certified health officer nationally and I serve on the National Association of City and County Health Officers. And I will be testifying on behalf of themselves and the great city of Bridgeport.

As an elected member of the National Association, we brought forth 5 years ago to Congress the original debate relative to bioterrorism, Mr. Chairman. And the concern at that time was relevant to what happened with Oklahoma City and also the travesty that took place with Hurricane Floyd and how the devastation hit this poor State of Florida.

It was well known that surveillance through public health was the key issue. And if there was a terrorist act, it would be a public health threat through anthrax or any other issue. And we thank Congress that the moneys were originally appropriated. But, unfortunately, the word "surveillance" got lost in Congress. And as we know, our associate concerns, the CIA, the FBI and the Department of Defense use the word "surveillance" different than the original intent, which is to evaluate the need for public health concerns. And moneys were diverted from the public health issue through Donna Shalala, the Secretary of Human Health Services, and was put into the other three Federal agencies and public health took a back door.

Fortunately, there is a filing under the 106th Congress last week by Senator Frist, the Republican from Tennessee, and also Senator Kennedy, the Democrat from Massachusetts. And this is for the Internet Health Network. And I would ask your committee to strongly support this bill when it comes before you. It will finally put the moneys back into Public Health where it should be, members of the committee, so that we can guarantee that any virus, bio or any other form of negativity that would be hitting our American citizenship would be protected on the public health front line.

I can actually say that we worked cooperatively on Friday. And being a newcomer to the city, it was great to see, with the accents and everything that was going on, the communication at our table was significantly positive. Unfortunately, we all found out that the needs for proper communication is definitely the issue.

I would say the FCC should definitely get involved. Most of us can complain when we use our cell phones that there are blind spots. Imagine if a blind spot is the location in which a terrorist act would take place. As we know, the terrorism would take place of any our weak points. And if you're in the 128 belt, Mr. Tierney, you know how often you lose communications. And if you're in the hills, the western part of the State of Connecticut, you also lose communications. Therefore, the FCC has to make sure and guarantee that proper communications will be there.

We on the public health concern are also concerned with viruses. We're more concerned with issues such as the West Nile Virus which is spreading into us, our State, due to the mosquito issue, which was brought into this county, unfortunately, at the LaGuardia Airport some time last summer. So infiltration from outside the country can happen to us any given time, as can a terrorist act.

And we can guarantee through the first Kennedy Bill that public health concerns will be protected, that we will have the EMS services that we need and that the positive action that our hospitals here in the city had and the interfacing that we had with all the other departments federally and locally will be strengthened through communications. This is one of the key issues.

Not one Health Department actually is fully based across the country. The original appropriations verified that 3,100 Health Departments did not even have front line communications other than a fax machine; 95 percent did not even have computer capability. That was the intent of the original appropriation.

Unfortunately, we can verify at this point that is still the case. And Health Departments have to be on the front line. That's why Secretary Shalala has guaranteed, to the best of her ability through CEC, that we will have the appropriations if this bill does go through from Senators Frist and Kennedy.

All I can say is that there is a need. You know the need exists. Congress heard our call 5 years ago. We're here again asking for public health to be equally treated with our other defense and agencies that serve our public.

I thank you for the timing and giving me the opportunity to speak. Thank you.

Mr. SHAYS. Thank you very much.

[The prepared statement of Mr. Gecewicz follows:]

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Acting Director of Health

LOCAL PUBLIC HEALTH NEEDS FOR TERRORIST RESPONSE

Statement by Thomas E Gecewicz, CHO, MPA, CHWM
Director of Public Health

and

Chairman of the City Forum

Member Executive Board National Association County and City Health Officials,

Washington, DC

March 27, 2000

Promote Protect Serve

Dear Congressman Shay & Distinguished Members of the Committee:

I thank you for giving me the opportunity to speak today. I am Certified Health Officer Thomas Edward Gecewicz, the newly appointed Director of Public Health for the City of Bridgeport, CT. My stewardship with Bridgeport, CT began on February 1, 2000. Last Friday's terrorist exercise was fully educational to me in the method of introducing my skills as a Health Officer into a mechanism with other professionals in the community and we worked cooperatively to emphasize our city's ability to protect our residents.

Previous to my appointment by the Commissioner of Health of the State of Connecticut, and as a Certified Director of Public Health for the City of Bridgeport, I also held a long list of previous service within the state of Massachusetts. The following is a synopsis of such: I was the youngest elected Health Board Member within the state of Massachusetts and stood for over 21 years as an elected official. Also, I served as the appointed Executive Health Officer in Braintree, MA for 18 years and as Director of Health for the City of Fall River, MA for 5 years. I served under 3 governors as their appointed member of the Board of Certified Health Officers and served as Chairman for 4 out of 12 years. I presently serve as a Mosquito Commissioner representing the Public Health faction of the Committee for the past 20 years in the County of Norfolk in the state of Massachusetts. This position was appointed to me by the state of Massachusetts Department of Agriculture. You have before you a long list of my other credentials. Please note, my certification in Hazardous Waste Management, including my distinction as serving on the Executive Board of the National Association of County & City Health Officers based in Washington, DC, where I am currently serving as an Elected Chairman for all cities with a population under 400,000. I have attended National Training in the CDC Offices in Atlanta and have obtained numerous certifications with the FDA, CDC, & DHHS. I have a working knowledge of

protect its citizens with extending federal services within territorial, state, and local government. Furthermore, I am also a postgraduate of the Public Health Leadership Institute offered by the CDC and the Universities of California.

On the public health level, I have worked strongly in the State of Massachusetts with the Federal Contingent assisting Senator Kennedy and Kerry as well as with Representatives Frank, Moakley, McGovern, Meehan, and Delahunt and have always been available to assist them in the needs of public and environmental health services such as when called upon to testify to the relevancy of concerns distinct to my profession.

On the State level, I have served with former Attorney General Harshbarger on subjects related to health and violence. I also served as a local health coordinator on EMS services linking the public health and safety together with the local and state EMS services.

As you are aware, NACCHO was the primary force behind the Bio-terrorism legislation. The legislation has expanded through the Secretary of HHS, Donna Shalala's office down to the CDC, including assistance from Senator Kennedy. The initial intent of the monies, which was requested by the CDC was to assist the link between the Federal Public Health Agencies and Local Public Health Departments. This need was emphasized due to the lack of communication and the loss of information from top to bottom. After review of the facts, it became evident by the CDC that of the 3,100 public health departments nationally, nearly 95% held no communication capability, such as computers or links to the internet. Members of the National Association and myself testified to the need of strengthening public health services following the federal disaster that took place in Oklahoma City as well as Hurricane Floyd which devastated the State of Florida. The CDC realized through the use of surveillance that a major terrorist act would be a public health threat to our

a major public health concern.

During testimony in Washington, DC, it became evident, and Congress agreed with NACCHO and monies were appropriated, however, other Federal Agencies other than the CDC used the word "surveillance" to also justify their needs to prepare, train, and equip themselves for bio-terrorist acts against our government and citizens. Monies were diverted away from public health. Unfortunately, the original public health concern has moved form the front line of defense to an associated position and most of the original monies went to other agencies such as the FBI, CIA, Department of Defense, and Department of Justice.

The exercise that took place on 3/24/00 utilizing the City of Bridgeport as an example of what could take place in this great country of ours and also gave proof that monies at the Federal level is necessary and need to be allotted for the following reason: proper training is needed of all local, state, and federal agencies that would be called upon when there is any threat to a community and its' citizens. During the exercise, it was evident that the first responders need help at their local level where life and property are the key concern to a community for health and safety. They must be properly equipped with staff who are educated, versed, and trained in their profession and who are ready at a moments notice to assist in any case of threat placed upon their citizens. This training should be ongoing, current, and adequate to assist in this response. The key point, which was stressed was the definite lack of communication, which again, emphasized what my National Association echoed nearly 5 years ago in Washington, DC before another Congressional Committee.

Members of the Committee, that echo has come back to haunt us and we now have the support of all the first responders speaking loud and clear in a uniform method that proper

use of electronic communication is the key to saving life and property. We need computers with hardware and software, radio contact which can be used in the field including a secure link to a satellite which can be used by all National Agencies and there is a need for FCC to get involved to ensure that the communities that have blind spots get corrected so that no matter where the incident occurs, communication can not be hindered. For as we know, a terrorist will take advantage of our weak points and use it to their benefit.

We in the Public Health area attend to again correct our communication deficiency and are attempting to secure a public health alert network. A public health alert network would be utilized during any bio-terrorist act that threatens the public health of our residents and our nations citizens. In achieving this goal, a Bill has been submitted by Senator Frist, Republican of Tennessee, and Senator Kennedy, Democrat of Massachusetts. The intent of this Bill submitted last week before the 106th Congress 2D Session is to amend Title III of the Public Health Act to provide a public health infra-structure to address public health threats and emergencies solely.

Members of the Committee, this will be my National Association's second attempt to protecting our nation from public health threats. The National Association, which I serve as a member of it's Executive Board, had the foresight to place the needs before Congress, so, it is evident by the original appropriations, that a need truly exists, and it is also evident that Congress, the Department of Justice, and the Department of Defense agreed with NACCHO, so I take this opportunity to petition your support on two levels.

1. To ensure that all the issues that all my colleagues will emphasize here today do need monies to link our services together.

2. I will also ask for your future support of the Frist-Kennedy Public Health Bill,

which finally, after 5 years, will address the public health portion of the bio-terrorism concerns placing public health equally in the front line of defense with the other agencies protecting our national citizens.

It is with the hopes that the necessary funds are forwarded to the front line service providers to ensure that every national community and its' citizens be protected from any terrorist act or threat under a wide veil of environmental public health or associated potential catastrophe where life and property could be the victim of a terrorist force whose aim is to destroy the peace and harmony of our residents and citizens and of this great nation.

The City of Bridgeport is the largest populated city in the State of Connecticut. It is the third largest of the New England states next to Boston and Worcester, MA. Bridgeport has an approximate location to New York City which has been the site of several terroust acts. Public health wise, we are also concerned with the newly noted environmental health source for the potentially life-threatening West Nile Mosquito viruses which was introduced to this nation last summer in the vicinity of La Guardia Airport located on Long Island, NY.

We sit at a primary location for threats due to easy accessibility of terrorists where transportation is open, as US Interstate 95, the link from Routes 8 and 25, north from the City of Bridgeport to the Merritt Parkway, which is a key link to the New York City boundaries. We are 45 minutes away from Bradley Field, an International Airport as well as the City of Bridgeport's own Municipal Airport, which could be open to easy access from a number of terrorist sources. Our seaport has a direct linking ferry to Long Island and New York, making us geographically a primary point of entry for any faction.

I therefore, can emphatically state as a Public Health Official, the numerous opportunities to transmit diseases such as anthrax; a life threatening virus, also the West Nile and numerous other sources of other biological items which could threaten the stability of our healthy communities.

We also welcome a high volume of immigrants who often carry diseases such as tuberculosis and other communicable diseases. We welcome them voluntarily and treat them if necessary. We know immigration of people to our country strengthens our national communities. In the City of Bridgeport, and our nation welcome all who come to this country similar to the welcome my grandfather had by the view of the Statue of Liberty nearly 100 years ago.

It is well known that our population is a harmonious mixture, which should be offered to live and grow in a strong growing economic area, which offers a safe environmental local. Our families should feel safe in knowing that their community will provide the best public heath services. I can testify that this City offers the best public health services for the most economic dollar and is strongly supported by the city's administration. In addition, with knowledge expanding and science research and testing new created viruses it is important that we can protect the future of the yet futuristic unborn citizens of our nation.

Our community is supported in health services with the most number of profit and non-profit agencies than in any other noted city in the State and we receive grants from HHRSA, CDC, NIH, EPA, including sources through the Department of Justice. There is no question that there is a strong fiber between our residents and the community in Bridgeport in a strong working relationship with number of federal agencies.

However, members of the panel, there is a major deficiency that exists not only with this community, but every other community across the country, and it is the independent threads of no financial support on the local level to continue a safe sound government for all of our people if and when threatened by a terrorist act that could occur at any moment.

We here in Bridgeport, have two outstanding hospitals as well strong EMS support agencies, including the City of Bridgeport's health staff which consists of 196 personnel. Ninety-five percent hold Bachelors degrees and more than 75% have Masters degrees or equivalent. We maintain a certified laboratory for analytical support of our 4 physicians and several dentists. The entire staff of Bridgeport are dedicated to the delivery of public health for our residents. There is, however, a need for local training against terrorist infiltrations.

Senator Kennedy and Frist are emphasizing a national need for a local health network to support Board of Health and Health Professionals in maintaining the best service for our citizens during any unwanted issue that could and would affect our community and the nation.

Members of the Committee, the drill which we welcomed in the City of Bridgeport on 3/24/00 has been echoed in Washington, DC by my National Association and will be verified here today with testimony by others that there is an emphatic need for monies, strong communication through computer systems, radios, electronic systems, and cell phones in a secure network which could be brought into the field to assist professionals in serving our residents during potential emergencies that could affect all of us.

We do not know when or where it will occur, but we are the first to respond and it is our actions through proper training and knowledge with well prepared staff that saves lives.

We can not wait until the need arises to from a group outside of the community for response and then transport that group into the community for action. After they review and analyze the situation to determine what proper response method is needed for them to follow through on a number of procedures to develop the next course of action. This will only expand the needed response of the immediate threatening issue.

Therefore, monies need to be deployed to local levels so that we can disperse accordingly and not wait for another source to assist us.

Members of the Committee, time is of the essence. We, the local community, are the first line of defense. We should be properly equipped and trained. We often plan and hold mock drills such as the one held last Friday, as well as though held on the national level. Tax dollars are spent in the hope that those properly trained will help in a situation with a smooth transition. However, there is a bump in the road. The bump is the confusion by the federal government that the state government can best serve it's residents. Although, the state is helpful, it is the local community that takes the blunt during any emergency. I trust the State Police is the only state 24 hour force we have that immediately responds and they do an excellent job in serving us, but, the true strength across the country is the local community itself, not the state.

So as the past national awarded Public Health Officer of the Year, which was bestowed upon me by the National Association of Local Boards of Health, and as the current Director of Health of the great City of Bridgeport, I petition your committee to take all action possible to ensure that we the locals are adequately prepared to properly respond to any catastrophic event when it occurs within our communities. We are our people's first line of defense. As we all know, we are a government of the people, for the people, and by the

people. And we the people exist in our communities which are local and therefore, monies should be distributed locally for this defense.

Thank for this opportunity to present before your community.

ADDENDUM TO TESTIMONY NOTING WHAT PUBLIC HEALTH NEEDS

1. Proper training of all staff in terrorist acts.
2. Money for transportation in education.
3. Attend national conferences for continued education.
4. Have local physicians trained in medical disaster triage.
5. Proper lab equipment for testing chemicals beyond present labs capability for testing air, water and soil as well as solid or liquid material.
6. Backup generators for securing safe vaccines.
7. Equipment for every field inspector for any chemical release.
8. Proper training of staff for any biological or associated terrorist act.
9. Cell phones for all field inspectors and medical staff. Cell lines must be secure.
10. Computers including laptops and printers with software and power packs with a dish for secure communications to a satellite operated by national agencies.
11. Body bags as well as triage labels for 30,000 people.
12. Training televisions with VCR's and computers for three training rooms.
13. A secured public health center to eliminate any contaminants.
14. Complete set of maps with overlays of the following:

    streets, elevations, sewers, water lines, gas lines, telephone lines, transportation, bus lines, all public buildings such as schools and churches, all parking lots, all points of entry, and noted high water marks of rivers, streams, and brooks including drainage areas, and restaurants or sources of food, and elevators in all buildings.
15. Training of staff in the use of Geiger counters and radioactivity.
16. Radiobase for the department linking state and federal agencies together.

Mr. SHAYS. I just would note that Mr. Appleby and Mr. Carden and Ms. Winters, you're full participants in this dialog. So don't be reluctant to step in.

That's concluded the testimony. And I'd ask Ms. DeLauro if she'd like to start us off.

Mrs. DELAURO. I appreciate the consideration. I have to catch an airplane back to Washington in a little bit. So I thank my colleagues for allowing me to go first.

Let me just ask—we've heard the commentary about the equipment and the local training and the detection equipment, et cetera. Let me just ask a couple of questions to help me. I got the results of the drill on Friday. I could not be present at the drill.

But it's my understanding that once there is Federal involvement, the leadership is clear. FBI takes the lead on crisis management. FEMA takes the lead on the consequence management. Who is in charge when both police and fire emergency medical teams are on the scene of an incident like this? And what happens when other State and Federal and local agencies arrive? In essence, who is in charge in the—when the first responders are on the scene?

Chief Maglione. OK. Will——

Mrs. DELAURO. I'm going to just say anybody answer at the moment because I want to save some time here. I'm not going to——

Chief MAGLIONE. I'll take it.

Mr. SHAYS. Let me—if I could just ask you to suspend a second?

The interesting thing of this question will be that we're doing it from the local. We'll ask the same question of the State and the Federal. And we may get different answers. But we're asking from your perspective and then what you think should happen.

Mrs. DELAURO. Right. Because my followup to that is then who do you think—let me just say the question. Who do you think should be in charge? Who is in charge? Who should be in charge? Do you think we can have a regional, literally a regional approach to command and control of these situations and with sharing of equipment, et cetera? Then I have a final question.

Chief MAGLIONE. OK. Well, as far as responding to an incident—OK—in the State of Connecticut the fire service, when they respond, is in charge. However, in an incident of this magnitude or any magnitude that involves police department EMS, a joint command is set up. And that joint command flows even as other agencies become involved. As the State becomes involved, there—at the actual incident, there is a command level and there would be a joint command of what agencies were actually functioning at the incident. Then, as additional resources are brought in—and I use the term resources—these groups would be, you know, additional resources.

Mrs. DELAURO. For instance?

Chief MAGLIONE. Health departments at the State level, health—emergency management, additional police at the State level. OK? So the control—the command—there would be a command at the incident and then in an emergency operations center, whether that be local or, as it becomes larger, at the State or Federal level, to where the FBI would step in and create a JOC.

Mrs. DELAURO. So at the scene at the moment, you have your first responders. The first agencies in charge are police and fire.

Chief MAGLIONE. Yes.

Mrs. DELAURO. It's a joint——

Chief MAGLIONE. It would be a joint——

Mrs. DELAURO. It's a joint effort.

Chief MAGLIONE [continuing]. Command because decisions would be made that we—one individual would be the incident commander. But as the emphasis at the scene shifted, if it became now an issue arose that should be more police-oriented, then the police representative would make the request to his higher-up that "We need this section blocked off." OK? If it's—and if the incident grew as far as more information was needed, a haz/mat decision, the fire then would step in and take the lead and say "We need this, this, this."

Mrs. DELAURO. All right. You're there. You're on the ground. You've got a joint command. You know, we may have the hospital people coming in to deal with that. But they filter through you.

Chief MAGLIONE. OK. The house——

Mrs. DELAURO. Then what happens——

Chief MAGLIONE. That would be back at another level——

Mrs. DELAURO. OK.

Chief MAGLIONE [continuing]. As a resource.

Mrs. DELAURO. That's a resource. So that's a back-up.

Chief MAGLIONE. That's a resource.

Mrs. DELAURO. What happens when the State people come on the scene?

Chief MAGLIONE. The State—my understanding is the State comes in as a resource.

Mrs. DELAURO. As a resource——

Chief MAGLIONE. The local community——

Mrs. DELAURO [continuing]. To the local effort.

Chief MAGLIONE. Right. The local community is the command function.

Mrs. DELAURO. And then what happens when the Federal Government comes on the scene?

Chief MAGLIONE. Again, it's still a resource. But until——

Mrs. DELAURO. This is Big Foot? I mean is that——

Chief MAGLIONE. Yes. No. And I learned something new. When the FBI declares a joint command, they become—they become involved at the higher level. But still at the incident itself, that initial group of local responders will still be in command but now fall under the guidance of the Federal authorities.

Mrs. DELAURO. Is that the way it should be? Oh, go ahead. I'm sorry, Mr. Gecewicz.

Mr. GECEWICZ. If I could speak on behalf of the public health concern? We in public health statutorily from the Federal level down could take the initial control ourselves and always have had that right since 1860 specifically. However, we do not because we are not really equipped to do such. We may be there for the evaluation. After the concern of the police and fire and the incident is secured and protected, then comes the real issue; that is the savings of lives, the continuation of support of the well-being.

As we know, we're a government of the people, by the people and for the people. The people are locally and that's where the local service is going to be, the local police, fire and health departments

responding cooperatively together with the assistance of the EMS to save lives and property.

By the time you have the State kick in, which, unfortunately, the State across the country have been trying to get the capital—across the entire country, most of the dollars have been going directly to the States and they have not trickled down to the front level line of protection, which is the local communities. This is what has to be altered. The local communities need the capital. It would take 2 to 4 hours before the public health services or any other State services other than a police department could respond. The State police are here with us. They, I would say, were the only State agency that could respond immediately to us. And they do an excellent job. But my knowledge in four other States have always been that, other than the State police, it takes 2 to 4 hours for any other State agency to get in line to be on the front line to support us. And the Federal Government would take 8 hours or an average of that before. By that time, lives are lost.

Mrs. DELAURO. Are already lost. How—that's your—how should we—should we keep it the way that you've talked about it today? Should there be some other mechanism?

Chief MAGLIONE. As far as the command structure is, I don't think any changes have to be made in the command. It's just that everybody has to be instructed in the Incident Command System and understand how that develops.

Mrs. DELAURO. OK. Is there any kind of regional plan that exists at the moment or local plan? In other words, today we're talking through all of our school systems, all of our school personnel and administrators, and saying to them "Because of the incidents of youth violence all over the country, that you need to be prepared. You need to be able to deal with the building. You need to be able to deal with the students. You need to be able to deal with what's happening." So literally today we're looking at school systems all over the country who have a plan on paper that says, "This is how we proceed when something happens."

Is that the same for these kinds of incidents?

Chief MAGLIONE. Yes. Yes.

Mr. GECEWICZ. Every State FEMA division or EMS has a State plan. And the State plan is broken down to regions. And each region is broken down locally.

Mrs. DELAURO. Did the plan work on Friday?

Mr. GECEWICZ. Yes.

Chief MAGLIONE. Yes. The plan worked, but there were breakdowns in communications. It's a function of people working together using the plan and learning the plan so that when the incident happens, no matter what the type of incident, depending on the scale, people can step into the positions and know what the responsibilities are and then, as part of that plan, know also what resources are available at the different levels.

Mrs. DELAURO. OK. I have just one final comment. It would seem to me from what I've heard—and, again, I was not there on Friday. So I just—I read the newspaper account as well—is that—and from what I've heard you say here is that there was a plan. The plan worked with some glitches and some breakdowns. And, yet, I've heard everyone say the ability to deal with this—there was

lack of resources, lack of local equipment, lack of local training, you know, several other missing pieces.

So I'm trying to get a sense of whether or not we have at least a framework in which we can deal with this issue, but we don't have a whole lot of resources, whether they're technical resources or personnel resources, in order to be able to effectively implement the plan. Is that—yes.

Mr. MURPHY. If I might just—the plan that we have, there is an onsite command center, which is police, fire. We have, once it's declared, our emergency operations center is opened, then essentially the mayor is in charge of all of those assets, board of education, health department, fire department, et cetera. That's the command center.

The protocols that I think need to be developed or more clearly communicated and disseminated are once the State and Federal agencies, particularly Federal, arrive on the scene and set up what they refer to as a joint command center—I was confused on Friday as to——

Mrs. DELAURO. Who was really in charge?

Mr. MURPHY. As to they were commanding what subject matter issues? Certainly if it's terrorism, they're in command of those policing issues. But if it's a command issue of are we evacuating schools and neighborhoods, closing the city, closing—suggesting Fairfield close, that's coming out of our local EOC. So I—it's those protocols as to who is in charge of what I think need to be spelled out a little bit better.

Mrs. DELAURO. What's our ability to do this on a regional level when you have—you know, the Third Congressional District is 18 towns. You know, the Fourth District is, you know, eight?

Mr. SHAYS. Ten.

Mrs. DELAURO. Ten. Sorry.

Is—realistically, can we do this on a regional basis, given turf——

Chief TORRES. I believe we can change that.

Mrs. DELAURO [continuing]. And jurisdictions?

Chief TORRES. I believe it can be regionalized as long as we come up with a joint consolidated action plan. You know, we all have to be on the same page. And that involves the training and the exercises, joint exercises, so that we could all understand what our roles are and that we don't operate outside of our roles.

Chief MAGLIONE. The main problem here is that if we're accepting a 4-hour response, 6-hour response, 8-hour and out, then we should tell our citizens right now a lot of people are going to suffer. OK?

What we're looking for, at least on—as first responders, is to have the ability to make determinations very quickly so then we can shorten that timeframe on getting the additional resources available. And that's where we lack.

We lack the detection equipment. We lack the training. And a terrorist event that involves an agent is nothing but a haz/mat experience. We need that.

Yes, on a regional basis as far as having a regional haz/mat team that's trained and equipped to the level at the Federal agencies, that's wonderful. OK? Because maybe it's beyond—it's definitely

beyond many of the smaller communities to do that. And so a regional approach is very good. A larger city may have the ability to do it within itself.

But, as far as that, the equipment and the training and the response and a quick response, that's the important element that I see. OK?

As far as the command and control that we were talking about the different levels, there is a system in place. It's just a matter of people working together and training. OK? And it's a system that goes across the country. OK? It's already been taught by FEMA, by the National Fire Academy. And it's used. OK.

Part of that training also has to be what are the responsibilities of the local people as it escalates to a State event and a Federal event. OK?

Mrs. DELAURO. Thank you very much.

Mr. GECEWICZ. If I could make a summation? And I think we learned this in the Chelsea fire. The concern is that when they shifted from the local to the Federal level, those who have always worked with the Feds were invited to the table. The Feds invited the police and fire. Public Health was not invited. However, Public Health has always been trained that disease does not know boundaries. Disease carries across county, town and State lines.

And the concern I had—and I did make note to my national association, exactly as when everyone got to the table, Public Health was there always speaking, but we're always pushed behind because those who have always worked cooperatively together were together. Public Health has never been at the table.

But I will say in this administration, with what we had here in the city, I was equally treated with my other brethren and I felt comfortable and that concern has been positive in the city. But I have not seen it in any other city across the Nation.

Mrs. DELAURO. Thank you.

Thank you, Mr. Chairman.

Mr. SHAYS. Thank you very much.

Mr. Tierney.

Mr. TIERNEY. Thank you, Mr. Chairman.

Thank you for your testimony, members of the panel. If I can just concentrate on two areas before I give the microphone back to the chairman on this? One would be hospitals. We had a little bit of testimony on this down at some of the hearings in Washington. And I was concerned about the capacity of hospitals to actually service people that were coming out of these incidents.

And I understand from the review of what happened on Friday, you've got the further difficulty of contamination once people got to the hospital, as well as treatment.

Could you tell me a little bit about those three aspects?

Mr. CARDEN. Yes. Certainly. The hospitals certainly have internal/external disaster plans and prepare for incidents like this. However, they have to know the incident exists. And one of the big problems we have with any incident like this is that you just don't get patients transported by ambulance to the hospital. You get the ones who walked away from it and then walk in and you don't know they're contaminated.

In addition, the hospitals do have limited resources for decontamination. If you have an outside shower stall with ice cold water and it's bad weather, it's not a good way to go.

And once you bring these patients in and you've contaminated an area, you have to isolate them and then identify areas for the other patients to go to and block things off. So there's certainly difficulties there.

And in this scenario, patients were brought in and ended up being treated in the cafeteria, which I hope doesn't happen ever. But that was the case. So the whole area was contaminated. There was a real problem with that. And then you need to look for other areas.

Hospitals do have plans in place that will isolate areas. They have plans to bring additional staff in. Certainly, part of the big process there is education, especially for the staff. If you call me at home and you tell me somebody's coming in with some horrible disease and I don't know what it is, it's going to be hard for me to tear myself away from my family and drive in. So educating the staff and getting the equipment that's required for that is important.

Other capabilities they have currently are disaster plans that address bio-readiness for terrorism that are close to in fruition. We're lucky in Bridgeport that the two hospitals work very closely together in terms of hazardous plans and things of that nature.

Jane, is there anything——

Mr. TIERNEY. If I could just interrupt you before you give it to Ms. Winters there? You have a large number of people potentially coming in all at once or, worse, they come in a little bit at a time and it mounts to a large amount of people. What other facilities do you have besides the hospitals themselves? Because, assuming this happens—as I understand, your scenario indicated on Friday you have a flu epidemic or something. Do you have a contingent plan for setting up an alternative site?

Mr. CARDEN. We—currently at Bridgeport, I don't believe there's an alternative, alternate site. We do have available floors and space in the hospital that's not utilized. And when those incidents occur, especially with a flu epidemic, what we do is call in additional staff and reopen floors and assign beds.

Mr. TIERNEY. OK.

Ms. WINTERS. In addition, we also have communication with the other hospitals in the State of Connecticut that we would be able to find out what their resources were. But in the drill this past Friday, our resources were clearly wiped out because of a lack of understanding as to what exactly was occurring.

We would be getting information from our EMS and from our communications system that says there was something going on and this may occur. But, again, we're—our preparedness, we have very limited resources. We happen to work in a city that has chosen to act rather than react. This isn't the case in all the towns that we service.

And, unfortunately, I would have to say if this was to occur in one of our smaller communities, I don't think the response would have been as good.

Mr. TIERNEY. Tell me a little bit more about that. Why? Where is the communication breakdown between the incident and the hospital's knowledge of when and where and what?

Ms. WINTERS. The responders that are going in may be local volunteers who may have the knowledge but don't have the frequency. They don't have the opportunity to train and to practice and continue to update their needs. They have high turnovers. Volunteerism in the State of Connecticut is—we're struggling with some of our volunteer services. And as that occurs, we're then relying on resources which are very well prepared. But they may be 5, 10, 15, 20 minutes away for the first responders to get there.

You have fire service that would be there. You have police departments that would be there. But, again, they may only have three or four people currently on staff. To deal with a situation like we were presented with, their resources would be overwhelmed the minute they hit the scene.

Mr. TIERNEY. So you're advocating training getting down to all of the reserve forces and the——

Ms. WINTERS. Correct.

Mr. TIERNEY [continuing]. Volunteers? Well, that's an enormous——

Ms. WINTERS. Correct.

Mr. CARDEN. There's no question that the volunteers in all the services need training. It was clear that we had a lot of canaries going into the mine on this exercise. And, of course, they didn't come back out.

The education and training aspect to identify what are problems before you talk into it is very important, not only for us—and we're the guys in the big city who walked into this. Think of the folks who have no serious high-level—or high-volume, I should say, experience with that.

Mr. TIERNEY. Mr. Halaby, excuse my ignorance, but I'm not familiar with the—with Trumbull and how it operates. Do you have a volunteer force there?

Mr. HALABY. We have a volunteer fire department. We have about 130 volunteers who do an outstanding job, three fire districts——

Mr. TIERNEY. And how are they equipped——

Mr. HALABY [continuing]. Three Fire Chiefs——

Mr. TIERNEY [continuing]. For a situation like this. How would they be able to respond and interact with the hospital to make sure that everything was ready and able to go forward?

Mr. HALABY. They are trained pretty well. However, I think they need to go through these exercises in terms of interacting with other interdisciplinary agencies, as well as the hospitals.

Mr. TIERNEY. So more regular——

Mr. HALABY. Yes. Training.

Mr. TIERNEY [continuing]. Incidents like you had on Friday.

Mr. HALABY. Yes. Indeed.

Mr. TIERNEY. OK. Thank you.

Mr. Gecewicz, let me ask you. I think it was you that mentioned—or it might have been Chief Maglione—about the frequency issue on communications. Was it the Chief? I'm sorry.

You're telling me that basically one of the situations that you had was that there was not a secure frequency that was available to the responders on this?

Chief MAGLIONE. What is missing is a frequency or a multiple of frequencies, not just one frequency, that all the agents, agencies that are involved can communicate on. We all come to the table with all different frequencies.

Mr. TIERNEY. Now, is that so even with your—with non-biological or chemical agents or any fire or other police issue?

Chief MAGLIONE. On a local basis, I have no problem in communicating with the police. I have no problem communicating with EMS. But as we go out of our own local and the outside agencies are coming in, that's where a weakness in communications exists.

Mr. TIERNEY. So you'd need some frequency or frequencies to switch to at that point where you could be on the same——

Chief MAGLIONE. That's right. But it would have to be multiple frequencies.

Chief TORRES. Yes. Availability of resources—as they're coming in to the city—because we have mutual assistance pacts with our surrounding communities. As police officers, we can communicate with each other. But different police departments have different frequencies. So we need to develop an integrated communication system so that I can, at the incident command level, understand what resources I have available to me, whether it be police, fire or emergency services personnel.

Mr. TIERNEY. You don't have anything like that now for your area?

Chief TORRES. Not at the level that we're expecting, you know—this incident that happened on Friday, it full taxed our systems. And we—that was one of the shortcomings that we saw; you know, the ability to know what resources we can apply and what resources are coming into the city.

Mr. TIERNEY. OK. Thank you.

Chief MAGLIONE. Congressman.

Mr. TIERNEY. Yes?

Chief MAGLIONE. Just as an example, that vehicle over there would be an on-scene incident command vehicle and has a vast array of communications abilities. However, that's on-scene. When you go now back to the communications center, that's where the weakness now begins.

Mr. TIERNEY. So this is better than what you have back at the ranch?

Chief MAGLIONE. What that has there has a vast array, but for an on-scene. It doesn't reach and help. The emergency—the operation communications centers are what would have to be beefed up. I'm lucky. I have that vehicle. Most communities do not.

Mr. TIERNEY. OK. Thank you.

Mr. GECEWICZ. Mr. Congressman.

Mr. TIERNEY. Sure.

Mr. GECEWICZ. The concern we have in public health is we do not even have radios. We, other than being at the table with the police chief and the fire chief, I did not have any direct communication with my office other than a telephone line. And we all know through Oklahoma and other national disasters, as soon as that

happens, when you have NBC and CBS and ABC come in, all the telephone lines go down and they control everything. That's why this need for the Internet communication for public health is a major issue that we have and a secure line possibly through a disk or cell so that we could bounce off a satellite and have communications because even our cell phones would go down. And there were no communications—I have 196 staffers, 4 physicians; 95 percent of my staff are masters or above. I have 85 nurses. I couldn't even utilize them if I had to because there was no way of getting to them through communication other than doing a run like Paul Revere.

Mr. TIERNEY. Now, this particular problem you see as an issue not for the local authorities to resolve or the State? You think this is a Federal——

Mr. GECEWICZ. That is definitely a Federal concern. Thank you.

Mr. TIERNEY. Thank you.

Thank you, Mr. Chairman.

Mr. SHAYS. I thank the gentlemen.

I found Friday almost overwhelming when I walked into the room. I expected to see four tables, six people around each table, a room, you know, the size of maybe two classrooms. And that whole area was just packed with very, very dedicated people on the Federal and State level. And it was almost overwhelming to see the cooperation that I saw between the various groups.

But I also realize that the task is immense. When I was talking with EMS fellows, they said they lost 58 of their people in the first response, 58 people killed or, you know, just incapacitated, and not even knowing it. So the first line of defense because the second wave of victims.

I was struck by if this committee did nothing else—and, obviously, it was the Office of Emergency Management that did it. But, if nothing else came from this, just going through that process, that day-long event, had to have been very, very helpful for this area. And it makes me think that first on my list is to see ways to fund more of these exercises around the country.

Now, when you started, each of you went through your various lists of things. I found myself most touched by the one, "Who do you call?" I mean, in other words, this disaster has happened. Who do you call?

Now, maybe—I'm interested to know if all of you share in that feeling. I'm going to go right up the line.

Chief, do you have a sense that there's someone you need to be able to call that you don't know how to get in touch with? Is that a problem for you?

Chief MAGLIONE. No. That's in place. I mean in our—in the local community. It starts at the local. Then we declare an emergency, it goes off, hands off to the State.

Mr. SHAYS. OK.

Chief MAGLIONE. And the key is, though, we have to know what resources are out there or have to pass the message "We need this" and then it has to pass on through the system so it arrives.

Mr. SHAYS. OK. Chief Torres.

Chief TORRES. For Bridgeport, we have an emergency operation plan. So when we, as first responders, police officers, we set up our

first incident command at the scene. If it digresses or it escalates into a situation where more resources are called, then that's where the EOC comes in. So we have a plan in place. It's when the other resources start to come in, when it digresses or escalates into a situation where we need outside resources, when we start calling in for our MAP's, our mutual assistance plans, and we start calling in for the State or Federal. That's when the situation becomes a little bit more tricky. And, again, that's where we need the training and experience of these exercises to keep us going.

Mr. SHAYS. Mr. Halaby, I make the assumption that you're going to turn to your chief of police and your chief of—fire chief and then you're going to be, what, seeking guidance from them?

Mr. MURPHY. That's correct. And they strongly suggested that they be afforded an updated roster from the Federal level through the State right down to the local level as to people they could call and their beeper numbers and fax numbers so they could keep that readily available in the case of an emergency.

Mr. SHAYS. I make the assumption that the—that you're going to call on Mr. Appleby and you're going to say—that's ultimately—and, Mr. Appleby, we haven't heard from you.

But, Mr. Murphy, my general point would be you have a little more resources than the Town of Trumbull has and you have people in place who are focused on this as their full-time effort.

Mr. MURPHY. That's correct. Yes. I may have been the one that made the suggestion about knowing who to contact. I think that we certainly have the roll-out of notifications throughout the State levels. I think the issue might have been suggested that should terrorism take advantage of the high volume of toxic material that comes through Bridgeport, that we do not know precisely who would we call. And these, of course, have their own registration and identification at the Federal level.

Precisely who knows what is on that shipment and what the volume is? We don't know who that person would be that we would call to find that out to make those decisions within the first hour. We would certainly roll out the request of information through probably a whole host of agencies attempting to get that, DOT, et cetera. But I think that's something that we would need to learn those protocols.

Mr. SHAYS. Given that you're in the crossroads of so much traffic, whether hazardous material was a result of a terrorist or just an accident, the challenge is basically still the same. And so I would imagine Bridgeport began to think about this a little sooner than some other communities, was forced to. Just like a city like Chicago or New York has had to.

Mr. MURPHY. Yes.

Mr. SHAYS. But, Mr. Appleby, I'd be curious to have you just kind of tell me—you have a crisis and you have a consequence management. Do you have—the FBI looks at it one way. The fire department looks at it another. The health department looks at lives to be saved. Not that we're not—we're all concerned about it. But the FBI sees a crime. What do you see when you see this event? What were you thinking?

Mr. APPLEBY. Well, I think the biggest—the biggest problem in emergency management that you face is tying everybody together.

It's—there's a lot of good plans out there. It's just a fact of pulling them all together into one unified plan. Like most of our colleagues have said, working together, training together, exercising together. This was a great opportunity for us because we actually took the time to look at our plan and said, "Does this work? Does this not work?"

We might think it might work. And most of us might also understand that when you're on the scene of an incident, your plan that you think is the best plan is not going to work and you might have to go through four or five different other attempts to minimize a situation.

I think another big point about the who is in charge, where the resources are coming from, in the emergency operation plan that's required through FEMA—and each town and municipality is required to have this under Federal and State laws—that we must understand that one unified plan will work elsewhere. Demographics are different. As a large city of Bridgeport, again being the big brother of a lot of small towns, our plan might be different from other towns as far as resources, as far as manpower.

The plan itself could be the same. To know where—what steps of the process the Federal Government's going to tie or the State's going to tie in—if we, like most of my colleagues said, are not going to be able to get the resources within the first hour or two or are not going to have the devices in the first hour or two, it makes jobs a lot more difficult to handle when we're doing in-place shelter and where we're evacuating schools or we're telling people to go here. Once they start seeing—and I think on a public level, they start seeing a lot of the first responders are now—there's a lot of chaos, the media now grasps that and it causes more of a problem.

So I think if we all start working together from a Federal right down to the local level in trying to unify our plans—we have a lot of tools as far as knowing who to call, where to get the resources. We—myself as an emergency operation center, we would contact the State. The State will then provide us with information in regards to when these resources will be readily available, how quick they come onto the scene, so on and so forth.

I think it runs into a problem when you start, again, going into the 6, 8, 12-hour radius that, again, the scene is over at that time.

Mr. SHAYS. OK. The question still on the table is, is there any question of who you have to call? Are you a resource that doesn't need to call anyone else?

Mr. GECEWICZ. Well, Mr. Chairman, I guess the summation—I feel like a Sunday afternoon coach coaching a football or a baseball team or a basketball team from my television because I'm not at the playing field. What I mean by that is I can call Dr. Satcher, the General Surgeon, I could call Dr. Baker from CDC or Secretary Shalala. I have the direct phone numbers, communications and everything else. But I don't have a phone. And, if anything, I need 35 cents to go to the public phone to make the phone call. That's the concern. And I'm being realistic. And I don't mean to be——

Mr. SHAYS. Well, let me just be the devil's advocate a second. I mean an emergency happens. You have, for instance, the Bridgeport Fire Department command post. I mean there are places

where you can go. I'm not sure that you need to have a command post.

Mr. GECEWICZ. No. That's not the case, Mr. Chairman. What I'm speaking about is the utilization of 196 trained professionals. I have doctors and nurses. I can't get a hold of them.

Mr. SHAYS. OK. But let me just ask you, is this an insurmountable problem or is this just an easy—I mean can you be talking with Mr. Appleby and could you guys be resolving this or does something have to happen on the State or Federal level to resolve this one?

Mr. GECEWICZ. Nationally, the Public Health Department are never tied into the communications. And the reason being is most communities, like in Massachusetts, for example, parks, recreation are all underneath the chief administrative—or the Board of Selectmen. Unfortunately, public health is always separate.

So, therefore, when appropriations come down for equipment such as radio communications, telephones, it goes to those through the administration, not to public health or the School Department. The School Department sits independently as does Public Health sit independently.

So that all the trained staff that I would have that would be able to assist at the front line I couldn't get to if the telephone lines went down. If you had a hurricane and there was no phone lines, I might have 196 people in one building, but I couldn't even speak to them.

Mr. SHAYS. OK. Let me just say to you that I think it's a very important point that you make that becomes very real from this exercise. And, fortunately, I think it's a solvable problem and which we—what you're telling this committee is we need to see it's the same challenge elsewhere. And you're pretty convinced it is. And I think you're probably right.

What I think would have been interesting is if you didn't have an explosion on the Amtrak train but, instead, the hospitals all of a sudden started to notice that they were having these illnesses and they didn't even know where they were coming from.

Now, we all around the country have people who are continually on a daily basis checking with hospitals to see if they have some kind of unexpected type of event that's just not the norm.

And so, Mr. Carden, let me just ask you this question. And Ms. Winters. Does that exist in this area? I mean are we—are you in communication with—is there communication between both hospitals? Is the Health Department checking periodically to say "Is there any type of disease, virus, that's showing up that we just think is a little unusual?"

Mr. CARDEN. I can say quite honestly, yes, there is. And, in fact, with the big flu epidemic we had recently in January, February of this year, the hospitals, Health Department, as well as the hospitals in the region and the State, checked with each other for a number of issues. One is bed availability. If we run out of beds and places to put patients, we want to know who can take care of those patients nearby and then work with EMS to transport those patients to the appropriate facility. So there is communication back and forth.

Mr. SHAYS. Ms. Winters, any comment you'd want to make?

Mr. CARDEN. Oh. I'm sorry.

Ms. WINTERS. In addition, the communication that we would be getting from the scene, in this particular situation this is one of the areas that was of concern, is that the first responders, the police, the fire, they had no idea what, indeed, may have happened. They had no way of detecting what was there. So the hospitals were being called upon to base an impression as to what they might have been exposed to based on symptomatology.

Providing that basis of a link back to the first responders to give them appropriate screenings, appropriate tools to decipher what was going on out there, we happened to be lucky. It was a garlic smell that was fairly prominent and identifiable as a mustard gas. But if it was a bio—a virus that had exploded, that we wouldn't get this for 2 or 3 days down the road. And then at that point, we'd be looking to use resources of public health and access them from that perspective.

Mr. SHAYS. Let me just say—I really do want to get on to the next panel. And I want my staff, both staffs who were at the event on Friday, to see if they have any questions.

But I think every one of you knows what role you have to play as it relates to investigation of a crime, keeping order and so on, dealing with the hazardous event from the fire department standpoint, dealing with the health consequences.

But is there a conviction on the part of all of you that you can do this as a team or do you need one person in charge giving orders? In my office, if I have two people in charge, sometimes no one is in charge. So I always like to have one person ultimately that has to take the responsibility. Does that ultimately become the mayor, the first selectman? Does it ultimately become the Governor? I mean help me through, without spending a lot of time on this—who wants to jump in? Yes.

Mr. MURPHY. Congressman, we've had some occurrences in Bridgeport where we've had to operate the EOC. And, quite frankly, in my experience we do so on a team discussion basis, a consensus of "What's the next step? What do we know? And based on that, what are the options? What's the next step?"

When it comes down to—since these folks are all independent and strong professionals, you're right, if there's a call to be made, it's made by the executive officer of the city, which is the mayor, in terms of making a determination as to an appropriate course of action or requesting the police or fire to take—or health to take an appropriate step. So that's—the executive is charged by statute and by local ordinance with those authorities, powers. But it's a team exercise.

Mr. SHAYS. OK. Any other comment?

OK. Larry, you had a question?

Mr. HALLORAN. Yes. Thank you.

The point was made during Mr. Wiltse's presentation about training, that right now this training is viewed as extra and has to be added on and you've got to backfill the position and it's difficult to sequence and arrange it. What can you tell us or how can we help you integrate this training in the baseline curriculum, medical school, for example, police and fire, so this isn't extra but it's part of the training that everybody goes through and that we

don't have the problem with backfilling and sequencing and making this extra effort?

Mr. GECEWICZ. Well, if I could speak on the public health side? The American Public Health Association has, through its national programs, training specifically through air quality, bio-terrorism. They actually have a subcommittee. This annual meeting will be held in Boston. So I would suspect that the people in the Greater New England area could participate.

However, there are some States that will not afford appropriations so that staff members can leave the State nor give them the training time. For example, in Massachusetts, you cannot leave the State of Massachusetts for any capital purposes and there are no moneys appropriated other than local training. That has always been a hindrance. And I know that's the case in three other States.

Chief MAGLIONE. In the——

Mr. SHAYS. OK. I'm sorry——

Chief MAGLIONE. In the area of the training, at the present time in the area of terrorism, it's a train the trainer that came out of the National Fire Academy under FEMA. And that's wonderful. But in the fire service and in the police service, there is so much ongoing training that goes on on a daily basis that what we also need is the ability for someone to come in from the outside and provide the training or for us to be able to take a number—and this would require funding. And you talked about backfilling—and to send people to a central location or regional location where this training could take place.

And the training that we're talking about and the command function is not just related to terrorism. It's related to all risks. So it would be functional in many different ways.

Chief TORRES. That's exactly the same thing with the police service. You know, as far as training police officers, it's—we're in an ongoing training because it's our mandate that we recertify ourselves. So this terrorism training is something that we also do as well.

What's important is to bring all the specialties, all the groups of people, together in a unified way so that they can learn the information and be on the same page at the same time.

Ms. WINTERS. From the hospital and health perspective, the training that we have is our basic assessment and understanding hazardous materials, understanding that the communication that's going to take place currently doesn't exist. There's no standard. There's nothing that is required to be taught in any of the training programs. The EMT programs and the paramedic programs do require familiarization, but that doesn't necessarily extend to the hospital personnel.

Mr. CARDEN. Just to add on to that, certainly the EMS programs do have some basic training and certainly require a great deal more. And the drill Friday showed us that clearly. In-hospital staff certainly need that as well. The folks in the emergency departments and the folks who treat people on the floors need to know what they're looking at.

And just as—I'm going to add on beyond on our own scope, the general public probably needs some information on various things

like this. And it's not going to avoid widespread panic, but it may keep it down just a little bit.

Mr. SHAYS. Thank you. I missed the last point you made. Would you just make the last point again?

Mr. CARDEN. I think it's probably not a bad idea that we have some general information for the public on issues like this so that if something does occur and someone hears a boxcar full of something has opened up, you're not going to have a widespread panic, people knocking down hospital doors who haven't been exposed or haven't seen anything of that.

Mr. SHAYS. Thank you very much.

Is there anything that anyone would like to say before we conclude? I thank——

Mr. HALABY. Yes.

Mr. SHAYS. Yes.

Mr. HALABY. Mr. Congressman, I'd just like to mention one thing on behalf of the small towns. It's very difficult for a small town to find funding on its own to get this necessary training. And it was stressed to me that the interdisciplinary training, as the chief just mentioned, is critical for small towns to understand how everyone relates to one another through the experience. And we'd appreciate being able to obtain some funding to educate our people.

Mr. SHAYS. OK. Thank you very much.

Mr. HALABY. Thank you.

Mr. SHAYS. We thank all of you for your participation on Friday and your participation today. Thank you. And for all the good work you do. You're on the line of fire.

I'm absolutely convinced there will be a terrorist attack, be it biological, chemical or nuclear. We don't know where it's going to be. It could be on more than one occasion. And, yet, we all have to be prepared for it. And I'm grateful you're all there. Thank you very much.

Mr. SHAYS. I'd call on our next panel and ask them to remain standing so that we can swear them in. Major General William Cugno, Adjutant General, Connecticut National Guard; Dr. Henry Lee, Commissioner, Department of Public Safety, State of Connecticut; Dr. Garcia, commissioner, Department of Public Health, State of Connecticut, Mr. Arthur Rocque, commissioner, Department of Environmental Protection, State of Connecticut; and Chief Wayne Sandford, Connecticut representative, New England Fire Chiefs, East Haven Fire Department in East Haven, CT. So it goes Cugno, Lee, Garcia, Rocque and Sandford.

Thank you. Do we have everyone here?

[Witnesses sworn.]

Mr. SHAYS. Thank you.

Note for the record that all our witnesses responded in the affirmative.

And we will go as I called you. I guess that would, General Cugno, you'll go first and then Dr. Lee and then Dr. Garcia and then Mr. Rocque and then Chief Sandford. Great to have all of you here. Thank you for being here.

General.

STATEMENT OF GENERAL WILLIAM CUGNO, ADJUTANT GENERAL, CONNECTICUT NATIONAL GUARD

General CUGNO. Good morning, sir.

Mr. SHAYS. Good morning.

General CUGNO. Good morning, Mr. Chairman, Representative Tierney. On behalf of the nearly 6,000 men and women who comprise the Connecticut National Guard and the State Military Department, I want to begin my thanking you for inviting me to testify and participate in a very important hearing on "Domestic Preparedness Against Terrorism: How Ready Are We?"

As the Adjutant General of Connecticut, I am entrusted by the Governor with the authority necessary to carry out all provisions of our general statutes regarding the Military Department, the Connecticut National Guard and the Office of Emergency Management.

I serve as the principal advisor to the Governor on military matters, emergency operations and civil support. I act as the commanding general of the Connecticut National Guard.

And as the adjutant general, I have two main responsibilities. My Federal responsibility is to prepare the Connecticut National Guard's units and serve as the custodian of the CINC's forces for when they're Federalized by the President of the United States. In my State capacity as adjutant general, I'm the senior emergency management official for Connecticut. I exercise this authority through the Connecticut Office of Emergency Management.

Connecticut, along with 26 other States, has the Office of Emergency Management organized within the Military Department. The OEM serves as the principal liaison and coordinator to the Federal Emergency Management Agency known as FEMA.

In our State, we divide the State into five emergency management regions. Each regional office has a relationship and serves as the principal liaison and coordinates to the cities and towns within those areas.

The Military Department currently develops unified emergency operation plans for a number of potential emergencies. We maintain and implement plans for nuclear preparedness, safety, natural and manmade disasters and civil disturbance.

In recognition of the uniqueness of each State, I offer my comments as specific to the State of Connecticut. In Connecticut, emergency response continues—contingencies mirror the Federal response plan and most State agencies have a role in this particular plan.

The Governor's role is clearly outlined in both the U.S. Constitution and the Connecticut general statutes. The Governor expects and appreciates the efforts of the Federal Government in preserving the welfare of our citizens and the infrastructure of our communities. He is also aware of the evolving threat of domestic terrorism and weapons of mass destruction that now face our country.

Ultimately, during the emergencies, the Governor is responsible for the restoration of normalcy to the citizens of his State.

Before I begin my remarks on the status of domestic preparedness, I must commend Congressman Shays and the National Security Subcommittee for taking the time to come into the field and

hear from those who are truly at the forefront of this battle. We thank you for this.

It is my hope that the exercise the Connecticut Military Department and the city of Bridgeport designed and conducted will help focus the need to get critical resources to the local, State and first responders.

We learned clearly from the Park City terrorism exercise that there is insufficient detection, decontamination, communications and personal protection equipment on the front lines.

Additionally, first responders in the local and State agencies lack access to full training and exercise resources. Without the State and Federal financial assistance of the Connecticut Office of Emergency Management, this exercise would not have been possible. All exercise participants unanimously agreed that more exercises are sorely needed. And it is my commitment to design and execute as many as possible within our current limited resources.

In addition to insufficient resources, we are certainly confusing our local officials with too many agencies with too many roles. Terrorism incident recovery must remain based on the Federal response plan and utilize established emergency management channels to move assistance to municipalities, much like we heard in the last presentation. This is no time to scrap a well-known responsive plan.

Simply put, as a Nation we're not focusing our procedures, agencies, technical capabilities and resources on assisting that very important local incident commander. This is especially true when you realize that $9.2 billion was spent throughout 40 Federal agencies on terrorism preparedness last year alone.

In August 1999, the National Guard Bureau submitted a Weapons of Mass Destruction Report to Congress. The report was intended to facilitate an improved level of preparedness for States and municipalities. The report identified many initiatives. I'd like to discuss just two of those.

One of the initiatives dealt with resident and distant learning training. With the help of Congress, the National Guard can continue to expand the national network of Distant Learning Training Centers that we currently have. Though expanded, the utilization of these centers has not been utilized, either for weapons of mass destruction or other terrorist type training.

Another initiative that was highlighted in the study was the need for community readiness exercises. Community exercises are an important part of an effective training program. These exercises should be conducted with local and State procedures down to the municipality levels and will be established as a base line for readiness. And they also serve to identify needed training and requirement validation.

The National Guard in the State and within the community should be resourced and responsible to conduct this type of training.

I offer my concern that unless the distribution of Federal assets is coordinated and prioritized, it may become a program of haves and have-nots to those that it is intended to assist.

Specifically as an example, I call attention to the Department of Defense's Domestic Preparedness Program. This program provided

valuable "Train the Trainer" type instruction to civilian first responders. It targeted 120 cities throughout the Nation. Although the Massachusetts cities of Springfield, Worcester, Boston, and Providence, Rhode Island, were selected for participation, not one Connecticut city was selected.

I also point out the Governor's concern for a lack of an assigned weapons of mass destruction or civil support team here in the State of Connecticut. These teams formerly known as the RAID teams, like the one that we see demonstrated or displayed throughout this hall, are National Guard assets intended to be quickly deployed to technically advise the onsite incident commander and provide onsite laboratory analysis. A total of 27 teams have been allocated to date. Connecticut has not received or been authorized a team.

Earlier in my testimony I stated that ultimately it is the Governor that is responsible to restore normalcy to our residents, to direct a rapid response to save lives. Resourced properly, our National Guard can quickly respond to a local weapons of mass destruction incident and help protect first responders and the public from difficult times, to detect chemicals and biological agents in support of the incident commander or the first responders onsite.

It is the position of Governor Rowland, the Adjutant Generals Association of the United States, the National Guard Association of the United States and myself that a weapons of mass destruction civil support team be authorized and funded for each State within the continental United States.

Once again, Mr. Chairman, I thank you for the opportunity to testify before the committee today. I'd be happy to answer any questions that you have.

I'd also like at this time just to additionally thank you on behalf of all the members in Connecticut for the outstanding work that your staff has done in cooperation with our Federal plan and the assistance that it's rendered in our legislative actions.

Thank you very much, sir.

Mr. SHAYS. Thank you, General. General, you have been a pleasure to work with. And my staff has appreciated the opportunity to work with you and your staff. And, again, to thank you publicly for helping to fund that exercise. That was—you made it happen. So thank you.

[The prepared statement of General Cugno follows:]

STATEMENT OF

MAJOR GENERAL WILLIAM A. CUGNO
ADJUTANT GENERAL, CONNECTICUT

BEFORE

THE HOUSE GOVERNMENT REFORM
SUBCOMMITTEE ON
NATIONAL SECURITY, VETERANS AFFAIRS,
AND INTERNATIONAL RELATIONS

UNITED STATES HOUSE OF REPRESENTATIVES

SECOND SESSION, 106TH CONGRESS

ON

DOMESTIC PREPAREDNESS AGAINST TERRORISM:
HOW READY ARE WE?

MARCH 27, 2000

Not For Publication
Until Released by the House National Security Committee

Good morning Mr. Chairman and Representative Tierney. On behalf of the nearly 6,000 men and woman who comprise the Connecticut National Guard and State Military Department I want to begin by thanking you for inviting me to testify and participate in this very important hearing on "Domestic Preparedness Against Terrorism: How Ready Are We?"

As the Adjutant General of Connecticut, I am entrusted by the Governor with the authority necessary to carry out all provisions of our General Statutes regarding the Militia, the Connecticut National Guard and the Office of Emergency Management. I serve as the principle advisor to the Governor on military matters, emergency operations, and civil support. I act as the Commanding General of the Connecticut National Guard. As Adjutant General I have two main responsibilities. My federal responsibility is to serve as the custodian of the Commander in chief's (CINC's) forces. I must provide combat-ready soldiers and airmen when units are federalized by the President. In my state capacity as Adjutant General, I am the senior emergency management official for Connecticut. I exercise this authority through our Connecticut Office of Emergency Management.

Connecticut, along with 26 other states, has the Office of Emergency Management (OEM) organized within the State Military Department. The OEM serves as the principle liaison and coordinator to the Federal Emergency Management Agency (FEMA). In our state, we divide the state into 5 emergency-management regions. Each regional office maintains region-specific emergency plans and serves as the principal liaison and coordinator to the cities and towns within their area. The Military Department currently develops unified emergency operation plans for a number of potential emergencies. We maintain and implement plans for nuclear-preparedness safety, natural and manmade disasters, and civil disturbance

In recognition of the uniqueness of each state, I offer my comments as specific to the state of Connecticut. In Connecticut, emergency response contingencies mirror the Federal Response Plan, and most state agencies have a role during state emergencies. The Governor's role is clearly outlined in both the United States Constitution and General Statutes of Connecticut. The Governor expects and appreciates the efforts of the federal government in preserving the welfare of our citizens and the infrastructure of our communities. He is also aware of the evolving threat of domestic terrorism and weapons of mass destruction that now faces our country. Ultimately, during emergencies, the Governor is responsible for the restoration of normalcy to the citizens of his state.

Before I begin my remarks on the status of domestic preparedness, I must commend Congressman Shays and the National Security Subcommittee for taking the time to come into the field and hear from those who are truly at the forefront of this battle. It is my hope that the exercise the Connecticut Military Department and City of Bridgeport designed and conducted will help focus the need to get critical resources to local and state first responders.

We learned clearly from the Park City Terrorism Exercise that there is insufficient detection, decontamination, communications, and personal protection equipment on the front lines. Additionally, first responders in local and state agencies lack access to full training and exercise resources. Without the state and federal financial assistance of the Connecticut Office of

Emergency Management, this exercise would not have been possible. All exercise participants unanimously agreed that more exercises are sorely needed and it is my commitment to design and execute as many as possible with our current limited resources.

In addition to insufficient resources, we are certainly confusing local officials with too many agencies with too many roles. Terrorism incident recovery must remain based on the federal response plan and utilize established emergency management channels to move assistance to municipalities. This is no time to scrap a well-known and responsive system.

Simply put, as a nation we are not focusing our procedures, agencies, technical capabilities, and resources on assisting that very important local incident commander. This is especially true when you realize that $9.2 billion was spent by over 40 federal agencies on terrorism preparedness last year alone.

In August of 1999, the National Guard Bureau submitted a Weapons of Mass Destruction (WMD) report to Congress. The report was intended to facilitate an improved level of preparedness for states and municipalities. That report identified many initiatives. I would like to highlight two of them.

One of the initiatives dealt with Resident and Distant Learning Training. With the help of Congress, the National Guard can continue to expand our national network of Distance Learning Training Centers. Through expanded utilization of these centers, the National Guard could provide a valuable, affordable link to WMD training. To date they have not been tasked.

Another initiative highlighted in the study was the need for Community Readiness Exercises. Community Readiness Exercises are an important part of an effective training program. These exercises should be conducted with local and state procedures down to the county and municipal levels and will establish baseline readiness, needs identification, and requirements validation. The National Guard, in the state and within the communities, should be resourced and responsible to conduct this training.

I offer my concern that unless the distribution of federal assets is coordinated and prioritized, it may become a program of haves and have-nots to those that it is intended to assist.

Specifically, as an example, I call attention to the Department of Defense's (DoD's) Domestic Preparedness Program. This program provided valuable "Train the Trainer" type instruction to civilian first responders. It targeted 120 cities throughout the nation. Although cities like Springfield, Worchester, Boston, Massachusetts, and Providence, Rhode Island, were selected for participation, not one Connecticut city was selected.

I also point out our Governor's concern for the lack of an assigned WMD Civil Support Team (CST). These teams, formerly known as Rapid Assessment and Initial Detection (RAID) teams are National Guard assets intended to be quickly deployed to technically advise the on-site Incident Commander and provide on-site laboratory analysis. A total of 27 teams have been allocated to date. Connecticut did not receive authorization for a team.

Earlier in my testimony I stated that ultimately it is the Governor that is responsible to restore normalcy to our residents, to direct a rapid response to save lives and property. Resourced properly, our National Guard can respond quickly to a local WMD incident and help protect first responders and the public from difficult to detect chemical and biological agents. A WMD Civil Support Team is an important weapon in any Governor's counterterrorism response arsenal.

It is the position of Governor Rowland, the Adjutant Generals' Association of the United States, the National Guard Association of the United States, and myself, that a WMD Civil Support Team be authorized and funded for each state to help support the first responder community.

Once again, I thank you for the opportunity to testify before this committee today, and I will be happy to take your questions at this time.

Mr. SHAYS. Dr. Lee.

STATEMENT OF DR. HENRY C. LEE, COMMISSIONER, DEPARTMENT OF PUBLIC SAFETY

Dr. LEE. Good morning, Congressman Shays, Congressman Tierney. I want to first thank you both to provide me this opportunity to testify in front of the hearing.

An act of terrorism is not only the direct physical action caused by an individual or a group, but is also the psychological weapon which threatens the quality of life for every citizen in this State and also in our country.

Last Friday's exercise was a successful one. I want to thank all the personnel who participated in this exercise; a job well done. I also want to thank you for your leadership and support of this important mission.

After last Friday's exercise, we noticed there are some important things we have to pay attention; that's the first responders. The quicker the response with the containment of any device, the better chance we will have.

The special training and special equipment for the law enforcement, police, fire services, hospital and emergency services personnel to respond to those events are urgently needed. Additional training and planning has enabled us to manage not only actual criminal action but threat of such action of fake devices, with a minimum disruption and impact of our community.

The State police, we cover almost two-thirds of the State. Also, we're the primary law enforcement agency in approximately half of the 169 towns and communities in our State. So our department not only is supporting agency, also the first responders.

The State Police Emergency Services Unit is responsible for providing bomb squad response to 166 towns. In 1999, we responded to 419 calls. Those calls were a variety of suspicious package/device, but do consist of 50 live improvised explosive devices.

Also during the last year, we were responsible for five threats of biological weapons and one attempt to create a deadly toxin, Ricin.

This event—those events are becoming more prevalent because of the increase of public and media attention to the subject area and the limited ability of the first responder to safely identify and to mitigate those threats.

Our emergency unit provides 24-hours-a-day services. And average response time is about 1 hour. The response provides a minimum disruption to the normal activity of the citizens of the State.

In addition, our traffic squad, our hazardous mat squad, our fire marshal's office, also the forensic laboratory are also ready to assist any State, Federal, local requests for emergency services.

We know the response time is so important. So the department took the initiative and Governor Rowland and the Connecticut State Legislature also assist to authorize a special bonding package to build an ESU facility in Cheshire. That's going to be a centrally located facility so we can give a shorter response time to handle all the emergency requests to the State and local community.

The Federal Government has been successful in warning of the possibility of domestic attack involving weapons of mass destruction. The Federal response to such an event is well-planned. How-

ever, just like General Cugno cited, there are 120 cities throughout our country to be funded for training for this domestic terrorism and weapons of mass destruction. There is no city in Connecticut included in that plan.

In addition, there is no provision to provide the State and local agencies with additional equipment and training for such response.

As a law enforcement agency and the first responder, I would request assistance of the Federal Government to consider the following. The first is additional training for all the agencies. Second, to provide the necessary equipment for the responding officer. Myself responded to quite a few incidents before. When the Federal investigators show up, they're like the man from space with all kind of gear. When we respond, we have nothing.

This year, about a month ago, 2 months ago, in West Hartford we had an incident. The whole State—State police only have few portable suits and one testing kit. That's why it's so important which the committee can consider those.

In addition to that is to provide the equipment for forensic laboratory to handle the scene and collect evidence and to put those criminals behind bars.

Thank you very much.

Mr. SHAYS. Thank you, Dr. Lee.

[The prepared statement of Dr. Lee follows:]

TESTIMONY OF DR. HENRY C. LEE/LT. COLONEL BARRY
COMMISSIONER, DEPARTMENT OF PUBLIC SAFETY
MARCH 27, 2000

An act of terrorism is not only the direct physical action caused by an individual or a group but is also the psychological weapon, which threatens the quality of life for every citizen in this country. History has taught us that citizen's reaction to these events greatly depends on their confidence in those in government to manage these threats, investigate them thoroughly and to successfully prosecute those responsible. Public confidence is also judged by the speed, which the community is allowed to return to normal activities.

Last Friday's exercise was extremely successful and I want to thank all of the personnel who participated in this exercise – a job well done. I also want to thank Congressmen Shays, DeLauro and Tierney for their leadership and support of this important mission. After last Friday's exercise, I also want to point out the importance of first response. The quicker the response with the containment of any devices, the better chances we will have.

Therefore, the specialized training and equipment prepared law enforcement, fire services and emergency services to respond to these events are urgently needed. Additional training and planning has enabled us to manage not only actual criminal actions, but threats of such actions and hoax devices with a minimal disruption and impact to our communities.

The State of Connecticut consists of 169 Towns of which the State Police is the primary law enforcement agency for just under half the communities. The State Police Emergency Services Unit is responsible for providing bomb squad response to 166 of

these communities. The only cities that have bomb squads are the cities of Hartford, Stamford and New Haven. The State Police responded to 419 calls for service in 1999. These calls were for a variety of suspicious packages, hoax devices and over 50 live improvised explosive devices. Our service is provided 24 hrs a day with an average response time of approximately one-hour. This response provides a minimal disruption to the normal activities to the citizens of this state. In addition, our Traffic Squad, Fire Marshals Office and Forensic Laboratory are also ready to assist any state or local requests for emergency services. Last year, Governor Rowland and Connecticut legislators took the initiative and authorized special bonding to build a ESU facility in Cheshire. A more centrally located facility to give a shorter response time and to handle all of the emergency requests from the state and local communities.

During the past year there have also been five threats of biological weapons and one attempt to create the deadly toxin, Ricin. These events are becoming more prevalent because of the increase in public and media attention to the subject and the limited ability of first responders to safely identify and mitigate these threats.

In 1996 the Federal Government chose 120 cities throughout the country to fund training for domestic terrorism and weapons of mass destruction. There were no cities in Connecticut included with this plan.

The Federal government has been successful in warning of the possibility of a domestic attack involving a weapon of mass destruction. The Federal response to such an event is well planned, but is delayed and relies on the capabilities of State and Local first responders to take immediate and positive action until help can arrive. As a law

enforcement agency and a first responder, I would request assistance from the Federal Government in acquiring the needed assets to accomplish this mission.

Therefore, I respectfully request the allocation of additional funding for the training of state and local police, fire services personnel and emergency services personnel. In addition, we should provide funding for the personal protective equipment such as respirators and protective suits. Specialized transportation vehicles and detection equipment should also be considered. Additional training for special canine unit and forensic laboratory capability for explosive scenes and biological mass destructive weapon scene search should also be considered. A detailed list is attached.

ADDENDUM
EQUIPMENT/TRAINING

1. **Personnel protective equipment** – All WMD environments require the use of respiratory protection. Military air purification respirators that were designed for this purpose cannot be used in most states because they conflict with OSHA regulations that require all such respirators be NIOSH approved. Assistance is needed to defray the cost of purchasing respirators that are in compliance with these regulations.

   Respirators must be provided to all perimeter personnel as well as those conducting evacuations and manning decontamination sites.

   Self-contained breathing apparatus or re-breathers must be provided to those responders working in level A or B suits. There must be a sufficient quantity to support the operation and backup personnel as needed.

   Protective clothing for all responders working in a hot or warm zone must be provided. This may be as simple as tyvex suits or as elaborate and expensive as full-encapsulated level A protective suits.

   One suggestion that came from the recent exercise was the state purchase and maintain a sufficient number of suits to be able to provide protection to local agencies and avoid duplicating such an inventory with every department in the state. This equipment would be immediately available to agencies requesting it.

2. **Detection Equipment** – The most immediate need in any hazardous release is to be able to immediately detect, identify and monitor a substance. The field

identification of a substance must be performed by two separate and different types of detectors to insure accuracy. Currently there are detectors available for many WMD agents but they are expensive. There is also a need to have these detectors not only in hot or target zones, but they must be available in decontamination areas and treatment facilities to insure hazards are not spread to medical personnel.

Field monitors for WMD agents are invaluable for early detection but positive analysis of any chemical or biological substance requires positive laboratory testing and additional equipment is needed to accomplish this task.

3. **Specialized transportation vehicles** - The containment of any suspected WMD device that can safely be removed from an area prior to functioning, not only mitigates the damage that it may inflict but can greatly impact the disruption such a device would generate in a community. Total containment vessels capable of withstanding explosive force as well as preventing the leakage of any chemical or biological material are available. This would allow the immediate removal and rendering safe of any suspected device. Such a tool would enhance domestic preparedness in handling actual WMD devices and would minimize the disruption caused by any hoax device.

An Emergency Response Vehicle dedicated to responding to WMD incidents would reduce the response time of getting needed equipment to the scene. The vehicle would contain needed personnel protective equipment as well as monitoring and detection equipment. This vehicle should be self-contained and

have communication capabilities of relaying real time information back to the incident command center.

4. Specialized canine training for additional bomb detection dogs.
5. Forensic Lab Equipment and Training for handling the bomb explosive scene investigation.

Mr. SHAYS. Dr. Garcia.

STATEMENT OF DR. JOXEL GARCIA, COMMISSIONER, DEPARTMENT OF PUBLIC HEALTH

Dr. GARCIA. Good morning, Chairman Shays.

Mr. SHAYS. Good morning. If you moved it on the other side since you're kind of—that would be great. Thank you. That's great. Thank you.

Dr. GARCIA. Like this?

Mr. SHAYS. That's perfect.

Dr. GARCIA. OK. Good morning, Chairman Shays and Congressman Tierney. My name is Dr. Joxel Garcia. I'm the Commissioner for the Department of Public Health, State of Connecticut. And I thank you for the opportunity to talk about bio-terrorism. I'm going to be very brief. So——

Bio-terrorism is a priority for Governor Rowland's administration, giving Connecticut's unique characteristics and location, industry, nuclear power plants, military bases and also our universities, very successful universities, especially in our basketball teams. So it's not if we are going to have an event like this. It's when it's going to happen.

I'm going to limit my testimony to matters related to public health in terms of domestic preparedness, how prepared the Connecticut Public Health community is and ways to improve Federal support of local and State efforts.

In terms of assessment of Federal efforts to combat terrorism, our department and Connecticut has benefited from Federal funding. We just received a grant from CDC for the amount of $717,000. Those funds were critical to develop the health alert network and the distant learning program and also to upgrade our lab, our public health lab, to handle infectious disease agents related to bio-terrorism.

At the same time, when we received this funding, we were able to identify some funding needs and some gaps in our State. Several positions to develop a full State plan are needed. We need full-time bio-terrorism coordination, staffing to enable development of epidemiologic surveillance for outbreaks of unusual illness. And we also—bringing back the point that was mentioned before, develop and maintain a network of emergency room providers for detection and rapid reporting of unusual clusters of illness.

We also have to develop educational materials and response scenarios relating to the full spectrum of agents that could be used for bio-terrorism. We also need a state-of-the-art State lab that will be able to deal with any bio-terrorism crisis or event.

In terms of how we see the appropriate role of Federal agencies in both crisis and consequence management, we think the Federal Government's involvement in domestic preparedness is essential and developing models of educational and response materials. We need to assure minimum standards and capacity, not only statewide but nationwide.

The Federal Government should assure and manage us with a stockpile of vaccines and antibiotics for adequate supplies for all the States, and the ability to mobilize resources, expertise and spe-

cial equipment to assure that capacity, also to help in criminal investigations.

How we see the State and local role, we see ourselves as a crisis detection, initial response and ongoing management can be best done at the local and State level. Detection and investigation of outbreaks of illness, medical management of persons exposed and/or injured in a terrorist event, communication to health care providers and entire population, monitoring the events that are happening and collaboration between the State and Federal personnel is critical. And no simply formula for who is in charge has been presented.

The State of preparedness in Connecticut. I think Connecticut right now, we think—we're sure has been closer now than ever to be prepared for bio-terrorism event. We have been getting some experience with the events such as Y2K, the West Nile Virus and others. But still, not all needs have been met.

I think planning and coordination on a State and local level is very essential. Assessment of needs at all levels is also essential. And in terms of the results of Friday's exercise, I think we need a better comprehensive State plan, a need for more training. It has been mentioned before. We need better coordination, an excellent way of coordination between the State agencies.

Hospital preparedness is a big issue. I think we have to work in a better hospital preparedness. And in terms of proposals to improve the Federal support, I think, like everybody has mentioned before, we need funding from the Federal Government for—to support all identified needs. Federal leaders must continue to work the States to bring them up to minimum expected preparedness status. And Federal Government agencies must continue to involve public health and other appropriate stakeholders in all future planning.

So I thank you for this opportunity. And I would be available for questions.

Mr. SHAYS. Thank you, Dr. Garcia.

[The prepared statement of Dr. Garcia follows:]

Testimony Before the United States Congress
House of Representatives Committee on Government Reform
Subcommittee on National Security, Veterans Affairs and International Relations'
Hearing on Domestic Preparedness Against Terrorism: How Ready Are We?

Joxel Garcia, MD, Commissioner
Connecticut Department of Public Health

March 27, 2000

Public Health has an important role to play in planning, monitoring for, and responding to terrorist acts - especially those in which infectious and communicable agents are involved. Because there are many players involved and different funding streams to support their roles, I will limit my testimony to the federal support and guidance related public health aspects of domestic preparedness for terrorist events.

My testimony concerns federal efforts to combat terrorism from the public health perspective, and describes what I think is the appropriate role of federal agencies in both crisis and consequent management. It will also describe my assessment of how prepared the Connecticut public health community currently is, and close by suggesting actions that can be taken to maintain and improve federal support of local and state emergency response.

Assessment of federal efforts to combat terrorism

Connecticut has benefited directly from federal funding. Connecticut recently received $717,000 in federal funds through the Centers for Disease Control and Prevention to establish public health preparedness and response for bioterrorism. These funds were awarded to develop a health alert network and a distance learning program targeted at municipalities. They also served to upgrade the Department of Public Health laboratory to handle infectious disease agents that might be used in bioterrorism. Without federal support, we would not be able to build these critical capacities.

However, although we have received a substantial amount of funding, our full public health proposal to carry out the activities encouraged of all states was approximately $700,000 short, leaving us with gaps in what we identified as needs to be able to fully plan for and conduct surveillance for bioterrorism. Among our unfunded needs identified in our cooperative agreement application are: 1) several positions for a year to develop a full state plan involving all 169 municipalities in Connecticut; 2) full time bioterrorism coordination – we now only have part time bioterrorism coordination; 3) staffing to enable development of epidemiologic surveillance for outbreaks of unusual illness - e.g., changes in intensive care unit admission patterns, to develop and maintain a network of emergency room providers for detection/rapid reporting of unusual clusters of illness that could be the first manifestation of a bioterrorist event, and to develop educational materials and response scenarios relating to the full spectrum of agents that could be used for bioterrorism.

Connecticut does not have any cities of the size to qualify for the special funding for cities (Nunn-Lugar-Domenici Act - providing funding to cities for weapons of mass destruction event planning) - so we have not had resources for cities that can help drive the overall planning and capacity building process at the local level. We are hopeful that the Department of Justice training and survey to take place soon will stimulate a minimally acceptable level of preparedness in all towns in the state.

Appropriate role of federal agencies in both crisis and consequent management
I believe that federal involvement in domestic preparedness is absolutely essential. To assure minimum standards and capacity nationwide, federal funding and guidance is critical. Federal leadership in developing model educational and scenario response materials is critical to each state. To assure there are adequate supplies of smallpox, anthrax vaccines and antibiotics to respond to an incident anywhere in the US, a federally managed stockpile is critical. The ability to mobilize resources, expertise and special equipment (e.g., protective respirators, isolation tents) and send them anywhere in the country to assure that there is the capacity to respond to a large-scale event anywhere in the US. Federal involvement in any criminal investigation of possible terrorism is critical.

However, certain aspects of crisis detection, initial response and ongoing management can best be done at the state level and with state leadership. For example, each state must take the lead in detection and investigation of outbreaks of illness, in medical management of persons exposed and/or injured in a terrorist event, in communication to health care providers and the population, and to monitor ongoing events if the incident drags out because of an long-incubation-period disease (e.g., anthrax). In these situations, as well as criminal investigations, collaboration between federal and state personnel is critical and there is no simple formula for who should be in charge.

Status of Preparedness in Connecticut
In the process of developing our proposal for funding from the Centers for Disease Control and Prevention for public health preparedness and response for bioterrorism, it was necessary to develop an abstract summarizing our preparedness and the needs for which funding was requested. That abstract is attached as an appendix to this testimony. Among other things, it describes some of the unique aspects of Connecticut that make it imperative that we be fully prepared to deal with biological and chemical terrorist threats.

As described earlier in my testimony, not all the requested public health resource needs were met with the federal funding we have received, and some substantial gaps remain in the absence of resources to deal with them. Nonetheless, Connecticut is closer to being formally ready for a bioterrorism event than we have ever been, particularly given our experience with handling a number of natural "terrorism" events, such as West Nile virus (1999) and Sabia virus (early 1990s), with pandemic influenza planning, with Y2K

preparedness, and with the capacity we have been able to develop with federal Emerging Infections funding.

However, there is still much that needs to be done, especially at the interagency level and with planning and coordination between state agencies and municipalities. Some of the federal funding we have received will support assessment of needs. Without substantial additional resources, achievement of these needs will be slow.

Proposals to improve federal support of local and state emergency response

The following are my proposals for what is needed at the federal level to continue to make progress in local and state emergency response preparedness. First, additional federal funding is needed to fully support all of the identified needs described in our application to the Centers for Disease Control and Prevention. Second, it will be necessary for the federal leaders in this area to continue to work with states to bring them up to minimum expected preparedness status. Finally, federal government agencies involved in standard setting, in planning and in monitoring preparedness status, need to continue to involve public health and other appropriate stakeholders in all future planning.

I thank the Committee and Representative Shays for giving me the opportunity to share the Connecticut Department of Public Health's views on Domestic Preparedness.

Appendix A to Testimony of Joxel Garcia, MD

ABSTRACT
PUBLIC HEALTH PREPAREDNESS AND RESPONSE FOR BIOTERRORISM
CONNECTICUT

The following abstract outlines the bioterrorism preparedness and response focus areas for which the Connecticut Department of Public Health is applying for funding with this application. In addition, current activities in all five focus areas will be described together with the outstanding Connecticut-specific bioterrorism preparedness-specific needs and opportunities this application will address.

FOCUS AREAS FOR WHICH SUPPORT IS BEING REQUESTED

Support is being requested in the following focus areas:

1.	Preparedness Planning and Readiness Assessment	$188,586
2.a.	Surveillance and Epidemiologic Capacity - Core Activities	$436,331
2.b.	Surveillance and Epidemiologic Capacity - Special Activities	$248,009
3.	Laboratory Capacity - Biologic Agents	$ 58,755
5.	Health Alert Network/Training	$727,944

CURRENT BIOTERRORISM PREPAREDNESS AND RESPONSE ACTIVITIES IN CONNECTICUT AND NEED FOR RESOURCES FOR EXPANSION

Background

Connecticut (CT) has a number of specific governmental, demographic, health care delivery, geographic and economic-developmental features that need to be considered in planning for health-related emergencies, including bioterrorism and chemical terrorism. These are described below.

CT is a densely populated state with approximately 3.3 million inhabitants compressed into 5009 square miles. The unit of local government in CT is the town. Although the state map is divided into 8 counties, there is no county government. There are 169 independent towns, each with their own government (mayor or selectman), police, local tax, school and public health structure. Overall, there are five towns with populations of at least 100,000 persons. Their metropolitan areas including surrounding but independent towns range from 200,000 to 700,000 persons.

In the case of public health, some towns have joined together to form health districts, so that there are currently 112 independent local health departments, each with their own health director who serves under the local municipal governing body. Towns with at least 40,000 population are required to have a full time health director. Currently, there are 45 full time health directors, serving 82% of the CT population, largely urban or suburban, and 66 part time health directors, serving the remaining 18%, largely suburban or rural.

The state government is the main bridge between these independent towns. The role of the Department of Public Health (DPH) is to provide guidance, assistance and oversight to the local health departments. The local health departments have the direct authority and primary responsibility for investigating and responding to local public health problems. However, given that many local health departments are very small, their real capacity to independently respond to many problems, especially complex ones, is limited. Thus, the DPH is usually intimately involved in providing technical and manpower support and oversight for any sizable or unusual disease investigation or response needs.

This broad organizational structure has several implications for bioterrorism-related planning and response. First, it means that each of the 112 health departments and 169 municipalities (e.g., police departments, school systems) needs to be prepared to manage discrete exposure incidents (e.g., anthrax

threats in schools or workplace sites). Second, it means that the CT DPH has a pivotal role in bioterrorism planning and response. Given the minimal public health capacity at the town level, DPH needs to be able to supply technical support to all towns and will likely take the lead investigatory and coordinating role whenever there is a larger-scale threat. This also means that an effective DPH-based and coordinated communication system needs to be in place for standard information to be readily available to all 112 health departments in the event of a broader public health emergency/concern.

The organization of the health care delivery system in CT is also relevant to bioterrorism planning and preparedness. In general, most health care delivery is done through the private sector. The State is generally not involved in direct provision of public health services, this being a local health responsibility. At the local level, most local health departments work through the Visiting Nurses Association or private providers to provide special public health services. In the event of a public health emergency that involves provision of medical services (e.g., pandemic influenza, large scale need for anthrax prophylaxis), the main role of the local health departments will be organizational: working with local health care providers to organize special clinics. This relative lack of public sector capacity further highlights the need for local level response planning.

There are 35 acute-care hospitals in CT. Most of these hospitals are fully independent of each other and the State and serve catchment areas that include many towns. All of these hospitals have intensive care units, and most have laboratory, outpatient and emergency services attached to them. As part of a surveillance and response preparedness, these hospitals need to be fully integrated into a unified surveillance and communication system run by DPH.

The disease reporting system in CT has several features that facilitate bioterrorism preparedness. Health care providers, hospitals and laboratories are all required to report selected infectious diseases or associated laboratory findings and suspected outbreaks to both DPH and to the local director of health in the town in which the affected individual resides. The dual reporting system, while cumbersome to reporting sources on one hand, assures that DPH gets relevant information as quickly as it is reported and can rapidly identify and examine disease clusters that occur in persons residing in different towns. In a state with so many different health departments in a small geographic area, this is an important feature. On the negative side, reporting by laboratories and health care providers is largely done by paper and mail with a telephone option, and is often slow. As part of enhancing surveillance, it is critical to find more efficient means of reporting routine surveillance information.

As a result of its geographic location and economic developmental status, CT has some specific as well as general bioterrorism concerns that need to be addressed in its preparedness and response planning. Significantly, parts of CT, especially Fairfield County (population, 800,000), the county closest to New York City (NYC), are in many ways suburbs of NYC. CT towns from Greenwich to New Haven are part of a 60-mile long urban corridor carrying traffic to and from NYC. Each day, more than 24,000 CT residents take hourly commuter trains or drive to NYC. Thus, any major bioterrorist or chemical exposure in NYC is apt to affect a significant number of CT residents. Any exposure with a latent period to onset of symptoms (e.g., anthrax, smallpox) may first be detected in CT residents in CT.

CT has a number of other specific developmental features that need to be considered in preparedness and response. These include: two nuclear power plants, a Navy submarine base (Groton-New London), the US Coast Guard Academy, one international (Hartford-Springfield) and several domestic airports, commuter rail lines to and from NYC, a federal building in Hartford, a number of military-industrial contractors (Pratt and Whitney Aircraft, Sikorsky Aircraft, General Dynamics-Electric Boat Naval Shipyard), several international corporations (Pfizer Chemical, General Electric and Union Carbide world headquarters) and family planning clinics, which have been the sites of anti-abortion demonstrations.

Finally, at the State planning level, there are a number of different DPH components and partners which are and/or will need to be involved in planning the State-level response. Within DPH, the Infectious Diseases Division (the lead coordinating unit for this application and bioterrorism response planning), the Local Health Administration Unit (main liaison unit with local health departments on developmental and

communications issues), the Office of Emergency Medical Services (OEMS), the DPH Laboratory, the Data Processing Unit and the Division of Environmental Epidemiology are involved in developing different components of this application. Outside of DPH, the Connecticut Association of Directors of Health (CADH), an incorporated group of full time local health directors, is the main group that represents local health planning and coordinating needs. It has been directly involved in preparing the HAN portion of this application. Other state agencies which have been or will be involved include: the local FBI unit, the Connecticut State Police, the CT Department of Environmental Protection, the CT Fire Training Academy, and the state Office of Emergency Management (OEM).

With this more general background in mind, the following is a description of current/existing activities and resources for each of the five focus areas with needs to progress further in each area.

1. Preparedness Planning and Readiness Assessment

There has been considerable progress in raising awareness of bioterrorism, but less in the planning and coordination areas to date. DPH and OEM do have considerable experience in planning for nuclear disasters and in planning for pandemic influenza. With two nuclear power plants, there is a long-standing planning and disaster drill experience. In addition, several years ago, CT was host to the International Special Olympics, an event that required considerable public health planning and preparation for surveillance and response. It was coordinated by DPH OEMS staff with input and readiness on the part of many other organizations, including the DPH Infectious Diseases Division and CADH. Furthermore, last year, CT was one of 4 states that participated in evaluation of a national pandemic influenza preparedness and response guidance document for states.

To date, a number of state agencies have independently pursued training and organizational activities in preparedness planning and readiness assessment. These are listed in the narrative and include formation of independent planning groups in a number of towns. Within DPH, a DPH bioterrorism coordinator has been named. The DPH Bioterrorism response coordinator, a member of the DPH Infectious Diseases Division, has taken all available chemical and biological training courses from USAMRID and has participated in at least 4 of the local town planning groups. From the broader state perspective, it is an OEM objective to add a bioterrorism module to the State Catastrophic Disaster Plan.

Given the high level of concern with bioterrorism preparedness, the initial training that key individuals in many agencies have already had, and the experience with nuclear disaster, Special Olympic and pandemic influenza planning, Connecticut is in good position and is ready as a next step to conduct a comprehensive assessment of the current status of preparedness, to develop a comprehensive State Public Health Plan for Preparedness and Response to Bioterrorism and to develop and initiate broad training in this area. The OEMS (Office of Emergency Medical Services) unit within DPH will take the lead on this and coordinate it with the Bioterrorism Coordinator within the Epidemiology Program.

2.a. Surveillance and Epidemiologic Capacity - Core Activities

The Epidemiology Program within the Infectious Diseases Division is the unit which will conduct bioterrorism-related surveillance and epidemiologic response and which will provide medical-epidemiologic leadership for the public response. Considerable core surveillance and epidemiologic capacity and experience already exist within this program, and some bioterrorism-specific surveillance activities have already been initiated and integrated into this unit's activities.

The Epidemiology Program is responsible for surveillance for most communicable diseases including outbreak investigations, and is the program base of the CT Emerging Infections Program (EIP), one of 8 state-based Emerging Infections programs funded by CDC. It has 11 staff epidemiologists with MPH training, includes medical and veterinary expertise, and is the base of the CT EIS officer. These staff work as a coordinated unit and are all available to assist in any investigation as the need arises. Program staff have considerable collective experience in responding on an ad hoc basis to widely publicized public health events on short notice and in public health planning (see narrative for elaboration). Thus, the

capacity currently exists to respond to most public health emergencies. In addition, the reportable disease and reportable laboratory findings lists have already been modified so that beginning in 1999, they include special sections listing reportable diseases with bioterrorism-specific surveillance implications.

As previously mentioned, the DPH Bioterrorism Coordinator (including for bioterrorism surveillance and epidemiologic activities) is a current Epidemiology Program staff member who has already had considerable personal training. This person will continue to be located in the Epidemiology Program. There is already initial relevant planning experience within the Epidemiology Program. In 1998, the CT Epidemiology Program evaluated the draft national guidelines for state planning for pandemic influenza.

In spite of having some established surveillance and epidemiologic response capacity, additional personnel are needed. In giving up a state-funded position to bioterrorism coordination, staff capacity and flexibility to respond to all emergent issues is diminished. Thus, the personnel applied for in this section of the application are needed to maintain that capacity and to provide support to the Coordinator to enable development of a statewide plan, provision of assistance in development of local response plans; to enable detailed follow-up of suspect cases and clusters of disease that might be bioterrorism-related; and to organize and maintain ongoing communication networks with hospitals, emergency departments and infectious disease specialists.

Finally, given the long-term need to improve timeliness and ease of reporting from laboratories to enhance early recognition of clusters of reportable diseases, as outlined in the Background section, it is critical to develop electronic laboratory reporting capability. This need is further elaborated upon in the detailed application.

2.b. Surveillance and Epidemiologic Capacity - Special Activities

Given the current epidemiologic capacity and status as an EIP site, CT is in a unique position to pilot a model intensive care unit (ICU) based syndromic surveillance system to identify possible bio- or chemical terrorist events with significant personal health impact.

One of the core activities of the CT Emerging Infections program is the Unexplained Deaths and Lifethreatening Illness project. This project is run by the Yale Department of Epidemiology and Public Health component of the CT EIP in collaboration with DPH. It is a medical ICU-centered, syndrome-based surveillance system in which daily to monthly contact is made with all 7 acute care hospital medical ICUs in New Haven County. This surveillance system can be easily adapted to determine rates of admission of all syndromes daily in all New Haven County Hospitals.

As part of this application, it is proposed to expand the medical ICU-based surveillance system to all acute-care hospitals in Fairfield County (population 800,000) to include the part of CT that houses the urban commuter corridor to New York City. There is enthusiasm on the part of both the New York City Health Department and the hospitals in this area to participate in such a surveillance system that would be an early warning and monitoring system of a possible bio- or chemical terrorist event in their catchment area or New York City. We are collaborating with NYC, NY State and New Jersey in the design of the system and would work with them on the investigation of increases in admissions due to any particular syndrome. If this system is successful and feasible, it could be a model for expansion statewide and for other states to consider.

The needs to enable this project include: personnel resources to organize ICU surveillance, establish thresholds for response, evaluate the system (sensitivity, timeliness), integrate it with the Unexplained Deaths Project, and to pay hospitals for extra time to collect the required information in a specified format on a daily basis. This project would be developed by the Yale EIP, but would be jointly evaluated. Increases in admissions would be investigated by DPH staff.

3. Laboratory Capacity - Biologic Agents

The DPH laboratory already has the technical staff capacity to perform diagnostic work with the priority possible bioterrorism agents. With additional training and with opportunities to participate in

response exercises, the DPH laboratory should be technically prepared to provide much of the laboratory support needed to participate in surveillance and response. Currently, there are two BSL-3 safety areas in the laboratory. These are dedicated to working with tuberculosis and with rabies diagnostic specimens. These areas are each operating at capacity, CT being a state heavily affected by the raccoon rabies epizootic. The main initial resource-dependent need is to renovate another area of the laboratory to bring it up to the BSL-3 safety level, so that the capacity exists to handle large numbers of specimens in case there is an event involving large numbers of people or a need for environmental monitoring that is too large for the FBI laboratory to manage or to provide assistance to surrounding states who could need it.

4. Laboratory Capacity - Chemical Agents

The CT chemistry laboratory is fully certified and tests for asbestos, organics, inorganics and radiation in a wide variety of samples. It is not particularly well prepared to deal with toxic gas exposures. While planning, training and response exercises are needed to determine how the DPH laboratory would respond to a potential chemical exposure event, environmental and diagnostic specimens would be best handled at a a regional laboratory with appropriate capacity. We are aware that both Massachusetts and New York intend to apply to develop that capacity.

5. Health Alert Network/Training

An informal, ad hoc HAN already exists in CT. It has been used effectively in many of the situations described in the Core Surveillance and Epidemiologic Capacity section above. Urgent confidential communications with local health departments are made via broadcast fax using an Internet service provider. Less urgent communications are made via mailings, telephone, monthly CADH meetings and required semi-annual meetings with all directors of health. In addition, a listing of contact telephone and fax numbers with acute care hospitals, particularly with hospital epidemiologists, and infectious disease physicians is maintained, and an informal listing of e-mail addresses of all Northeastern state State Epidemiologists and other key contact staff in their states plus CT ID Society members with e-mail addresses is kept and used as needed.

Nonetheless, there are substantial limitations to the current HAN. Few local health departments regularly use the Internet and Internet communication is not yet a reliable means of communication with all local health departments. At the state end, the DPH web page is understaffed and underdeveloped and not yet a reliable site for the most up-to-date information. Other than fax or telephone, there is no secure means of two-way communication with local health departments or hospitals. Other than mailing, there is no ready way to communicate with emergency care providers.

There is an infrastructure, however, on which secure electronic communications with all of these groups can be developed. The Connecticut Immunization Registry and Tracking System is based on a secure Virtual Private Network and it gives health care providers in remote clinic sites direct electronic access to immunization information and allows them to enter updated information. With an additional server, T1 line, ports, technical data processing staff capacity, and staffing to put information on the system, this infrastructure can be developed to become the future HAN in CT. It would ultimately serve local health departments, clinical laboratories (it would be used as part of the proposed electronic laboratory surveillance, see above), hospitals and emergency care providers.

There is substantial distance learning capacity in CT. Although not yet fully enumerated, satellite downlink sites are available in all parts of the state through universities, hospitals and businesses. Together with several limited-seating DPH satellite downlink sites in Hartford, these have been used for many of the CDC-sponsored courses. However, the distance learning capacity has been greatly underused by local health departments, due to lack of dedicated resources to publicize opportunities and to arrange for use of downlink sites in geographically convenient parts of the state. As part of the HAN proposal, a distance learning coordinator position is requested.

Appendix B to Testimony of Joxel Garcia, MD

Connecticut Department of Public Health Findings
Domestic Preparedness Exercise
Trumbull Marriot
Trumbull, Connecticut
March 24, 2000

- Medical response became overwhelmed
- Patients coming into the hospitals further contaminated providers and staff
- Limited personal protective equipment for first responders, hospital staff, and other emergency personnel
- Rapid depletion of hospital supplies
- No relief for hospital staff
- News or information management was not well-coordinated or effective
- No center of excellence in the state; lack of hospital decontamination ability
- Access control or crowd management issues at hospitals identified
- Coordination between state agencies needs to be improved
- Awareness of Department of Public Health's role was enhanced
- Exercise was informative about DPH strengths and needs
- Increased awareness of DPH role in the event and role of others
- Local health was very involved in the exercise and public health nurses provided valuable information to the public
- No state plan for weapons of mass destruction. Therefore, a need for training was identified
- Hospital coordination was limited

Mr. SHAYS. Mr. Rocque.

STATEMENT OF ARTHUR ROCQUE, JR., COMMISSIONER, DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mr. ROCQUE. Chairman Shays, Mr. Tierney, good morning.

Mr. SHAYS. Good morning.

Mr. ROCQUE. My name is Arthur Rocque. My voice is not a result of mustard gas. So—I was not at the event on Friday, but I do appreciate the opportunity to testify as long as the voice holds out today.

As commissioner of the Department of Environmental Protection, I supervise a 24-hour communications response team with a mobile lab and a decontamination system. These staff are trained to OSHA Level 40 level response. And within a fairly short period of time, we can put another hundred contractors in the field with the same level of training.

Last year, for example, we responded to 2200 emergency response incidents. In all of these events—and I think a common theme that has gone through the discussions here this morning—communication is the key. To build on the metaphor from this morning's panel, let me suggest and remind you that Paul Revere never made it to Lexington, let alone Concord.

So, if communication is the key, what do we need? We need the same equipment. We need the same protocols. We need a clear chain of command. We need a clear assignment of responsibilities. And if, for example, the Department of Environmental Protection is a primary hazardous materials responder, we need to be able to participate in the on-scene command centers.

Training is the second key. For example, if you are trained to wear and operate in a Level A suit but you don't maintain your training and your certification, when the crisis comes, you're not going to know what to do or how to do it. So we need to concentrate on those who have the need and the opportunity to maintain their certification.

In short, gentlemen, what we really need is we need additional training. We need additional resources. It is my opinion—I think I share that with many of my colleagues here on the panel. It is my opinion that, rather than duplicate those efforts up and down, it's more important to concentrate them and make them deployable in a real time and real way.

Thank you.

Mr. SHAYS. Thank you, Mr. Rocque.

[The prepared statement of Mr. Rocque follows:]

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Testimony of Arthur J. Rocque, Jr. Commissioner of Connecticut Department of Environmental Protection Before the Subcommittee on National Security, Veterans Affairs, and International Relations Field Hearing on Federal Programs to Support Local Preparedness Against Terrorist Acts, March 27, 2000, Stratford National Guard Armory, Stratford, Connecticut.

Good morning, Chairman Shays, Representative Tierney, Representative DeLauro and members of the Subcommittee on National Security, Veterans Affairs, and International Relations. My name is Arthur J. Rocque, Jr. and I am the Commissioner of The Connecticut Department of Environmental Protection. On behalf of the Department, I would like to thank Representative Shays for his efforts on behalf of national security and preparedness against terrorism. The Department appreciates the opportunity this morning to provide the Subcommittee with insight into the Department's abilities to response to incidents involving terrorism.

The mission of the Connecticut Department of Environmental Protection is to conserve, improve and protect natural resources and the environment of the State of Connecticut. In support of that mission, the Department maintains the capability to respond to and mitigate releases of petroleum products, chemicals and hazardous substances to the environment. To a large degree, this effort is focused on the accidental release of such materials. However, the Department recognizes the potential that biological, chemical or radiological materials may be intentionally released during terrorist acts. The Department's Oil and Chemical Spill Response Division is comprised of a team of 17 Emergency Response Coordinators who maintain a 24-hour emergency response capability. Though use of its 24-hour emergency response center, the Department dispatches personnel in response to needs identified by local and State emergency response providers. In such incidents, the Department's role is to provide technical assistance, resources and equipment to assistant the local on-scene commander in the mitigation and containment of the release.

Members of Department's Oil and Chemical Spill Response Division are all trained to the OSHA 40-hour level and are trained in the Incident Command and Unified Command Systems. In addition, they have received training in such areas as confined space entry, gas detection, and use of Level A Personal Protective Equipment. Each responder is equipped with a 4-wheel drive response vehicle with radio and cellular phone communications, laptop computers with access to CAMEO, protective equipment including self contained breathing apparatus, monitoring devices and basic spill containment equipment. Level A protective equipment can be provided as necessary.

The Division has available forward command posts, a mobile decontamination facility, a mobile laboratory, boats, and emergency containment boom. Other Department programs can provide additional services including the capability to assess air and water impacts and radiological releases. The Department though services with private emergency response contractors can provide additional materials, equipment and resources in these areas.

The Department has provided staff with basic terrorism response training and participated in training exercises with both state and federal agencies. During such events the Department's role is to support the local incident commander and state emergency operations center as needed.

The Department recognizes the need for more extensive local and state training in response to incidents involving Weapons of Mass Destruction. During the initial phases of any such incident, the first responders from the local and state level must be prepared to provide resources and assume on-scene command. Plans that further define the roles of the various local, state and federal agencies need to be fined tuned and exercised. Federal grants to secure equipment would enhance preparedness and response capabilities. However, without funding to support continued training long termed preparedness can not be assured.

During the Department's participation in the Park City Response Tabletop Terrorism Exercise and Symposium on March 24th, the Department identified the following significant issues that needs to be addressed. First, the roles and responsibilities of all levels of participation including local, state and federal agencies need to be clearly defined including the interaction between the local and state emergency command centers. In order to provide effective communications regarding hazardous material respond operations the Department believes it would be necessary for the Department to staff all command centers.

Second, methods of communication and coordination between hazardous materials responders and other service providers need to be enhanced.

Third, if the Department as a prime hazardous materials responder is to assume an active role in the identification of the type of hazardous substances and biological agents used in Weapons of Mass Destruction incidents, it will require additional training and equipment.

Lastly, the Department must express its reservations regarding the provision of equipment necessary to combat incidents involving Weapons of Mass Destruction to agencies that will not exercise and use them on routine basis. For example, providing Level A personal protective equipment or gas monitoring meters to individuals who will infrequently use or exercise them can be dangerous to both the individuals and those relying on their services.

In closing, the Department appreciated the opportunity to participate in the Tabletop Terrorism Exercise and Symposium and to provide testimony to your subcommittee this morning. The Department supports the efforts to provide on-going federal funding to enhance local and state first responder ability to deal with incidents involving Weapons of Mass Destruction. The Department looks forward to assisting you in achieving your efforts to enhance our ability to response to incidents involving Weapons of Mass Destruction.

Mr. SHAYS. Chief Sandford, before you make your statement, I just want to say that we're having this hearing, in part, in large measure because the firefighters had come to me statewide and met with me in Fairfield and had argued about their wanting to fund a $5-billion bill down in Washington. And I'm reluctant to do that.

But what I did say was I'd love to be able to target funding for specific needs like this. And—but at any rate, we're here, in part, because of the request of your men.

STATEMENT OF WAYNE SANDFORD, CONNECTICUT REPRESENTATIVE, NEW ENGLAND FIRE CHIEFS

Chief SANDFORD. OK. My name is Wayne Sandford. I'm the fire chief in East Haven, CT. And I would again like to begin by thanking the committee for inviting me to participate.

If I can in any way convince you to support that bill in Washington, I would be a hero in Connecticut's fire service. My colleagues and I take domestic violence very importantly. And I think as an example to show you how it is in the smaller communities, East Haven is about 12 miles in size, 12 square miles. We have 26,000 people. Not only am I the fire chief, I am the director of emergency operations and I am also the chairman of the local emergency planning committee. So in a smaller community, many, many people do more and more jobs than we are—than you see at the larger facilities or larger cities around the State.

So we're responsible for a broad array of emergency services, from responding with EMT's to medical calls, to handling incidents on the railroad tracks or to handling something on I–95 or something with an airplane crashing. It doesn't really matter what it is. We're there.

And in most of these incidents, we have what we consider a golden hour. That first 1 hour that an incident occurs is what's the most important. And during that hour, we are calling for everyone that we can possibly to respond to those scenes because we are a small department. And we rely heavily on the State Office of Emergency Management and we rely heavily on the State Department of Environmental Protection because we don't have anyone else to do those kinds of things. So that golden hour is really critical to us.

In that hour, we need to be able to identify what we have. Before we ship our patients into Yale-New Haven Hospital or St. Raphael's Hospital in New Haven, it's important that we notify them what we have, what we think we have, what these people may have. And without any type of detection equipment, lacking to identify exactly what we're dealing with, it's extremely complicated and becomes more hazardous.

And you think that maybe in a small town things like this don't happen. In my short tenure as chief, in 8 years we've had one incident where an individual made a bomb, brought it home, told his mother not to touch the bag. She touched the bag and blew her arm off. At that incident, we had both the State Fire Marshal's Office, DEP and State Office of Emergency Management involved in that incident.

Saturday, I was up in the great city of Boston, walking around with my daughter in Quincy Market. My beeper goes off and they tell me that we have a bomb incident at one of our House of Representatives, State House of Representatives, homes in my community. And I'm wondering what's going on. I'm up in Boston. I'm trying on my cell phone to get back to them. And I'm in an Old Navy store up in Boston.

And here's my firefighter standing on the street, unable to talk to anyone else that's responding to the calls, except for the local police department because we can talk locally. And I'm standing there and I look at a store aide in Old Navy that needs a pair of dungarees in the back room. And that sales clerk gets on a headset, on a radio, calls in the back room—I'm not going to tell you what size I wore—and they run right out with this pair of dungarees. And I'm saying isn't this ironic? At the same time, my firefighters can't talk to the State Department of Environmental Protection, the State Fire Marshal's Office that are responding to this bomb incident in my community. I'm ordering a pair of dungarees and someone could talk to the back room and get me those dungarees. I think that's appallable for the fire service that somebody like Old Navy that's in business to sell dungarees can—actually has a better communication system than we have and we have to deal with lives.

And I think that really targets toward what we need in the fire service or emergency management. And that is the front line people, we need to have a good communication system. We need to be able to talk to DEP. We need to be able to talk to the State Fire Marshal's Office and the Office of Emergency Management from the scene. We need equipment to do monitoring. We have to be able to tell in that golden hour exactly what we have.

And we've taken some of the training that's offered through the State Fire Academy. Our State Fire Academy does a great job. We have four courses now that are available for weapons of mass destruction. But we need to get them out further. It's very difficult to train the volunteers. We need more "Train the Trainers" programs so that I can train my local training officer and then provide him with the workbooks so he can come home to the local fire department and then train my volunteers in the evening hours and then train my small staff of career personnel during the daytime.

So we need additional training. We need additional equipment. We need additional communication releasing. You know, we're so close to New York City—we can't get frequencies in this area. You go down and say, "I want to apply to FCC to increase your ability to move to a different frequency", you can't get a frequency in this part of the country. There aren't any available.

We need to do something with the band widths so that we can increase the number of frequencies so that emergency personnel—that I can talk to the people that I need to talk to.

And, finally, I would add that we need to do something with the Incident Command System. Saturday, when the State Fire Marshal's Office arrived in East Haven, they found the Incident Command System established and well in place. And I think you'll find that in any town across the country where the fire department is there.

We need to train the people from the Department of Health so they know who to report to so they can become part of our Incident Command System. They need to be trained in Incident—in ICS. DEP people, the Department of Environmental Protection, we work well with them now. They've been trained in Incident Command System. We need to train other agencies as well so they know how to plug in and fit in to our communication or command system.

I think if I could leave with one line, I would say that we must strengthen our first responders and we must strengthen the first responders first because they're there. They've got that golden hour. And they need a hand to control that incident.

Thank you very much.

Mr. SHAYS. Thank you very much, Chief.

Mr. Tierney.

Mr. TIERNEY. Thank you.

I guess I'm wondering if part of the problem isn't that everything needs to be paid for and everybody wants everybody else to pay for it. You know, whether the local communities are seen as being the first responders and the Federal and State levels are just saying, "Well, they should have to pay for it" and then, you know, so on up the line. And if that doesn't need to be squared away, at least in part——

General, let me ask you, if you had a so-called RAID light team or a civil team or a RAID team here, how would the operation on Friday have gone differently?

General CUGNO. First on the RAID light, the RAID light I'm not a big fan of. RAID light is only one full-time person, no equipment and 22 what they refer to as M-day or part-time traditional guardsmen.

Mr. SHAYS. That's very light.

General CUGNO. That's much too light. Yes, sir.

RAID Heavy, what we see here in this room, is the only thing that I think has any value for our State or an adjutant general or our Governor. The reason is these are very professional, very high-tech individuals and they're very competitive. You're not likely to get them to be in a traditional position on a part-time basis. It's bad enough you've got to work real hard to get them on a full-time basis.

It's a RAID heavy team that is necessary in each of the States, like you currently have in Mass. In the New England area, just recently one was authorized to Maine.

Mr. TIERNEY. Well, how would it have gone differently on Friday had you had a Connecticut team that was here? Would your operation have gone differently time-wise or——

General CUGNO. Well, since we played real time on Friday and none of them currently stood up or have been certified, I'll use that, the first 10 that Congress authorized were intended to be certified on the first of April 2000. They're not. The equipment is not fully fielded. I think the last—some more pieces are coming on April 9th according to what I've been briefed on from Washington.

Let's make the assumption that there's a fully capable and ready asset RAID team and you had an incident like that. The way we operate—in fact, this group here at the table—this is a reunion for

an emergency situation. This is what we do, with a few other players.

When a town has an incident and immediate first responders would deploy, it's likely to be the fire department, that individual being in charge. An immediate request would go through to the Office of Emergency Management and we would deploy. They have a requirement, weapons of mass destruction teams, the support teams have a requirement to deploy within 4 hours. So they're on-scene and deployed.

If I had one here and it was 2001 or 2002 and it was fully certified and trained, that would deploy.

What they have is the ability to do detection and to do analytical work. They assess the situation. One of the pieces of equipment soon to be fielded—in fact, the fielding date for the Mass one I believe is April 9th—is a mobile laboratory. The lab can tell you exactly and precisely what the agent is so you know what you're dealing with. So that is the intention.

Mr. SHAYS. General, I—but the bottom line, though, and the question is I'm not sure Friday would have been all that different if you had had a RAID team.

General CUGNO. No. If I had a RAID team—we played a RAID team in the exercise, also, sir. Mass RAID Commander was at and part of the exercise. So we used as though he deployed for Massachusetts.

Mr. SHAYS. But took 4 hours to get here?

General CUGNO. Well, yes. But the incident is different like this. If there is a deployment in Mass and he is not available, you don't have a team. If there are multiple incidents in the Northeast, you don't have a team. So I question the ability to rely on the team if you don't have it.

The additional—in other exercises, the agent has been dispersed—exercises that have been written and planned and executed, the agent has been dispersed into the air. If it happened in Connecticut and you're downwind, I'm not sure they're going to want to send their team, for obvious reasons.

I think that the argument could be made, yes, you could go and 95—93 percent of the country right now has indicated that in 4 hours they can have a RAID team from the current locations. I'm not certain that they can deploy within that amount of time. And I haven't seen evidence that they can.

Mr. TIERNEY. Thank you.

Mr. Rocque, you made a comment that I want to make sure I didn't misconstrue; something about the idea that you thought that we ought to be doing things on a more regional basis.

Mr. ROCQUE. That's correct.

Mr. TIERNEY. So that you wouldn't necessarily invest your resources of making sure that every town had all the first response items. But you would rather see it focused on some place that could get—disperse those towns on a ready basis?

Mr. ROCQUE. That is—that's correct. I think that, for example, our mobile lab and decontamination system could be anywhere in the State within 2 hours at the very outside. Obviously, if you have multiple incidents as Major General Cugno just suggested, it makes it a little bit more difficult. But it is incredibly expensive to

run and operate these types of field units. And to have one in every single town I think would be redundant and overly expensive.

Mr. TIERNEY. Thank you.

Mr. Chairman, all set.

Mr. SHAYS. Thank you.

I don't want to spend a lot of time talking about the RAID team. But I am now beginning to wonder what the RAID team would have done on Friday and why we need it. So I'm not sure—do we have someone here who can basically answer that question? I mean—gentlemen, I mean I'm not—do you hear my question?

General CUGNO. I—unfortunately, I can't tell you how long it took—we can get an answer just by turning around just for a second here——

Mr. SHAYS. Sure.

General CUGNO [continuing]. With Mr. Wiltse, who was part of it and the exercise facilitator that was here. How long it took for the detection of the item would be key.

Mr. SHAYS. OK.

General CUGNO. And how quickly they were able to assess that.

Mr. SHAYS. Why don't we do this? While I'm asking some other questions, if you can just leave the table and just check that question? I think I'd want the record to be able to respond to that. OK?

General CUGNO. OK. Fine.

Mr. SHAYS. Thank you.

I'm a little unclear how you all work. And when you said this was a reunion, who is missing from this table? Do all of you work with each other on this very issue? I realize, Mr. Sandford, you're representing the statewide position. But the State officials here——

Dr. GARCIA. We have worked together. We have worked together from the Y2K issues to West Nile to readiness for a while now. I have been Commissioner only 10 months and already I've been seeing these people very frequently now. So——

Mr. SHAYS. Fair enough.

Dr. GARCIA. And not socially, sir.

Dr. LEE. Well, in general, when we have an incident, we usually work together, such as weather condition or emergency situation. Also, State Police with local police and local fire department, we also work together. It's a small State. Any time they have a suspicious device, as I indicated to you, we basically respond to most of the requests. If a situation involves a State emergency related to health, we all work together and have a State emergency management center.

Mr. SHAYS. OK. The key question is what resources need to reside at the local level and what at the State? And I'm interested to know—and, Mr. Rocque, you basically are—obviously, if you can get all resources locally and you can afford to and you can train people and so on, you do that. But what are the kind of resources that are, in your judgment, more likely to—that you would say it's a better allocation of resources to doing a regional?

Mr. ROCQUE. A lot of this is like looking into a crystal ball, unfortunately. And we're never going to know what the incident is until after it's happened. I think that's what history has taught us.

I would say that the more unlikely scenarios are best responded to, or the more complicated are best responded to, by State re-

sources. For example, I used the example of Level A suit certification, self-contained breathing apparatus. Our folks are trained in those and are recertified periodically. To train everybody at the local level for that capability is probably not necessary. So those are the types of things.

I think the mobile lab, for example—our lab has not as good capability, perhaps, as some of the RAID units in terms of biological analysis but it certainly in terms of chemical analysis does have state-of-the-art type equipment. And I think that rather than have those deployed locally, you can deploy them, in a State like Connecticut that's as small as Connecticut, fairly readily at the State level.

Mr. SHAYS. Chief, do you want to——

Chief SANDFORD. I would definitely agree with the Commissioner that—when I said that we need things on the local level, I'm certainly not inferring that we need a decontamination unit in every community. We've run a number of drills in East Haven where we've asked the State Department of Environmental Protection to participate so that our people will know exactly how that equipment operates.

On the local level, the type of equipment is something—meters and monitoring tools so that my people don't become those second victims. So that when we respond to that anthrax incident, you know, that's distributed on Friday afternoon and brought home to the people in East Haven over the weekend and Sunday afternoon my medical teams start responding to a whole bunch of calls for cold symptoms or flu symptoms, that my people know immediately when they start monitoring—when it's going it on the calls, that we've got something going on. They need a way of determining exactly what that is.

And the sooner that we know what it is, then the sooner that we can communicate that to the hospitals and we can begin calling assistance through the State Department of Environmental Protection, through the Office of Emergency Management. Those are the types of things that we need on a local level.

Not every firefighter in the State of Connecticut, in my opinion, needs to be trained in how to operate in a Level A suit. I would not agree with that. That's available from a team from the State or from a regional team. But we need to know what that is as soon as possible.

Mr. SHAYS. OK.

Dr. Garcia, I used to chair the subcommittee that oversaw the health, HHS and FDA and Center for Disease Control and so in, Institutes of Health. It became very real to me that your position is going to become more and more important as the years come, go by, with the various viruses that we'll have to deal with. Are you being brought into—do we have the same problem on the State level that we appear to have on the local level with health departments not really being recognized in terms of the kind of role they're going to need to play?

Dr. GARCIA. I think what has happened is the uniqueness of the State in terms of the local health departments, we have a multitude of them and there's not a real regional communication center

in between all the local health departments. And I think that was mentioned before.

At the State level, meanwhile, we work very closely with the institutions and the 35 hospitals that we have in our State. There is the Connecticut Hospital Association. And we try to not only have good communication but share data and be able to relay in terms of any event that happens at the local level.

I think one of the concerns that we have, a significant concern that we have, is we need a lab that actually can be prepared to deal with all the new viruses and other biological issues that are happening. We have had events in which we were relying on the CDC or the lab in Atlanta. And there was a significant backlog there. So it has to be sent back to us.

And I think that that's one of the messages that I'm trying to send; is that we really need a State lab that can help the institutions here, the hospitals here, as well as the local health departments.

We're right now at the beginning of having a network—that's the HAN, Health Alert Network—in which we can be able to have instant access either by way of computers or safe communication in between the local health departments and us so we can actually use the health departments as our arms to be able to inform us much, much greater.

Mr. SHAYS. Thank you.

I'm going to—before we just close out this panel with the RAID team, I'm just going to ask this scenario. I'm just going to ask two individuals whose responses—Dr. Lee or General Cugno. Terrorists have decided that they're going to do one of two things. They're either going to steal waste, radiation waste, in Millstone 1, 2 and 3 or they basically have decided to come in and take over the site and threaten blowing it up.

And, quickly, does that become—is that a State Police? Is that a local police problem? Is that a military problem?

Dr. LEE. Most likely, the local police responds first. Right away, they're going to call us. We would have a SWAT team. We'd have the Emergency Services Unit. State Police more likely to take over the situation.

Mr. SHAYS. OK. And do you—do you have, for instance, the plans, the floor plans, of Millstone 1, 2 and 3?

Dr. LEE. We have all those floor plans, all those emergency response plans. And, again, you know, just—planning is excellent. And you need additional resources to equip our SWAT team. We just—you know, 166 towns need us.

Mr. SHAYS. Are you comfortable that they're properly guarded by the company?

Dr. LEE. It's relatively. Nobody can predict what's going to happen. We have an intelligence unit in our State police working with Federal agencies working on that.

Mr. SHAYS. OK.

Mr. Rocque.

Mr. ROCQUE. I thought it would be helpful to point out that under your scenario, actually the four of us would be involved almost instantaneously. The Department of Environmental Protection is responsible for the statewide radiation emergency imple-

mentation. And we would automatically get in touch with Dr. Garcia and his staff and put them on call.

Mr. SHAYS. OK. Thank you.

General.

General CUGNO. I'd have to concur. Definitely, it would be a law enforcement one. And I'd be happy to pass that one over to the doctor.

Mr. SHAYS. Yes. You know, the problem is Mr. Tierney would be concerned of whether that event with Millstone 1, 2 or 3 would ultimately impact the people in Massachusetts. So I would imagine that it would become quickly a military concern as well.

General CUGNO. Yes. We—one of the plans that the Connecticut Military Department and the Office of Emergency Management practices deals with Millstone evaluation plans, Dr. Lee, the Connecticut State Police——

Mr. SHAYS. OK.

General CUGNO [continuing]. And us as——

Mr. SHAYS. Good. I'm happy to know that. Let me just have you conclude then by telling me what do you think would be different if we had had a RAID team locally?

General CUGNO. The exercise revealed—and I'm going by lessons learned from the exercise—that the detection and decontamination, we had the inability, even with the DEP mobile lab. Mass RAID team was never deployed, never got the scene. And we had inability to quickly detect or determine what the specifics of the agent were.

Now to specifically answer your question, had we had a RAID team fully operational here in the State of Connecticut—and by that I mean to acceptable readiness standards—within 1 hour, the agent would have been at least identified. The mobile lab is but one piece, evidenced by some of the things that are here in the hallway.

Mr. SHAYS. Let me ask you, why would it have been, though—I mean what—you have an explosion on a train. What tells you that you're going to call a nuclear, biological or RAID team to come and get involved? I mean I don't know what would have triggered that.

General CUGNO. The incident, people became ill. That was—there was a buildup to it as people became—that was part of the scenario.

Mr. SHAYS. Right. But—so you're not going to call them the first half-hour, first hour. You really are not. You know? I don't think. So I don't think you would——

General CUGNO. I think what happened in the exercise, though, was the responders became casualties immediately. The first responders, the local fire department and police department, responded to the incident. Immediately they became casualties. They would certainly deploy the team.

Mr. SHAYS. But I'd be interested—I'm going to get to the next panel. But you had mentioned that this vehicle here would be a helpful vehicle to have. I'm just wondering if a RAID team light doesn't have merit. It's just your definition of how light do you make it. Obviously, no equipment and one person, that's not—that's kind of absurd. But, you know, some equipment, five peo-

ple—you know? So think about it. And I may ask you to come back——

General CUGNO. Sure.

Mr. SHAYS [continuing]. After the last panel and——

General CUGNO. Yes, sir.

Mr. SHAYS. And I don't—I may even ask one or two other of your people to join you on that issue. And maybe even some of the RAID team people here from Massachusetts.

So I thank you all. Is there any last question that—yes, Chief?

Chief SANDFORD. I think Commissioner Rocque definitely brought out a point. And that is that there are some excellent things out there that could be enhanced rather than starting something new.

And I bring to point one issue. And that is the Department of Transportation has a wonderful program called project response. And they have this system and they're putting it on-line. So from a communications center or from a laptop on scene, you'll be able to dial in and you give them the number of the train and they'll actually be able to tell you what is being carried in every car of that train.

If we were to enhance that program and bring it into the—maybe the over-the-road haulers, over the highways, that certainly would—it's an example of something that could be enhanced rather than starting a program anew. And that would be something that would be very helpful for us on the scene.

Mr. SHAYS. Thank you.

Any other comments anyone wants to make before we get to our next panel?

I thank you very much. And we'll call our next panel. And I think what I'm going to do—Mr. Tierney is going to have to leave in about an hour. So we're going to go through that next panel and make sure he asks his questions. But I may ask some people from the RAID team to join you and let's have a little more dialog about that.

General CUGNO. Fine.

Mr. SHAYS. So maybe you could get, you know, heads together with them.

General CUGNO. I certainly will.

Mr. SHAYS. OK. Thank you.

Our next panel—and thank you all very much. We appreciate your help here.

Mr. SHAYS. Mr. Bruce Baughman, Director, Operations Division, Response and Recovery Directorate, Federal Emergency Management Agency; Mr. Robert Burnham, Section Chief, Domestic Terrorism, Federal Bureau of Investigation; BG Bruce Lawlor—that BG is——

General LAWLOR. Brigadier General.

Mr. SHAYS. Brigadier General. I'm sorry. General Bruce Lawlor, Commanding General, Joint Task Force, Civil Support, U.S. Department of Defense.

Mr. Gary Moore, Acting Deputy Director, Office of Emergency Preparedness, U.S. Department of Health and Human Services; and Mr. Kenneth Stroech, Deputy Emergency Coordinator, Chemi-

cal Emergency Preparedness and Prevention Office, U.S. Environmental Protection Agency.

I'm going to ask you all to stay standing and I'll swear you in.

[Witnesses sworn.]

Mr. SHAYS. Thank you.

Note for the record everyone has responded in the affirmative.

I just need to confer with Mr. Tierney just for a second. And we'll have like a 1-minute break.

[Discussion off the record.]

Mr. SHAYS. We're going to just go down the list. And we'll start with you, Mr. Baughman. And I do appreciate your being the third panel and having to wait and so on. I would be grateful if you'd be able to, in your testimony, incorporate some of the questions and points you've heard to give it more relevancy. And, also, if there are questions we haven't been asking that we should, I want to make sure we do that.

So, Mr. Baughman, you have the floor.

STATEMENT OF BRUCE BAUGHMAN, DIRECTOR, OPERATIONS AND PLANNING DIVISION, RESPONSE AND RECOVERY DIRECTORATE, FEMA

Mr. BAUGHMAN. Good morning, Mr. Chairman.

Mr. SHAYS. Let me just see. Why don't you move that mic over and use the one to your——

Mr. BAUGHMAN. This one here?

Mr. SHAYS. Yes.

Mr. BAUGHMAN. OK. Can you hear me?

Mr. SHAYS. Yes.

Mr. BAUGHMAN. OK. Good morning, Mr. Chairman and members of the subcommittee. I'm Bruce Baughman, Director——

Mr. SHAYS. Excuse me. Do you have that mic on? This is the first one. OK. There you go. Thank you.

Mr. BAUGHMAN. I'm Bruce Baughman. I'm Director of Operations and Planning for the Federal Emergency Management Agency. I appreciate the opportunity to appear before the subcommittee and discuss our readiness to respond to consequences of terrorism. I will focus, as you've asked, on the appropriate role of the Federal Government in both crisis and consequence management and on the assessment of Federal programs to combat terrorism and, finally, on proposals to improve the Federal Government's ability to respond.

FEMA's role in terrorism and all other hazards is twofold. First, we provide grants, technical assistance and information to State and local government and the fire community. Second, we respond to incidents as called upon by State and local government.

The Federal Government is responsible for crisis response—and I'm going to defer to Mr. Burnham to address our role in that arena. I'll confine my remarks to consequence management, which FEMA has the lead responsibility under the Presidential Decision Directive.

First off, State and local governments have primary responsibility for consequence management. When consequences of an event exceed the capability of State and local government and FEMA is

called upon to respond, we deliver our assistance under the Federal response plan.

This plan organizes 26 Federal agencies and departments and the American Red Cross into interagency functions and teams to mesh with their counterparts at the affected State and local level. This framework enables local, State and Federal officials to best use the available resources.

The Federal response plan has been used to respond to all emergencies and major disasters declared by the President since 1992, including those caused by floods, hurricanes, earthquakes and terrorist events, such as Oklahoma City.

Our ongoing work to strengthen the Federal response plan fits the approach that Director Witt has given the agency: to focus more on programs that address requirements common to all risks and less on programs that address requirements unique to one hazard.

Whether the cause is a hurricane, earthquake or terrorist attack, consequences are largely the same; mass casualties, property damage and disruption of essential services.

Building stronger, all-risk response capability reduces the impact of hazard-unique shortfalls on the overall outcome of a Federal response.

In terrorism consequence management, the hazard-unique requirement we need to address is the capability to deal with nuclear, biological and chemical contamination. Certain Federal agencies are key to this; the Department of Energy, the Department of Health and Human Services, the Environmental Protection Agency and the Department of Defense.

The challenge we face under the plan is getting the right hazard-specific resource to the right place at the right time. We have a mechanism to do that within the Federal response plan.

The other requirement imposed by a terrorist event is the need for coordination between crisis management and consequence management. Since Oklahoma City, we have developed a closer working relationship with the FBI on the Federal response side. Together we have worked with our common support agencies on a first and second edition of a Terrorism Incident Annex to the Federal response plan.

This Annex describes the structure and information flow which transpires between the two agencies when there is a terrorist event. Our relationship is more than just words on paper. We have exercised our coordination relationship on two major Federal, State and local exercises and on such special events as 1996 Summer Olympics, the 1997 Presidential Inauguration and the 1999 NATO 50th Anniversary Summit.

The working relationships and practical experience we have gained should make all the difference in the world when we're called upon to respond to a terrorist incident.

To address the effectiveness of Federal programs, two key issues need to be addressed. Are State and local governments prepared, trained and properly equipped to respond? And I think that you got some insightful testimony this morning that shows the status of that.

The second is, are Federal agencies charged to support them properly trained, equipped and ready? I'm not sure that there's a simple and satisfactory answer. I note that those of us who are in the business of consequence management must be ready for any hazard at any time. We must strike a balance between all-hazards programs and programs designed for one hazard. It is important for FEMA to maintain that balance.

I think that strengthening existing systems for all hazards has improved our domestic preparedness and response capability at each level of government. Consequently, I think that at the Federal level we are better prepared to handle any response to any hazard than at any time in our history.

However, I think that there is a real need for a more coordinated planning, training and exercise strategy by all agencies at all levels of government to deal with weapons of mass destruction.

Thank you, Mr. Chairman. I'd be happy to answer any questions.

Mr. SHAYS. Thank you, Mr. Baughman.

[The prepared statement of Mr. Baughman follows:]

STATEMENT OF

BRUCE P. BAUGHMAN

DIRECTOR

OPERATIONS AND PLANNING DIVISION

RESPONSE AND RECOVERY DIRECTORATE

FEDERAL EMERGENCY MANAGEMENT AGENCY

BEFORE THE

SUBCOMMITEE ON NATIONAL SECURITY, VETERANS AFFAIRS, AND INTERNATIONAL RELATONS

COMMITTEE ON GOVERNMENT REFORM

U.S. HOUSE OF REPRESENTATIVES

MARCH 27, 2000

Introduction

Good morning, Mr. Chairman and Members of the Subcommittee. I am Bruce Baughman, Director of the Operations and Planning Division, Response and Recovery Directorate, of the Federal Emergency Management Agency (FEMA). It is a pleasure to appear before the Subcommittee to discuss the impact of Federal training programs on local readiness to respond to consequences of terrorism involving weapons of mass destruction, and the role of Federal agencies in supporting first responders and local emergency managers. I will address these issues and focus, as you have asked, on an assessment of Federal programs to manage the consequences of terrorism, the appropriate role of Federal agencies in both crisis and consequence management, and proposals to improve Federal support of State and local response activities.

Impact of Federal Training and Equipment Programs

Thanks to your leadership, Mr. Chairman, the impact of Federal training and equipment programs on local readiness has been well documented in GAO reports. Essentially, those reports conclude that a wide range of training is being offered by an even wider range of providers. FEMA's training programs support our established target audiences in fire services and emergency management at the Federal, State and local level. Our National Emergency Training Center includes the National Fire Academy (NFA) and the Emergency Management Institute (EMI). Both work with existing State fire and emergency management systems to deliver a wide range of training programs including terrorism. And both emphasize a Train-the-Trainer approach to place materials in the hands of State and local training professionals which helps extend the program to an even wider audience.

NFA trains first responders in the fire services and related disciplines. NFA has developed and fielded several courses in the Emergency Response to Terrorism curriculum. In Fiscal Years 1998 and 1999, over 71,000 responders have been trained under this program. That figure includes approximately 1,000 instructors representing every State and major metropolitan area in the nation. Since February 1999, 533 students from your district have participated, Mr. Chairman, and 94 from Representative Tierney's District.

EMI trains State and local emergency managers as well as a broad range of other government officials who have emergency responsibilities. In the last 3 years (1997 through 1999), 1,308 students participated from Connecticut, including 103 from the Chairman's District. 1,402 students participated from Massachusetts, including 43 from Representative Tierney's district.

FEMA has partnered with both the Department of Justice (DOJ) and the Department of Defense (DOD) to develop and deliver Federal training programs. DOJ uses the Emergency Response to Terrorism curriculum developed by NFA in its training program, while DOD uses the Senior Officials Workshop developed by EMI in its training program. The DOJ and DOD programs target local jurisdictions – almost exclusively. In

contrast, FEMA programs target both local jurisdictions and the States, enabling States to extend the training to audiences that fall outside the scope of other Federal programs.

Although FEMA does not have an equipment program, the Agency coordinates with the National Domestic Preparedness Office (NDPO), which is leading an interagency effort to develop a standardized equipment list (SEL) for the first responder community. The NDPO list will conform to existing laws and regulations of the National Institute for Occupational Safety and Health (NIOSH), the National Fire Protection Association (NFPA), and others. The Department of Justice, Office of Justice Programs, will use the list to fund equipment purchases for the first responder community. FEMA coordinates with DOJ to ensure that State requirements are included.

Role of Federal Agencies in supporting first responders and emergency managers

In FEMA's view, the role of Federal agencies is to support their target audience or core constituency – which is defined by their established areas of authority, responsibility and expertise. First responders generally include personnel who answer 9-1-1 calls - police, fire, hazardous materials, and emergency medical services. Among Federal agencies, the Department of Justice (including FBI and other agencies within the department) has the greatest day-to-day working relationship with police and other State and local law enforcement agencies. Similarly, FEMA has the strongest ties to the fire and emergency management communities; EPA and Coast Guard to the hazardous materials community; and the Department of Health and Human Services (HHS) to EMS and the medical community. This support must be part of a comprehensive risk-based program that addresses mitigation, preparedness, response and recovery.

Appropriate Role of Federal Agencies in Crisis and Consequence Management

Crisis Management involves efforts to prevent, pre-empt, or terminate terrorist threats or acts, and apprehend and prosecute the perpetrators. The Federal Government is responsible for Crisis Management. The FBI is the Lead Agency and I defer to them to define roles in this area.

Consequence Management involves efforts to respond to the consequences of an event as it affects lives and property. The States have the lead for Consequence Management. The laws of each State specify which powers and responsibilities are reserved to the Governor and which are delegated to local jurisdictions. The Federal role in Consequence Management is to support the States. Among Federal Agencies, FEMA is the Lead for Consequence Management. Our primary authority is the Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288 as amended. To execute that authority, FEMA administers a range of programs and services for State and local governments, including grants, information on hazards and operations planning, as well as training and exercises.

When consequences threaten or occur that exceed the capability within an affected State, FEMA responds. FEMA uses the Federal Response Plan (FRP) to manage and

coordinate a Federal response in support of State and local governments. The Plan organizes 26 Federal departments and agencies and the American Red Cross into interagency response functions and recovery and hazard mitigation program areas to mesh with counterpart agencies in an affected State. The structure reflects the corresponding areas of authority of those departments and agencies. It provides a flexible framework that local, State, and Federal officials use to make the most effective use of all available resources. Since 1992, the FRP has been used to respond to the consequences of all emergencies and major disasters declared by the President, including floods, hurricanes, earthquakes, and the Oklahoma City bombing in 1995.

Since Oklahoma City, FEMA has worked to develop a closer working relationship with the FBI. Together, we worked with our common support agencies to publish a first and second edition of a Terrorism Incident Annex to the Federal Response Plan. The Annex describes our commitments to improve coordination and information flow between our concurrent operations to respond to the causes and the consequences of terrorism. The Directors of our two agencies have recently signed a concept of operations or CONPLAN, which we will transmit to our common support agencies for signature. But our relationship is about more than just words on paper. Special events, such as the 1996 Summer Olympic Games, the 1997 Presidential Inaugural, and the 1999 NATO 50th Anniversary Summit meeting, have brought us together to organize and conduct interagency operations with hosting State and local jurisdictions. Those operations are conducted as a precaution, if not a deterrent, to a terrorist threat or attack. The working relationships and practical experience we have gained will make the difference should we ever have to respond together to a real incident. We have also had some success in large scale interagency exercises, when they have been properly organized. In fact, FEMA and the FBI are still working on ideas that came out of Exercise Ellipse Alpha in Norfolk, Virginia in June 1998 and, to some extent, Exercise West Wind in Los Angeles in February 1999.

Assessment of Federal Programs

As with any disaster, the local and State governments "own" the incident and the response to the consequences that occur. Consequences are felt locally, while they certainly resonate nationally and internationally. To assess the effectiveness of Federal programs to "combat" terrorism, we would ask two questions. First, are local and State agencies charged to respond properly trained, equipped and ready? Second, are the Federal agencies charged to support them in response also properly trained, equipped, and ready? Whether the cause is a hurricane or an earthquake or a terrorist attack, the consequences are largely the same: mass casualties, property damage and disruption to essential services.

FEMA Director James Lee Witt has guided the Agency to focus more on programs that address requirements common to all hazards, and less on programs that address requirements unique to one hazard--particularly for hazards we may never face and requirements that are too costly or too difficult to meet. The stronger the all-hazards response capability, the weaker the effect of a shortfall in a unique requirement on the

overall outcome of the response. In terrorism consequence management, the unique requirement we need to address is the capability to deal with nuclear, biological or chemical contamination. A contaminated environment will complicate the response, just as it already complicates response to incidents involving hazardous materials, nuclear power plants, or chemical stockpiles.

Proposals to Improve Federal Support

To improve Federal support to State and local response activities, we must look for ways to improve domestic preparedness programs that build State and local response capability and programs that build Federal response capability.

Build State and local capability
In Fiscal Year 1999, FEMA provided $12.2 million in grants for terrorism-related preparedness activities. This included $8.2 million for State emergency management agencies to support terrorism consequence management planning, training and exercise activities, and $4.0 million for State fire training systems to support delivery of the FEMA National Fire Academy *Emergency Response to Terrorism* training curriculum. The Fiscal Year 2000 budget and the FY 2001 request includes grants of $16.6 million to State emergency management agencies, and $4.0 million to the State fire training systems.

Our responsibility does not end with grants for planning, training and exercises. We must also provide program coordination and information to help State and local governments define their requirements and use available Federal programs to their best advantage. Late last year, Director Witt appointed Mr. John Magaw, the former director of both the Secret Service and the ATF, as his Senior Advisor for terrorism preparedness. Mr. Magaw is working closely with all of the program offices within FEMA and the interagency community to better focus on FEMA's roles and responsibilities in consequence management of terrorism events. We continue to work closely with the Department of Justice in supporting the NDPO to provide that coordination and information to State and local governments.

Build Federal capability
The key Federal agencies involved in terrorism consequence management are FEMA, the Department of Energy, the Department of Health and Human Services, and the Environmental Protection Agency. FEMA's initiatives to improve Federal capability for terrorism include the development and coordination of plans and procedures, establishing special liaison teams to support the FBI, conducting special event operations, sponsoring training seminars, and attending exercises and interagency conferences.

Conclusion

Mr. Chairman, you convened this hearing to ask "how ready are we?" FEMA and other Federal agencies have been asked that question many times since the Oklahoma City bombing in April 1995. I'm not sure there is a simple, satisfactory answer to that

question. I do know that those of us who are in the business of responding to consequences must be ready for all hazards. To do that, we must strike a balance between programs that build the capabilities that are common to all hazards, and programs that build capabilities that are unique to one hazard. It is important to FEMA that we maintain that balance.

Thank you, Mr. Chairman. I would be happy to answer any questions that you might have.

Mr. SHAYS. Mr. Burnham.

STATEMENT OF ROBERT BURNHAM, SECTION CHIEF, FBI DOMESTIC TERRORISM/COUNTER-TERRORISM PLANNING SECTION

Mr. BURNHAM. Thank you, Chairman Shays.

Mr. SHAYS. You just talk and he'll turn it on as you talk.

Mr. BURNHAM. Chairman Shays, Congressman Tierney, it's a pleasure to be here. I've submitted a statement outlining essentially what the FBI has done in the way of programs and initiatives over the last couple of years in helping to prepare for terrorist attacks in the domestic preparedness area.

What I thought I'd do is to go off that a little and just to mention some statements that were—or touch upon some statements and areas that were discussed earlier today.

But, first of all, I'd like to talk about the actual threat of a WMD. Congressman Shays talked about it before, that it's just a matter of time. Currently, the FBI considers the threat of a WMD, weapons of mass destruction, terrorist type incident to be low at this time. That's not to say that it's not going to happen or couldn't happen in the future. The results could be catastrophic.

What that assessment is based on is the fact that—and, again, when I'm talking about WMD, I'm talking primarily now about chemical or biological. It's not because individuals, either domestically or internationally, do not have the intention nor the motivation to do so. I think it deals more with the capability, with the capability to develop on a mass destruction scale, to develop a chemical or biological weapon.

We do know from an intelligence standpoint that both domestically and internationally individuals are attempting to develop that. So it is a matter of time. And our preparedness efforts should continue on into the future.

Mention was also made this morning about Nunn, Luger, Domenici and the money being spent in the 120 cities which were expanded to 157 cities in domestic preparedness training.

Aside from that, the FBI has participated in that over the last several years. But in our domestic preparedness efforts, we have not limited ourselves to the Nunn, Luger, Domenici cities. All of our field offices are actively involved where they were part of the original 120 or 150 cities.

What we've done in our Domestic Preparedness Program is gone out, designed WMD coordinators in each of our field offices. In addition, we have what we call a key asset infrastructure. And mention was made earlier about a nuclear plant.

What that has involved is having each of our field offices going out to major chemical plants, to nuclear facility, getting the floor plans, developing response in the event of a potential terrorist attack. And, again, that's been ongoing for the last couple of years.

In addition, we've also actively participated—and this has been open to everyone—under Nunn, Luger, Domenici, the Expert Assistance Program is open to everyone. And that's the Hotline—I indicated that in my statement. The hotline, the help line, the Web page, which is available to all first responders across the country.

Mr. Baughman mentioned crisis and consequence management. We have worked very closely with FEMA over the last several years. And one of the areas that we have—and I briefly talked about this on Friday. In the area of crisis and consequence management, oftentimes it's very difficult to define where does consequence stop, where does crisis start.

Mr. Baughman and I have talked about this before. Oftentimes, as we did on the exercise on Friday, you had both crisis and consequence at the same time. In recognition of that, what we've done in conjunction with FEMA is the Concept of Operations Plan, which we've worked on very hard with FEMA over the last couple of years, as well as our other interagency partners at the Federal level, it was an operation plan developed to implement PDD–39 for a domestic terrorist or WMD incident, domestic terrorist type incident.

What we've done on that is we've worked in the ICS system, recognizing that the first responders are going to be State and local fire departments, the haz/mat people, in full recognition that's part of our concept of operation plan, recognizing that when you do have an ICS, the first responders are going to be there.

What the FBI is going to do is going to roll into it and basically just work into the incident command structure, a unified command, be part of it. The on-scene commander is the police department or the fire department. We fully recognize that. And at such time as it develops that it may be a potential terrorist incident, then, as we did on Friday, it may potentially involve into a JOC, but, again, that's not going to be in the first 2 to 3 hours.

So that is ongoing. We fully recognize and utilize the incident command structure, as well as it evolves into our system.

In addition, in the area of intelligence, just very quickly, one of the things that you would have, was missing on Friday, that you would have both before, after and during a crisis, you would have intelligence. And that's where we are basically the bridge between the intelligence community and the first responder and the local law enforcement community.

We have a number of outlets that we ensure that information of a terrorist type does get to the—in the event that it is going to impact upon State and local, that it will get there. We've got the national threat warning system. We've got Enless, which goes out to local law enforcement. We've also got our JTTF's, domestic terrorist working groups, a number of mediums to ensure that that type of information does get out to the locals.

And, again, during the incident, having been through a number of these tabletops, as well as going through some actual incidents, you will have intelligence coming in as the incident is going on. That will be shared with the Incident Command Structure. In other words, I think some mention was earlier made that they weren't able to tell, you know, initially whether it was a blister agent or, you know, what it—if it was VX gas or whatever. That information that we can get, we ensure that it does get to the local first responders.

We would have the intelligence component. And we are more or less the bridge between the first responders and the intelligence community.

That's all I've got right now. I'd be more than happy to answer any questions.

Mr. SHAYS. Thank you very much.

[The prepared statement of Mr. Burnham follows:]

Statement of
Mr. Robert M. Burnham
Section Chief
FBI Domestic Terrorism/Counterterrorism Planning Section
Federal Bureau of Investigation
before the Subcommittee on National Security
March 27, 2000

Chairman Shays, and Members of the National Security Subcommittee, thank you for the opportunity to discuss current FBI counterterrorism programs and how they impact local preparedness to deal with a terrorist incident.

In June 1995, President Clinton signed Presidential Decision Directive-39 (PDD-39) which reaffirmed the Federal Bureau of Investigation's (FBI) lead law enforcement and crisis management role in the U.S. Government's response to domestic terrorism. In May 1998, the President signed PDD-62 which charged the United States Department of Justice (DOJ), acting through the FBI, as lead agency for the Federal operational response to a Weapons of Mass Destruction (WMD) incident. Pursuant to both of these directives, the FBI is continuing to increase its involvement with state, local and Federal agencies who have both a crisis and consequence role in responding to a WMD threat or incident. The ability of our

communities to respond will be critical to protecting lives and property and ensuring public safety. Assisting states and localities to better protect themselves from such incidents, particularly incidents involving WMD, is a priority of the Department of Justice and the Attorney General.

The initiation of the Nunn-Lugar-Domenici Domestic Preparedness Program was one of the first federally coordinated steps aimed at enhancing local terrorism response capabilities. Title XIV of the National Defense Authorization Act of 1996, commonly referred to as the Nunn-Lugar-Domenici (NLD) Act, authorized funding to the Department of Defense (DoD) to develop a Domestic Preparedness Program (DPP) to enhance federal, state and local response capabilities to respond to terrorist incidents involving WMD. The DPP created by the DoD in accordance with this requirement consists of a training, exercise, and advisory component. This effort was aimed at training one hundred and twenty (120) of the Nation's largest cities. It has since been expanded to one hundred and fifty-seven (157) cities.

The "City Train the Trainer" program provides for the training of senior local officials as well as those who will

train emergency first responders, and includes training equipment loans from DoD. The training is conducted in two phases, the first of which consists of an initial city visit, one week of training, a chemical tabletop exercise, and receipt of training aids. The second phase consists of a chemical functional exercise, a biological tabletop exercise, and receipt of personal protection, detection and decontamination training equipment.

In addition to the exercises conducted during phases 1 and 2 of the city training program, there is a complementary exercise component to the DPP. The DPP facilitates an annual federal, state and local (FSL) functional exercise to improve the interaction among agencies and responders at all levels of government during an incident. The DPP also executes the Improved Response Programs (IRP), a set of individual technical evaluations and exercises geared toward gathering information to improve procedures and tactics for responding to WMD incidents.

The Expert Assistance program is composed of the following elements: Helpline, Hotline, Web Page, Chemical-Biological Database and Equipment Testing. The Helpline

provides non-emergency planning and technical information. The Hotline, a component of the National Response Center, allows the caller to alert federal agencies and to speak with technical experts who can provide critical incident management information. The Web Page provides information about the DPP program. The Database is a repository of information about chemical and biological weapons and agents, and their identifiable characteristics. The database also contains information on detectors, protection and decontamination equipment that is useful to both military and civilian responders. Testing of responder equipment in hazardous chemical and biological environments is also conducted under this program.

Title XIV of the National Defense Authorization Act of 1996 further provided that after October 1, 1999 the President may designate a different agency head to assume responsibility for the DPP. In accordance with a Memorandum of Understanding (MOU) between the Departments of Defense and Justice, the DOJ will assume programmatic and funding responsibilities for the City Training Program and portions of the Exercises and Expert Assistance programs beginning in FY 2001.

Under the agreement, beginning October 1, 2000, the Office of Justice Programs (OJP) will administer the City Training Program and share responsibility with DoD for the Improved Response Program (IRP) component of the Exercises Program, while DoD will retain responsibility for the annual FSL exercise through FY 2001. The FBI's Domestic Terrorism Section will manage the Hotline program and accompanying technical expert services. The interagency National Domestic Preparedness Office (NDPO) will be responsible for the Helpline and informational Web Page.

To date, approximately eighty (80) of one hundred and fifty-seven (157) cities have completed the NLD program. Although the NLD has been positively received, the selection criteria based on population, has not. As a result, the FBI is working with various assessment methodologies to design a tool that will better identify those areas in greater need of essential emergency response resources and capabilities. An example of this effort is the FBI's participation with the DOJ's Office of Justice Program's (OJP) Office of State and Local Domestic Preparedness Support (OSLDPS), by integrating an FBI-developed jurisdictional threat assessment methodology into a larger needs assessment tool. Specifically, the threat

assessment will be utilized by OJP and the States in implementing the *FY' 99 State Domestic Preparedness Equipment Support Program.* This program is designed to provide funding assistance to the nation's fifty states. Under this funding initiative, states are required to award sub-grants to local jurisdictions based on the results of this needs assessment. These assessments will be used by the state to develop a statewide strategy for the purchase and/or acquisition of domestic preparedness equipment, training, exercise and technical support programs. These programs will assist the state in targeting available resources or activities having the greatest positive impact on levels of WMD terrorism response preparedness.

The FBI has also made great strides in extending its own resources out to the State and local community in an effort to improve domestic preparedness. One such effort was the creation of the Special Agent WMD Coordinator positions in each of the FBI's 56 field offices. The Coordinators are tasked with the establishment and maintenance of liaison with state, county, and local agencies and departments which participate in the local response efforts. They involve themselves with the facilitation and formation of working

groups and/or task forces in their respective regions. They also play a vital role in the development and implementation of field office contingency plans and ensure the plan's compatibility with local, county, and state response protocols.

The FBI has utilized headquarter resources to develop and provide educational presentations to outside agencies, State and local governments, and other entities who have a role in emergency response. These presentations have recently focused on the WMD threat facing the U.S. and the concept of operations during a potential or actual WMD threat.

The FBI also functions as the host and integral member of the National Domestic Preparedness Office (NDPO). This office serves as a clearinghouse, providing information to local and state officials who must formulate preparedness strategies for their communities. The Federal participants include the Federal Emergency Management Agency (FEMA), Department of Energy (DOE), Environmental Protection Agency (EPA), the Department of Public Health and Human Services (PHHS), the DoD, and the FBI. The office also employs State and local experts from various response disciplines. As a

service to the State and local community the NDPO regularly publishes the *BEACON* Newsletter, while creating helpful planning/response aids, such as the *NDPO Planning Guide* and the *On-Scene Commander's Guide For Responding to Biological/Chemical Threats.* These are but a few of the projects supported by the FBI, targeting preparedness at the local level.

Recognizing that a terrorist threat or incident within the U.S. will entail a highly coordinated, multi-agency local, State, and Federal response, the FBI has worked closely with its Federal partners to develop a U.S. Government Interagency Domestic Terrorism Concept of Operations Plan (CONPLAN). This plan, which is in its approval stages, is a product of the combined efforts of the FBI, DoD, EPA, DHHS, DoE, and FEMA. The CONPLAN is designed to provide overall guidance to Federal, State, and local agencies concerning how the Federal government would respond to a potential or actual terrorist threat or incident that occurs within the United States, particularly one involving WMD. The CONPLAN outlines an organized and unified capability for a timely, coordinated response.

capabilities members from the FBI's Hazardous Materials Response Unit (HMRU), as well as other subject matter experts are consulted. To assess the technical feasibility, subject matter experts evaluate the subject's technical capability to produce or obtain the WMD material or device in question. In determining operational practicality, experts will ascertain the perpetrator's ability to successfully operate a device and carry out the threatened act.

The nature of the threat will determine which experts and federal partners will be requested to assess the threat. The FBI regularly draws upon a cache of experts from our own Bomb Data Center and HMRU, the Department of Energy (DoE), the Nuclear Regulatory Commission, Heath and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the Department of Defense (DoD), the U.S. Army Medical Research Institute for Infectious Diseases (USAMRIID), the U.S. Department of Agriculture (USDA), the Federal Drug Administration (FDA), the Environmental Protection Agency (EPA), and the Federal Emergency Management Agency (FEMA). Additionally, the FBI Lab shares intelligence and collaborates with USDA, CDC, and USAMRIID on almost a daily basis. The FBI Lab is working directly with USDA and CDC in addressing

national surveillance issues including the ability to rapidly assess and distinguish between a naturally occurring epidemic and a terrorist event.

Although it is impossible to eliminate all vulnerabilities in an open society without taking draconian measures that impinge on civil liberties, it is possible to reduce susceptibility to WMD terrorist attacks by taking security precautions, remaining vigilant in pursuing WMD terrorist activity, and improving preventive measures, as well as civil preparedness. All of the foregoing measures are currently being undertaken by the FBI. The United States is preparing itself for the threat of WMD terrorism by coordinating with Federal, State, and local law enforcement and emergency responders by addressing the challenges posed by a potential chemical or biological terrorist attack.

Mr. SHAYS. General Lawlor.

STATEMENT OF BRIGADIER GENERAL BRUCE LAWLOR, U.S. ARMY COMMANDER

General LAWLOR. Thank you, Mr. Chairman. Mr. Chairman, Congressman Tierney, first of all thank you for inviting me here today. Your interest and the interest of your committee in this issue has helped us all move this development along as we grapple with how to meet this latest threat to our country.

I'm the Commander of the Joint Task Force Civil Support, a recently organized task force under the U.S. Joint Forces Command. And it is our mission that, upon request from a lead Federal agency and approval by the Secretary of Defense, the Joint Task Force Headquarters will deploy to the vicinity of a WMD incident and provide command and control for all Department of Defense forces that are part of the response effort in support of the lead Federal agency with a mission to save lives, prevent injury and establish critical life support.

Mr. SHAYS. General, before you continue, I just would love to——

General LAWLOR. Yes, sir.

Mr. SHAYS [continuing]. Put it in perspective. Do the RAID teams come under your jurisdiction? Are they totally separate? Are they a part, not a part? Just kind of give me a sense of your responsibility to help me when I hear your testimony.

General LAWLOR. Sir, the RAID teams are—like all National Guard Units, they have a dual mission, a Federal mission and a State mission. They are primarily resting in a State mission status and would fall under the control of the Governor and the State Adjutant General.

If we were to deploy to an incident site, it is the desire of the Commander in Chief of the Joint Forces Command, Admiral Gayman, that the CST teams would not be Federalized, so that they would remain under State control to the maximum extent possible.

However, if there was a need for additional teams at the site, which there might well be, then they could be Federalized. And in the event that they were Federalized from another State, from another area of the country and brought to the site, they would fall under the operational control of the Joint Task Force.

Mr. SHAYS. So even if the RAID team in the Massachusetts—in the New England area based in Massachusetts goes into another State, they're still going to be under, what, the jurisdiction of that State as they come in? Will they become under the command of Governor Rowland? How would that work?

General LAWLOR. It would—in the normal course of events, Mr. Chairman, the team would be assigned OPConn to the Adjutant General of the receiving State.

Mr. SHAYS. OK.

General LAWLOR. So that they would fall under the command and control of Major General Cugno as the Adjutant General of Connecticut.

Mr. SHAYS. OK. I understand. Thank you.

And in terms of—just give me a little bit more background as to what your responsibility is. And then—I'm sorry to interrupt your testimony.

General LAWLOR. Oh, no, sir. That's fine.

We are in the process of developing that particular relationship. As you know, sir, under Title X, responsibility for manning, equipping, training and sustaining the force belongs to the services. I am a joint command falling directly under Admiral Gayman and reporting directly to the CINC. And in that capacity, I don't have responsibility for those four functions.

However, we are actively discussing with Forces Command at this point the development of a relationship whereby we would play a greater role in the training or, let's say, in the readiness of the RAID teams.

For example, validation of the mission requirements, there has to be an entity that defines what the mission of these teams should be from the military perspective.

Mr. SHAYS. Let's just get the RAID teams out now. When the military in general then comes to a site, do I make an assumption incorrectly that if there was an incident, say, at Millstone 3 that became—was viewed as truly a regional threat of gigantic proportions, I make an assumption the military would be playing a role. Does that come under—how does that—tell me how you impact that process.

General LAWLOR. Sir, in that event, the State would, through the Federal Emergency Management Agency, request assistance from the President. A declaration would be issued. And FEMA would then establish its response mechanisms under the Federal response plan.

If there was a need for DOD assistance, there would be a request made to the Secretary of Defense. He would task the Commander in Chief of Joint Forces, U.S. Joint Forces Commander to respond. He, in turn, would task me to be the operational command on the ground. And it would be my responsibility to deploy to the site and be prepared to receive additional Federal Department of Defense forces and provide command and control of those forces in support of the request that we would anticipate would be made from FEMA through their normal Federal response plan process.

Mr. SHAYS. Fine. Why don't you go back to your testimony now? Thank you.

General LAWLOR. Sir, what I wanted to say was that Secretary Cohen has enunciated five core principles that govern the operations of the JTF. The first of those is that we are always in support of the lead Federal agency. We are not in command and control of an incident site. We expect that that Federal agency in almost all cases will be the Federal Emergency Management Agency. And we are structuring ourselves to support that agency in all possible ways.

Second is that there is within the department a close civilian oversight of all our activities both through a shortened chain of command—I report directly to the CINC and the CINC, of course, reports directly to Secretary Cohen—and, also, the creation within the department of a special office, the Assistant to the Secretary

of Defense for Civil Support, headed by Ms. Pam Berkowski, who provides day-to-day civilian oversight of all we do.

Third is that DOD continues its—the Department of Defense continues its focus on the war fight and that the units exist to fight and win the Nation's war. What we are doing is bringing skills that are already inherent in military units to the assistance of local responders through the Federal Emergency Management Agency, if requested.

Fourth is that there is an important role for the Reserve components to play in response to a weapons of mass destruction incident. One only need look at the dispersion of Reserve component units throughout the United States, both National Guard and Federal Reserve Forces, to see that these forces are dispersed throughout all of our communities and that we are working very hard within the Joint Task Force to devise operational concepts that will enable to bring those forces to the forefront as quickly as possible.

And last, sir, we are specifically charged and do take very seriously that whenever we deploy, one of our paramount concerns is for the constitutional rights and individual liberties of all Americans. And we believe very strongly that when we leave the area of an incident site, if those liberties are not as secure as we entered it, that we have not done our job. Those are Secretary Cohen's charge.

I would ask that we understand and recognize the unique role of the States in managing the response to a consequence—or an incident of this size. And we are existing to support those requirements when they are approved by the Federal Emergency Management Agency.

Sir, that's all I have. And I'd be happy to answer any questions you may have.

Mr. SHAYS. Thank you, General. Sorry I interrupted you. But it was very interesting. Thank you.

[The prepared statement of General Lawlor follows:]

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Statement of

Brigadier General Bruce M. Lawlor
United States Army
Commander,
Joint Task Force Civil Support
United States Joint Forces Command

Before the House Government Reform
Subcommittee on
National Security, Veterans Affairs
And International Relations

United States House of Representatives

Second Session, 106th Congress

On

"Domestic Preparedness against Terrorism:
How ready are we?"

24 March 2000

INTRODUCTION

Mr. Chairman, distinguished members of the committee, thank you for inviting me to address you today. Joint Task Force - Civil Support is the headquarters within U.S. Joint Forces Command that will provide command and control for Department of Defense (DoD) forces that may respond to requests for assistance from the Lead Federal Agency following a Weapon of Mass Destruction (WMD) incident in the continental United States. The task force has been training diligently and will be prepared to assume its mission on April 1, 2000.

BACKGROUND

For our purposes, a WMD incident is defined as a deliberate or unintentional event involving a nuclear, biological, chemical, radiological weapon or device, or a large conventional explosive.

UNIFIED COMMAND PLAN 99

The increasing likelihood of the use of a WMD has caused the Department of Defense to examine the unique capabilities we could and should bring to incident of this nature.

The tasking for U.S. Joint Forces Command, which came in the 1999 Unified Command Plan (UCP), was very short and succinct: "[Provide], within CONUS, military assistance to

civil authorities (including consequence management operations…), …subject to Secretary of Defense approval." However, in his UCP Letter of Transmittal to President Clinton, Secretary Cohen expanded on both the need and the methodology for standing up an organization to be part of the solution - Joint Task Force - Civil Support. Secretary Cohen said:

"Due to the catastrophic nature of a WMD terrorist event that will quickly overwhelm state and local authorities, we have become convinced that our current structure for providing DOD support needs to be expanded. Therefore, we see the need to create a new organizational structure - both an operational capability and an oversight mechanism - that can anticipate the support requirements for responding to a catastrophic terrorist incident, undertake detailed analyses, conduct exercises, and ultimately respond in support of civil authorities."

"Accordingly, I intend to establish a standing Joint Task Force - Civil Support (JTF-CS), which will report to me through the Commander in Chief of the U.S. [Joint Forces] Command and the Chairman of the Joint Chiefs of Staff…. Its principal focus will be to plan for and integrate DOD's support to the lead federal agency, which

will have the [U.S. Government] responsibility to manage the consequences of a domestic WMD event."

Secretary Cohen continued in the transmittal letter to describe the part of this structure change that doesn't fall within the UCP:

"Due to the unique circumstances of this reorganization, I also intend to establish a new position in my office to enhance the existing civilian oversight of both the policy and operational elements associated with domestic preparedness for WMD consequence management. The Assistant to the Secretary of Defense for Civil Support (ATSD (CS)) will serve as a focal point and coordinator of the Department's many activities in support of other federal government agencies in this area."

The establishment of both JTF-CS and the Office of the Assistant to the Secretary of Defense for Civil Support was a major step in strengthening DoD's overall capability for responding to WMD consequence management. WMD consequence management requires a coordinated response at three levels - local, state and federal, and the Department of Defense strategy includes support at each level.

At the local level, the Director of Military Support (DOMS) provides oversight for the Domestic Preparedness Program, which provides training in WMD consequence

management to civilian first responders in 120 cities across the nation. The program seeks to improve the capabilities of our local first responders to manage the aftermath of a WMD incident. DoD will continue to support this program, but we anticipate that the President will reassign operational responsibility to the Attorney General, 1 October 2000.

At the state level, DoD has improved the ability of state governments to respond by assisting in the establishment and support of the WMD Civil Support Teams (CSTs), formerly known as Rapid Assessment and Initial Detection (RAID) teams. Because they are National Guard assets, WMD CSTs can function under state or federal authority. They are equipped with sophisticated communications systems that will enable local first responders to talk with neighboring jurisdictions or link up with federal centers of expertise. WMD CSTs are also being equipped with state of the art detection equipment that will enable them to help local first responders quickly identify potential WMD agents.

At the federal level, responsibility for responding to a WMD event is shared by many agencies and departments. Effective 1 October 1999, UCP 99 tasked U.S. Joint Forces Command to become the operational-level Commander in Chief

(CINC) over DoD support for CONUS WMD consequence management planning and response. This tasking forms another part of DoD's strategy for assisting first responders by providing them with more efficient delivery of military support in times of crises. A key element of this strategy is to establish JTF-CS as a standing command and control headquarters for responding DoD military forces. However, the bulk of military support that U.S. Joint Forces Command can make available will come from other units with military capabilities inherently useful in managing WMD consequences. These other capabilities, in both the active and reserve components of all of the services, include transportation, chemical/biological/ radiological reconnaissance and decontamination, mortuary affairs, medical, logistics, and communications.

JOINT TASK FORCE - CIVIL SUPPORT

Based on guidance received from the Secretary of Defense in January 1999, planning began last year to stand up Joint Task Force - Civil Support by 1 October 1999. From this starting point, JTF-CS has become the primary DoD operational command and control headquarters for domestic WMD consequence management. There are several advantages that JTF-CS brings to this DoD effort, including:

1. Designation of a full-time General Officer and standing headquarters to focus exclusively on the multitude of WMD consequence management issues
2. Providing a single DoD point of contact at the operational level for Federal, State and local authorities in the incident area
3. Providing a staff of highly trained experts to act as a focal point for operational information analysis and dissemination
4. Ensuring unity of command of the DoD assets operating within the confusion of a WMD incident area.

The mission of JTF - Civil Support is to deploy to the vicinity of a WMD incident site as requested by the Lead Federal Agency, establish command and control of designated DoD forces and provide military assistance to civil authorities to save lives, mitigate injuries, and provide temporary critical life support.

A key point to make here is our relationship to the Lead Federal Agency (LFA). Under no circumstance will U.S. Joint Forces Command or JTF - CS be in charge of the consequence management site. We will always act in support of an LFA, and will participate as a follow-on consequence management force behind first responders and state assets

that normally arrive at the incident site first. The Commander of JTF-CS and his permanent staff, through constant exposure to the issues inherent in operations in the United States, will be able to apply the strengths resident in a military organization. They will do this in complete compliance with the Constitution, the Posse Comitatus Act, and other applicable laws.

CONCLUSION

In the last 15 years there have been over twenty terrorist attacks involving Americans worldwide. Two of these attacks occurred within the United States. As terrorist groups become more emboldened and sophisticated we can only expect these numbers to increase - especially attacks within the continental United States. In response to the terrible consequences of a WMD threat within our borders, Secretary Cohen directed U.S. Joint Forces Command to establish Joint Task Force - Civil Support. JTF-CS provides us with faster, more efficient, and more organized support to civilian authorities. JTF-CS is the fulcrum to leverage DoD's contribution to local, state and federal agencies in their efforts to mitigate the effects of a Weapon of Mass Destruction incident.

Thank you again for the opportunity to testify, and I am happy to answer any questions you may have.

Mr. SHAYS. Mr. Moore.

STATEMENT OF GARY MOORE, DIRECTOR, DIVISION OF EMERGENCY READINESS AND OPERATIONS

Mr. MOORE. Mr. Chairman and members of the committee, thank you for inviting me here today to discuss the activities of the Department of Health and Human Services in responding to terrorist acts and other disasters. I'm Gary Moore. I'm the Director of the Operations and Readiness in the Office of Emergency Preparedness. I'm also the Acting Deputy Director at this time.

I have submitted testimony. And with your permission, I would like to have it entered into the record. Today I would just like to summarize some of those remarks.

Local responders, fire and rescue, police, paramedics and emergency room medical staff, will always be the first to respond to a disaster or terrorist act in their cities. This is why local capability and capacity building is absolutely critical to reducing preventable injuries and deaths caused by terrorist attacks.

DHHS is the primary agency that provides the health and medical response under FEMA's Federal response plan. We also manage the national disaster medical system. NDMS is a partnership between DHHS, DOD, FEMA, the Department of Veterans Affairs and 7,000 private citizens across the country who volunteer their time and expertise as members of the response teams in order to provide medical and support care to disaster victims in more than 2,000 participating non-Federal hospitals.

Our primary response capability is organizing teams such as Disaster Medical Assistance Teams, specialty medical teams such as burn, pediatric and disaster/mortuary teams. Our 27 Level 1 DMAT's can be Federalized and ready to deploy within hours and can be self-sufficient on the scene for 72 hours. This means that they carry their own water, portable generators, pharmaceuticals and medical supplies, cots, tents, communications and other mission-essential equipment.

Our mortuary teams can assist local medical examiner's offices during disasters or in the aftermath of an airline or other transportation accident when called in by the National Transportation Safety Board.

Since October 1999, OEP has deployed to the Virgin Islands and Puerto Rico in the aftermath of Hurricane Lenny and along the entire East Coast of the United States following Hurricane Floyd.

Our mortuary teams and management support teams have deployed to Rhode Island and California to assist local the coroner's offices after airline crashes. We have supported local and Federal efforts during special events, such as the World Trade Organization meeting in Seattle and the State of the Union Address in Washington, DC.

When there is a natural disaster and the President declares an emergency, FEMA will task DHHS to provide critical health care, medical support, social services or any public health or medical service that may be needed in the affected area.

OEP, as the Secretary's action agent, will mobilize NDMS, the Public Health Service Commissional Corps Readiness Force and

other Federal agencies such as CDC, the Indian Health Service, DOD and VA to assist in providing critical health care services.

During a terrorist event or even when a credible threat has been made, the FBI is the lead Federal agency in charge of crisis management. DHHS provides technical assistance to the FBI during all phases of the threat assessment and will frequently station a liaison at FBI's Strategic Operations Center.

If a terrorist event does occur, FEMA becomes the lead Federal agency in charge of consequence management, and in a natural disaster FEMA would request DHHS to provide necessary health, medical and health-related services to the victims.

OEP's national medical response teams can provide medical treatment after a chemical or biological terrorist event. They are fully deployable to sites anywhere in the country with a cache of specialized pharmaceuticals to treat up to 5,000 patients. The teams have specialized personal protective equipment, detection devices and patient decontamination capability.

We are working on a number of fronts to assist local area hospitals and medical practitioners to effectively deal with the effects of a terrorist act. In FY–95, DHHS began developing the first prototype metropolitan medical response system. These systems, which are components of local city systems, would be called in to provide triage, medical treatment and patient decontamination.

The city systems that we have been developing would then be able to transport clean patients to hospitals or other medical facilities for continued care.

Hospitals are developing procedures to ensure that patients coming in would be decontaminated before entering the facility. To date, OEP has contracted with 47 of the Nation's largest metropolitan areas for MMRS development and will initiate an additional 25 contracts this year.

We are also in the process of renovating the former Noble Army Hospital at Fort McClellan, AL to be used to train doctors, nurses, paramedics and emergency medical technicians to recognize and treat patients with chemical exposures. In this way, we can train hospital staff and other medical responders from around the country to treat victims of terrorism. And this, Mr. Chairman, kind of falls in line as a way of helping the first responders in some of the things we've heard today.

The Department of Health and Human Services is committed to assuring that our citizens have access to medical care during disasters. We are prepared to quickly mobilize the professionals required to respond to a disaster anywhere in the United States and its territories and assist local medical response systems in dealing with extraordinary situations, including meeting the unique challenge of responding to the health and medical effects of terrorism.

Mr. Chairman, that concludes my remarks. I'd be pleased to answer any questions.

Mr. SHAYS. Thank you, Mr. Moore.

[The prepared statement of Mr. Moore follows:]

STATEMENT OF

GARY E. MOORE

DIRECTOR, DIVISION OF EMERGENCY READINESS AND OPERATIONS
AND
ACTING DEPUTY DIRECTOR

OFFICE OF EMERGENCY PREPAREDNESS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE A FIELD HEARING OF THE

SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS

AND INTERNATIONAL RELATIONS

OF THE

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

U.S. HOUSE OF REPRESENTATIVES

March 27, 2000

Mr. Chairman and Members of the Committee,

Thank you for inviting me here today to discuss activities of the Department of Health and Human Services (DHHS) in responding to terrorist acts and other disasters. I am Gary Moore, Director of the Division of Operations and Readiness in the Office of Emergency Preparedness (OEP). At this time, I am also OEP's acting deputy director.

The first link in the response chain to any terrorist incident in the United States will be local in nature and will be supplemented by state and federal assistance. This is why local capability and capacity building is absolutely crucial to reducing preventable injuries and deaths caused by terrorist attacks. The critical issues, including the level of preparedness, rapidity of response, and the integration of all levels of government will determine either the success or failure of our nation's ability to respond to a major terrorist attack.

OEP coordinates the health and medical emergency preparedness activities with DHHS, and is the lead DHHS organization to coordinate disaster and emergency activities with other federal agencies, including the Federal Emergency Response Agency (FEMA) and the Departments of Justice (DOJ) and Defense (DOD). DHHS is the primary agency that provides the health and medical response under FEMA's Federal Response Plan (FRP). We also manage the National Disaster Medical System (NDMS). NDMS is a partnership between DHHS, DOD, FEMA, the Department of Veterans Affairs (VA), 7,000 private citizens across the country who volunteer their time and expertise as members of response teams to provide medical and support care to disaster victims, and more than 2,000 participating non-federal hospitals.

Disaster Response Teams

Our primary response capability is organized in teams such as Disaster Medical Assistance Teams (DMATs), specialty medical teams (such as burn and pediatric), and Disaster Mortuary Teams (DMORTs). Our 27 level-1 DMATs can be federalized and ready to deploy within hours and can be self sufficient on-the-scene for 72 hours. This means that they carry their own water, portable generators, pharmaceuticals and medical supplies, cots, tents, communications and other mission essential equipment. These teams have been sent to many areas in the aftermath of disasters in support of FEMA-coordinated relief activities. In addition, staff from OEP and our regional emergency coordinators also go to the disaster sites to manage the team activities and ensure that they can operate effectively.

Our mortuary teams can assist local medical examiner offices during disasters, or in the aftermath of airline and other transportation accidents, when called in by the National Transportation Safety Board (NTSB).

Since the beginning of FY 2000 in October, 1999, OEP has deployed to the Virgin Islands and Puerto Rico in the aftermath of Hurricane Lenny and along the entire east coast of the U.S. following Hurricane Floyd. Our mortuary teams and management support teams have deployed to Rhode Island and California to assist local coroner offices after airline crashes. And we have supported local and federal efforts during special events such as the World Trade Organization meeting in Seattle. and the State of the Union Address in Washington, D.C.

Conditions for Deployment

OEP and NDMS deploy to disaster sites only when invited. At this time, I would like to briefly discuss the conditions under which we deploy.

When there is a natural disaster – such as a hurricane, earthquake, or flood – the governor of the affected state will request that the President declare a disaster. Once that occurs, FEMA, as the Nation's consequence management and response coordinator, will task DHHS to provide critical services such as: health and medical; social, including services for children, youth and the elderly; veterinary services; mortuary activities; or any public health or medical service that may be needed in the affected area. OEP, as the Secretary's action agent, will mobilize NDMS, the Public Health Service's Commissioned Corps Readiness Force, and other federal agencies, such as DOD and VA, to assist in providing the needed services to assure the continued health and well being of the disaster victims.

The National Transportation Safety Board is charged with retrieving, investigating and providing identification and family assistance services after a major transportation accident. NTSB will request that DHHS provide additional mortuary and forensic expertise to assist local coroner offices when they are overwhelmed by the number of victims that need to be identified after an airline or train crash. NDMS mortuary teams include pathologists, forensic anthropologists, forensic dentists, and other specialists to assist in victim identification.

During a terrorist event, or even when a credible threat has been made, DOJ, through the FBI, is the lead federal agency in charge of crisis management. DHHS provides technical assistance to the FBI during all phases of threat assessment, and will frequently station a liaison at the FBI's strategic operations center. If a terrorist event does occur, FEMA becomes the lead federal agency in charge of consequence management. As in a natural disaster, FEMA would request DHHS to provide necessary health, medical and health related social services to the victims.

OEP's National Medical Response Teams (NMRTs) can provide medical treatment after a chemical or biological terrorist event. They are fully deployable to incident sites anywhere in the country with a cache of specialized pharmaceuticals to treat up to 5,000 patients. The teams have specialized personal protective equipment, detection devices and patient decontamination capability.

DHHS is committed to developing a strong local, state and federal capacity to respond to the health consequences of a terrorist attack. The effects of natural disasters, explosions and chemical attacks are usually immediately apparent. However, in a biological event, it is unlikely that a single localized place or cluster of people will be identified for traditional first responder activity. The initial responders to a biological attack will most likely include county and city health officers, hospital staff, members of the outpatient medical community and a wide range of response personnel in the public health system. DHHS, primarily through the Centers for Disease Control and Prevention, is supporting state and local governments in strengthening their

surveillance, epidemiological investigation and laboratory identification capabilities, as well as continuing development of a national stockpile of critical pharmaceuticals and vaccines to supplement local and state resources, if needed. The National Institutes of Health has increased its research related to protecting against bioterrorism. And OEP is continuing development of local emergency health system capabilities to respond to the health consequences of a Weapon of Mass Destruction attack.

Other Activities

OEP is working on a number of fronts to assist local areas hospitals, and medical practitioners to effectively deal with the effects of terrorist acts. Some time ago, DHHS realized that the Nation was not prepared to deal with the health effects of terrorism, and that should a chemical, nuclear or bombing terrorist event occur, our cities and local metropolitan areas would bear the brunt of coping with its effects. In addition, we realized that the local medical communities would be faced with severe problems, including overload of hospital emergency rooms, medical personnel injured while responding, and potential contamination of emergency rooms or entire hospitals. Consequently, in FY 1995, DHHS began developing the first prototype Metropolitan Medical Response System (MMRS). These systems, which are components of local, city systems, would be called in to provide triage, medical treatment and patient decontamination. The city systems that we have been developing would then be able to transport "clean patients" to hospitals or other medical facilities for continued care. The hospitals are developing procedures to ensure that patients coming in would be decontaminated before entering the facility. To date, OEP has contracted with 47 of the Nation's largest

metropolitan areas for MMRS development, and will initiate an additional 25 contracts during this fiscal year.

In FY 1999, Congress appropriated $3 million for OEP to renovate and modernize the Noble Army Hospital at Ft. McClellan, AL, in order for the hospital to be used to train doctors, nurses, paramedics and emergency medical technicians to recognize and treat patients with chemical exposures. An additional $1 million has been provided this fiscal year for curriculum development and to begin to train some health practitioners. In this way, we can train hospital staff and other medical responders from around the country to treat victims of terrorism.

We are also working with accreditation organizations, medical school curricula developers, and others to establish baseline knowledge and practices.

Conclusion

The Department of Health and Human Services is committed to assuring the health and medical care of our citizens. We are prepared to quickly mobilize the professionals required to respond to a disaster anywhere in the U.S. and its territories and to assist local medical response systems in dealing with extraordinary situations, including meeting the unique challenge of responding to the health and medical effects of terrorism

Mr. Chairman, that concludes my prepared remarks. I would be pleased to answer any questions you may have.

Mr. SHAYS. Mr. Stroech.

STATEMENT OF KENNETH STROECH, DEPUTY EMERGENCY COORDINATOR, CHEMICAL EMERGENCY PREPAREDNESS & PREVENTION OFFICE, U.S. ENVIRONMENTAL PROTECTION AGENCY

Mr. STROECH. Good afternoon, Mr. Chairman, Mr. Tierney. I'm Ken Stroech, Deputy Emergency Coordinator for EPA in Washington. My office supports the Federal Anti-Terrorism Program of helping State and local responders prepare and plan for emergencies involving oil and hazardous materials, pollutants or contaminants. These include chemical, biological and radiological materials that could be components of weapons of mass destruction.

My office is also responsible for Section 112(r) of the Risk Management Program of the Clean Air Act and Federal implementation of several sections of the Emergency Planning and Community Right to Know.

Within our office we implement the Domestic Emergency Response Program. Along with the U.S. Coast Guard, EPA implements the national response system, the safety net created to back up local and State first responders during hazardous materials and oil emergencies. These same individuals are being trained under the Federal Domestic Preparedness Program.

This program dovetails right in with the Federal response plan that was mentioned earlier for these kind of events.

EPA has a long-standing mandated responsibility to prepare for and respond to emergencies, including oil, hazardous substances, pollutants or contaminants. The President through the Presidential Decision Directives also gave EPA responsibility for some additional anti-terrorism activities. EPA assists the FBI in determining what sort of hazardous substances may be or have been released in a terrorist incident. And following an incident, EPA can assist with environmental monitoring, sampling, decontamination efforts and long-term site cleanup.

EPA is currently focuses its efforts internally in five key areas; health and safety training for its responders, program coordination with other Federal, State and local partners, preparedness and predeployment of EPA assets for special events, State, local and Federal training and exercises and procurement and maintenance of analytical equipment for WMD consequences management.

Since 1986, Emergency Planning and Community Right to Know Act has required every community to develop an emergency plan that prepares for accidental releases of extremely hazardous substances and, should one occur, makes provisions for rapid responses to protect the community.

These existing plans which are developed by Local Emergency Planning Committees, or LEPC's, should be updated to incorporate planning response to deliberate chemical releases by a terrorist of terrorist group.

EPA helps provide leadership and assistance to communities to ensure that they get the expertise they need to respond to deliberate chemical releases. EPA helped to develop the First Responder Training Program required under Nunn, Luger, Domenici legisla-

tion which will be providing training to the 120 largest cities in the United States.

Local Emergency Planning Committees, such as the one in Bridgeport, are critical to the success of Community Right to Know and play a vital role in helping the public, emergency responders and others understand chemical information and what to do if a WMD incident were to occur.

During the last decade, the LEPC's have continued to expand their role and take on new responsibility. EPA knows that many LEPC's already are incorporating planning and response to deliberate chemical releases into their emergency plans. And they're expanding the scope to consider those kind of things.

Because of the public's knowledge about the local role in preparing for and responding to emergencies involving chemicals and biological agents, they could be a component of a weapon of mass destruction. We believe that members of the public seeking information about these hazards in their communities would seek that information and advice from their LEPC's.

The national response system is the cornerstone of the national effort to prepare for and respond to hazardous materials incidents. EPA shares a leadership role with the U.S. Coast Guard, with the agency having leadership for the inland zones and the Coast Guard in the coastal zones.

The system is accessed 24 hours a day through the National Response Center and is the primary Federal contact point for companies to report all accidental oil and chemical, biological and etiological discharges that could result from an accidental or intentional release.

The Center contacts various Federal agencies, including EPA's Regional Emergency Spill Lines that are on duty to activate Federal on-scene coordinators. Federal OSC's evaluate the need for Federal response and coordinate Federal efforts with the local response community.

OSC's would be key members of a unified command at the WMD incident, also. They can call upon a variety of specialized equipment and highly trained personnel, including the environmental response team, the radiological emergency response team, the U.S. Coast Guard strike teams, the National Enforcement Investigation Center and other assets.

What can we do to improve Federal support? As terrorism threats continue to rise in our Nation, EPA recognizes the need to expand and strengthen our national response system to assist our State and local partners. We should build on this 30-year-old system that has local, State and Federal components.

We believe that strengthening our current relationship with State and local responders on WMD planning, outreach and preparedness issues will translate into a faster, more efficient response to terrorist threats and incidents. Enhanced training and response capabilities at the State and local level are key to improving anti-terrorism response.

By increasing the number of exercises such as the one that took place Friday, we can expect to see fewer injuries and deaths among first responders. Such activities need strong Federal support and resources.

Because of existing laws and regulations for response and its relations with State and local responders, EPA will undoubtedly be called upon to respond to WMD incidents, also. However, it is crucial to remember that we may not know in advance that what appears to be an accidental hazardous material incident may, in fact, be an intentional WMD incident.

And if EPA's responders are not adequately prepared to respond to the growing threat of terrorism, the lives and safety of its responders are also at risk.

To enhance WMD training, equipment and resources, EPA needs some additional resources. Over the past several years, EPA has allocated resources from within the agency to help meet the demands brought on by increased WMD preparedness, particularly to assure the safety of its responders.

In conclusion, EPA continues to work with our Federal, State and local partners on cross-cutting issues involving WMD to ensure the safety of communities.

Thank you, Mr. Chairman and the committee, for the opportunity to testify. I'd be glad to try to answer any questions.

Mr. SHAYS. Thank you.

[The prepared statement of Mr. Stroech follows:]

TESTIMONY OF KEN STROECH, DEPUTY EMERGENCY COORDINATOR, CHEMICAL EMERGENCY PREPAREDNESS AND PREVENTION OFFICE, OFFICE OF SOLID WASTE AND EMERGENCY RESPONSE U.S. ENVIRONMENTAL PROTECTION AGENCY BEFORE THE HOUSE SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS AND INTERNATIONAL RELATIONS

March 27, 2000

Mr. Chairman, and Members of the Subcommittee, I am Ken Stroech, Deputy Emergency Coordinator of the Chemical Emergency Preparedness and Prevention Office (CEPPO) in the Office of Solid Waste and Emergency Response (OSWER) at the U.S. Environmental Protection Agency (EPA). My office supports the Federal anti-terrorism program by helping State and local responders prepare and plan for emergencies involving oil and hazardous substances, pollutants or contaminants. These include chemical, biological and radiological materials that also could be components of a weapon of mass destruction (WMD) . My office also is responsible for Section 112(r) - the Risk Management Program - of the Clean Air Act (CAA) and federal implementation of several sections of the Emergency Planning and Community Right-to-Know Act (EPCRA).

Also within OSWER and in collaboration with our Regional offices, we implement the domestic emergency response program. Along with the U.S. Coast Guard, EPA implements the

National Response System (NRS), the safety net created to back up local and State first responders during hazardous materials and oil emergencies; the same individuals being trained under the Federal domestic preparedness program.

Today I will talk about EPA's role in the NRS and our inherent responsibilities and decision-making authorities that tie us to domestic preparedness and response. I will explain why EPA is involved in both response and preparedness and talk about our role should an act of terrorism occur in the United States.

Terrorist incidents have resulted in many deaths, numerous serious injuries and massive destruction of property. Familiar examples of such incidents, both at home and abroad, include:

- A bomb exploding in a garage of the World Trade Center in New York City in February 1993; six people were killed, 994 injured, and millions of dollars in damages were sustained.
- Highly toxic sarin gas intentionally released in the Tokyo, Japan, subway in March 1995; 11 people were killed and thousands were injured.
- A bomb exploding in front of a Federal building in Oklahoma City in April 1995; 168 people were killed, 600 were injured, and millions of dollars in property losses to the Federal government and local businesses were sustained.

In addition, there have been numerous threats and hoaxes involving the use of a WMD over the past several years, which had they been real, could have resulted in many deaths and enormous property damage.

The U.S. government has responded to terrorist activities, like the ones I just mentioned, by helping State and local governments prepare for and respond to terrorist threats that involve weapons of mass destruction. As you know, this planning effort is being conducted through a partnership that involves the Department of Defense, the Department of Justice through the Federal Bureau of Investigation, the Federal Emergency Management Agency, the Department of Energy, the Department of Health and Human Services through the Public Health Service, and EPA.

What Is EPA's Role?

Most people would not make the connection between a coordinated, national anti-terrorism program and the mission of EPA. But when you examine the subject a little more closely, the connection becomes quite clear. EPA has long-standing, mandated responsibilities to prepare for and respond to emergencies involving oil, hazardous substances, pollutants or contaminants (which include chemicals, biological and radiological materials), that

also could be components of a WMD. Given the increased attention on the threat of terrorism, EPA continues to work to build upon its existing hazardous substance and oil emergency response program to become better prepared to respond to a terrorist incident.

The President also has given EPA responsibility for some additional anti-terrorism activities. For example, EPA assists the FBI in determining what sort of hazardous substance may be, or has been, released in a terrorist incident. Following an incident, EPA can assist with environmental monitoring, sampling, decontamination efforts, and long-term site clean up activities.

EPA is focusing on five key emergency response areas: health and safety training for our on-scene coordinators; enhanced program coordination; EPA preparedness and asset pre-deployment for Federal Bureau of Investigation designated events; participation in State, local and federal training and exercises; and use and maintenance of analytical equipment for WMD consequences management.

For 30 years, EPA has been providing technical support, response coordination and management, and resources assistance to local and state first responders under the National Response System, which I will explain in greater detail. EPA's emergency response program must evolve in coordination with the state and local responders it backs up.

Since 1986, the Emergency Planning and Community Right-To-Know Act has required every community to develop an emergency plan that prepares for accidental releases of extremely hazardous substances, and should one occur, makes provisions for rapid responses to protect the community. These existing plans, which are developed by Local Emergency Planning Committees, should be updated to incorporate planning and response to deliberate chemical releases that are the hallmark of terrorist incidents.

Consistent with the purpose of EPCRA, EPA provides national leadership and assistance to communities so that they get the expertise they need to respond to a deliberate chemical release, should one occur.

For example, in addition to EPA's existing training programs for first responders, EPA is one of six Federal agencies participating in a training program for personnel who are likely to be first on the scene of a terrorist incident. These local first responders are trained to respond effectively and safely to potential terrorist attacks in which chemical or biological agents have been used against a civilian population.

EPA helped to develop the first responder training program, required under the Nunn-Lugar-Domenici legislation, which will be given to 120 of the largest cities in the U.S. by 2002 and assured that this program is consistent with Occupational Safety and Health Administration

(OSHA) requirements for hazardous materials response training. EPA also has specialized facilities and uniquely qualified personnel to help State and local partners prepare for and respond to emergencies, such as those that might result from a terrorist incident.

Since 1995, EPA has coordinated extensively with all of its Federal partners in WMD preparedness and response. There are numerous forums for these partnerships including: the Weapons of Mass Destruction Preparedness Group; the National Response Team; the Regional Response Teams; the Catastrophic Disaster Response Group; and the National Domestic Preparedness Office (NDPO). EPA is a strong supporter of the NDPO becoming a clearinghouse for coordination of WMD assistance to State and local governments.

What Is the Role of the LEPC?

As I mentioned before, Local Emergency Planning Committees, such as the one in Bridgeport, are critical to the success of community right-to-know and play a vital role in helping the public, emergency responders, and others understand chemical information, other environmental data, and what to do if a WMD incident occurs.

Recent incidents, such as the deliberate chemical release in Tokyo, Japan, have highlighted the need to ensure that the local emergency response plans consider this possibility, however slight it may be. During the last decade, LEPCs have continued to expand their role and

tackle new duties. EPA understands that many LEPCs already have incorporated planning and response to deliberate chemical releases by terrorists into their emergency plans and have enlarged their scope of operation to include weapons of mass destruction.

Facilities covered by the Clean Air Act's Section 112(r) Risk Management Program coordinate their on-site emergency response plans with the LEPCs. Because of public knowledge about the local role in preparing for and responding to emergencies involving chemicals and biological agents that could be a component of a weapon of mass destruction we believe that members of the public seeking information about these hazards in their community would be likely to seek such information and advice from their LEPC.

How Does the National Response System Support Local WMD Response?

The National Response System (NRS) is the cornerstone of the national effort to prepare for and respond to hazardous materials incidents. EPA shares a leadership role with the U.S. Coast Guard (USCG), with the Agency taking responsibility for inland zones, while the USCG covers the coastal zones in the United States.

The NRS coordinates Federal, State, local and Tribal emergency response efforts; fielding potential terrorist threats through its emergency telephone hotlines; providing technical and operational advice; and preventing ongoing threats to human health and the environment by

responding to incidents resulting in contamination by hazardous materials and weapons of mass destruction.

The National Response System can be accessed 24 hours daily by calling the National Response Center (NRC). The NRC is the primary Federal contact point for companies to report all accidental oil, chemical, biological and etiological discharges into the environment that might result from an accidental or intentional release or a terrorist incident in the United States and its territories. Once the NRC receives a WMD report, the Center contacts various Federal agencies including EPA's Regional emergency spill response line and the on-duty Federal On-Scene Coordinator (OSC).

Federal OSCs evaluate the need for Federal response and coordinate Federal efforts with the local response community. OSCs would be key members of the unified command at a WMD incident. They can call upon a variety of specialized equipment and highly trained personnel, including: the Environmental Response Team; the Radiological Emergency Response Team; the U.S. Coast Guard Strike Teams; and, the National Enforcement Investigation Center.

EPA's Environmental Response Team, located in Edison, N.J., can be activated to provide technical expertise for complex emergency responses involving or potentially involving weapons of mass destruction, especially industrial chemicals or other chemical weapons such as VX nerve agents and sarin gas. Likewise, ERT resources can and are often pre-deployed for

Special Events, such as the Olympics, which have a high degree of terrorism threats.

What Other Resources Are Available to State and Local Responders?

Many other EPA and NRS resources also are available to help States and locals respond to WMD emergencies including:

- EPA's National Enforcement Investigations Center - offers expertise in environmental forensic evidence collection and sampling; environmental forensic analysis; information management/computer forensics; and enforcement related technical analysis.
- USCG National Strike Force - offers specially trained personnel and equipment to respond to major oil spills and chemical releases.
- Superfund Technical Assessment and Response Team (START) contractors - provides immediate monitoring, sampling, analysis and technical support and performs minor containment activities.
- Emergency and Rapid Response Services (ERRS) contractors - can mobilize to provide containment, countermeasure, cleanup and disposal services.

EPA Regional research laboratories also provide field monitoring and analytical and technical support and EPA has contracts with private laboratories to provide a wide range of state-of-the-art chemical and analytical services, if needed.

What Are EPA's Radiological Response Capabilities?

EPA's role in response to a nuclear/radiological terrorism incident will vary depending on the situation. The three main areas of EPA radiological response are:

- Monitoring and assessment;
- Protective action guidance; and
- Assistance in coordinating Federal response during a cleanup.

EPA has developed Protective Action Guides to help State and local officials protect potentially affected populations.

How Can We Improve Federal Support?

As terrorism threats continue to rise in our nation, EPA recognizes the need to expand and strengthen our National Response System to more ably assist our State and local partners. We should build on this existing system that has local, State and Federal components and has existed for 30 years. We believe that strengthening our current relationship with State and local responders on WMD planning, outreach, and preparedness issues will translate into a faster, more efficient response to terrorist threats and incidents, should they occur.

Enhanced training and response capabilities at the State and local level are key to improving anti-terrorism response. By increasing the number of exercises, such as the one that took place Friday, and honing their skills, we can expect to see fewer injuries and deaths among first responders. Such activities need strong Federal support and resources.

EPA, because of existing laws and regulations for response and its relations with State and local responders, will undoubtably be called upon to respond to WMD incidents. However, it is crucial to remember that we may not know in advance that what appears to be an accidental hazardous materials incident may in fact be an intentional WMD incident. And, if EPA responders are not adequately prepared to respond to the growing threat of terrorism the lives and safety of these responders is at risk. To enhance its WMD training, equipment and resources, EPA needs some additional resources.

Over the past several years, EPA has allocated resources from within the Agency to help meet the demands brought on by increased WMD preparedness, particularly to assure the safety of EPA's responders.

In FY99, EPA's budget for this activity was $2 million. The Agency recognized the demands and needs of our Federal, State, and local partners and shifted our work priorities,

allocating 19 staff positions for anti-terrorism activities at the Regional level. In FY00, our budget remains at $2 million. In FY01, we have been allocated 12 staff positions and $3.2 million.

Conclusion

EPA continues to work with our Federal, State and local partners on cross-cutting issues involving WMD to ensure the safety of communities. Thank you, Mr. Chairman and committee members for this opportunity to testify on these issues. I will now answer any questions you may have.

Mr. SHAYS. I first would like to thank all of our panelists and this panel as well for really trying to stay within the 5-minute framework because I know there's a lot more that could be said.

I'd like to ask the first question this round and just ask—I feel like what I'm hearing is the way the book says we should operate and how we should do it. I would love some real candid comments about where the biggest challenges are. I mean we know how we want it work. But when you've seen this—and, for instance, Mr. Baughman, in your statement you talked about these exercises when properly planned. So I gather that sometimes they're not always properly planned. It was at page 4 of your statement.

Mr. BAUGHMAN. Right.

Mr. SHAYS. So let me just ask you to share with me where you think the biggest challenge is.

Mr. BAUGHMAN. I think there are a number of challenges. First off, I think one is with the agencies that you see up here, minus the FBI, we work time after time after time together. We have planning forums both at our regional offices and our headquarters offices to better integrate our operations.

Introducing the Bureau has been new to the process. And I think that there is some confusion as to the role of the Bureau and I heard some of the comments this morning, that the Joint Operations Center is a command post. It is not. It's a Joint Operations Center so that the normal mechanisms that we normally use to interface with State and local government continue to operate the way they have. However, that Joint Operations Center is there to make sure that we're not stepping on another's toes or not duplicating efforts. It's not a command relationship.

When we provide assets to a local jurisdiction, we operate under their local incident commander. We are a resource provider, just like the State of Connecticut said that we were.

However, what we've found at major operations, like Oklahoma City, is in many cases the local jurisdiction is not adequately trained to operate in an interagency environment. They have a great fire chief down there, great police chief. They're not used to working with multiple State agencies and multiple Federal agencies on a major incident. So I think that there is some additional training in multi-agency incident management that is required. And the incident command system allows for this. I just think that we need to focus more of our training efforts on that particular area.

Mr. SHAYS. All right. Thank you.

Mr. Burnham.

Mr. BURNHAM. Yes. I agree with——

Mr. SHAYS. Just keeping talking. It will come on.

Mr. BURNHAM. I agree with that. I hate to be redundant here, but one of the things I did here on Friday, too, was—and I think you were there, Congressman Shays, when one of the speakers toward the end said he wasn't sure in the first few hours what the role of the FBI was. And, again, it goes to what Mr. Baughman was just talking about.

It's the integration of the ICS system into the fact that it's not necessarily in the few hours it's not going to be just FBI. The incident commander is going to be the police chief, the fire, police, the

haz/mat. And recognizing that we're not in charge at that point. We're not in charge. All we do is we're going to roll in. We're going to have a liaison in that command post, recognizing that there's no implication of Federal jurisdiction yet.

And I think the more we exercise these, the more we go around the country doing these—I was an Assistant Special Agent charged in the Memphis office and we did it in both Nashville and Memphis. And I think the benefit—and we saw it on Friday. The benefit of doing that is when we did have an incident, I knew who the chief of police was. I knew who the fire department was. I knew who the haz/mat people were. That's probably one of the best things that we've done in the last years has been doing that.

But I think getting everyone to recognize that ICS and the Federal system can work together—and it is going to work together. It isn't a concept of operations plans now. And I can get you a copy of the concept of operations plans. But when we did those, as Bruce—as Mr. Baughman knows, we went around the country and took a lot of input from -.

Mr. SHAYS. You were just showing off when you called him Bruce just to give me a feeling that you guys really work closely together——

Mr. BAUGHMAN. We do.

Mr. SHAYS [continuing]. And you're bonded and all that. OK. I'm very impressed.

Mr. BURNHAM. Can you believe FEMA and the FBI?

Mr. SHAYS. OK. Thank you.

Mr. BURNHAM. Thank you.

Mr. SHAYS. General, I'm seeking now those areas where, you know, we want it to work well but we don't see it work as well.

General LAWLOR. I think—I think the biggest issue that I see is the whole question of interagency cooperation and how we do that. And we're working in a very complex system. When we look at the Federal way of doing business, you share power vertically between the Federal Government and the State and the local governments and also horizontally, at least at the Federal level. We are sharing power across multiple agencies in responding to this particular kind of incident. And so what—I'm sorry.

Mr. SHAYS. No. No. Continue. I'm sorry.

General LAWLOR. What we—what we encounter is that there is—just the process of bringing all of that together into a synchronized and unified response is difficult. And it's the kind of thing that requires exercises. It requires a lot of coordination. And, frankly, the communication piece that has grown over the course of the past year I think has been very important.

And I think I can say without fear of contradiction that all of us sort of have been on panels before. The same faces tend to surface time and again in these things. And I think that's good. I think that's very good.

Mr. SHAYS. Just—is it easier—I'm not looking for a long answer here. But is it easier for there to be greater cooperation within the Federal Government as opposed to going down the levels? In other words, is there more practice in the Federal level, in your judgment?

General LAWLOR. I think it's an education issue, sir. I think that within the Federal interagency system we understand a little better that we do have to work all of these various levers in order to make it work. Whereas, at the State and local systems, there might not quite be that familiarity with how we do it at the Federal level. So I think it's really an issue of education.

Mr. SHAYS. Thank you. Thank you, General.

Mr. Moore, from HHS' perspective, where are the biggest challenges? Where does the system not work the way the textbook says it should?

Mr. MOORE. Mr. Chairman, I think that where we've run into the biggest problems in deploying our teams is the fact that there's still a myth there that when the Federal Government comes in to an incident, that possibly we are going to take over, we're going to be in charge, we're going to run things. And through training that we've gone through with FEMA and others to try to correct this, we've been able to—not everyone in this country, but a lot of places—been able to convince them that they've got to be prepared to receive us because we work for them. They're the boss. They're the ones that are going to be giving us instructions.

Mr. SHAYS. So you guys have done sensitivity training on how to approach local and State governments?

Mr. MOORE. You bet we have. Well, I was a State employee for a number of years before I came here. And I can tell you some stories about the Federal Government coming in that we used to—I used to see on the other side.

Mr. SHAYS. Oh, that's great.

Mr. MOORE. We've been very pro-active in trying to convince the folks that we're here to work for them and not to tell them what to do. And one of the problems we've had when we go in and them not accepting this right off the bat is that they don't have an echelon of response for the resources that we bring in and we all get together and work it out. But it's getting better.

Mr. SHAYS. Thank you very much.

And from DEP's perspec—EPA's perspective?

Mr. STROECH. Mr. Chairman, I'd say it's a continuing education process to, as you heard described, a complex system of agencies and plans and whatever. I'm reminded of when the earthquake planning process really picked up considerably in this country in the late 80's. And the Federal response plan then was called the Federal Earthquake Plan. How taking this 12 or 13 different agencies and trying to put them into one umbrella to work together at first it was a little tough going. But over a period of years now working together and under that Federal system, that umbrella now works.

I think the new challenges that have been brought on with law enforcement agencies working closely with the agencies working in consequence management, we're working through those kinds of educational processes of what each other do and do best and how to bring all these assets together, understanding that the locals are in charge. The Federal Government is here to support that system.

I think somewhat resources are also a challenge in some areas. There simply probably isn't enough money in the U.S. Treasury to put all the equipment and all the training and all the exercises in

all the potential places in this country that a terrorist event could happen. So we have to try make the most we can. We have to try to dual-use our resources and continue to work at it. It's a very positive attitude, I think, amongst all the players.

Mr. SHAYS. I'll just make an observation and then I'll turn it to Mr. Tierney. It used to be that business, the large consumed the small in the private sector. That was the fear. And now it's the small—it's the fast beats the slow. And so you can have—and so I'm just wondering if there's analogies here with who gets there first, who is really there and so on.

I'm also—I haven't thought about this before. But I wonder if there's more empathy and more understanding between a Federal/State law enforcement going vertically, whether they—since they're all in the law enforcement field, whether they have this greater sense of "Well, I know your challenge and you know mine" versus—and the same with Health. I mean I—one of the things I'm really struck with in the health area is that in this mix probably—I have some sympathy with the view that probably the local health departments are not viewed the same way in terms of their important role. And I wonder if it's the same on the State level and even on the Federal level. And I just wonder if there doesn't need to be a little more emphasis on this area.

So, Mr. Tierney, you have the floor.

Mr. TIERNEY. Thank you.

Mr. Moore, you were telling us about the national medical response teams. And I think you may have mentioned how many of these teams exist. But I don't recall hearing it.

Mr. MOORE. Yes, sir. We have 4NMRTS, 27 Level 1 DMAT teams. We have eight Level 2 teams, which our Level 2 teams are used to support and augment our Level 1 teams.

Mr. TIERNEY. OK. And how long would it take to mobilize the team?

Mr. MOORE. It usually takes about 4 hours to get them to a location, to be transported. That's the time we can call them up and get them out.

Mr. TIERNEY. And that's regardless of traffic congestion or anything else that——

Mr. MOORE. That's been an average that we've had, about 4 hours.

Mr. TIERNEY. OK. Mr. Burnham, you also mentioned ongoing efforts at the FBI to develop assessments of the threats in the area that we might face. What methodology do you use for those assessments?

Mr. BURNHAM. One of the things we've—we just—in fact, tomorrow is the first day for a regional meeting. I mentioned in my statement that we did take part and put together a threat and risk assessment in conjunction with the Office of Emergency Management. I'm going to say Florida, California and two other States which I can't recall now.

But the methodologies that we use—in that particular one, the threat assessment that was done, it was recognizing this would also be used by a lot of non-law enforcement. So we basically used a lot—what are identified by numbers. First of all, the potential facilities, potential groups, the likelihood that these particular groups

would take action, recognizing that a lot of the particular localities are going to—and, again, the whole idea behind it was equipment-driven because our threat and risk assessment was mandated by Congress. It was rolled into Office of Justice program's national threat assessment tool kit.

So recognizing that there may be a tendency by some jurisdictions to puff up a little exactly what the threat element was, there was sort of a checks and balances. When it will come back to the State level with our WMD coordinators, we would look at what they have. But that was just a first step.

We are looking at—General Accounting Office last fall did mention the fact that there should be—it's done internationally. But there should be a domestic threat and risk assessment for chemical and biological weapons. And recommended that the FBI do it.

We haven't been tasked with it yet. But we fully anticipate it. And at that time, we'll develop better methodologies.

Mr. TIERNEY. Thank you.

I really have no other questions. I just want to make the comment of thanking all the members of this panel and the previous panels.

And, Mr. Chairman, I want to thank you. Again, this is an enlightening hearing. We oftentimes hear testimony that's scattered nationwide. I think it had a particularly good focus today to bring it in to one locale and to see how it actually worked. And Friday's exercise juxtaposed with the questions that we had today and the incident we had today were extremely helpful. So I thank you, Mr. Chairman, and I thank all of the people that testified today.

Mr. SHAYS. I thank all of you.

Is there any comment that you would want to make before we—I'm just going to ask the group to come together for about 5 to 10 minutes just to talk about the RAID team because I want to kind of close the loop there.

But is there any other closing comment you'd want to make?

OK. Thank you very much.

Mr. SHAYS. General, if you didn't mind staying just for the RAID team dialog?

General LAWLOR. Yes, sir.

Mr. SHAYS. It may be that we don't need your input, but it would be nice if you could just stay.

I would thank you all. And what we'll do is I'll just call—anyone else who was going to come—General, anyone you want to come with you, I'll swear them in and—good. We'll quickly do it.

We'll identify to the recorder who you are, too, just so—if you have a card or so on?

I think we can close the loop pretty quickly.

Mr. Lawlor has been sworn and General Cugno has been sworn. Excuse me. General Lawlor and General Cugno have been sworn in.

But if you could stand up? And we'll identify you afterwards. OK?

[Witnesses sworn.]

Mr. SHAYS. Thank you.

OK. Would you—the three who have joined this panel, if you'd just identify yourselves just so we have it on the record?

Mr. GIBB. Yes. My name is Paul Gibb. I'm a lead planning analyst with the State Office of Emergency Management.

Mr. SHAYS. Thank you.

Mr. WILTSE. John Wiltse, director of the Connecticut Office of Emergency Management.

Lieutenant Colonel DALEY. Lieutenant Colonel Jay Daley. I'm the commander of the First Civil Support Detachment out of Natick, MA.

Mr. SHAYS. OK. I'm going to just make this comment and then just see if you agree. I think the comment that, General Cugno, that basically I think I'm hearing you saying is that whatever the RAID team does, if they could do it in an hour instead of 4 hours, there's going to be a big advantage. And——

General CUGNO. That's correct.

Mr. SHAYS. And so then I'd just like to know kind of what that advantage is. And I realize I'm not having anyone here have to advocate that RAID team locally. I just want to understand a little more clearly what triggers a RAID team and, you know, think of it in those timeframes. OK?

General CUGNO. Yes, sir. I think to address your question, I thought there's a couple of ways that we can do it.

Mr. SHAYS. Sure.

General CUGNO. One of them is Colonel Daley, as the Commander, can talk and clearly define the difference in training and qualifications, et cetera. And——

Mr. SHAYS. That would be good to do that.

General CUGNO. So we can do that. That's one.

Second, like any organization that has a State of readiness that's waiting to respond, they also have another mission. And you've heard a lot about that. And that's to the first responders and it's providing training. Many of their individuals on his staff are missioned to provide training to first responders. So it's not like it's idle time.

Third, one thing that I want to clear up, earlier we heard other labs within the State, this duplication—I use the Environmental Protection. They do not have the same capability as this lab. And I think that the Colonel also could address that.

And then the response time, I think it would be wise for him to also—between the Office of Emergency Management, if you have questions and how it relates to them, specifically to the exercise, they can address that, either Paul or——

Mr. SHAYS. I'll tell you the framework we're working. We have 12 minutes and I'm going to hit the gavel and we're going to adjourn. So let's go for it.

General CUGNO. I'd like to turn it over to the good Colonel.

Mr. SHAYS. Thank you very much.

Lieutenant Colonel DALEY. So I guess response first, possible protocol for response?

Mr. SHAYS. Yes.

Lieutenant Colonel DALEY. Incident occurs, as it did Friday in Bridgeport. And based on our relationships with first responder in the area or with the State or with the Adjutant General of Connecticut, we could be alerted immediately if there was any hint of a possible WMD scenario.

If we were in the unit at that time, which we would have been, 10:30 a.m., it would take us all of the drive time to get down here to Bridgeport.

Now, you can factor that against having a team in-state. If you had a team that was that much closer versus Natick, MA, wherever that team would be located, much quicker. So that may clear up the response piece.

On the technical expertise or the capabilities of the unit, not only do we have the ability to do onsite analysis and verification of what you're dealing with, but we also have the communications equipment that you see to your left which provides a capability to the Incident Commander en route from a distance or actually at the site. And it has a reach-back capability to a consortium of expertise in the Federal Government and in other States where information would be acquired to verify or to do further analysis on what you might be dealing with.

Mr. SHAYS. And local police and local fire could use that——

Lieutenant Colonel DALEY. Yes, sir. Through our chain of command.

Mr. SHAYS. Right.

Lieutenant Colonel DALEY. That also has a secure network capability. So you can talk in a secret and/or top secret mode if you had to, which does not exist in any incident command system with the Federal Government. So you would be able to acquire information that would not be available, again, en route from a distance away or right at the incident site.

There is other expertise in the unit. We have a medical team which can work with the medial system to provide advice on patient care and appropriate response beyond just the initial portion of the mission. And then also the mobile analytical lab which has the capability to do chemical analysis, bio analysis and radiological analysis. So confirmatory analysis onsite. So you can bring the lab to the site versus what tends to be the standard now, take a sample to a location a distance away from the incident and do that confirmatory analysis.

And we have the technical expertise on the team to do that, drawn from the Guard. I mean there's a wide range of capabilities, personnel capabilities, in the Guard. An analogy I used for General Cugno in the other room, Sergeant Kittridge who sits in the back of the room, she's our recon NCO in charge of our haz/mat team, Senior NCO. She's also a registered nurse.

We have a nuclear medical science officer who is on the team. He's a chemical officer. He's a microbiologist. So we have that type of expertise on the team that can provide advice and assistance beyond just the haz/mat entry. That's only one piece of our mission.

And as General Cugno alluded to, if we're working with the first responders on a day-to-day basis, training with them, that's beneficial to them. Because I've heard throughout the discussion today the need for more training, the need for more up-close expertise working with the communities. That's another role as kind of apostolates of the WMD concept that we can bring to this picture, not just in the event that a response happens.

I mean I imagine I'll command the unit for 3 or 4 years. I hope an event never happens during my command. But I would like to

be able to prepare the communities, harden the target, so that maybe we lessen the possibility of that event.

Mr. SHAYS. OK. Thank you.

General.

General CUGNO. Yes, sir. I'd like to ask General Lawlor for some comments on it. General Lawlor was responsible in the DOMS office when they stood these up and has a background in institution——

Mr. SHAYS. OK. That's why we wanted him on the panel. Thank you.

General LAWLOR. Mr. Chairman, two things. As you have heard today from the first responders, there were two primary concerns. One is communications and the other is the ability to identify the agent involved.

When we stood up the CST's, that was our intent was to provide those two capabilities at least down to the State level, recognizing that perhaps it was prohibitive in terms of cost to provide it to everyone.

These teams are designed to provide those two capabilities, communications and identification, detection of the agent. And I think it is probably a disservice to them to emphasize the time at which they respond to the site because as we look at these incidents as they develop, those two capabilities, we believe, are going to be required for some period of time at the site, not just the first hour, not just the first 4 hours. Those capabilities are going to be required for days.

And let me give you an example, sir. During the course of an event as one of these things begins to develop, there will be extensive requirements for communications back to the experts that Colonel Daley has discussed with you. There will be extensive requirements for interoperability to enable the various jurisdictions to talk to each other.

The van over there provides that communications capability. And that capability will be on-site 12 hours, 24 hours, 36 hours into the incident.

The second thing that we think is very important is that while there is clearly an understanding that there needs to be early identification of the agent, at one of these incident sites we expect that there will be concern about other sites within the area. In other words, there will be a release. And the one thing that we found from all of the—certainly from the Sirin gas incident in Tokyo is what we call the worried well, as I'm sure you're familiar. There's not only the worried well, there is the whole issue of people calling in and saying, "Now I have something. I'm smelling something in the vicinity of 1st and 2nd Streets and we don't know what it is."

Mr. SHAYS. Some could be real and some couldn't. But where does the plume go?

General LAWLOR. Where does it go and who has the capability to go to that second site and say it is or it isn't?

Mr. SHAYS. OK.

General LAWLOR. And that's another capability that these teams bring.

Mr. TIERNEY. Just going back on a question here, you're talking about having one in every State. But that may not necessarily be

the solution you're looking to. I suspect you're looking to have areas covered. And certainly within a State, you may not be able to get to another part of your State as easily as you can to some place in an adjacent State. So you're really looking at trying to map this out so that you have teams strategically located so that they can have decent response time no matter where they go. Or do you really think that you can resolve this just by putting one in each State?

General CUGNO. My opinion is one in-state as a minimum. And I think—if there was need to—California has two right now, obviously, because of its size. But I think at least one per State is necessary.

It's necessary for another reason. And I think it goes back to my testimony saying that the ultimate responsibility lies with the Governor. In all of the operations that we've heard between incident management and crisis management, clearly the responsibility for the actions up front are with the incident commander and, as the issue turns to the coordination with the law enforcement agencies and crisis management rolls on, all the way through that local government, meaning the State, is represented there because they have the ability to transition and prioritize assets within the State and direct them forward to the front.

For that same reason, you can take the RAID team or the support element and you can move that to the front immediately. My position, working for the Governor, the Connecticut Guard here is a ready, available asset resurged to go forward only helps the first responders.

Mr. TIERNEY. Thank you.

General CUGNO. Yes, sir.

Mr. SHAYS. Do either of you want to just add a point here?

General CUGNO. If you have questions, they were here for——

Mr. SHAYS. OK. Fine. OK.

I think we've, you know, closed the loop on that. I think it's—obviously, when you drive from New York to Buffalo, I think it's 450 miles. There's logic that New York would need more than one. But at a minimum, I would agree with your point that each State——

General CUGNO. Yes, sir.

Mr. SHAYS. I thank all of you and appreciate your comments. And I learned a heck of a lot. Very valuable.

And I would—before concluding, I would just like to thank—I'd like to sound our—sound? I'd like to thank our sound system person, Joe Pascarella—is that——

Mr. PASCARELLI. Pascarelli.

Mr. SHAYS. Pascarelli. And H.B. Group, New Haven. You've done an excellent job.

In this modern day and age, the thing we seem to have the most trouble with is our sound equipment. And it worked beautifully today.

And our recorder, Mr. Ross, Roderic Ross, Post Reporting Service. Thank you very much.

And the Armory staff generally. Your people here have done a wonderful job.

And I'd like to thank my staff, Karen Churest and also Larry Halloran and David Rapallo on our staff in Washington.

It's been a very interesting hearing. And I'm really happy that we had it. Thank you.

This hearing is adjourned.

[Whereupon, at 1:28 p.m., the subcommittee was adjourned.]

[Additional information submitted for the hearing record follows:]

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February 28, 2000

Congressman Christopher Shays
Chairman
Subcommittee on National Security, Veterans Affairs, and International Relations
United States House of Representatives
Washington, DC 20510

Dear Congressman Shays:

Thank you for the opportunity to provide comment on the current status of the domestic preparedness initiative in the United States.

First, I must articulate that unless otherwise noted, the comments and opinions shared in this document are my own and do not reflect those of any organization, employer or entity that I may have affiliation with presently or in the past.

My comments to the Subcommittee on National Security, Veterans Affairs, and International Relations are limited to the general issues of consequence management strategies and issues. I am sure those with a greater familiarity with respect to interdiction and attribution of events will expound on issues that they are confronting in the crisis management community, primarily law enforcement.

I bring before the Subcommittee for consideration, observations and opinions developed not in the hypothetical, but drawn from my 25 years of emergency response experience, academic review of emergency services and as the Deputy Chief Paramedic who was responsible for the NYC*EMS response and management of the aftermath of the NYC World Trade Center bombing in February of 1993.

Introduction:

The matter on which you have convened these hearings is one that I have expended much effort reviewing and is of critical importance to the nation and the emergency response community. The status of local emergency service domestic readiness and capacity to respond to a high impact / high yield is questionable. Unfortunately the matter of response to terrorist incidents one replete with complexities and confusion for the first responder community. Although we may be regarded as "America's Front Line" there

appears to be resistance among some federal agencies to embrace this status and leverage it effectively to truly assist the United States with an enhancement to national security and the preservation of civil society after an event through our active and effective response participation. Presently there are more then 700,000 Emergency Medical Technicians and Paramedics as well as more then one million firefighters in America today. In fact, the majority of these dedicated individuals are volunteers serving their communities in times of need.

It was these everyday heroes who were first on the scene at the bombings of the New York World Trade Center, the Murrah Federal Building in Oklahoma City, and at the Olympics in Atlanta not federal agencies or the military. It is in the best interest of national security and public safety that we provide enhancements to emergency services and strengthen capacity building where it is lacking, or substandard, in the local responder communities.

In order to accomplish a satisfactory level of domestic preparedness, the country needs an action agenda that delineates a coordinated, cohesive and sustainable strategy. The result of that effort must be a streamlined programmatic approach that elevates the local and state capacity while augmenting this response with federal resources and additional expertise. Local responder communities are being afforded invitations to multiple meetings and focus groups sponsored by numerous agencies, all of which seem to be asking the same questions over and over, but with little in the way of concrete progress either in reducing the complexities and confusion – especially at the federal level – or in providing needed enhancement for the responder communities. In many instances the outputs from these proceedings are anecdotal or just plain information gathering sessions. What we need is studies with validated survey instruments that are rooted in academia or science which will provide us a solid and accurate reference to base our training, response and equipment acquisition policies upon.

While in attendance at these forums, a myriad of federal representatives, entities and contractors heap praise on the emergency service community and its daily achievements while they "data mine" the responders for information. When the meetings are over we are more or less left to fend for ourselves. At what point will the local communities really see the "federal effort" – or lack thereof -- which many speak about with grand braggadocio?

Issues:

1. Training:

   The Domestic Preparedness initiative was formed under FY 1997 Defense Authorization Bill (Public Law 104-201, September 23, 1996), commonly called the Nunn-Lugar-Domenici (NLD) legislation. The bill provides funding for the Department of Defense (DOD) to enhance the capability of federal, state and local emergency responders in incidents involving nuclear, biological and chemical terrorism. While no one should deny that the initial training effort that arose out of the NLD legislation was sorely needed, it should have been an opportunity to commence a national effort rather then one that addressed the needs of a handful of communities in the U.S. This program has created a geographic bias that has a minority of communities being given access to WMD orientation training and the majority of communities with nothing. Although, some steps are being taken

to remedy this situation, the bottom line is the limitations of this legislation have some states that are not slated to have ANY Domestic Preparedness training.

If this threat is as real as many claim, then why is this an acceptable means of training emergency responders? I do not think that after an event when the whirlwind of questions emerges that citizens of the targeted community will want to hear that they did not reside, visit or work in a community that was "important" or large enough to be allocated resources from this program. Clearly, expansion of training efforts needs to be examined and implemented.

As the emergency service community continues to wrestle with the issues posed by terrorism, we are still seeing duplication of training efforts. The Departments of Defense, Energy , Justice and FEMA all have programs that possess overlapping content and in some cases, conflicting content. How can this be? Is there no coordination at all?

As previously noted, the majority of emergency responders are volunteers. This is important because the program offerings by these training entities are usually during the workweek. This creates a situation in which target audiences are unable to attend due to their normal employment commitments. Have we structured a system that is biased towards the career vs. volunteer responder? We hear about the wonders of distance learning and its ability to have wide scope delivery of content across thousands of miles. Many universities presently offer entire degree programs via this mechanism, yet in the Domestic Preparedness arena I am aware of only one federal distance training type program that is offered on a regular basis, to emergency responders, and that is a self-study introduction course conducted by DOJ and FEMA (via a manual that is read and a simple self test that is taken by the student). I ask, is this an effective means of ensuring that our responders are the best, prepared to defend our citizens?

Further, is the sustainment of readiness through continued training. While the initial widespread training of responders is of critical importance, there seems to be no allocation for sustainment of these efforts. Instead of institutionalizing training efforts in existing training programs for sustainment we have developed separate training programs that are stand alone entities with no tie in with existing training requirements.

For example, Emergency Medical Technicians and Paramedics have a standardized national training curriculum that is established and updated via the Department of Transportations, National Highway Traffic Safety Administration's Emergency Medical Service Division. Common sense would dictate that the obligation for sustaining training would become a requirement within this standardized curriculums "refresher training" component. By instituting this straightforward strategy we would achieve a mandate that this information would be revisited on a regular basis as part of the re-certification/re-licensing requirements for EMT's and Paramedics nationwide. (Generally every 2-3 years depending on state recertification standards.) Yet simple solutions to fundamental problems are often overlooked or dismissed. What level of enhanced readiness are we achieving with an education initiative that has no sustainment provisions?

In addition to the standard response tactics emergency responders and local elected officials need to be acquainted with, they also must come to terms with how to manage the political and psychological consequences of mass casualty terrorism. This is more then claiming that they've got somebody ready with a press release. Consequence management is more than treating victims. After a mass casualty event, it will also be about dealing with rage and fear. Training and policy development assistance need to have an appreciable level of content that addresses this aspect if we are to truly have a working comprehension of the issues posed by the aftermath of these type events.

2. Information Sharing, Duplication of Efforts, Equipment and Coordination:

Information Sharing:

All too often emergency response organizations encounter difficulty in obtaining information from a variety of federal agencies. Frequently, access to the information is limited due to lacking security clearances or a means to access "sensitive" or secure data. It is unrealistic to depend upon the local emergency service community to be the "backbone" of "America's Front Line" and then not empower or equip them with a means to access information. The standard local emergency service organization does not have STU-III access or equipment nor do they have access to secure networks to exchange information with federal partners. Why can there not be a local emergency service equivalent to the INTELINK system that performs this type of transaction for the intelligence community. Clearly, combining a system such as an INTELINK with bestowing a limited number of security clearances to "key" local agency representatives will go a long way to assure that information is shared in a timely manner with key personnel in a time of need.

Duplication of Efforts:

In what appears to be a rush to declare themselves "terrorism" specialists or expert, just about every agency has made this pronouncement. While the commitment of the federal agencies to assist the local responder is comforting, the net result has been the appearance of the "mission following the budget."

What we have witnessed is multiple federal agencies offering training programs and informational forums that are duplicating and in some situations contain conflicting information. The emergency service community requires a coordinated management program to be instituted that will facilitate a greater efficiency of efforts that also provides greater economy for the funding sponsors. Having multiple agencies conducting programs that have overlapping content promulgates inefficiency and lacks fiscal prudence.

Presently, there exist a number of federal agencies and programs that we (as a community) are quite familiar with, we work through them frequently and they make ideal candidates for expanding their charter rather then creating new bureaucracies. A good example is a program that is jointly run by a federal consortium that was mandated by Congress called the Hazardous Materials Emergency Preparedness (HMEP) back in 1990 under the HMTUSA legislation. HMEP has a ten year history of working with state / local emergency responders and providing guidance & evaluation of local hazardous material training programs for compliance with existing regulations and standards, yet they were not tapped to access their expertise, local relationships and program content to leverage the same for a more efficient use of federal resources. Why?

The Department of Defense, Uniformed Services University of the Health Sciences, Casualty Care Research Center runs another program that is well attended by the emergency service community entitled Counter Narcotics & Terrorism Operational Medical Support (CONTOMS). This program has a long and distinguished history and relationship with local emergency organizations. In fact, CONTOMS was disseminating terrorism information to local responders prior to it becoming "Washington Chic" to do so. With a pre-existing program that has a successful relationship with the local responders, why were they not tapped to expand their program? Why have they been ZERO funded this fiscal year?

This is just two examples that can be cited and I would be glad to provide further delineation if requested. The transitioning from creating new entities and programs to leveraging existing well-known programs via a central coordinating body is the prudent strategy for success.

Equipment:

Unless you are from a community that was fortunate to be from the NLD identified group, you have not received any equipment. Even many of those that were in this grouping have yet to receive the training or equipment. When will the local emergency response organization see this addition to our response systems? This very costly equipment exceeds most emergency service organizations budgets and requires the assistance of the U.S. government for a sustainable program that provides all communities' access to some protective & monitoring equipment, training and the preventive maintenance capacity for its operation.

Antidote kits (MARK1) are another point of contention for the locals. While we understand that something is better then nothing in this scenario it is problematic that state of the art solutions are available in other countries and the United States does take this into consideration and apply it here.

Presently, the MARK1 kit is designed for military use. The design factor, as DoD personnel have told me, is for the healthy 18-25 year old male soldier. Where I come from the population is quite diverse and is not exclusively dominated by that demographic.

It has been five (5) years since the Aum attack in Tokyo which raised the specter of threat in the US and we still have not addressed this issue. When can we expect the FDA to approve the existing MARK 1 kits for civilian use? Next, what am I as a patient care professional supposed to do with the "Pampers to Depends" patient population that may fall victim to this type of an attack? If Israel and France can have antidote kits for pediatric and geriatric patients is it too much to expect the United States to have the same??

Lastly, the costs associated with the acquisition and stockpiling of drugs is great. The shelf life of many antidotes, vaccines, and prophylaxes significantly compound the problem. As the government stresses its commitment to readiness, why is there not a sustainable federal resolution to the cost and stockpiling of these life saving items? Clearly, rapid access to these articles by the local emergency response system will be critical in our fight against the clock to save lives and lessen suffering.

Coordination:

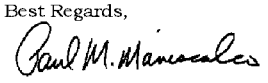
Coordination seems to be the overarching theme in each of the areas cited in this reply. Personally, I have been extremely impressed with the commitment, professionalism and capability of the National Domestic Preparedness Office (NDPO). NDPO was given a mandate to assure that there be a coordinated and cohesive mechanism to address the overall needs of the emergency response community. To date they have done an outstanding job, with very limited staff and funding, servicing the needs of local emergency responders and distributing information in a uniform and timely manner for all in the community to access. Senators, I suggest that this is a testament to quality of personnel that are assigned to this office not the commitment of the government to this program. I am alarmed about what appears to be an about face by the government to support this endeavor as originally directed.

The NDPO was presented to the emergency response world as our "one stop shop" for the access of information, advice, technical requirements and training information. As you are probably aware this program has been ZERO funded essentially being paralyzed in their efforts to assist us, the front line. I strongly urge you to take the necessary steps to immediately remedy this problem and prevent the United States from being set back in our efforts to have a sustainable readiness for responding to these type events. By reinstituting the funding to this program you are providing us a federal entity that is empowered to support local emergency responders while ensuring that duplication of efforts at all levels is identified and eradicated.

This is a win-win scenario. Local responders get a champion for our needs and the Federal government gets an entity that assures proper programmatic adaptation resulting in cost savings. There must be an overall, central coordinator for the federal government with the first responders. If it is NDPO then that organization should step up to the task, and be given the resources and authorities it needs to discharge such a role. I believe that NDPO is that entity.

In conclusion, I would again like to thank you for the opportunity to share my observations and opinions on this matter. I would also like to encourage you, your colleagues and staff to review the Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction annual report of the advisory panel to Congress which was delivered to Capital Hill 12/15/99. The advisory panel is authorized and the annual reports are required by Section 1405 of the National Defense Authorization Act for Fiscal Year 1999, Public Law 105-261 (H.R. 3616, 105th Congress, 2nd Session) (October 17, 1998). In this document you will find more observations on a broader number of issues that my esteemed colleagues and I have identified as critical for the United States to ensure an effective level of national security and readiness for these horrific and cowardly acts.

Best Regards,



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CHIEF OF POLICE
CHRISTOPHER J. LYNCH

March 22, 2000

CONGRESSMAN
CHRISTOPHER SHAYS
MAR 24 2000
BRIDGEPORT, CT

Congressman Christopher Shays
10 Middle Street, 11th Floor
Bridgeport, CT 06604-4223

Dear Congressman Shays:

Thank you for the opportunity you have given me through your correspondence to provide some comments on the federal government's role in assisting my agency in preparedness for potential terrorist incidents.

As you know, the New Canaan Police Department is a small-to-medium department, with a sworn personnel level of 45. An agency of our size must rely on outside assistance and expertise if a drastic terrorist incident were to occur within our jurisdiction. My department has taken advantage of SWAT training offered in the past by the federal government and found the training to be high caliber. We do maintain a 5-person Special Response Team unit in the department. We have also taken advantage of the Northstar program. This program has allowed our agency to acquire equipment and office materials that we would not have been able to acquire through other means.

With New Canaan being among the communities in Fairfield County that are close in proximity to the greater New York metropolitan area, I believe it is imperative that the federal government play a major role in providing training and equipment programs. It is also crucial that the government provides the physical resources and expertise, which are absolutely necessary to effectively respond to a terrorist incident, particularly one involving the use of radiologic, chemical or biological weapons.

As I understand it, the most capable forces to combat this potential threat are the RAID teams, which are organized under the command of the National Guard. I would encourage the Subcommittee to consider the feasibility of establishing such a unit in Connecticut for response to these threats.

Sincerely,

Christopher J. Lynch
Chief of Police

CJL:jlw

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY