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HOW EFFECTIVELY IS THE FEDERAL GOVERNMENT ASSISTING STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL OR NUCLEAR ATTACK?

HEARING

BEFORE THE

SUBCOMMITTEE ON GOVERNMENT EFFICIENCY, FINANCIAL MANAGEMENT AND INTERGOVERNMENTAL RELATIONS

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

JULY 2, 2002

Serial No. 107–211

Printed for the use of the Committee on Government Reform

Available via the World Wide Web: http://www.gpo.gov/congress/house
http://www.house.gov/reform

U.S. GOVERNMENT PRINTING OFFICE

87–016 PDF WASHINGTON : 2003

For sale by the Superintendent of Documents, U.S. Government Printing Office
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HOW EFFECTIVELY IS THE FEDERAL GOVERNMENT ASSISTING STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL OR NUCLEAR ATTACK

TUESDAY, JULY 2, 2002

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON GOVERNMENT EFFICIENCY, FINANCIAL MANAGEMENT AND INTERGOVERNMENTAL RELATIONS,
COMMITTEE ON GOVERNMENT REFORM,
Chicago, IL.

The subcommittee met, pursuant to notice, at 10:02 a.m., in room 2525, Dirksen Federal Building, 219 South Dearborn Street, Chicago, IL, Hon. Steve Horn (chairman of the subcommittee) presiding.

Present: Representatives Horn, Schakowsky, Biggert and Kirk.

Staff present: J. Russell George, staff director and chief counsel; Bonnie Heald, deputy staff director; Justin Paulhamus, clerk; Chris Barkley, staff assistant; Michael Sazonov, Sterling Bentley, Joe DiSilvio, and Yigal Kerszenbaum, interns.

Mr. HORN. A quorum being present, this hearing of the Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations will come to order.

On September 11, 2001, the world witnessed the most devastating attacks ever committed on U.S. soil. Despite the damage and enormous loss of life, the attacks failed to cripple this Nation. To the contrary, Americans have never been more united in their fundamental belief in freedom and their willingness to protect that freedom. The diabolical nature of those attacks and then the deadly release of Anthrax sent a loud and clear message to all Americans: We must be prepared for the unexpected. We must have the mechanisms in place to protect this Nation and this people from further attempts to cause massive destruction.

The aftermath of September 11th clearly demonstrated the need for adequate communications systems and rapid deployment of well-trained emergency personnel. Yet, despite billions of dollars which Congress has produced in spending on Federal emergency programs, there remains serious doubts as to whether the Nation is equipped to handle a massive chemical, biological or nuclear attack.

Today, the subcommittee will examine how effectively Federal, State and local agencies are working together to prepare for such emergencies. We want those who live in the great State of Illinois

and the good people of Chicago to know that they can rely on these systems, should that need arise. And we hope it does not happen.

We are fortunate to have witnesses today whose valuable experience and insight will help the subcommittee better understand the needs of these on the front lines. We want to hear about their capabilities and their challenges. And we want to know what the Federal Government can do to help. We welcome all of our witnesses and look forward to their testimony.

We have with us today the ranking member for the minority, Ms. Schakowsky. This is her turf and I yield to her for an opening statement.

Ms. SCHAKOWSKY. Thank you, Mr. Chairman, and let me express my appreciation to you for scheduling this hearing in Chicago so that we could get the local input that we so desperately need in order to craft a plan that will help all of our cities. Homeland security really is dependent on hometown security and that is what we want to focus on today.

My blackberry has been going off to announce—that is my e-mail—an evacuation that is a drill in Washington right now of the Rayburn Building, to make sure that everyone can get out there. And there has been a lot of changes that we see every day in Washington, DC. But today, we want to know how are we doing here at home. The title of this hearing is "How effectively is the Federal Government Assisting State and Local Governments in Preparing for a Biological, Chemical or Nuclear Attack."

Without adequate and appropriate information, direction and resources flowing from the Federal Government to the local and State authorities, Illinois, Chicago and other cities across the State cannot be expected to contribute the resources necessary to prevent and respond to a terrorist attack.

Today's hearing is extremely timely. The FBI's latest warning of possible attacks over the Fourth of July holiday begs the question "Are we prepared?" Have Chicagoland authorities received the necessary information, cooperation and direction from the Federal Government to guarantee public safety or, at the very least, to minimize public risk?

Has the State of Illinois been provided with what it needs from the Federal Government to develop and implement a comprehensive emergency preparedness plan? And in turn, are those resources making it to the local law enforcement and emergency responders who are on the front lines in the effort to prevent and respond to terrorist threats?

We are here to find out the answers to those important questions. We are in Chicago today to hear the voices of local officials and to make sure their message is heard in Washington, DC. A successful blueprint for homeland security must begin with input from those on the front line. They are the ones who will assure that our 4th of July celebrations are safe and secure. They are the ones who will respond first to any incident. We cannot secure our Nation without their input and expertise.

Since September 11th, the way we conduct the business of national security in this country has changed. Today, our Federal, State and local authorities are even more aware of potential threats. Additional steps are being taken to protect a more alert

and concerned public. For most Americans, the thought of biological, chemical or nuclear terrorism is, for the first time, a real possibility. This is our new normal.

In Washington, we are deliberating over the President's plan to create a massive new Government agency, the Department of Homeland Security. The full Government Reform Committee has primary jurisdiction over the creation of that department and hearings are scheduled next week on Capitol Hill. At each step of the way, we will continue to ask important questions, including whether this plan will make us safer. We must also determine whether critical non-security functions of agencies like the Coast Guard and FEMA and the INS will be compromised under that plan. We need input from the local level to make sure that all of this is done right.

Today, we are focusing on the possibility of chemical, biological or nuclear terrorist attacks. Illinois has more nuclear power facilities than any other State. We need to be sure that adequate security and contingency plans are in place to deal with possible attacks on those facilities. The Federal Government has offered considerable resources and information to help with that effort and we will need an assessment as to how the coordination process on that front is progressing.

Biological terrorism has already occurred. The Anthrax attacks that were delivered through the mail were a wake-up call for us to check the state of our public health infrastructure.

As many of our witnesses today will explain, our public health system would be challenged in responding to a large-scale disaster, either natural or man-made. The capacity of our public and private hospitals is strained each year during the flu season. A disaster with 10,000 injuries that required hospitalization would be very difficult for that system to handle.

The front line of response in most disasters is local government. We see this again and again as hurricanes, tornadoes and heat waves strike the cities. Local firefighters, police officers and emergency medical personnel are the first there to tend to those in need. Any response we make now must keep in mind that fact. Training, resources, and communications are key to disaster response and should be the centerpiece of our investment. The majority of that investment should be made at the local level.

Past experiences have shown that our public health system is also on the front line. Once the disaster scene is surveyed, the injured are moved to hospitals. It is often the case that the hospital capacity is reduced by the same disaster. We have taken our public health system for granted for some time now and it has suffered as a result. We must invest in personnel, planning and reserve capacity.

Again, I want to thank each of our witnesses for taking time from their busy schedules to be with us today. I look forward to all of your testimony.

Thank you, Mr. Chairman.

Mr. HORN. Thank you. And now I yield time for Ms. Biggert, a neighbor in Naperville in Illinois and a very hard-working Member of Congress. We thank you for being here.

Ms. BIGGERT. Thank you very much, Mr. Chairman. I want to start by welcoming you back to the "second city." I also want to thank you for inviting me to participate in this important hearing on Federal, State and local efforts to prepare for a biological, chemical or nuclear attack. I am especially pleased to be here with my Illinois delegation colleagues to get the local perspective on our Federal counter-terrorism efforts and to find out how the Federal Government can better serve our first responders.

I also want to take this opportunity to welcome a constituent of mine, Captain Ray Seebald of the U.S. Coast Guard, Captain of the Port of Chicago.

Believe it or not, the Coast Guard's Marine Safety Office, Chicago, is not located in Chicago at all, it is headquartered in Burr Ridge, in my landlocked district. Regardless of the location of the offices, the Coast Guard has always played an important role along Illinois' waterways and in Lake Michigan, but since September 11th, the importance of that role has become even more obvious.

I was happy to work with Captain Seebald long before September 11th to help secure money for the Coast Guard to construct a new Marine Safety station near Navy Pier. With the announcement of funds for the new station, Chicago's lakefront will become even safer for recreation and commercial traffic, but first, we have to get it built. Is that not right, Captain Seebald?

So I am looking forward also to the testimony of many local public health officials and the threat posed by weapons of mass destruction requires our hospitals and clinics to plan for the unthinkable, which can be a daunting task. I hope our local public health officials will share with us today what the Federal Government is doing right and what it is not doing right to help them with this task.

As a former member of this subcommittee, I remember when Chairman Horn last visited Naperville back in 1999, to discuss the ways the Federal Government could help States, municipalities and even private industry prepare for the Y2K bug. As we all know, Y2K came and went without incident. I believe catastrophe was avoided because we spent so much time and energy planning and preparing for it, and worrying always helps a little bit too.

I can only hope the more time and energy we put into planning and preparing for future terrorist attacks, the more likely we are to avoid another catastrophe like that of September 11th. Unfortunately, we will never know if our efforts have been truly successful like we did on January 2000. We will not be able to breathe a sigh of relief like we did on that New Year's Day. The threat of terrorism is permanent and it is constant. But the memory of that fateful September day seared in our minds and hearts will always motivate us to try any and everything possible to see that it never happens again.

In this process of planning, preparation and prevention, congressional hearings like this one in places other than Washington, DC, are extremely helpful. This is especially true as the House prepares to consider the President's plan to establish a new Department of Homeland Security to protect and defend our land and our way of life.

It is our responsibility as Members of Congress, to ensure that the Federal agencies continue to develop a national approach to homeland security and that they have the resources to do so. That is why we are going to provide funds in fiscal year 2003 to identify and confront terrorist threats before they can get off the ground.

In many ways, September 11th was a wake-up call for our Nation and we have taken several steps to answer that call. At the end of the day, we must take action to preserve the values that make the United States the greatest and the most powerful country in history and I think that we are.

Thank you, Mr. Chairman.

Mr. HORN. Thank you. And we now are delighted to have Mr. Kirk, a very hard-working member and he has given us a lot of legislation which we will be acting on in a few weeks on accounting and fiscal problems to increase better things for the taxpayers, and we are glad to have him here.

Mr. KIRK. Thank you, Mr. Chairman and Congresswoman Schakowsky for having us. I also am very pleased that this is the room that I was sworn into the Illinois Bar in, and it is good to be back here.

Mr. Chairman, I believe that September 11th gave us fair warning that Chicagoland could be the next ground zero of a terrorist attack. We are home to America's tallest building, there are more nuclear reactors in Illinois than any other State, we are home to the busiest airport in the world and we are headquarters to most Federal offices controlling affairs in the midwest. We need to do a better job on homeland defense.

Just a few weeks ago, we gathered 27 police and fire departments in northeast Illinois with the White House Office of Home Defense and I can say that first-responders there are looking forward to the $3.5 billion White House first responder initiative when it kicks off next month. The report will be received by the Congress later this month detailing how local police and fire can apply for these funding streams.

The key, I believe, is communication. In the District of Columbia, as September 11th unfolded, cell phones collapsed first, followed by landlines. Some first responders were forced to use only four available frequencies in responding to the Pentagon fire. One system survived, which is wireless e-mail, it handled the whole load, even after a 100fold increase. I believe the Federal Government should help upgrade first responder communications.

I am very happy that we are joined here by Chief Jay Reardon of the Northbrook Fire Department, but he is also President of the Mutual Aid Box Alarm System, which is northeastern Illinois' mutual aid society between fire departments. It is this organization which can help us respond anywhere from a 1 alarm to a 25 alarm fire, which a weapon of mass destruction would certainly result in.

So I applaud you for holding this hearing and look forward to the results. And thank you for coming to Chicago.

Mr. HORN. I thank the gentleman.

We, as you know, are an investigating committee and, therefore, we do put witnesses under oath. And so if all the witnesses this morning and the people that will support them would please stand and raise your right hand.

[Witnesses sworn.]

Mr. HORN. Thank you. The clerk will note all, not just at the table but the ones back of the table.

So we will start then with the panel one, we called it, and we are trying to get both the State, the local, the Federal, all moving along. We are going to start with Chief John D. Wilkinson, Fire and Life Safety Services of the city of Evanston Fire Department.

Ms. SCHAKOWSKY. Mr. Chairman, if I could just give a special thanks to Chief Wilkinson. Because we are so concerned about hometowns, I thought we would start with my hometown and so both Chief Wilkinson and Commander Nilsson are from Evanston, where I have lived for 30 years. Thank you for being here.

Mr. HORN. OK, Chief.

STATEMENTS OF JOHN D. WILKINSON, CHIEF, FIRE AND LIFE SAFETY SERVICES, CITY OF EVANSTON FIRE DEPARTMENT; DENNIS L. NILSSON, COMMANDER, FIELD OPERATIONS DIVISION, EVANSTON POLICE DEPARTMENT; PATRICK J. DALY, ASSISTANT SPECIAL AGENT IN CHARGE, CHICAGO DIVISION, FEDERAL BUREAU OF INVESTIGATION; QUENTIN YOUNG, M.D., CHAIR, HEALTH AND MEDICINE POLICY RESEARCH GROUP, HYDE PARK ASSOCIATES IN MEDICINE; JOHN R. LUMPKIN, M.D., DIRECTOR, ILLINOIS DEPARTMENT OF PUBLIC HEALTH; PAMELA S. DIAZ, M.D., DIRECTOR, EMERGENCY PREPAREDNESS AND INFECTIOUS DISEASE CONTROL, CHICAGO DEPARTMENT OF PUBLIC HEALTH, ACCOMPANIED BY JOHN WILHELM, M.D., COMMISSIONER, CHICAGO DEPARTMENT OF PUBLIC HEALTH; ARTHUR B. SCHNEIDER, M.D., PROFESSOR OF MEDICINE, CHIEF OF THE ENDOCRINOLOGY SECTION, UNIVERSITY OF ILLINOIS; AND DAVID A. KRAFT, DIRECTOR, NUCLEAR ENERGY INFORMATION SERVICE

Mr. WILKINSON. Well, in a more global sense, Chief Reardon will be able to speak to the MABAS portion of it, but our experience at the local, basic, first-responding level initially from September 11th, that period of time, was communication was coming from all directions. We didn't know for sure what to believe.

We do some high-risk analysis in our community, we have been doing this for a long time and we have a structure in place. But initially, I think we felt lonely, there was not a lot of other communication coming down to us. Since then, the Government has provided a lot of resources that go into our MABAS organizations and our special teams and communications is definitely an issue, and that communication problem is still there and it is inter-agency, both from law enforcement to fire and from various law enforcement and various fire departments among themselves. Communication is a big one to overcome.

What I would like to see and what I am looking for and think is coming down the road is preparedness at the actual first-responding level. Resources are available to us, we can get them, but not as timely as if we had them right at the first very responding level. We are using the same technologies and the same personnel for situations that could be significantly different than they were in the past. And I think it is going that way, but speeding that

process up in the funding so that we can get it to the local level is going to make a difference for us.

We are still maintaining the same services we did before plus living under this threat. And the threat is not just an international thing either. I mean we have had a number of incidents in the United States that were not from any organized foreign soil. Oklahoma City was an example that taxed them completely. And that is the incident that we are concerned about, the one that has no warning. And that potential is out there.

So that is essentially where we are at. Things did not seem to work quite as well, things have been I think a little bit slow coming, but they are coming, and we still have—at first responding level, we need some better education, better training facilities. There really are not too many of them out there and, of course, the communication issue.

That is essentially a snapshot as I see it.

Mr. HORN. Well, thank you very much. You are on the firing line and we listen to people that are on the firing line.

The next presentation is Commander Dennis L. Nilsson, Field Operations Division, Evanston Police Department.

Mr. NILSSON. Good morning.

On September 11th, we all had a very rude awakening, as everybody in this room knows. Myself, like everybody else, the first thing we did was we went to a television to see what was going on. And then as the realization began to settle in, we had to start looking at our home, where we are, what did we have to do. We had to start looking at our vulnerability immediately because in our community is looking at us, pubic safety, police and fire, to reassure that safety and security is in fact in Evanston.

What we started to learn that morning was just what we did not know and what we did to have available to us. Evanston is very fortunate, we are a well-trained police and fire department, but we realize that our equipment that we respond with is equipment that we respond to suppress fire and our officers are trained to handle crime on the street, crime in the home, not terrorism at the level that we were seeing.

The community looked toward us, when they were coming home that night, getting off the public transportation, they were actually greeting our officers and thanking them for being there. But what we found out was we had nobody to call at that time. We were beginning to pool our resources in our city, our health department came together, our emergency operations center, police and fire and we began to assess what we had available to us and what communications we had, how to keep the communications open amongst ourselves so that we could provide these services to our community.

So we found out in retrospect and looking back, it has already been said, communications is key.

Training, we are going to need more training. Our police officers are trained as crime fighters and problem solvers, they are not trained to handle terrorism. Our first responders, when they are going to go in, they are going to go in as they go into any issue that we go in on, a fire, a call for the police, they are going in there pretty much without equipment. They are not going in with hazmat suits, so they are very vulnerable. So we need to begin to

train our police officers on how to handle situations and be more aware of these situations, because we have never experienced this. In 32 years of law enforcement, it was my first experience feeling that we really needed more training.

We need help at the community level to provide extended assistance in the event that a critical incident happens that goes beyond the agency's ability to sustain long-term commitment to the incident, something that goes beyond the agency's ability to provide adequate manpower and resources. We are well-equipped to handle the day-to-day stuff, but what we are looking at now is we are looking at having to handle something that goes beyond the day-to-day stuff and something that goes on to the extended. We need to bring in other resources, we need to know what other resources are out there and available to us and we need to begin to pool that information so we do not make blind phone calls like we were making on September 11th, trying to contact our resources that we use on a day-to-day basis, only to find out that they've already been overtaxed with calls from other agencies.

That is basically what we were faced with that morning.

Mr. HORN. Well, thank you for telling us that tale.

The next presenter, I want to say that this subcommittee, over the last few years, we have depended on those in the Federal Bureau of Investigation, whether it was Y2K or whether it was fraud or whatever. Patrick J. Daly is the Assistant Special Agent in Charge, Chicago Division, Federal Bureau of Investigation. We thank you for all the help you and your colleagues have given us.

Mr. DALY. Thank you, Mr. Chairman. I appreciate this opportunity to discuss the FBI's efforts in northern Illinois to address the problems of weapons of mass destruction or WMD.

The mission of the FBI's counterterrorism program is to detect, deter, prevent and swiftly respond to terrorist actions that threaten the U.S. interests. Director Mueller identified the first priority of the FBI as protecting the United States from terrorist attack.

The Chicago FBI covers the northern portion of the State of Illinois, it contains 18 counties and has more than 370 law enforcement agencies. Chicago FBI has approximately 434 special agents and 282 support employees.

The FBI has developed an enhanced capacity to deal with acts of terrorism. This has been accomplished by one, increasing number of FBI and task force personnel investigating terrorism; two, establishing partnerships with law enforcement, first responders and public health communities to combat WMD threats; and three, improving information sharing with local, State and Federal agencies as well as with the private sector.

The Chicago FBI has been extremely active in the WMD program area with an emphasis on strong liaison with State and local agencies. Since 1999, Chicago has participated in more than 200 field and table-top exercises with area first responders. Chicago has one of eight regional enhanced hazardous material response teams composed of FBI special agents trained to gather evidence in a contaminated crime scene. FBI bomb technicians are also hazmat trained.

The Chicago Division participated in a terrorism threat assessment team consisting of the Chicago Police Department, Fire De-

partment and Illinois State Police. This team identified key infrastructure components throughout the city of Chicago.

The Chicago Division recently began an information sharing project with Federal, State and local law enforcement agencies using the Law Enforcement Online [LEO], Web page. This information sharing project is a result of a task force on terrorism initiated by the Illinois Association of Chiefs of Police and the Chicago FBI after the September 11th attacks.

The Chicago Terrorist Task Force was founded in 1981 by members of the Chicago Police Department, FBI, Secret Service and Illinois State Police. Today, member agencies include the FBI, Chicago Police, Illinois State Police, Secret Service, ATF, INS, Customs, IRS, Postal Inspectors and State Department Diplomatic Security. Other agencies providing close cooperation with the Chicago Terrorist Task Force include the CIA, FEMA, Illinois Emergency Management Agency, Chicago Fire Department, Department of Health and Human Services, Illinois Department of Public Health, Department of Energy and various local police and fire departments.

The Chicago Division enjoys an excellent relationship with the U.S. Attorney's Office for the Northern District of Illinois. The present U.S. Attorney, Patrick Fitzgerald, is recognized for his extensive knowledge of terrorist groups and his ability to successfully prosecute them.

Life has changed for all of us in the United States as well as throughout the world. Major acts of terrorism are no longer confined to Asia, Europe, the Middle East and South America. The terrorists have struck hard within our borders and have brought the violence to our neighborhoods, to our citizens, to our families, to all of us. We are threatened by a man in a cave thousands of miles away and by a former Chicago resident named Padilla, who returned to his city and this Nation seeking to carry out a plan of mass destruction. We are improving our WMD capabilities, our intelligence sharing, our willingness to dedicate personnel and resources to this fight. We, the FBI, the Chicago Terrorist Task Force, the public safety community, the public health community, the military, the intelligence agencies and our allied countries are joined in a battle that may last years, but the alternative of not entering the fight is unacceptable.

Thank you.

Mr. HORN. Thank you. And we know you have other appointments and we thank you for giving us that statement.

Our next presenter is Dr. Quentin Young, chair, Health and Medicine Policy Research Group, Hyde Park Associates in Medicine.

[The prepared statement of Mr. Daly follows:]

STATEMENT OF PATRICK J. DALY
ASSISTANT SPECIAL AGENT IN CHARGE, CHICAGO DIVISION
FEDERAL BUREAU OF INVESTIGATION
BEFORE THE HOUSE COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON GOVERNMENT EFFICIENCY, FINANCIAL MANAGEMENT AND INTERGOVERNMENTAL RELATIONS
JULY 2, 2002

Good morning Chairman Horn and distinguished Members of the Subcommittee. I appreciate the opportunity to appear before you to discuss the FBI's efforts within the Northern Illinois region to work with our law enforcement and first responder partners in addressing the threats of Weapons of Mass Destruction (WMD), specifically chemical, biological or nuclear threats.

Introduction

The mission of the FBI's counterterrorism program is to detect, deter, prevent, and swiftly respond to terrorist actions that threaten the United States national interests at home or abroad, and to coordinate those efforts with local, state, federal, and foreign entities as appropriate. The counterterrorism responsibilities of the FBI include the investigation of domestic and international terrorism, both of which represent threats within the borders of the United States. In reaction to these threats, Director Robert S. Mueller, III, recently identified the first priority of the FBI as protecting the United States from terrorist attack.

Presidential Decision Directives (PDD) 39, 62, and 63 define the FBI's role of crisis management, investigation, and intelligence support for terrorism prevention in the coverage of National Special Security Events (NSSE), and in response to an actual terrorism event. At the federal level, the FBI's lead crisis management and investigative responsibilities exist in a partnership alongside FEMA's consequence management role for response to a WMD attack. PPD 62 creates a three-way partnership in connection with NSSEs, adding the United States Secret Service (USSS) role of security management.

The FBI nationally, and the Chicago Division locally, have developed an enhanced capacity to detect, prevent, and respond to acts of terrorism. This has been accomplished by increasing the number of FBI and task force personnel dedicated to the FBI's Counterterrorism Program; the establishment of partnerships with law enforcement, first responders, and the public health communities to combat WMD threats; and improved information sharing with local, state, and federal agencies, as well as with the private sector.

There are 56 Joint Terrorism Task Forces (JTTF) established. One in every FBI

field division around the nation. The JTTF represents a most effective tool for the prevention and swift response to terrorist incidents in that it combines the national and international resources of the FBI and other member federal agencies, along with territorial expertise of the local, county and state law enforcement agencies. The cooperative efforts of the JTTFs have resulted in vital information sharing, crucial to successful terrorism investigations as well as the avoidance of duplication of investigative efforts by law enforcement agencies and prosecutors. The New York Division formed the first JTTF in 1980 and Chicago soon followed in 1981. The Department of Justice is working with the FBI to ensure that the JTTFs coordinate their efforts with the recently formed United States Attorneys' Anti-Terrorism Task Forces, especially in the areas of information sharing and training.

The Chicago Division of the FBI

The Chicago Division covers the northern portion of the State of Illinois, which is the nation's fifth largest state, with 12.4 million inhabitants (2000 figures). Illinois covers 56,400 square miles and is the 24th largest state. The state has 102 counties, 18 of which are covered by the Chicago Division. More than 71 % of the state's population resides in the Chicago Division territory. The City of Chicago, with roughly 2.9 million inhabitants, is the state's largest city and the third largest in the country. Almost an additional eight million people reside in the Chicago metropolitan area. There are 358 local police departments in the Chicago Division's territory. The other federal law enforcement agencies have a significant representation in the Chicago area.

The Chicago Division's headquarters office is located in City of Chicago. There are resident agencies (RAs) in Rolling Meadows, Tinley Park, Lisle, and Rockford, Illinois. There are approximately 434 Special Agents assigned to the Division, and the professional support staff complement is 282.

COUNTERTERRORISM PREPAREDNESS

Counterterrorism Preparedness includes the use of field and table top exercises, testing the capabilities of the agencies who would respond to an attack involving chemical, biological, or nuclear agents. These exercises have proved valuable to the Chicago Division, not only for assessing the FBI's ability to respond to a WMD event, but also providing all other responders with an accurate view of their own abilities, as well as a means for agency responders to get to know each another and improve coordination.

The Chicago Division has had an extremely active WMD Program and has placed an emphasis on strong liaison with state and local agencies involved in response to WMD. Chicago participated in several working groups and task forces consisting of local, state, and federal agencies, to include: The Illinois Emergency Management Agency, the Illinois Department of Public Health, the Federal Emergency Management Agency, the Chicago Fire Department, the Mutual Aid Box Alarm System

(MABAS), the Illinois National Guard, the Illinois State Police Hazardous Materials (HAZMAT) Division, and the U.S. Postal Inspector. Private academic and research facilities, such as the Illinois Institute of Technology Research Institute were also represented. Through this liaison, the Chicago FBI was able to collect information regarding potential threats and quickly respond when appropriate. Chicago maintained one of eight regional enhanced Hazardous Materials Response Teams (HMRTs) attached to the Chicago FBI's Evidence Response Tem (ERT). The HMRT has received extensive training in responding to a potential WMD incident and regularly trained with other HAZMAT teams in the Chicago area. The ERT HMRT is composed of FBI Special Agents trained to gather evidence in a crime scene, contaminated by either biological or chemical materials, utilizing Personal Protection Equipment (PPE) up to Level A. The cross-trained bomb technicians wear both PPE and a bomb suit, and they are able to "render safe" an explosive device designed to disperse chemical or biological materials.

The Chicago Division actively took part in Counterterrorism Preparedness events. Since 1999, the Division participated in numerous classroom presentations and more than 200 field and table top exercises with area first responders. The Division completed a two-year training initiative in which all Cook County Sheriff's Deputies were provided classroom training on Domestic Terrorism, WMD, and Counterterrorism Preparedness matters. The Chicago FBI special agent bomb technicians regularly train and respond with local police bomb technicians, to include responding to WMD incidents. Chicago's HMRT was formed with the assistance of the Chicago Fire Department's Hazardous Materials Unit. They provided training as well as technical advice which has improved the coordination and effectiveness of the Chicago Division's HMRT response.

Counterterrorism Preparedness issues were addressed for various special events that occurred in Northern Illinois. These events included the annual Jewish Federation Conference, which then Prime Minister Barak and current Prime Minister Ariel Sharon attended, and the National Abortion Federation Annual Conference.

InfraGard is an information sharing and analysis alliance between government and the private sector that provides formal and informal channels for the exchange of information about infrastructure threats and vulnerabilities. The FBI started the alliance as a pilot project in 1996, and the Chicago Division initiated an InfraGard chapter in 2000. The members conduct regular meetings to discuss awareness of computer issues and operate an anti-intrusion system. Additionally, in conjunction with InfraGard, the Chicago Division participated in a terrorism threat assessment team consisting of representatives from the Chicago Police Department, Chicago Fire Department, and the Illinois State Police. This threat assessment team identified key infrastructure components throughout the City of Chicago. Information pertinent to the specific venue, i.e., ingress, egress, utility information, key personnel, storage of hazardous material, and other information vital to first responder safety, was obtained and entered into a database at the City of Chicago Emergency Communications Center. In the

event of a terrorist incident or threat, this information can be retrieved by the first responder.

The National Infrastructure Protection Center (NIPC) was created in 1998. The NIPC is an interagency center that serves as the focal point for the government's effort to warn of and respond to cyber intrusions, both domestic and international. Through a 24-hour watch and other initiatives, the NIPC has developed processes to ensure that it receives information in real-time or near real-time from relevant sources, including the United States intelligence community, FBI criminal investigations, other federal agencies, the private sector, emerging intrusion detection systems, and open sources. This information is quickly evaluated to determine if a broad-scale attack is imminent or underway.

Because warning is critical to the prevention of terrorist acts, the FBI also uses the expanded National Threat Warning System (NTWS). Information is received via secure teletype through this system. The messages are transmitted to all FBI field offices and legal attaches. If threat information requires nationwide unclassified dissemination to all federal, state, and local law enforcement agencies, the FBI transmits messages via the National Law Enforcement Telecommunications System (NLETS). In addition, the FBI disseminates threat information to security managers of thousands of U.S. commercial interests through the Awareness of National Security Issues and Response (ANSIR) Program.

After September 11th, a tool was needed to provide real-time information and a facility to share information. The Chicago Division recently began an information-sharing project with federal, state, and local law enforcement agencies using the Law Enforcement On-Line (LEO) web page. LEO is an unclassified Internet-based service for law enforcement managed at FBI Headquarters by the Criminal Justice Information Services (CJIS) Division. The information provided to law enforcement agencies, as well as appropriate private entities, will be approved by FBI Headquarters, the Program Assistant Special Agent in Charge, and the U.S. Attorney for the Northern District of Illinois.

This information sharing project is a result of a task force on terrorism initiated by the Illinois Association of Chiefs of Police (IACP) and the Chicago FBI after the September 11 attacks. Several subcommittees were established to address problem areas such as information-sharing, mutual aid, and task forcing. This effort has been very successful. As stated above, the LEO system will facilitate communication regarding terrorist matters, not only between law enforcement agencies, but also with other appropriate agencies in the public and private sectors. Federal and local law enforcement agencies have joined to determine the capabilities and resources of each agency that could be utilized in a WMD incident or in other types of emergencies. Efforts have been made to change legislation within the state of Illinois to enable law enforcement agencies to have police powers outside their jurisdictions. Memoranda of understanding are also being proposed to cover questions such as liability, salaries,

overtime, command structure and other issues which would arise as a result of a mutual aid call out. It is interesting to note that fire departments in Illinois are far ahead of law enforcement in preparing for mutual response to major incidents as well as developing WMD response capabilities. As a result, the IACP Terrorism Task Force in cooperation with the FBI has sought out the participation of fire department executives in forming mutual aid response plans. The fire departments' MABAS mutual aid system is being used as a model for designing law enforcement response to WMD or other major incidents that would exhaust the resources of an individual law enforcement agency. This effort is a positive one in developing an effective law enforcement WMD response, but local law enforcement is looking to the federal government for funding for personal protection equipment and training in its use. In addition, local law enforcement agencies are seeking additional WMD training for the first responder.

CHICAGO TERRORIST TASK FORCE (CTTF)

The mission of the CTTF is to prevent, detect, deter and investigate attacks carried out by domestic and international terrorists in the Northern District of Illinois, including the Chicagoland area. Additionally, the CTTF investigates all criminal activities perpetrated by such terrorist individuals and groups to include the acquisition of funds used to provide material support to terrorist groups. Other criminal terrorist acts include illegal possession of weapons, explosives, false identifications, immigration violations and seditious conspiracy. The CTTF works with local, state and federal agencies, as well as the private sector, to establish appropriate responses to terrorist attacks.

The CTTF was founded in 1981 by members of the Chicago Police Department, the Federal Bureau of Investigation, the United States Secret Service and the Illinois State Police, for the purpose of conducting a joint investigation of the Armed Forces of National Liberation (FALN), a Puerto Rican terrorist group, which sought the independence of Puerto Rico through violence. In 1983, the member agencies expanded the mandates of the CTTF to include responsibilities for the investigation of all domestic terrorism in northern Illinois. Eventually, the member agencies have expanded the CTTF's jurisdiction to include responsibilities for all international terrorism investigations as well. The successes of the CTTF in arresting the leadership of the FALN in 1983 and again in 1985 resulted in a vast reduction in the group's violent acts of terrorism.

The CTTF is presently composed of four squads. Three squads handle matters concerning international terrorism. One squad handles domestic terrorism investigations. Another proposed squad will coordinate the development and dissemination of terrorist related intelligence. Member agencies of the CTTF include the Chicago FBI, the Chicago Police Department, the Illinois State Police, the United States Secret Service, the Bureau of Alcohol, Tobacco and Firearms, the Immigration and Naturalization Service, the United States Customs Service, the Internal Revenue Service, the United States Postal Inspection Service, and the State Department

Diplomatic Security Service. Other agencies providing close cooperation with the CTTF include the Central Intelligence Agency, the Federal Emergency Management Agency, the Illinois Emergency Management Agency, the Chicago Fire Department, the United States Department of Health and Human Services, the Illinois Department of Public Health, the United States Department of Energy, and various local police and fire departments.

There are a variety of federal and state statutes that make many clandestine activities performed by terrorists groups, illegal. Virtually any violent attack, such as bombings, arsons, assaults, kidnapings, extortions, murders, poisoning, etc., committed by a terrorist organization, will violate such statutes. Additionally, Title 18 U.S. Code Sections 2339 (a) and (b) make it an offense to "provide material support" to terrorists and "designated foreign terrorist organizations." Further, the Weapons of Mass Destruction Act, Title 18 U.S. Code, Section 2332 (a) makes it a federal offense to use, or threaten to use, a destructive device such as a chemical, biological, nuclear or radiological bomb. A recent example in Chicago where an individual was charged with the Possession of a Weapon of Mass Destruction occurred on March 9, 2002, when Daniel Konopka was arrested for trespassing in the steam tunnels of the University of Illinois at Chicago. Konopka was also wanted by the FBI on an Unlawful Flight to Avoid Prosecution Warrant out of our Milwaukee Field Division. At the time of his arrest, Konopka had a vial containing a white powdered substance which was later determined to be cyanide. Through a cooperative effort by the University of Illinois at Chicago Police Department, the Chicago Police Department, the Chicago Fire Department, the CTTF, and the Milwaukee FBI, an additional 1.25 lbs. of cyanide was discovered, hidden by Konopka in the Chicago Transit Authority subway system. Approximately 200 jars of laboratory chemicals and numerous barrels containing unknown chemicals were recovered in an abandoned warehouse in Chicago. This had been the source of Konopka's cyanide, found on his person at the time of arrest and hidden by him in the subway. This matter is pending prosecution in Illinois.

Since October 2001, the FBI nationwide responded to more than 16,000 reports of actual or the threatened use of anthrax and other hazardous materials. Chicago, like all other field offices, is participating in the investigation of the actual anthrax cases in New York, New Jersey, and Florida. The CTTF's WMD program maintained an aggressive posture regarding responses to alleged threats of anthrax releases. To date, more than 1800 samples have been sent and tested at the Illinois Department of Public Health Laboratory, Chicago, Illinois, for the presence of anthrax. All of these samples were negative for the presence of anthrax. Additionally, the CTTF responded to or handled approximately 3700 telephone inquiries regarding the alleged threats of an anthrax release. Twenty investigations were initiated, involving hoax threat to release a WMD. In the case of threats received via the U.S. Mail, the investigation is coordinated with the United States Postal Inspection Service.

The CTTF continues to be deeply involved in planning, training and liaison activities concerning WMD matters. The City of Chicago has been selected to host a

multi-agency WMD exercise in 2003. The CTTF is a main participant in the State of Illinois Terrorism Task Force. This task force, consisting of major agencies within Illinois, having responsibilities for WMD Terrorism related incidents. It is chaired by the Illinois Emergency Management Agency and includes those agencies such as the FBI, Illinois State Police, and other agencies which would logically respond to a WMD event. Through this liaison, the Chicago Division was able to quickly identify and respond to events of a WMD nature.

The Chicago Division has had a very good relationship with the United States Attorney's office for the Northern District of Illinois. The present United States Attorney, Patrick Fitzgerald, is recognized for his extensive knowledge of terrorist groups and his ability to successfully prosecute them. He has put together a team of senior prosecutors to address terrorism investigations in an aggressive manner. The CTTF works hand-in-hand with the United States Attorney's Anti-Terrorism Task Force to share intelligence and capabilities of the member agencies, coordinate prosecutions with the local State's Attorneys, and to provide information to law enforcement and public safety agencies as well as to interested community groups.

CONCLUSION

Terrorism and the investigation of terrorist acts are certainly not new to the FBI and to the CTTF. However, the complexity and scope of terrorist investigations have certainly increased over the past four decades. What began in the 1960s, 1970s, and early 1980s as domestic left-wing terrorist acts directed against the United States policy in Vietnam and for the independence of Puerto Rico, and right-wing militia and hate group disputes with United States regarding taxation, governmental authority and racial hatred, have changed. Terrorism today includes international terrorist threats, requiring a global law enforcement and military response to achieve our mission of detection, deterrence, prevention, and effective response to terrorist acts.

In the past, we taught our agents and local law enforcement personnel that the favorite weapons of the terrorist were pipe bombs and firearms. Over time, these weapons have evolved to include car and truck bombs, where the vehicle no longer was the target of the bomber, but became the container of the bomb itself. Terrorist weapons have changed; no longer are they limited to a metal pipe containing black powder and a pocket

watch timer. The terrorist device can be a rental van containing explosive urea nitrate that detonates in the level 2 parking area of the World Trade Center on February 26,1993, causing six deaths, 1,042 injuries as well as significant economic loss. The device can be a rental truck full of ammonium nitrate and fuel oil that explodes in front of a building on April 19, 1995, killing 168 babies, children, adults, injuring 518 and causing the destruction of Murrah Federal Building and surrounding structures. The terrorist device can be letters containing anthrax, mailed to unsuspecting victims and delivered by dedicated postal employees in September and October 2001. The terrorist device has become hijacked airliners which were deliberately crashed into buildings on September 11, 2001, causing thousands of deaths and shocking the nation and the world.

Life has changed for all of us in the United States as well as throughout the world. Major acts of terrorism are no longer confined to Asia, Europe, the Middle East and South America. The terrorists have struck hard within our borders and have brought the violence to our neighborhoods, to our citizens, to our families, to all of us. We are threatened by a man in a cave, thousands of miles away, and by a former Chicago resident named Padilla, who returned to his city and his nation, seeking to carry out a plan of mass destruction. We are improving our WMD capabilities, our

intelligence sharing, and our willingness to dedicate personnel and resources to this fight. We, by we I mean the FBI, the CTTF, the public safety community, the public health community, the military, the intelligence agencies, and our allied countries are joined in a battle that may last years, but the alternative of not entering the fight is unacceptable.

Chairman Horn, this concludes my prepared remarks. I would like to express my thanks for the opportunity to speak to this subcommittee and for your interest in the state of Counterterrorism Preparedness in Northern Illinois. I am pleased to respond to any questions that you or your members may have.

Dr. YOUNG. Thank you, Mr. Chairman.

Ms. SCHAKOWSKY. Again, Mr. Chairman, if I could—also past President of the American Public Health Association, former medical director, Cook County Hospital and my personal physician. [Laughter.]

Dr. YOUNG. Thank you. Mr. Chairman and members of the committee, I am really honored to be invited to present to you.

In contrast to all the other members of this panel, I am not a full time professional devoted to defending us in all the ways they are. I rather am a physician celebrating 50 years of practice in my community, whose life has been punctuated by a number of exciting experiences in public health ranging from chairing the large department of medicine at our big public hospital here to service in the Public Health Service when I was much younger. My remarks, Mr. Chairman, will be rather global in an effort to talk about public health policy rather than what I am not qualified to talk about, the delivery of services as my colleagues have been doing.

To proceed, the Federal Government must be the mainstay of public health, including the threats from terrorist sources. As such, it is failing to meet its responsibilities in a manner commensurate to the challenge.

The inadequacies and weaknesses of our U.S. public health system spring from long-term neglect or policies that do not enhance systemic strengths.

Our national, State and local health agencies are underfunded and poorly coordinated. Elementary modern capabilities in computer information systems, round the clock personnel in place, laboratories of a uniform high quality and speedy accessibility, a full public health professional work force—are all deficient in various degrees across our country and our State.

These deficiencies are the result of decades of inattention and misdirection of resources, stemming from the post-World War II focus on the perceived terror of that day—bacteriological warfare. Overall our policy decisions produced no practical protections against this biological threat. We did buildup stockpiles of our own, only to destroy them during President Nixon's watch, because they could not be used by us. In the latter half of the 20th century, our chronic poor funding and narrow policies for public health resulted in our current plight. And let me underscore that by saying I am fearful that in moving, as we must, to defend ourselves against this new unprecedented threat, that we may abandon principles that can really protect us. And I will go forward with that.

In addition to prompt upgrading of our public health capabilities—and I am aware that much of the legislation you have before you and have already passed attempts to do just that—we have several other tasks to achieve optimum protection for our people:

We need a health care system that is financed by an insurance benefit that is universal and managed by the government in simplest terms, Medicare for all. It may not seem responsive to terrorist threats to call for universal health care, but as a practicing physician for half a century, I assure you, ladies and gentlemen, that it is crucial to our defenses against an unexpected catastrophe.

We need to untether the directors of our public health agencies from the present arrangement of subservience to the political in-

cumbent at the Federal, State or local health department level. That is the way we do it in this country. My distinguished colleague worked for Governor Ryan and the Surgeon General for the President. Now it is logical, but we need to have more freedom for these crucial professional jobs. It would mean a change in the way we have done things over the years, but unless we liberate—I use the word advisedly—our health system from that political control, which is not necessarily negative or obnoxious, but is always subordinate to other considerations, we can see at moments like this how contrary that can be. And I suggest a separate board like the SEC or the FTC could facilitate achievement long term of public health objectives at all levels in a coordinated fashion, and not be immediately subordinated to the political realities of the moment, which are always important.

Finally, we should foster the development of a supportive citizen constituency advocating for a strong public health system. And if I may, Mr. Chairman, that is the essence of my learning over the decades. We do not have a public health constituency in the way we have constituencies for every other kind of issue in this country. We have quasi-public health constituencies. The American Lung, the American Heart and American Cancer support the control of the tobacco scourge—public health issue if ever there was one—but I have to return to the generalization that we do not have in place on a regular basis people who can petition Congress in behalf of the public health system in an orderly fashion. We have, in a word, made our public health system the Cinderella of our health system.

Thank you.

Mr. HORN. Thank you. And we now go to the Illinois Department of Public Health, its director is Dr. John R. Lumpkin. We are glad to have you here.

[The prepared statement of Dr. Young follows:]

Oral Statement of QUENTIN YOUNG, M.D.
President, American Public Health Association (1997-98)
Chairman, Health and Medicine Policy Research Group

Chairman Horn and members of the Subcommittee;

The federal government must be the mainstay of public health, including the threats from terrorist sources. As such, it is failing to meet its responsibilities in a manner commensurate to the challenge.

The inadequacies and weaknesses of our US public health system spring from long-term neglect or policies that do not enhance systemic strength.

Our national, state, and local health agencies are underfunded and poorly coordinated. Elementary modern capabilities in computer information systems, round the clock personnel in place, laboratories of a uniform high quality and speedy accessibility, a full public health professional work force -- are all deficient.

These deficiencies are the result of decades of inattention and misdirection of resources, stemming from the post-World War II focus on the perceived terror of that day -- bacteriological warfare. Overall our policy decisions produced no practical protections against this biological threat. We did build up stockpiles of our own, only to destroy them during President Nixon's watch, because they could not be used by us. In the latter half of the 20th century, our chronic poor funding and narrow policies for public health resulted in our current plight.

In addition to prompt upgrading our public health capabilities, we have several other tasks, to achieve optimum protection for our people:

- We need a health care system that is financed by an insurance benefit that is universal and managed by the government; in simplest terms, Medicare for all.
- We need to untether the directors of our public health agencies from the present arrangement of subservience to the political incumbent at the Federal, State, or local health department level. A separate board, like the SEC or the FTC, could facilitate achievement, long-term, of public health objectives at all levels in a coordinate fashion.
- Finally, we should foster the development of a supportive citizen constituency advocating for a strong public health system.

Dr. LUMPKIN. Thank you, Mr. Chairman, members of the committee for the opportunity to be here and speak. Today—actually just yesterday—our agency celebrated our 125th anniversary as an agency. Our agency was created in 1877 in response to a threat of yellow fever. Now, just as then, we are addressing concerns; this time it is man-made epidemics.

In 1988, the Institute of Medicine Committee on Public Health stated that the current state of our ability to effect public health action is cause for national concern and for the development of a plan of action for the needed improvements. In the committee's view, we have slackened our public health vigilance nationally and the health of the public is unnecessarily threatened as a result. That report was issued and basically went on the shelf. It was not until the events of September 11th and the following October 4 disclosure of an outbreak of anthrax that we as a Nation began to look and identify that maybe we have major problems in our public health system, which the Institute of Medicine Committee noted some 14 years earlier.

As a result, we have had major increases in funding. The $1.1 billion allocated for the public health system is a dramatic shot in the arm, one of the largest increases in public health funding that we have seen, at least in my lifetime and I think perhaps in the history of our public health system.

We have taken this task very seriously and we have moved ahead. This funding is crucial to rebuild an eroding infrastructure. It is an infrastructure that has to be rebuilt not only in large areas like Chicago and the metropolitan areas but throughout the State where public health is so important.

With this funding at the State level, we are establishing 12 public health regional response planning areas; we are hiring 23 emergency response coordinators for local emergency response planning areas; we are establishing local health department administrative grants for preparedness; we are developing an Illinois National Electronic Disease Surveillance System; we're hiring 22 regional epidemiologists to enhance local regional surveillance capacity at the local level; we are increasing the capacity of three State laboratories by hiring staff and upgrading laboratory systems; we are developing local health department capacity to support the State laboratories and to develop surge capacity; we are establishing a hospital health alert network so that we can communicate in a much faster way with hospitals the way we have already established with local health departments; we are enhancing 24/7 flow of critical health information to public health partners throughout the State at the local level; we are establishing a local health department training and education grant to build capacity; we are facilitating the development of a model regional hospital preparedness plan and providing direct funding to hospitals to implement these; and we are establishing core preparedness standards for the three-tiered facility classification system.

All these are important enhancements that we are doing with the Federal funding and we could not do them without it.

You have before you a little document that I found as we were preparing for our history, the 125th anniversary, and what it is is a document from a page of one of the publications we had in the

1920's and what it says is "A full time medical health officer prevents disease." The interesting thing is that, when you look at this, how he is communicating with his local people by phone is pretty much the way we do things today—telephone and pieces of paper. You see before you this blue card, it is how we get reports about infectious diseases in this State. We are using 1920's technology.

With this current round of Federal funding, we are going to be able to move into an electronic system—the first phase will be implemented by October this year—because of the influx of new funding.

Our public health system has undergone a period of neglect. I think it is very important to note that, just as someone who is exposed to anthrax is not treated with just one dose of medication but is treated for a number of days, we cannot treat our public health system with a single infusion of funds. We have to make a long-term commitment to continue to fund the enhancements, which we believe in this State we are using wisely to create a system that will not only help if there is an attack, but every single day will help.

The enhancements we did in the laboratory enabled us to better respond to West Nile disease. If we are going to rebuild our public health system, we will reap the benefits even if there is no further attack, which unfortunately, we do not believe is the case.

Thank you.

Mr. HORN. Thank you, Dr. Lumpkin.

Next, we have Dr. Pamela Diaz, director, Emergency Preparedness and Infectious Disease Control in the Chicago Department of Public Health. She is accompanied by Dr. John Wilhelm, commissioner, Chicago Department of Public Health and Dr. Arthur B. Schneider, professor of medicine, chief of endocrinology section, University of Illinois and David A. Kraft, director, Nuclear Energy Information Service.

So we will just go right down the line, Ms. Diaz.

[The prepared statement of Dr. Lumpkin follows:]

Testimony of
John R. Lumpkin, MD, MPH
Director of the Illinois Department of Public Health
Before the House Committee on Government Reform's
Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations
July 2, 2002

My name is John R. Lumpkin, MD, MPH and I am the director of the Illinois Department of Public Health. I would like to welcome you to Illinois. 125 years ago this agency began with a budget $5000 for 2 years and a staff of 3. Times were much simpler then, but the challenges were the same, to protect the people of the state from infectious diseases and other threats to their health.

Before I joined the Illinois Department of Public Health, I was trained in and practiced emergency medicine. I have been involved in emergency preparedness and disaster response for almost 25 years. IDPH has taken seriously our responsibilities related to being prepared for natural disasters and other emergencies. This planning took on new meaning in 1993 as we addressed the potential for a major earthquake in the New Madrid fault. It is predicted that such a quake would have an intensity of over 6 on the Richter scale in Southern Illinois.

In 1995, staff in IDPH became concerned about the growing potential for bioterrorism and started including training and preparedness as part of system development approach. We established an emergency medical disaster response plan that incorporated the existing Emergency Medical Services Systems and Trauma System networks. Additional resources were identified to assure that medical personnel could be mobilized to respond to an event anywhere in the state. This plan has been used as a prototype for many other states. The Chief of the IDPH Division of Emergency Medical Services, Leslee Stein-Spencer has received national attention for her work. She has served as part of the TOPOFF 2000 evaluation team in Denver, a member of the Executive Session on Bioterrorism at the John F. Kennedy School of Government at Harvard University and has served as a consultant to the Department of Justice. This system was activated on September 11, 2001. Within 2 hours the IDPH command center had status reports on the availability of hospital beds, ICU beds, Emergency Department beds, number of ventilators and monitoring equipment from every hospital in the state.

When Governor George Ryan created the Terrorism Taskforce in 2000, IDPH was tasked to head up the Bioterrorism taskforce. Prior to the events of last fall over 1,000 physicians, nurses, EMTs, and public health workers were trained in bioterrorism preparedness and response. With funding from the Centers for Disease Control and Prevention (CDC) we also expanded our planning and enhanced our laboratory capacity. Funding directed by Governor George Ryan and with support from CDC a molecular biology laboratory was established in the IDPH labs in Chicago and Springfield.

After the Anthrax attacks last fall on the East Coast of the United States, additional state funding was made available to facilitate the formation of a state pharmaceutical stockpile to assure that first responders will have immediate access to life saving antidotes and antibiotics while the National Pharmaceutical Stockpile was being mobilized. The state funding also allowed us to accelerate the adoption of PCR technology to test environmental samples for Anthrax in 2 hours as opposed to the 48 hours required before.

IDPH welcomed the $1.1 Billion dollars that was appropriated by Congress for shoring up the public health infrastructure to assure that we as a nation are better prepared for another bioterrorism attack. Despite the short turn around time, we worked collaboratively with local health departments to craft an application and plan for enhancing the functioning of the public health system here in Illinois. Our bioterrorism activities build upon the strong foundation of preparedness disaster response that was already in place.

IDPH has placed emphasis on public health system improvements that will be used every day. Already the enhancements in the IDPH laboratories are helping us better respond to the incursion of West Nile Virus into the state. Other enhancements will allow us to respond more quickly and better to outbreaks of other infectious agents. The attached document summarizes the activities that will complete as a result of our funding from US/DHHS. (Attachment 1)

The following is a short list of some of the things that the grants will make possible:

- Establish 12 Public Health Regional Response Planning Areas (PH-ReRPA)
- Hire 23 Emergency Response Coordinators for local emergency planning areas
- Establish local health department administrative grants for preparedness
- Development of the Illinois National Electronic Disease Surveillance System
- Hire 22 regional epidemiologists to enhance local and regional surveillance capacity
- Increase capacity of 3 state laboratories (hire staff and upgrade laboratory systems)
- Develop local health department laboratory capacity to support state laboratories - surge capacity
- Establish a Hospital Health Alert Network (HHAN) through web portal system
- Establish a web portal for all public health partners via the Internet
- Enhance 24/7 flow of critical health information to public health partners
- Develop and enhance risk communication capacity and information dissemination
- Establish a local health department training and education grant to build capacity
- Facilitate the development of model regional hospital preparedness plans
- Provide direct funding to hospitals to implement core preparedness standards
- Establish core preparedness standards for the three-tiered facility classification system

To demonstrate how crucial these grants are, I would like to take just a few moments to talk about the importance of just one public health system enhancement, the Illinois version of the National Electronic Disease Surveillance System (INEDSS). Despite the increasing sophistication of computer systems in hospitals and other clinical settings, the infectious disease reporting system is still based on 1920s communication technology. When a clinician identifies one of the 60 diseases that are required to be reporting in Illinois, a report is made to the local health department. This process is accomplished by filling out one of the paper morbidity cards and mailing them in. If the case is rare or otherwise significant, the clinician is expected to call the local health department. After investigation by local health department staff, written reports are then submitted to IDPH via US Postal Service mail.

With the current funding all of that will change. The implementation of the INEDSS system will begin with the roll out of a module that will automate the transmission of infectious diseases notifications and investigations between local health departments and with IDPH. The enhancements in the Health Alert Network (HAN) assure that the infrastructure is in place for this electronic communication to occur. In addition this first phase allow the electronic reporting of cases by clinicians directly to the local health department and the state simultaneously. Other modules will be implemented over the few years.

With these enhancements enabled by the bioterrorism funding we are improving the ability of local and state public health agencies to recognize and respond to outbreaks of disease of natural or criminal origin. Here in Illinois we are building upon a firm base of preparedness and response that has resulted from years of hard work. The new federal funding enables us to better meet our mission, to protect the people of Illinois from biological agents as part of a natural process or part of an act of terrorism. Once again, I thank you for the opportunity to testify and will be happy to answer any questions.

Illinois Department of Public Health
Executive Summary of CDC and HRSA Bioterrorism Grants

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Background:

On January 31, 2003, Department of Health and Human Services (HHS) Secretary Tommy G. Thompson sent letters to governors detailing how much each state will receive of the $1.1 billion to help them strengthen their capacity to respond to bioterrorism and other public health emergencies resulting from terrorism. The money will allow states to begin planning and building the public health systems necessary to respond.

The funds will be used to develop comprehensive bioterrorism preparedness plans, upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of casualties, expand public health laboratory and communications capacities, and improve connectivity between hospitals, and city, local and state health departments to enhance disease reporting. The funds come from the $2.9 billion bioterrorism appropriations bill that President Bush signed into law January 10, 2002.

The HHS funding is divided into three parts. Two of the parts will be directly granted to the Illinois Department of Public Health (IDPH). The first portion will be provided by the Centers for Disease Control and Prevention (CDC) and is targeted to supporting bioterrorism, infectious diseases, and public health emergency preparedness activities statewide. Each state's allocation will consist of a $5 million base award, supplemented by an additional amount based on its share of the total U.S. population.

The Health Resources and Services Administration (HRSA) will provide the second portion of funding, which will be used by states to create regional hospital plans to respond in the event of a bioterrorism attack. Hospitals play a critical role in both identifying and responding to any potential bioterrorism attack or disease outbreak. These funds were allocated using a formula similar to that used by the CDC.

CDC Bioterrorism Preparedness and Response Grant Overview:

The purpose of the CDC cooperative agreement is to upgrade state and local public health jurisdictions preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. Eligible recipients could request support for activities under all of the following Focus Areas.

$ *Preparedness Planning and Readiness Assessment*: Establish strategic leadership, direction, assessment, and coordination of activities (including National Pharmaceutical Stockpile response) to ensure statewide readiness, interagency collaboration, local and regional preparedness (both intrastate and interstate) for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

$ *Surveillance and Epidemiology Capacity*: Enable state and local health departments to enhance, design, and/or develop systems for rapid detection of unusual outbreaks of illness that may be the result of bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. Assist state and local health departments

in establishing expanded epidemiologic capacity to investigate and mitigate such outbreaks of illness.

$ *Laboratory Capacity-Biologic Agents*: Ensure that core diagnostic capabilities for bioterrorist agents are available at all state and major city/county public health laboratories. These funds will enable state or major city/county laboratories to develop the capability and capacity to conduct rapid and accurate diagnostic and reference testing for select biologic agents likely to be used in a terrorist attack.

$ *Health Alert Network/Communications and Information Technology*: Enable state and local public health agencies to establish and maintain a network that will (a) support exchange of key information and training over the Internet by linking public health and private partners on a 24/7 basis; (b) provide for rapid dissemination of public health advisories to the news media and the public at large; (c) ensure secure electronic data exchange between public health partners= computer systems; and (d) ensure protection of data, information, and systems, with adequate backup, organizational, and surge capacity to respond to bioterrorism and other public health threats and emergencies.

$ *Communicating Health Risks and Health Information Dissemination*: Ensure that state and local public health organizations develop an effective risk communications capacity that provides for timely information dissemination to citizens during a bioterrorist attack, outbreak of infectious disease, or other public health threat or emergency. Such a capacity should include training for key individuals in communication skills, the identification of key spokespersons (particularly those who can deal with infectious diseases), printed materials, timely reporting of critical information, and effective interaction with the media.

$ *Education and Training*: Ensure that state and local health agencies have the capacity to (a) assess the training needs of key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers related to preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies, and (b) ensure effective provision of needed education and training to key target audiences through multiple channels, including academic institutions, healthcare professionals, CDC, HRSA, and other sources.

The distribution of funds will be provided under Program Announcement 99051 to all 50 states; the District of Columbia; the commonwealths of Puerto Rico and the Northern Marianas Islands; American Samoa; Guam; the U.S. Virgin Islands; the republics of Palau and the Marshall Islands; the Federated States of Micronesia; and the nation=s three largest municipalities (New York, Chicago, and Los Angeles County). Those eligible to apply include the health departments of states or their bona fide agents. All funding provided by CDC under this announcement is intended to benefit both state and local efforts for preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

HRSA Hospital Preparedness Grant Overview:

The purpose HRSA hospital preparedness grant is to upgrade the preparedness of the Nation=s hospitals and collaborating entities to respond to bioterrorism. This will also allow the health care system to become more prepared to deal with non-terrorist epidemics of rare diseases. The prime focus will be on identification and implementation of bioterrorism preparedness plans

and protocols for hospitals and other participating health care entities. Development of statewide or regional models for such protocols is encouraged, as is collaboration with other States and expert national organizations. The grant will cover two phases:

$ *Needs Assessment, Planning and Initial Implementation*: This will consist of State, territorial, regional and municipal efforts to involve entities such as hospital associations, emergency medical systems, emergency management agencies, rural health offices, primary care associations, and VA and military hospitals in a needs assessment of hospital preparedness to respond to a bioterrorist incident, and to develop a plan of action in response to the identified needs.

$ *Implementation*: States will be given the flexibility to prioritize funding for specific activities based upon their needs assessment. This implementation phase should result in States being able to upgrade the ability of hospitals and other health care entities to respond to biological events, to develop a multi-tiered system in which local health care entities are prepared to triage, isolate, treat, stabilize and refer multiple casualties of a bioterrorist incident to identified centers of excellence, or to develop multi-state or regional consortia to pool limited funding to accomplish these goals.

The distribution of funds will again be to all 50 States, the District of Columbia, the Commonwealths of Puerto Rico and the Northern Mariana Islands, the territories of American Samoa, Guam and the U.S. Virgin Islands, and the nation=s three largest municipalities (New York City, Chicago and Los Angeles County). Funding was provided to state or territorial health departments, and to the municipal governments or health departments. Individual hospitals, EMS systems, health centers and poison control centers are required to work with the applicable health department for funding through this program.

Illinois= Bioterrorism Preparedness Grant Application:

On April 12, 2002, Governor Ryan submitted the State of Illinois= grant application to the HHS for the CDC and HRSA bioterrorism preparedness grants. Funds received though this grant program will be administered by IDPH, in collaboration and coordination with the City of Chicago and other federal projects, and will strengthen the ability of the public health and medical system in Illinois to prepare for and respond to an act of biological terrorism. Some of the key initiatives outline in Illinois= application to the CDC and HRSA include:

$ Establish 12 Public Health Regional Response Planning Areas (PH-ReRPA)
$ Hire 23 Emergency Response Coordinators for local emergency planning areas
$ Establish local health department administrative grant for preparedness
$ Development of the Illinois National Electronic Disease Surveillance System
$ Hire 22 regional epidemiologists to enhance local and regional surveillance capacity
$ Increase capacity of 3 state laboratories (hire staff and upgrade laboratory systems)
$ Develop local health department laboratory capacity to support state laboratories - surge capacity
$ Establish a Hospital Health Alert Network (HHAN) through web portal system
$ Establish a web portal for all public health partners via the Internet
$ Enhance 24/7 flow of critical health information to public health partners
$ Develop and enhance risk communication capacity and information dissemination
$ Establish a local health department training and education grant to build capacity
$ Facilitate the development of model regional hospital preparedness plans
$ Provide direct funding to hospitals to implement core preparedness standards
$ Establish core preparedness standards for the three-tiered facility classification system

Critical Benchmarks:

Critical benchmarks are the core expertise and infrastructure identified by HHS to enable a public health and medical system to prepare for and respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Seventeen critical benchmarks were identified in the HHS grant announcement. Recipient jurisdictions were required to describe a plan to achievement of these critical benchmarks in their grant application. The following are the critical benchmarks and IDPH=s proposed activities to meet these federal preparedness standards:

Critical Benchmark #1: Designate a Senior Public Health Official with the state health department, to serve as Executive Director of the State Bioterrorism Preparedness and Response Program.

$ The Assistant Director of IDPH has been designated by the Director of Public Health to serve as Executive Director of the agency=s bioterrorism planning and response program.
$ The Assistant/Executive Director is responsible for the overall management of day-to-day office and program coordination of agency-wide activities related to bioterrorism response. This involves participating in planning and evaluation; providing input and recommendations for program implementation; and ensuring that assignments are appropriate and completed on time.

Critical Benchmark #2: Establish an advisory committee to IDPH on bioterrorism preparedness and response.

$ In October 1999, IDPH, on request from the Director of the Illinois Emergency Management Agency (IEMA), formed the interagency bioterrorism preparedness and response subcommittee to the Governor=s Illinois Terrorism Task Force. The subcommittee is charged with examining statewide response and recovery issues to a biological event.

Critical Benchmark #3: Prepare a time-line for assessment of emergency preparedness and response capabilities related to bioterrorism, other outbreaks of infectious disease and other public health threats and emergencies with a view to facilitating planning and setting implementation priorities.

$ IDPH will perform a comprehensive analysis of the results of previous federal and state assessments in Illinois. Conclusions obtained from the assessments will be used by IDPH to assist local health departments (LHDs) and hospitals in developing bioterrorism response procedures, identifying the need for response training, understanding federal funding shortfalls, and preparing statewide emergency response procedures. IDPH will use the results to modify future preparedness activities.
$ IDPH will develop a new comprehensive bioterrorism preparedness assessment of LHDs and state jurisdictions with health and safety responsibilities. to identify existing plans and procedures, system gaps and deficiencies not obtained in previous assessments.

Critical Benchmark #4: Prepare a time-line for assessment of statutes, regulations, and ordinances within the state that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel, in coordination with adjacent states.

- $ IDPH will initiate contact with attorney counterparts in Wisconsin, Indiana, Iowa, Kentucky and Missouri departments of public Health. Establish a working group to coordinate legal analyses of respective state emergency public health laws.
- $ IDPH will develop an inventory of state statutes and regulations and pertinent ordinances that provide for credentialing, licensure and delegation of authority for executing emergency public health measures, as well as special provisions for liability of health care personnel and other providers.
- $ IDPH will develop proposals, as applicable, for Illinois legislation and regulations to address any gaps, deficiencies, ambiguities and conflicts in Illinois State law, between Illinois State law and ordinances, and between Illinois State law and the laws of the adjacent states.

Critical Benchmark #5: Prepare a time-line for development of a statewide plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

- $ IDPH will develop the Illinois Bioterrorism Preparedness and Response Plan. The plan will diagram the delivery of state public health assistance to support local governments as they deal with preparedness and response to a biological terrorist incident, including establishing specific thresholds necessary to trigger an emergency response.
- $ The Illinois Bioterrorism Preparedness and Response Plan will be consistent with the Illinois Emergency Operations Plan. The plan will integrate CDC, state and LHD activities and will support plans of other state and local agencies in Illinois.

Critical Benchmark #6: Prepare a time-line for development of a regional plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

- $ IDPH will collaborate with LHDs to develop approximately 12 Public Health Regional Response Planning Areas (PH-RRPA) in Illinois. A PH-RRPA will be defined as a county or multiple counties with a minimum total population of 250,000.
- $ Each PH-RRPA will be required to develop a comprehensive bioterrorism preparedness and response plan.
- $ Each LHD administrative unit will receive a base administrative grant plus funding based on the administrative burden of coordinating multiple entities within respective counties.
- $ A population base of 250,000 will be established as the minimum size LHD to employ a full time Public Health Emergency Response Coordinator (PH-ERC). Those local health departments will receive a grant to hire staff to support the development of PH-RRPA planning requirements.
- $ For each established PH-RRPA, due to salary limitations at the local level, recruitment difficulties, etc., the state will hire a PH-ERC and directly assign that coordinator to one or more local health departments in the area to support the development of PH-RRPA planning requirements.

Critical Benchmark #7: Develop an interim plan to receive and manage items from the National Pharmaceutical Stockpile and other sources, including mass distribution of antibiotics, vaccines, and medical material. Within this interim plan, identify personnel to be trained for these functions.

- $ In October 2000, IDPH developed the Illinois Plan for Receiving, Organizing, Repackaging and Distributing the CDC National Pharmaceutical Stockpile (Illinois NPS Plan). The purpose of the Illinois NPS Plan is to provide operational guidance for the

State of Illinois to request, receive, organize, distribute, and repackage medical material pre-positioned by the CDC to aid state and local emergency response authorities during an act of biological or chemical terrorism when statewide resources have been depleted.

Critical Benchmark #8: Prepare a time-line for developing a system to receive and evaluate urgent disease reports from all parts of your state and local public health jurisdictions on a 24-hour per day, 7-day per week basis.

$ LHDs are required by rules that became effective January 1, 2002 to have personnel available (at their usual work stations or on emergency basis) 24/7.
$ IDPH will develop and implement data system, Illinois - National Electronic Disease Surveillance System, to electronically receive reports from local health departments and laboratories to shorten the interval between onset of symptoms and reporting of symptoms to the local health department and state health department.

Critical Benchmark #9: Assess current epidemiological capacity and prepare a time-line for providing at least one epidemiologist for each Metropolitan Statistical Area (MSA) in the state having a population greater than 500,000.

$ IDPH will reevaluate state and local epidemiologic capacity in a web-based, comprehensive public health infrastructure assessment which will include best practice elements from existing federal assessments, plus the National Public Health Performance Standards.
$ A population base of 250,000 will be established as the minimum size LHD to employ a full time Public Health Epidemiologist. Those LHDs with jurisdictional populations over 250,000 will receive a grant to hire staff to support PH-ReRPA epidemiology and surveillance activities.
$ IDPH will implement a grant program for LHDs that includes funding to hire a trained epidemiologist in each of 9 large LHDs and 12 PH-ReRPAs.

Critical Benchmark #10: Prepare a time-line for ensuring effective working relationships and communication between Level A (clinical) laboratories and higher level laboratories (i.e., Level B and C laboratories).

$ IDPH will convene a focus group of Chicago area hospital laboratory staff to develop a Level A Awet lab@ and provide Awet lab@ training on a continuing basis. Additionally, IDPH will expand current data base of hospital labs to evaluate and monitor Level A capabilities.
$ IDPH will convene focus group of Level A laboratories and IDPH personnel to evaluate program communication between A and B/C labs. Based on the input of focus group, develop an information packet for all hospital laboratories which contains: Internet sites, overview of the bioterrorism program; shipping environmental and clinical specimens (including blood and urine, and those needing chemical agent testing.)

Critical Benchmark #11: Prepare a time-line for a plan that ensures that 90% of the population is covered by the Health Alert Network.

$ IDPH will provide funding through a scholarship program that will enable hospitals to obtain high-speed connections to the Internet. The scholarships will enable small and rural hospitals that have limited financial and technical resources to upgrade communication infrastructure to the minimum broadband standard. In conjunction with the Hospital Network project, IDPH is also working on a Hospital Health Alert Network

(HHAN) that will enable IDPH to provide detailed hospital-specific information to all hospitals in the State via a web server and, in the future, via a web portal system.

$ IDPH will make a web portal available to all public health partners via the Internet. The web portal will provide advanced authentication and site personalization based upon user roles via a secure login entry point. The web portal will be available to the LHDs and other public health participants with Internet access.

Critical Benchmark #12: Prepare a time-line for development of a communication system that provides for a 24/7 flow of critical health information among hospital emergency departments, state and local health officials, law enforcement officials, and other public health participants.

$ IDPH will begin researching and installing an autodialer system with recorded messages and mobile text messaging technology immediately. Additionally, IDPH will focus on technology that confirms receipt of sent messages.

$ IDPH will assess and evaluate the use of Instant Messenger technology. This system will provide instant notification to members of the public health community and respective partners without the need to check email, pagers, or fax machines. This system will only require a connection to the Internet and an agent that will run in the background on each target computer.

$ IDPH will collect and maintain lists of phone (land-based and wireless), pager, and fax numbers for public health participants.

$ IDPH will test the notification system to ensure the effectiveness of the technology on a routine basis. Should less than a 90% contact rate be noted, IDPH will reevaluate the system and either repair, bolster, improve or replace the component that falls short.

Critical Benchmark #13: Develop an interim plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response.

$ IDPH has been designated by the governor and IEMA as the lead agency for bioterrorism response, information and preparedness. IDPH will be required to provide accurate and consistent information that can be disseminated quickly to the news media and public. A bioterrorism event triggers implementation of the Illinois Emergency Operations Plan, which is overseen by the Governor=s Office and IEMA, and warrants establishment of a Joint Public Information Center (JPIC). The JPIC will utilize the Governor=s Office in the State Capitol as the main coordination and release site. The JPIC will include the Governor=s press secretary, IEMA public information staff, IDPH communications staff, and staff from other agencies active in response.

Critical Benchmark #14: Prepare a time-line to assess training needs with special emphasis on emergency department personnel, infectious disease specialists, public health staff, and other health care providers.

$ IDPH will coordinate training needs assessments across all focus areas and programs within IDPH. This would include surveys of risk communication and bioterrorism preparedness and response capacity. Meet with Chicago Department of Public Health (CDPH) staff to discuss the coordination of survey objectives and tools for use in comprehensive statewide training needs assessments.

$ IDPH will develop or determine applicability of existing survey instruments for assessing training needs of public health staff, emergency department personnel, infectious disease specialists and allied health providers within the public health and medical communities of Illinois.

$ IDPH will identify and catalogue relevant public health staff in state and local offices throughout Illinois and contact hospitals, health-related organizations and associations to

determine number, discipline and location of key staff.

Critical Benchmark #15: Designate a Coordinator for Bioterrorism Hospital Preparedness Planning.

$ IDPH will hire a coordinator for the Bioterrorism Hospital Preparedness Program (BHPP) will be responsible for implementing and assessment future hospital needs assessments and operational plans for bioterrorism preparedness in Illinois. The individual hired for the coordinator position will have training and experience in disaster response planning, including knowledge of clinical issues, administrative procedures, linkages to appropriate federal, state and local agencies, and training issues appropriate to bioterrorism preparedness.

Critical Benchmark #16: Establish a Hospital Preparedness Planning Committee to provide guidance, direction and oversight to the State health department in planning for bioterrorism response.

$ IDPH established a hospital workgroup to the bioterrorism subcommittee. The workgroup provides an open forum to discuss critical coordination and response issues for hospitals responding to a biological terrorism event. The primary task of the workgroup is be to establish core preparedness standards for the BHPP and to discuss communication barriers, coordination issues, and planning and training needs for response.

Critical Benchmark #17: Devise a plan for a potential epidemic in each state or region. Recognizing that many of these patients may come from rural areas served by centers in metropolitan areas, planning must include the surrounding counties likely to impact the resources of these cities.

$ IDPH will collaborate with disaster POD hospitals to develop eleven emergency medical service regional planning areas (EMSRPA) in Illinois. Each EMSRPA will correspond with the existing Emergency Medical Service (EMS) regions.

$ Disaster POD hospitals will be required to develop a comprehensive regional bioterrorism preparedness and response plan. The plan will diagram the delivery of regional/local medical assistance to support the planning area as they deal with the preparedness and response to biological terrorist incident, including establishing specific thresholds necessary to trigger an emergency response. The plan will provide the framework for hospitals and other medical facilities to utilize when developing local preparedness and response procedures. It will also describe how and when state and federal governmental agencies will intervene. The plan also will ensure that all levels of government are able to respond as a unified emergency organization.

State of Illinois Bioterrorism Grant Appropriations:

The State of Illinois is eligible to receive a total of $30.1 million dollars from HHS for the grant period ending August 31, 2003. This total includes $26.2 million for the CDC bioterrorism preparedness and response grant and $3.9 million dollars for the HRSA hospital preparedness grant.

Focus Area	CDC Grant Award
Preparedness Planning and Readiness Assessment	$ 7.1 M

Surveillance and Epidemiology Capacity	$ 6.0 M
Laboratory Capacity - Biologic Agents	$ 4.9 M
Health Alert Network/Communications and Information Technology	$ 4.9 M
Communicating Health Risks and Health Information Dissemination	$ 0.8 M
Education and Training	$ 2.4 M
Total CDC Bioterrorism Preparedness and Response Grant	$ 26.1 M

Phase	HRSA Grant Award
Needs Assessment, Planning and Initial Implementation	$ 3.1 M
Implementation	$ 0.8 M
Total HRSA Hospital Preparedness Grant	$ 3.9 M

For the CDC bioterrorism preparedness and response grant, approximately 78 percent of the funds will be directly granted to LHDs. This percentage was determined by subtracting the funds associated with the deliverables that are the sole responsibility of IDPH from the total Illinois appropriation. The three capacities that fall to this category include: Laboratory Capacity - Biologic Agents, Health Alert Network, and development of the Illinois - National Electronic Disease Surveillance System. These three very specific deliverables will both directly and indirectly benefit LHDs. IDPH=s budget/application for the needed improvements in these three capacities totals approximately $8.5 million dollars. The funds that are actually available for more general bioterrorism preparedness and public health infrastructure improvement is approximately $18 million.

LHD Grant Allocation Calculation	CDC Grant Award
CDC Bioterrorism Preparedness and Response Grant	$ 26.2 M
Less IDPH Only Focus Area Deliverables	$ 8.5 M
Less Funds to Other Allied Organizations	$ 0.9 M
Total Funding Available for LHD and IDPH Activities	$ 16.8 M
Allocation for Direct Assistance/Grants to LHD=s	$ 13.3 M
Allocation Retained by IDPH for State Deliverables	$ 3.5 M

For the HRSA hospital preparedness grant, at least 50 percent of the Needs Assessment, Planning and Initial Implementation phase award was required to be allocated to hospitals and other health care entities to begin implementation of their plans.

Hospital Grant Allocation Calculation	HRSA Grant Award
HRSA Hospital Preparedness Grant (Phase 1)	$ 0.8 M

Disaster POD Hospital Regional Planning Grants	$ 0.4 M
IDPH Grant Implementation and Administration Activities	$ 0.4 M

At least 80 percent of the funds awarded for implementation phase direct costs must be allocated to hospitals through written contractual agreements. To the extent justified, a portion of these funds may be made available to collaborating entities (such as health centers, EMS systems and poison control centers) that contribute to hospital preparedness.

Hospital Grant Allocation Calculation	HRSA Grant Award
HRSA Hospital Preparedness Grant (Phase 2)	$ 3.1 M
Direct Hospital Preparedness Grants	$ 1.8 M
Hospital Association Training and Education Grants	$ 0.4 M
Illinois College of Emergency Physicians (IMERT Adminstration)	$ 0.1 M
Illinois Poison Center	$ 0.3 M
Development of Hospital Resource Data System	$ 0.5 M

Dr. DIAZ. Thank you very much for the opportunity to speak with all of you today. As noted, I am joined by Dr. John Wilhelm, the commissioner of health for the city of Chicago.

This is a very important subject, as it relates to bioterrorism and terrorist acts.

Since September 11th and the anthrax crisis that gripped our country, the city of Chicago has loomed large as a potential target for bioterrorism. In recognition of this fact, the Federal Centers for Disease Control and Prevention awarded the Chicago Department of Public Health $12 million to support the development of an integrated system for protecting the citizens of Chicago and the surrounding area from bioterrorist attack.

It should be noted that much of the work by the Chicago Department of Public Health in this area long predates September 11th or the recent CDC award. The Chicago Department of Public Health has, over the years been building a strong and effective system to detect and monitor outbreaks of routine infectious diseases and 2 years ago, direct funding from the CDC helped lay that groundwork specifically around bioterrorism.

Today, the Office of Emergency Preparedness, in response to infectious diseases, coordinates the Department's activities related to bioterrorism in partnership with other city, State, regional and Federal agencies. Many of these activities include table-top exercises that involve leaders in our health department, additionally our fire department, law enforcement and other critical first responders. These exercises allow leaders to map out strategies for responding to a variety of scenarios.

We have regular meetings of a technical advisory group on bioterrorism that is comprised of experts and leaders in our community. This group would be called upon to support us and for consultation during an emergency.

We have established a 24-hour a day, 7 day a week call system allowing health professionals in the community to immediately report suspicious symptoms that may be related to a bioterrorist attack or any outbreak of infectious diseases.

We have developed plans for distribution of drugs, vaccines and medical supplies for protection of the public in the event of a terrorist attack.

And most importantly, an enhanced capacity to recognize through disease surveillance, and respond to communicable diseases of all kinds. Whether the threat of Anthrax or Influenza, public health defense depends not on any one single strategy, but many functions and disciplines, including epidemiology, planning public information and general communicable disease control. In other words, the threat of bioterrorism calls not so much for new and extraordinary strategies to be used once in an emergency that hopefully will never happen, but for resources and systems that should be in place as part of routine public health functions.

The challenge is to ensure that adequate resources are available to manage a bioterrorist incident, a uniquely complex event that would potentially involve the entire city's population, its health care system, first responders, the media and just about every other institution in the city.

It should be emphasized that the Chicago Department of Public Health has not been putting our programs into place alone, but in concert with Federal, State and regional health departments. Our department is working to increase connectivity, that communications link, through high-speed, secure internet technology, our health alert network, with other health departments, our city hospitals, and other agencies such as our first responder agencies and health systems that would be involved in an event.

Additionally, it should be noted that the Department is working to help the City's hospitals prepare for a bioterrorist attack using funds from the Health Resources and Service Administration.

And finally, the City has been an active advocate of enhancing the State's laboratory capacities for testing for the presence of infectious diseases.

We believe our program demonstrates the value of direct Federal funding. Some have argued that all support for protection against bioterrorism should be given to States and only indirectly to local health departments. Well, when it comes to many matters of public health, one size does not fit all. The needs of a densely populated socio-economically diverse urban center like Chicago and the other cities that receive direct funding are not those of smaller more rural or suburban locations. Some also have pointed out that bioterrorism can occur anywhere, and to be sure, terrorism, like infectious diseases, is not confined to the Nation's largest cities. But the vulnerability of cities like Chicago, and the magnitude and complexity of responding to an attack, and containing it, is not determined only by the density and size of the population. It is also determined by the physical size of the city, the complexity of the city's health care system, the socio-economic, linguistic and ethnic diversity of the population, the concentration of industry, the presence of two large airports like Chicago as well as rail transportation and interstate highways and a daily influx of visitors from all over the world. These and a host of other factors, make containment of an outbreak of deadly disease in Chicago vastly more complicated to manage than a similar outbreak in a smaller or more rural setting. As only one example of this complexity, one might imagine the catastrophic potential of an undetected outbreak of highly infectious disease being carried all over the Nation and the world as thousands of travelers leave the airports in Chicago.

And finally, we join others in supporting the development of the new Federal department, having a coordinating role among all Federal departments in terrorism activities.

As I hope we have demonstrated this morning, the public health requirements for bioterrorism preparedness are well within the broader routine activities of public health, and therefore, caution that the policies, planning and implementation of the public health aspects of bioterrorism remain within the Department of Health and Human Services, most notably CDC and HRSA.

Thank you very much for the opportunity to speak with you today.

[The prepared statement of Dr. Diaz follows:]

Testimony to the Subcommittee on Government Efficiency, Financial Management, and Intergovernmental Relations of the Committee on Governmental Reform
U.S. House of Representatives
July 2, 2002 Hearing
Chicago, IL

PREPARING FOR A TERRORIST THREAT: LAYING THE PUBLIC HEALTH GROUNDWORK AT THE LOCAL LEVEL

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Popular images of how a bio-terrorist attack might occur, and how a city might respond, sometimes draw on military motifs: a "strike" team moves rapidly into a contaminated area to scoop up hazardous material before it spreads disease following a catastrophic event.

While such a scenario is not unthinkable, in reality the first indications of a bio-terrorist attack may not be very different from those that precede any other routinely occurring communicable disease: Individual citizens, geographically dispersed within a city or region, begin to show up at hospitals or doctors' offices with signs and symptoms of disease.

A proper response, too, may be similar to that following any other routine outbreak. First, knowledgeable health professionals in the community must recognize the symptoms of disease and report their occurrence in a timely fashion to public health authorities. Next, trained public health officials must interpret patterns in the appearance of disease that indicate an outbreak threatening to the general population. Then, a plan of action must be implemented including detection and isolation of infectious individuals; treatment of acute disease; preventive measures to protect unaffected populations; and dissemination of information to health professionals and the public about the nature and extent of risk, with recommendations on how to act.

In other words, the threat of bioterrorism calls not so much for extraordinary strategies to be used once in an emergency that may never happen, but for resources and systems that should be in place *as a matter of routine.*

Citizens of Chicago can count themselves fortunate that the city's preparations for bioterrorism began well before September 11. The Chicago Department of Public Health has over the years been building a strong and effective system to detect and monitor outbreaks of routine infectious disease. Two years ago, funding from U.S. Centers for Disease Control and Prevention helped lay the groundwork specifically around bioterrorism. Today, the CDPH Office of Emergency Preparedness and Response to Infectious Diseases coordinates all activities related to bioterrorism in partnership with other city, state and regional agencies. Below are some key achievements that highlight the value of direct federal funding to the city.

1) Partnerships With "First Responders," and Other City, State and Regional Agencies. In any infectious disease emergency that has consequences for the health of the public, emergency medical service personnel, police, and/or fire departments may have a vital role, depending on the size and nature of the outbreak. In the event of a terrorist attack, the role of these "first responders" could be critical.
Unfortunately, health departments have typically had little ongoing contact or coordination with these agencies. Chicago is unique in that for the past two years, the CDPH has forged sustainable working relationships with first responders and a variety of other city and regional agencies that are likely to be involved in response to an act of terrorism that may affect the public's health. As an example of this kind of collaboration, CDPH has participated in "table-top" exercises with first responders and other critical agencies to map out coordinated strategies for responding to a variety of theoretical scenarios.

Recent CDC funding has enabled CDPH to establish a formal process for ongoing evaluation of the city's preparedness in partnership with the Chicago Fire Department. This evaluation will make use of the Emergency Response Synchronization Matrix--a sophisticated computer software technology developed by a national laboratory--that will allow system-wide planning and synchronization of emergency operations across multiple agencies. The partnership will enable CDPH to identify gaps in planning for response to a bioterrorist event.

2) Partnerships with Community Leaders. In August 1998, CDPH convened a technical advisory group on bioterrorism (B-TAG) to address preparedness and to coordinate and identify roles for response to a bioterrorist attack. Members include CDPH staff, the Cook County Department of Public Health, the Illinois Department of Public Health, and IDPH State Laboratory, infectious disease physicians in the community, and poison control officers. A similar group, known as the Technical Advisory Group, has been meeting regularly since 1993. Recent TAG meetings have been devoted to bio-preparedness and smallpox training.

3) Plans for Mobilization and Distribution of the National Pharmaceutical Stockpile. In any outbreak of communicable disease, prophylactic measures, such as vaccinations to protect as-yet-unaffected populations, are crucial to containing an outbreak. The CDPH has drafted a plan for distribution of medications, vaccines, and other medical material through the department's pharmaceutical warehouse to clinics throughout the city. Specifically, the department has mapped out a plan for people throughout the city to reach centers of distribution for vaccines or drugs. Based on the known number of these "prophylaxis lines" and the numbers of people who may need to be vaccinated under a variety of scenarios, the CDPH has identified "break points" for determining if resources are adequate to meet demand in an emergency situation, or if additional resources are needed.

CDPH is hiring a Doctor of Pharmacology to help improve systems and resources for distribution of pharmaceutical supplies in a time of emergency and assist in development of a local drug cache. Meanwhile, the department is working with the Chicago Medical Society to further education physicians and coordinate a volunteer program that would expand current capacity to provide urgent medications or vaccinations in a timely manner. Additionally, CDPH is working on a process to link zip codes within the city to distribution centers; in the event that very large numbers of people need

to be vaccinated, residents of specific zip code zones might be assigned to receive vaccination at a specific distribution site on any given day.

PREPARING FOR A THREAT: DETECTING DISEASE

When an individual seeks medical care, a physician will use a variety of tools--for instance, an X-ray or blood test--to determine if disease is present in the person's body. Public health professionals also have techniques for detecting and monitoring communicable disease within a population. One of the most important tools they have at their disposal is *information*. The systematic gathering of information about health and disease in a population is known as "surveillance," and it is one of the core functions of public health; surveillance is vital whether the threat is smallpox or salmonella or measles.

Just as techniques for diagnosing disease in an individual have grown more sensitive as they have advanced in sophistication, so the public health tools for information gathering can be refined to provide a more complete and accurate picture of disease within a community. An individual today may undergo a sophisticated test such as a CAT scan or MRI to detect cancer, for instance, but the results of the test may actually alert the patient to an entirely different abnormality or disease. In the same way, the more sophisticated and efficient the system in place for public health surveillance, the more likely that system will be able to alert professionals to the presence of infectious disease of all kinds.

So, improving public health surveillance of diseases related to bioterrorism will enhance the capacity to detect more routine infectious disease--and visa-versa; one of the best assurances that a bioterrorist attack will not succeed is a strong and effective system of routine surveillance.

Much of the most important work the CDPH has been doing to prepare for bioterrorism has been in this area. The heart of surveillance is timely reporting of disease by health professionals in the community. For this reason, the focus of the department's efforts has been on building communication and relationships with hospital-based physicians and infectious disease control experts, laboratory directors and the medical community.

RESPONDING TO AN OUTBREAK: COMMUNICATION WITH THE PUBLIC

In any outbreak of disease, the strength of a public health system is most truly tested (and success or failure in containing disease ultimately determined) by whether citizens can take wise precautions to protect themselves and their neighbors based on accurate, timely information. It is well known, for instance, that much death and disease have been averted by educating the public about hazardous behaviors; in an emergency, the imperative of an informed and knowledgeable public is heightened.

The aims of terrorism, it is widely agreed, have less to do with causing death and destruction than with instilling fear; defeating these aims depends upon the extent to which citizens respond with a kind of civic courage: calmly and resolutely taking such precautions as is necessary; caring for friends and neighbors wherever possible; and proceeding with daily routines to the extent that it is safe. In the case of an outbreak of deadly disease, such civic courage is likely also to be life saving.

However, it depends entirely on the ability of a public health system to provide the citizens it serves with accurate, timely and consistent information. Following are examples of strides CDPH has taken toward building a sustainable system of regular communication with the public, along with future enhancements to that system that will be advanced by CDC's award.

1) Tools for Educating the Public. As a routine public service, the CDPH has developed a number of communications tools to educate millions of people about airborne, waterborne, foodborne and other types of possible public health emergencies. These include fact sheets and information posted on the CDPH website, hard-copy posters and pamphlets, and briefing materials tailored to difference audiences including news media, elected officials, others who will be responding to public requests for information. Materials are delivered to the public through a network of nearly 1000 sites including city-run public health clinics, libraries, day-care centers, schools, police stations, firehouses, senior citizen centers, park district field houses, alderman offices and human service centers.

2) Emergency Response System. The CDPH has an emergency response system that is activated when the department's public information officer is notified of a public health crisis or imminent event. Using electronic and hard copy emergency contact lists, all key CDPH staff have 24-hour telephone-pager access to each other and to all officials in Chicago City government. During a bioterrorism event, the CDPH leaders and all other city leaders would be stationed at the city's 911 Center. Representatives of county, state and federal agencies, the military, utility companies and other key constituents would work from the command center in one large operations room outfitted with an array of communications technology that keeps all parties in instant contact with staff who are needed in the community. The 911 Center includes a press conference facility for live broadcast of information and instructions.

The role required by CDPH staff would vary depending on the nature of the emergency. The department has identified key leaders to serve as spokespersons for all conceivable scenarios.

The emergency response system was tested during the anthrax crisis in the fall of 2001. Areas that will be enhanced by CDC funding are as follows:

- Providing sufficient amounts of pre-printed materials;
- Ensuring capacity to translate English-language versions of printed materials into Spanish, Polish, Russian, Arabic and approximately 30 other languages;
- Ensuring capacity to convert English-language versions of printed materials into Braille, large print, and audiocasette formats;
- Educating members of the press and media about public health issues related to bioterrorism;
- Increasing media relations skills among CDPH staff.

WHY DIRECT FUNDING?

The "public" nature of public health stems from a biological fact: infectious organisms travel from person-to-person spreading disease as they go. The greater the concentration of people in one place,

the greater the chance for disease to spread.
There are more than three million people in the city of Chicago, the third largest urban center in the nation. It is not at all surprising, then, that the city has the highest "burden of disease" of anywhere in Illinois--indeed, of anywhere in the Midwest. That fact alone might make it obvious that the city should receive special attention and special funding to combat disease. In fact, however, federal funding for public health defense has traditionally gone to state health departments, whose mandate is to provide public health services for the entire state--including many rural and sparsely populated regions. This "one-size-fits-all" approach may possess a certain logic in some areas of public policy, but when it comes to public health it has the effect of ensuring that centers of dense population, such as Chicago, receive the least amount of dollars proportional to their share of disease.

In the case of bioterrorism, the federal Centers for Disease Control has made a generous exception to this "one-size-fits-all" policy by directly funding Chicago, Washington, D.C., New York City, and Los Angeles. This wise investment in the nation's most populous cities will allow them to prepare for any terrorist catastrophes. In June of 2001, the Johns Hopkins Center for Civilian Bio-defense Strategies, in collaboration with three other institutions, convened a two-day exercise to simulate a covert terrorist attack using smallpox virus as a weapon. The name of the exercise, "Dark Winter," was ominously apt, for the simulation showed that in a worst-case scenario, such an attack could result in as many as one million deaths within a matter of months. It is worth noting that this nightmare scenario was predicted to occur following an attack in Philadelphia, Atlanta, and Oklahoma City--three cities with smaller populations than Chicago.

To be sure, terrorism (like infectious disease) is not confined to the nation's largest cities. But the vulnerability of cities like Chicago--and the magnitude and complexity of responding to an attack and containing it--is not determined only by the density of the population. It is also determined by the physical size of the city, the complexity of the city's health care system, the socioeconomic, linguistic and ethnic diversity of the population, the concentration of industry, the presence of two large airports (as well as rail transportation and interstate highways), and the daily influx of visitors from all over the world. These, and a host of other factors, make containment of an outbreak of deadly disease in Chicago vastly more complicated than a similar outbreak in a smaller or more rural setting. As only one example of this complexity, one may imagine the catastrophic potential of an undetected outbreak of highly infectious disease being carried all over the nation and the world by thousands of travelers leaving O'Hare and Midway airports.

Clearly, when it comes to bioterrorism, Chicago must be seen as a priority area requiring a well-developed response system. The city's international visibility, dense population, and importance as a center of transportation and commerce make it an all-too-appealing target. Indeed, an uncontained outbreak of deadly disease spawned by bioterrorists would easily threaten the larger surrounding region and the nation. For these reasons, we believe it is highly appropriate that the city of Chicago be funded directly by the federal government.

IMPORTANCE OF POLICYMAKING ROLE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES

As I hope we have demonstrated this morning, the public health requirements for terrorism preparedness fall well within the broader, routine activities of public health, which take place in state and local departments, and at CDC and HRSA at the federal level. It is essential than any new federal department established for homeland security not fragment or compromise the bioterrorism efforts of HRSA and CDC, both housed in the Department of Health and Human Services. We understand and support the Administration's desire to have one entity which coordinates all terrorism-related activity; however, we believe it is integral to the building of public health preparedness capacity at the local level that the planning and implementation of federal policy remain within DHHS.

Mr. HORN. Thank you. Dr. Wilhelm, can you come here at the table.

Dr. WILHELM. Good morning. Dr. Diaz actually gave our combined departmental testimony.

Mr. HORN. Well, Dr. Wilhelm, you are a commissioner, and so if you would like to add anything, let us know.

Dr. WILHELM. The only thing I would emphasize again are the points of the complexity of a City such as Chicago and the others who receive direct funding—New York City, Washington, DC, and Los Angeles. It is extremely important that we use the funding to build our everyday systems to control communicable disease which are the exact systems that we would be using in the event of a bioterrorist attack.

Mr. HORN. You might want to bring the microphone a little closer. Thank you. Technology is slow with congressional committees. Go ahead.

Dr. WILHELM. My comment was the only thing that I would emphasize in the departmental statement that Dr. Diaz presented is the importance of direct funding to Chicago as well as the other cities—New York, Washington, DC, and Los Angeles, in recognition of the complexity and the density here in these major cities. What the funding is doing is it is strengthening our everyday systems and collaborations for control of communicable disease, which are the same systems that we would be using in the event of a bioterrorist attack.

Thank you.

Mr. HORN. Thank you. Dr. Schneider. Dr. Schneider is professor of medicine, chief of endocrinology section at the University of Illinois.

Dr. SCHNEIDER. Thank you. I appreciate the opportunity to present my comments on the role of potassium iodide, also referred to as KI, in the event of a nuclear or radiological terrorist attack.

As an endocrinologist, I care for patients with thyroid disease. I have been studying the effect of radiation exposure on the thyroid since 1973. The studies have focused on the thyroid gland since it is the most sensitive organ to the effects of radiation. I have also served on advisory panels for a variety of studies, including those occurring in the Chernobyl region. Finally, until recently, I was the Chair of the Public Health Committee of the American Thyroid Association. My comments are also informed by my working with the expert members of that association.

The thyroid gland uses iodine to make thyroxine. Iodine is a unique component of thyroxine. As there is relatively little iodine in the diet, in order to make thyroxine, the thyroid has developed the ability to concentrate it. When the body is exposed to radioactive iodine, it is also concentrated in the thyroid gland. Giving a large amount of non-radioactive iodine, in the form of a KI tablet, can prevent this. The non-radioactive iodine saturates the thyroid and largely prevents it from taking up the radioactive form.

While it was known for decades that external radiation could cause thyroid cancer, it was not so clear for internal exposure from radioactive iodine. This uncertainty was erased by the unfortunate outcome of the Chernobyl accident. Among exposed children, hundreds of cases of thyroid cancer have occurred. Many of these cases

have been unusually aggressive and some have been fatal. A terrorist attack on a functioning nuclear power plant could release radioactive iodine. A nuclear explosion would also release radioactive iodine, as did the bombs exploded in Japan and the above-ground tests conducted in the United States and in the Soviet Union. A dirty, conventional bomb or a non-functioning plant may not release radioactive iodine.

Following the Chernobyl accident, KI was widely used in Poland. That experience proved its safety and provided an important part of the data used to support the guidance issued by the FDA and the recommendations of the American Thyroid Association and others in favor of distributing KI tablets. Based largely on the Chernobyl experience, the American Thyroid Association recommends predistribution in a 50-mile radius around nuclear plants and stockpiling up to 200 miles.

I am pleased that both the legislative and executive branches of the government have acted and I am also pleased to see the growing list of States that have accepted iodine from the Federal Government.

Although there appears to be movement in the State of Illinois, the situation is less clear. First, reported comments from at least one State official indicate an under-estimation of the effects of thyroid cancer. Although often referred to as one of the "good" cancers to have, on occasion it can be difficult to treat and, as I mentioned, it can be fatal. Successful treatment includes removing the thyroid gland. Living without the thyroid gland is readily managed, but it is not without its difficulties and potential dangers. The second concern is that Illinois reportedly will use industrial support to purchase its supply of KI tablets. The rationale for this is not clear and raises the concern that Illinois will have policies that differ from its neighboring States and the rest of the country.

I thank you for the opportunity to address you.

Mr. HORN. Thank you, Dr. Schneider. That is a very helpful presentation because we have had a number of worries about the iodine.

And now we have David Kraft, director, Nuclear Energy Information Service, and we look forward to your testimony.

[The prepared statement of Dr. Schneider follows:]

Comments of Arthur B. Schneider, M.D., Ph.D. submitted to the Committee on Government Reform's Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations for its hearing on Tuesday, July 2, 2002 in Chicago, IL

I appreciate the opportunity to present comments on the role of potassium iodide, also referred to as KI, in the event of a nuclear or radiological terrorist attack.

I am the chief of the Section of Endocrinology at the University of Illinois College of Medicine here in Chicago. Endocrinologists care for patients with thyroid disease. I have been studying the health effects of radiation exposure since 1973. My studies have focused on the thyroid gland, since it is the most sensitive organ to the effects of radiation. I have also served on advisory panels for a variety of studies, including those occurring in the Chornobyl region. Finally, until recently I was the chair of the Public Health Committee of the American Thyroid Association. My comments are also informed by my working with the expert members of that Association.

The thyroid gland uses iodine to make thyroxine. Iodine is a unique component of thyroxine. As there is relatively little iodine in the diet, in order to make thyroxine, the thyroid developed the ability to concentrate it. When the body is exposed to radioactive iodine, it is also concentrated in the thyroid gland. Giving a large amount of non-radioactive iodine, in the form of a KI tablet can prevent this. The non-radioactive iodine saturates the thyroid and largely prevents it from taking up the radioactive form.

While it was known for decades that external radiation could cause thyroid cancer, it was not so clear for internal exposure from radioactive iodine. This uncertainty was resolved by the unfortunate outcome of the Chornobyl accident. Among exposed children, hundred of cases of thyroid cancer have occurred. Many of these cases have been unusually aggressive and some have been fatal. A terrorist attack on a functioning nuclear power plant could release radioactive iodine. A nuclear explosion would also release radioactive iodine, as did the bombs exploded in Japan and the above ground tests conducted by the U.S. and the Soviet Union. A "dirty" conventional bomb or a non-functioning plant may not release radioactive iodine.

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Thank you. I would be happy to answer your questions.

Mr. KRAFT. Thank you. I want to thank the committee for opportunity to present today.

My organization is based in Evanston, Illinois and we have been around 20 years. Our purpose is to act as a citizen watchdog organization on the commercial nuclear power industry. Illinois, as was mentioned earlier, has more reactors than any other State. In our opinion, it needs more surveillance and watchdogging as well. And I think history has borne that out amply.

My comments today will be different from the previous ones you have heard, largely which have been based on public health and medical concerns. I want to focus in on the issues of energy and infrastructure and how that factors into the terrorist threat in the future.

In trying to get a handle on how I would put my remarks to you today, I was thinking back to my experience on September 11th and that following week after the tragedy. And what occurred to me is something that I think you in Congress really need to examine from a strategic standpoint. A lot of what you have heard today I think is a tactical response to crises and emergencies that we are anticipating, but unless we also anticipate in a broader sense and a broader scale how our society is structured, where it is vulnerable and where we can make substitutions, then we are fooling ourselves into thinking that we are really protecting the public.

So what I hope to get across to you today is one concept that September 11th has demonstrated. And that is, the way we have constructed our technological society makes our infrastructure both a target and a weapon. In the past, there was a distinction between the two and I think it was much more clear cut.

What we need to take a look at in the future is how our infrastructure that we depend on has now become both weapon and target and how they can be interchangeable. This is very significant. The fact that airplanes were not anticipated as weapons of mass destruction certainly does not call for the abolition of commercial air transport but what it does say is we need to respond in a totally different way to airport security or to construction of buildings, and that was particularly hammered home when the Nuclear Regulatory Commission admitted 1 week after the accident that it had failed to do the calculations which would demonstrate that our reactors could withstand those hits on the World Trade Center and the Pentagon. And we are still waiting for the numbers to be crunched.

That is a major shift in thinking and if we are going to proceed in the 21st century on a technology-based society, it is up to the leadership of this Nation to consider that dual role. And when you choose to go down a technological path, you had better be prepared for the boomerang.

Now I am going to get into some of the specifics that I have observed in terms of the nuclear power situation and then I would also refer you to a report that we produced last October and it is available on our Web site, called "Here Today, There Tomorrow: Commercial Nuclear Reactor Sites as Terrorist Targets."

Ms. SCHAKOWSKY. Mr. Chairman, I would ask that we insert that into the record.

Mr. HORN. Without objection.

Mr. KRAFT. I do have additional copies available and this is on our Web site. Regrettably, I mailed this to the Illinois delegation last October and because of the anthrax situation, you may not have received it. So I apologize for that.

The second thing that struck me over the weekend as I was preparing for these remarks was a comment that Albert Einstein supposedly made, and that is that "A clever person solves a problem; a wise person avoids it." What I want to get into now are avoiding some future problems in a strategic kind of way; specifically dealing with nuclear power and with nuclear waste.

As we have observed situations since September 11th and watched the NRC's rather lethargic, uneven response to the tragedy, we have to hammer home a few points. The first is that if you are going to rely on reactors in the 21st century, you, the leadership of this country, must certify to the public that those reactors belong in the 21st century and can withstand 21st century threats. If they cannot do so, they do not belong here.

Shipbuilding changed after the Titanic hit an iceberg. We need to make the same kind of shift in the nuclear power industry. The set of criteria that is used to make that determination is called the design basis for the reactor. I would submit to you that the NRC needs to revise, re-examine and rewrite the design basis, not only for the future reactors that it anticipates so that they can show that they can hold up under these threats, but they are going to have to take a look at re-examining the design basis for reactors that are permitted to operate and who are applying for plant life extension for an additional 20 years because these will be the reactors that will be selected as future terrorist targets. If they cannot withstand the terrorist threat, they must be closed.

We would further point out that the spent fuel pools which are a point of controversy both in terms of the Yucca Mountain issue coming up, and just the operation of reactors in the future, must be significantly upgraded and hardened, from an engineering standpoint. Security at reactor sites needs to be greatly enhanced, and the sites themselves may actually have to be redesigned in order to survive credible terrorist threats in the 21st century.

We think the NRC has failed in its regulatory practices and we need to take a look at why that has happened. And again, I think it would be useful to look at Einstein's quote to move away from an infrastructure that has inherent danger to an energy infrastructure that does not have the same dangers that nuclear power would have. And this would be to aggressively promote renewable energy alternatives, efficiency and something that was actually touted very highly in the Bush energy plan, a concept called a "distributed generation," so that transmission systems are not disrupted.

I will stop there and be glad to answer any questions you might have. Thank you.

[NOTE.—The report entitled, "Here Today, There Tomorrow: Commercial Nuclear Reactor Sites as Terrorist Targets," may be found in subcommittee files.]

[The prepared statement of Mr. Kraft follows:]

TESTIMONY OF
DAVID A. KRAFT, DIRECTOR
NUCLEAR ENERGY INFORMATION SERVICE
before the
SUBCOMMITTEE ON GOVERNMENT EFFICIENCY, FINANCIAL MANAGEMENT AND INTERGOVERNMENTAL RELATIONS
in Chicago, IL, July 2, 2002

My name is David A. Kraft; I am director of Nuclear Energy Information Service, an environmental organization based in Evanston, IL. We focus on reactor and radioactive waste safety and security issues, primarily in Illinois, the most nuclear-reliant state in the U.S. We appreciate the opportunity to present our views on energy and Homeland Security to your Committee today. We will focus primarily on nuclear power and waste related issues.

The events of Sept. 11th have changed a lot of things, for a lot of people. That's good; they should have, for not to change would be to deliberately remain as vulnerable to such attack in the future. What we find disturbing is the amount effort and resources being poured into defending the ultimately indefensible, while little emphasis is being placed on necessary infrastructure shifts to make this Nation less vulnerable to future Sept. 11th's. We will elaborate below.

There are two levels of response to the questions this Committee has posed to its witnesses: 1.) The first, an analysis and response to "what is" in terms of nuclear power and energy infrastructure, and 2.) Implementation of what needs to be in the future, to prevent or minimize the effects of Sept. 11th-scale attacks. Each has a unique set of required interventions.

WHAT IS:

Today the U.S. relies on 103 operating commercial nuclear reactors (and their required accompanying spent fuel pools and dry-cask storage containers) for about 20% of its electricity. Forty-thousand plus tons of so-called "spent" reactor fuel reside at 131 sites around the country. Each of these large-scale reactors is tied into the main power transmission grid, which was demonstrated by natural causes a few years ago to be old, constrained, brittle, and vulnerable to disruption with enormous negative region-wide effects.

This nuclear power system is allegedly regulated by the Nuclear Regulatory Commission (NRC), which this past week authorized the license of a new reactor design, the AP-1000. The development of our Nation's radioactive waste disposal system is in the hands of the Department of

Energy, which oversees the development of the proposed "high-level" radioactive waste (HLRW) facility. Both have a demonstrated track record indicating a severe allergic reaction to regulation — either doing it, as their charters mandate; or following them, as law requires.

Recently, we have seen the Administration propose and energy "strategy" calling for the construction of as many as 150 new nuclear reactors; heavy nuclear industry subsidization; and fast-tracking of such programs as new reactor licensing, reactor operating license extension, and radioactive waste dump siting at Yucca Mt. Nevada, as well as extension of the controversial Price Anderson Act insurance subsidy. We have see Congress follow suit with quick passage of Price Anderson Act in the House with fewer than 20 representative present; and most recently, rapid approval of the Yucca Mt. high-level radioactive (HLRW) waste dump, prior to full disclosure of information by Secretary of Energy Spencer Abraham.

On their part the nuclear industry is interested in extending the operational lifetimes of their current reactors by 20 years, and build new ones, many of which would not benefit from the reinforced containment structures present at today's reactors, and in one case would have no containment building at all. The NRC as state above has licensed one such design this past week; and is considering licensing the design with no containment building as well. The industry also takes out full-page advertisements arguing how undesirable it is to keep *storing* HLRW at reactor sites in Illinois, yet doesn't seem to have any problems with the idea of *perpetually generating additional quantities of hotter, more hazardous wastes, for longer period of time* in Illinois.

And finally, we have the numerous press accounts exclaiming July 4th threats to nuclear reactors, "dirty" bombs and the capability of 100 nations to have them, and recent accidents involving radwaste vehicles.

Based on this easily documentable description of the world of nuclear power since Sept. 11, 2001, one is led to paraphrase the famous Albert Einstein quote and conclude that, "The events of Sept. 11th have changed everything in our world, ***save the way we think!"***

WHAT WE SHOULD AND NEED TO DO:

The attack of Sept. 11th demonstrated that our highly technology-reliant infrastructure is BOTH target AND weapon. The only way for any kind of meaningful Homeland security to succeed is to recognize this fact, and act to minimize the overall threat and impact from the technologies we choose to continue using in our infrastructure.

The 9-11 attack, and recent threats to nuclear installations demonstrate and amplify that

nuclear power (and its inevitable wastes) is inherently dangerous; requires intense centralization and largeness of scale; and can produce catastrophic results while delivering a commodity that can be obtained from other means, permission for its future use must be judged taking these factors into account in a post-9-11 world, and comparing them with the consequences for other energy resources.

Several significant changes -- based on the old physician's maxim of "First, do no harm," -- must be implemented before nuclear power is permitted to continue operation into the rest of the 21st Century:

1.) Reactors must demonstrate conclusively that they can survive the real-world threats existing and projected into the 21st Century, without a major release of radioactive materials; the *design-basis* for all existing reactors must be re-evaluated based on current world threats (e.g., existing weaponry, impacts from existing and planned airliners, assessment of terrorist capabilities), as should the design basis for new reactor designs. Existing reactors and their fuel pools that cannot withstand the threats existing around them must be closed; new reactors that fail this new design-basis upgrade should not be licensed by NRC; and those already licensed that fail this examination should have the license revoked until they can demonstrate their ability to comply.

2.) Significant upgrades in the areas of existing security and engineered facilities must take place at all existing reactors and their spent fuel pools and dry-cask storage sites. Spent fuel pools and dry-casks need significant engineering upgrade ("hardened on-site storage" -- "HOSS"), so that they too can withstand airline crashes from today's commercial and military aircraft, and not release their radioactive inventories. Security measures at all levels -- procedures, personnel, equipment, training, site layout, etc. -- need to be further enhanced at all existing reactor sites. Reassessment of the "emergency planning zones" should be undertaken, with mandated distribution of potassium iodide pills to residents and businesses in the zones enforced.

3.) Regulatory practices dealing with nuclear reactor (and waste) safety and security, and emergency response need to be dramatically overhauled. Unlike the manner in which NRC has practiced regulation of the industry both pre- and post-9-11, the implementation of reactor security regulations and practices need to be uniform, universal, immediate/timely, and mandatory; and emanate from the federal level. States should and will have important roles to play in both security and emergency response scenarios; but these should be

subordinate to the federal regulations. NRC discretionary enforcement and industry self-regulation initiatives in these areas need to be permanently abolished, to reflect the "permanent war footing" in which members of Congress say we now find ourselves in relation to terrorist threats. Evaluation of reactor site security must reflect the real life, 21st Century scenarios demonstrated to exist by the 9-11 attack; and must be frequent, realistic and force-on-force. Reactor sites which fail to meet these enhanced regulatory standards dictated as necessary, realistic and "credible" by the 9-11 attack must be closed and remain so until they meet these new regulatory requirements.

NEIS has commented in detail on the previous failings of the NRC in matters of reactor security in its October 22, 2001 report, "Here Today, *THERE* Tomorrow: Commercial Nuclear Reactor Sites as Terrorist Targets." This report can be read and downloaded from the NEIS website at: http://www.neis.org Copies of this report will be available at the hearing for distribution.

4.) The decision by the House to accept the Yucca Mt. site as the Nation's HLRW repository needs to be accompanied with the necessary infrastructure and security improvements to safeguard the anticipated 104,000 (truck) shipments of HLRW away from the existing security and emergency response capabilities found at fixed reactor sites.

5.) Ultimately, a shift away from nuclear power and its attendant and expensive liabilities -- threat of catastrophic release of radiation through accident or attack, "dirty" bomb source or targets, further creation of more radioactive wastes, nuclear materials and weapons proliferation, to name a few -- to energy production resources which do not have such liabilities must emanate from Washington.

This is not a matter to be left decided by markets, utility executives, or others with vested economic interests. To listen to this Administration and members of Congress, we are at "war," and decisions of national survival during wartime do not come from corporate boards or business executives, but from elected officials charged by oath of office to defend the Constitution and the republic. The best intervention that could take place would be to methodically reduce this Nation's dependence on and vulnerability from nuclear power and other energy resources which represent both attractive targets and weapons of mass destruction. A second logical effort would be to begin the shift away from highly centralized transmission of electricity, and move towards "distributed generation."

Without a conscious effort to accomplish this goal -- reduction of our vulnerability by moving to less-vulnerable energy resources -- all other inputs requested by this committee are reduced to mere "after the fact" exercises that already concede and guarantee that our enemy can harm and defeat us. As Albert Einstein DID actually say, "A clever person solves a problem. A Wise person avoids it."

These comments reflect only the beginning initiatives that are required to secure nuclear power facilities in the current real-world situations in which they now find themselves operating. We believe that ongoing cooperative task forces and planning groups, drawing from all levels of citizen stake-holders — industry, government, private citizens — should be established to establish these changes within a year's time.

We thank you for your consideration of these views, and are available for additional questions and comments.

Mr. HORN. Well, thank you.

We will have a few questions and then we will move ahead to panel two.

Do any of my colleagues want to ask any questions of the panel now? They will be around, but we have four people on panel two.

Go ahead, Ms. Biggert.

Ms. BIGGERT. Thank you, Mr. Chairman.

Dr. Lumpkin, it is nice to see you again and I know that I see you on the airplane quite often as you traverse to Washington, DC, so I know that you are working to coordinate what is happening in the State of Illinois with the Federal Government.

Dr. Schneider just talked about the potassium iodide that has been suggested that States have, and I do—could you explain what is the policy in Illinois right now in public health as far as—what I had heard was that Illinois had not made a decision or had not signed on to receiving that or to have a stockpile in case something happened.

Dr. LUMPKIN. Well, that is actually not the case. First of all, Illinois is one of the few States, if not the only State, that has a separate Department of Nuclear Safety, and we have had some discussions on the issue of potassium iodide. The Department of Nuclear Safety just recently announced it has purchased 350,000 doses, which it will be making available to the public in the evacuation zone; I think it is a 10-mile zone around each of the facilities.

We have some concerns about that particular process, even though we will be making that available, because studies in other areas where it has been distributed, indicate that the people, after a year, have not been able to find or locate those pills. So we are also using State dollars to purchase potassium iodide as part of our State pharmaceutical stockpile. We are probably one of the few States that has a pharmaceutical stockpile. Primarily, we have antibiotics and mark one kits and other things for use by first responders in that stockpile, but we also will requisition potassium iodide so it will be available at the evacuation centers. So really our strategy is going to be two-fold.

We have some concerns about the Federal distribution. For instance, there is quite an extensive disclaimer that is required to be given to each person receiving potassium iodide, disclaimer about the Federal program. We believe that we can use State dollars that we get from industry, which is wanting us to distribute them, without going to the Federal program, and that has been our intent.

Ms. BIGGERT. Thank you very much.

And then, Mr. Kraft, I know that we have had a nuclear waste problem and have been working on it for quite a while, but I certainly do not think we should abandon nuclear power as a source of electricity as a result, and certainly 52 percent of our electrical power in Illinois comes from nuclear and is a clean source of power.

Given the amount of power generated without any emissions and the resulting air quality benefits, nuclear power I think has to remain part of our energy supply. And there is research that is being done at Argon National Laboratory, which is in my district, to reduce the volume and toxicity of nuclear waste and it really is pyroprocessing technology and transmutation and has really been able to reduce the amount of waste and put it into a solid which

then can be transported much more safely and will also not be a hot—what they call a hot product, for a considerably shorter period of time. It actually reduces it to 300 years instead of 10,000 years.

Does your organization support such research or are you opposed to anything nuclear?

Mr. KRAFT. We do not have any problem with research. We would merely ask that, again, are you focusing so narrowly on solving an immediate problem that you miss the forest? Some of the statements you made, I would take some exception to. Nuclear power does produce emissions, it does not produce global warming emissions, although as a matter of fact, the fabrication of the fuel does. It is the largest producer of CFC and ozone layer damaging chemicals on the North American continent. But it does produce denoble gases, they are routinely released into the atmosphere. You have water emissions from the routine operation of reactors and then if something goes wrong, you have unanticipated emissions. So to say it is emission-free is not quite accurate.

In terms of your description though of the transportation, I think that is an excellent example of the future problem that has not been anticipated and which was brought up and reflected earlier here today when the reference was made to the individual who was interested in making a dirty bomb. Materials for the dirty bomb will come from shipments like those that you describe, in the future. Just the Yucca Mountain project itself, we anticipate over 68,000 shipments going through Illinois in a 38-year period.

This is the infrastructure that you buy into when you continue this technology. And to make the claim that we can make it 100 percent failsafe and contain all that material, especially when you have a determined terrorist threat out there that is not managed yet, really I think stretches the imagination.

So we are not opposed to research, we are merely saying for your dollar spent, would it be better to get away from a technology that buys you into that tar baby or is it better spent on a technology that still gives you the electricity that you want but does not increase nuclear proliferation, like pyroprocessing does.

So those are the hard strategic questions Congress needs to ask before you ask the front line defenders here to pick up the pieces of dirty bomb explosions and radiation assaults and finally perhaps even——

Ms. BIGGERT. The NRC chairman recently referred to the security at the nuclear power plants as the gold standard in the area of industrial security. Would you agree with that and do you think that other facilities pose the same risk or similar risk as nuclear and should have that security equal to nuclear security?

Mr. KRAFT. The second part of your question; yes, I think other industries do have a similar kind of risk. The chemical industry could be pointed to, for example, as having that type of risk and should be required to have enhanced security as well. I cannot speak to direct knowledge of what type of security has occurred at nuclear reactors since September 11th, but I would welcome it. And I certainly would not want to personally challenge it right now. I have spoken with reporters who have been onsites just recently—Channel 5 News was out at Dresden, and they do report significant improvements in security.

Whether those are adequate, we will not know. But one thing I will point out is that the same time the NRC is making those boasts, just prior to the 11th, they were allowing—they were contemplating allowing the industry to more or less regulate itself and test itself on plant security, at a time when they knew that those plants failed 50 percent of the force-on-force tests——

Ms. BIGGERT. Thank you. I do not mean to cut you off, but my time has expired. Thank you, Mr. Chairman.

Mr. HORN. The gentleman from Illinois, Mr. Kirk.

Mr. KIRK. Thank you, Mr. Chairman. Just briefly, I will have to leave in a minute for going out to inspect the new aircraft doors that have been installed on United Airlines aircraft to prevent access to the cockpit.

But my mother lives in Evanston, she lives on Main Street in Evanston, Chief Wilkinson. How large is the Evanston police force?

Mr. NILSSON. The Evanston Police Department has 162 sworn police officers.

Mr. KIRK. And how large is the Fire Department?

Mr. WILKINSON. 110.

Mr. KIRK. 110. So we have got roughly 200 first responders in a suburban—if the Sears Tower was hit, a la September 11th, or we had a huge fire at Zion, the nuclear reactor, how would you be tasked to assist in that effort under the current system. Chief Reardon is here, but I am going to put you on the spot since you are a front line police department.

Mr. WILKINSON. OK, there is a structure in place, it is relatively—the stricken community makes a request at various levels and there is an automatic response then based on that request. So if Chicago were to ask for X,Y,Z and we happened to be X, we would then respond. It reduces communications down to a smaller level and it is a predetermined structure. And we respond based on the need of the stricken community.

Mr. KIRK. Do they call you via telephone, is there a radio?

Mr. WILKINSON. No, it is done via radio. There is a backup, of course, telephone call should there not be a response. The central dispatch area then for a MABAS division—we are broken up into a number of divisions—will then initiate the call, anticipate and wait for a verbal response from the community that should be responding. Should they not respond or not be able to, they automatically move to the next level and they will also back it up with a phone call.

Mr. KIRK. If we had a fire at Zion, we would have to probably evacuate close to 100,000 people, so our need for fire and police personnel would be vast. Have you ever been tasked to look into how you would respond to a huge downtown contingency or a huge contingency at one of our reactors? Has Evanston gone through that yet?

Mr. WILKINSON. We have done it only fortunately at a table-top level, and we realize that an initial incident, as it gets larger or is large, we have a limited capability in dealing with that incident. And until we can get enough resources for whatever our needs are, we can only handle so much of that incident and we have to accept that there may be losses as a result.

Mr. KIRK. Thank you. Mr. Chairman, thank you.

It is not so bleak. We have—the reserve manpower for the Federal Government is Great Lakes Naval Training Center where we have got access to 25,000 people to help out the first responders, but chief and commander, thank you for the ground truth here. I think we have got a long way to go in where we are going.

Mr. WILKINSON. Yes.

Mr. KIRK. Thank you very much for having me, Mr. Chairman.

Mr. HORN. Thank you very much for being here.

Let me ask the commander and the chief, are there written compacts for, say, fire engines and all, so they do not have to do it after the fact, but you know what you are doing ahead of time. If there is a fire here or a police need there, how are we dealing with this in Illinois?

Mr. WILKINSON. These predetermined responses are broken into categories. One would be fire, one would be ambulance, one would be hazardous materials, water rescue. They are broken into a category. Not to say you could not draw resources from more than one category, but it is done by agreement, it is done ahead of time. Each community establishes what they feel their need for their types of responses would be, communicates to these other communities, do you agree to this and if they say yes, OK, we go with it. It is done under the Mutual Aid Box Alarm System agreement, the generalized contract that everybody agrees to, and it is really all predetermined and we can draw in a tremendous amount of resources. However, it is designed to try and not short anyone else in terms of resources. So sometimes, as your incident grows, the travel distance may increase, the time of response—you know, various things are factors, but it is pretty much all predetermined. Not to say that you cannot ask for special equipment any time that you want.

Mr. HORN. I am going to take 2 minutes of my 5 to ask one question here and then I will turn over to the ranking member.

I am interested, Dr. Diaz, and could you explain the plan for distribution of vaccines in the event of an outbreak of a communicable disease? How are we going to do it in Cook County and Chicago?

Dr. DIAZ. I can only speak for the city of Chicago specifically. This is an area that we spent a lot of time writing a plan and even operationally testing that plan in stages. We are currently in the process of a series of staged exercises testing that plan. We have looked at our health force in terms of our public health work force and we have looked at our population. Any plan that is in place for the distribution, for instance, of medications or vaccines, one has to take into account the number of people that you have to distribute to, the work force behind you and the actual mechanism of moving the materials. And we have addressed all of those issues in fairly great detail. We continue to improve upon that plan as it exists.

What I would comment on is that it is a plan—any plan is always a draft plan and one continues to refine. And so we work very closely with our Fire Department in terms of transportation issues. We have been working with our GIS Department in terms of actually mapping down to the distributionsites that we have chosen and doing mock ups of transportation to those sites and public work force distribution across those sites.

Mr. HORN. Excuse me right there. I am not quite clear, do we have doctors and pharmacists, clinics? How are we doing it?

Dr. DIAZ. I was just getting ready to address the work force itself. We know our break points in terms of based upon how many people we need to give medicine to, how many work force individuals we need and have mobilized them within our own public health work force. Additionally reaching out to other city partners that can provide infrastructure in terms of nurses or other work force. And with the Federal moneys that we are getting, we are working with other agencies like medical societies to bolster volunteers within the pharmaceutical, the physicians and nurses, that would help supplement our work force if we reached our break point in terms of needing more infrastructure and help.

Mr. HORN. Thank you. Five minutes for questioning.

Ms. SCHAKOWSKY. First let me express again my gratitude to this panel. I knew it would be worthwhile to come to Chicago, but after hearing the testimony, I think that is even more the case, to hear from your perspective what we need to be doing at the Federal level.

I wanted to—for some months now, I have been urging the State of Illinois to accept the potassium iodide pills and was given a number of excuses. One was that people would become complacent and would not evacuate, which seemed to be an absolutely nonsensical notion. I give the people of Illinois a little more credit if they would take the pill and then head for the hills. And the other was that it only protects against one thing, and that is thyroid cancer, which also seems a ridiculous excuse, because that would say we should not take flu shots because it only protects against the flu. And finally I guess you said today something about a disclaimer or something that the Federal Government had.

It seems to me as the most nuclear State in the country, that an offer of free potassium iodide from the Federal Government would be one that would be snapped up immediately. And I am mystified. Could you explain, Dr. Lumpkin?

Dr. LUMPKIN. Certainly. I think that many of us have experience that everything that claims to be free is not free. The State has a commitment; it was announced on June 26 that distribution to the public will begin this month, that we will purchase that and that we have used State dollars to purchase it and include it in our pharmaceutical stockpile to be positioned at evacuation centers.

So, I think we have had a lot of discussion within the State and certainly we have had input from the congressional delegation and, based upon that, the Department of Nuclear Safety did change its policy and is now moving forward with a distribution to the public within the 10-mile radius and——

Ms. SCHAKOWSKY. Funded by Exelon in part at least. Why not by the Federal Government?

Dr. LUMPKIN. Well, we were concerned about the attached regulations that were associated with this particular allotment from the Federal Government. And so, because we were uncomfortable with that, we did move to a separate way to fund the purchase. I think the key thing is that the KI was purchased. It is a relatively inexpensive medication and it is purchased and being distributed.

Ms. SCHAKOWSKY. And the change in view was why?

Dr. LUMPKIN. Well, that change was—again, the Department of Nuclear Safety is the lead agency for that. We have had some discussions; primarily it was an internal change within the Department of Nuclear Safety. I could not really testify to what their thinking was.

Dr. Schneider, is a 10-mile radius in your view sufficient? I know in your testimony you indicated more.

Dr. SCHNEIDER. As I indicated, the experience in the Chernobyl area would indicate that a 10 mile radius is perhaps too small. Childhood thyroid cancer is very uncommon, so when a case occurred, it is very likely related to the Chernobyl accident. If you look at the map around Chernobyl and look at where the cases occurred, you would readily notice that it was well beyond the 10 miles. In addition, if you looked at the distribution of the released iodine on different days, the extent of the spread is also well beyond 10 miles. So I think it is well to consider a broader distribution than 10 miles.

Ms. SCHAKOWSKY. Could I ask one more question, Mr. Chairman, of our public health officials?

Mr. HORN. Sure.

Ms. SCHAKOWSKY. The issue of work force capacity, we hear in so many different contexts of the nursing shortage and just the shortage of health care professionals. Under current circumstances, not to mention were there some sort of a medical emergency on a grand scale, I would like you just to respond to how we will actually, in terms of capacity, respond to a biological, chemical or nuclear attack, in terms of our capacity in numbers and what we should do about it.

Dr. LUMPKIN. Well, in Illinois, we have had in place an emergency medical disaster plan since the early 1990's that looks at the State as a whole. This plan was developed in response to concern around the New Madrid fault, which could hit southern Illinois in a Richter 6 earthquake. That plan looks at mobilizing resources from areas outside the incident much as was discussed with the MABAS approach—medical resources, nurses and physicians. We currently have four teams that are in place on call 24 hours a day. We are expanding those, we hope, to about 16 teams within the next 12 months of physicians, nurses and paramedics who would be able to respond immediately if there is an incident in the State. These individuals are getting special training in weapons of mass destruction.

After the event occurs, the question is then how do we mobilize the resources. We are looking at issues of rapid licensure or certification of individuals who come in from other States, mobilization of hospital resources; again, the major limitation is going to be the work force and using volunteers from other States through a system of certification.

Ms. SCHAKOWSKY. Thank you, Mr. Chairman.

Mr. HORN. Thank you. And we now will go to James P. Reardon, the Fire Chief of Northbrook, Illinois and the President of the Mutual Aid Box Alarm System and the Vice President of the Illinois Fire Chiefs Association. He is a member of the Illinois Terrorism Task Force.

So we are glad to hear from him.

Ms. SCHAKOWSKY. Are we excusing this panel?

Mr. HORN. We would like some of them, if you could, but otherwise you are free. Thank you. But if you would like to stay, fine.

Mr. Reardon.

STATEMENTS OF JAMES P. REARDON, FIRE CHIEF, NORTHBROOK, IL; RAYMOND E. SEEBALD, CAPTAIN, U.S. COAST GUARD, PORT OF CHICAGO, ACCOMPANIED BY GAIL KULISH, COMMANDING OFFICER, ATLANTIC AREA STRIKE TEAM; EDWARD G. BUIKEMA, REGIONAL DIRECTOR, REGION V. FEDERAL EMERGENCY MANAGEMENT AGENCY; AND JAYETTA HECKER, DIRECTOR, PHYSICAL INFRASTRUCTURE ISSUES, U.S. GENERAL ACCOUNTING OFFICE

Mr. REARDON. Good morning, Mr. Chairman and members of the committee. Thank you for the opportunity to speak today and say hello to some old friends that I have not seen for awhile.

Also, I would like to tell you that since September 11th, I have never in my, since 1967, experience had the opportunity to work so closely with State and Federal officials from various agencies, including some of the individuals sitting at the panel here, where not just a working relationship has developed, but also I would say a friendship and partnership.

What I am going to do today, I have two documents which I do believe you have, one is a two-page summary and the other is a backup document that I will refer to from time to time.

First, let me talk about MABAS as an introduction. In the State of Illinois, there are 40,000 firefighters approximately and 1200 fire departments. MABAS, the Mutual Aid Box Alarm System, has been around since the late 1960's, and it is the structure for the statewide mutual aid plan, which evolved January 2001, prior to September 11th and the World Trade Center.

A three inch thick document sits on this CD and although fire chiefs may not be able to agree in the State of Illinois on the color of a fire truck, we can all agree that this plan, it is about time we pulled it together so we can mobilize, as Mr. Chairman, your question, a tremendous amount of resources, whether it be fire trucks, ladder trucks, squad companies, EMS, paramedic transport units, hazardous materials teams—36 in the State of Illinois—technical rescue teams of which currently 23 and eventually will evolve to somewhere over 30, paramedics to assist the health system in immunization and prophylaxis type treatment for citizens, mobilization of the predeployed units that Dr. Lumpkin had referred to; and do so, so we never deplete any area any more than 20 percent of its resources.

We can respond, we will respond. Our limitations are based upon the technological equipment. With the new challenge of WMD, weapons of mass destruction, and the training and education that is needed for the various first responders.

So we do have a system in place. We will do our darndest to serve based upon the limitations.

And with that, let me talk about a few of the things that hopefully you will find of interest and Federal agencies and Congress can assist us to do a better job on the street Monday through Sunday, and heaven forbid, when the terrorist strikes again.

First, in the State of Illinois, we do not have an urban search and rescue team. There are 28 in the Nation, we are working extremely hard to develop one using existing infrastructure, our 23 technical rescue teams, to develop the needed core training requirements. Through the State of Illinois' Terrorism Task Force, Matt Bettenhausen, as well as Mike Chambliss, from the Governor's Office and Illinois Emergency Management, we have been able to receive funding to bring the technical rescue teams up to the minimum standards and we are heading toward hopefully the direction of putting in place a mobilization package that meets all of the FEMA requirements for a USAR team. Unfortunately, we have not received the support from FEMA in Washington, at least at this point in time, and there is a letter in your packet most recently received, where it does not appear they are supporting the creation of any new teams. We feel in the State of Illinois—and this would be a statewide team—certainly city of Chicago warrants the need to have one in place here so we can mobilize it quickly and get to the business of extricating and rescuing people that might be subject to the collapse of a structure all the way down to natural disasters such as the earthquake threat in southern Illinois.

Training and education, three points I would like to mention from the Federal level:

First, there are training and education opportunities from many, many Federal agencies that can be applied at the local level. We appreciate that, but there is no single coordination point. What that means is that we are missing opportunities to send people to the right training. People are going to the training without the local police and fire agencies being aware that they are sent. We need a single point of coordination with all the Federal agencies and the Federal training so that it is kind of a clearinghouse.

No. 2, we do not have any regional training facilities to bring together police, fire, public works, health officials, first responders. I think a wise investment, with certain criteria from the Federal Government, to establish regional training facilities across the United States, certainly here in Illinois, using such things as like the Glenview Naval Air Station, which is currently closed, but 25 municipal agencies have pulled together in a partnership to make that a regional training center. An investment would be wise, because without the training, we cannot have seamless sustained operations.

No. 3, in none of the Federal programs is there any—so far as we are able to identify—assistance with overtime funding so we can send police and firefighters to the training that is available. Once we do that, we need to backfill, otherwise local levels of service for day-to-day emergencies are reduced.

Domestic terrorism, weapons of mass destruction equipment. A host of items: First, we believe that all the Federal funding should go through a single coordination point, preferably in Illinois. We can standardize and provide a sustained operation in that manner.

No. 2, interoperability, there are several boards through the International Association of Fire Chiefs at the Federal level to standardize equipment that we would use out in the street in servicing a response to weapons of mass destruction, nuclear, biological and chemical. Vendors are selling products that I am calling snake

oil out there. We need to have those validated through a single source so that if we respond to, let us say, California, Florida, or they come here, we are all using similar or the same equipment; again, for seamless sustained operations.

Technology transfers are critical. FEMA has a grant program with a national technology transfer center. We need that equipment out in the street and the field. Example that I cite in here is some device inside the fire truck or the ambulance that would detect, early on, biological, chemical or a nuclear release, before we commit first responder troops inside of a hot zone where they have little to no chance of survival.

No. 3, consider adopting a matrix, one is also contained in your packet, that standardizes the training, the equipment and the roles of first responders, regardless of their capacity in police, fire, public works or the health professionals.

Next, communications interoperability; as I genuinely call it a sucking chest wound. We cannot talk to one another. We need to be able to send data to one another, we need to look at encryption for secure nets so that we can talk with our Federal counterparts and our Federal counterparts can talk with us.

Office of Homeland Defense. We support it. We believe the one-stop notion is needed. There are two organizational charts in your packet; one is as it is now and the other as proposed. The only thing that we see missing that would encourage some consideration over is there is no box within the wiring diagram or organizational chart that identifies a local advocate of government, a liaison that reports near the top or to the top that can tell the Director of Homeland Defense that it is working at the local level; similar to what was done during BRAC when they closed bases and relocated military installations.

Federal process. As you know, local government, we can implement stuff pretty quick. That is probably the benefit of being smaller than a Federal agency in most cases. However, the way we deliver our system is asystematic. We rely on the police, they rely on us; public works is a support structure for both; the health profession; all of us work together and often with a new challenge, we are going to need Federal assistance. We need to find a way to have the Federal system less bureaucratic and more simplified so the dollars can get down to the local level quickly. Without that, we are going to have holes in our system. Holes in the system, we cannot do the job that people perceive or we're going to be expected to do.

FIRE Act funding. There has been discussion about including the FIRE Act funding as part of the Homeland Defense $3.5 billion. We disagree, that it should stay separate, both of them. The FIRE Act funding was intended to assist in the day-to-day delivery of fire, EMS and general emergency management services, not domestic terrorism and weapons of mass destruction. Combining them will dilute it and will do one of two things; either damage our ability to do our job on a day-to-day basis or damage our ability to respond and provide service during acts of domestic terrorism or both.

Mutual aid consortiums. In the State of Illinois, we have got a plan. I am told it is one of the best in the Nation, that we are leading. We should not be penalized for that, we should find the incen-

tives created by the Federal Government to encourage local municipal consortiums from the standpoint of mutual aid, sharing of resources and building on existing infrastructures versus creating new ones.

I think another point is our elected officials, through the Federal Government, should receive some exposure to consequence management, but more so, clean up and recovery and financial recovery actions—lessons learned from September 11th. Any community, we know what happened across the Nation, but I think any city, their elected officials, if they have experiences in that, are going to be more well prepared. And I think if we set a national standard, it will become a better way to translate that at all levels of government—Federal, local and State—so we can work together during times of crisis.

Finally a local credentialling and accountability system that has a national use needs to be achieved so that when somebody comes in on the scene of an incident, we are able to validate who they are and provide safety and scene accountability as to where they are working. I know that the Administrator of the U.S. Fire Administration, Mr. Dave Pauleson, is working on that. I would encourage your support so we can put something like that in place.

Finally, inside your document is a bullet sheet, a briefing page from the International Association of Fire Chiefs. I would encourage this committee as well as all of Congress to turn to the International Association of Fire Chiefs as an umbrella agency that has high credentialling in giving recommendations and thoughts to Federal plans so we can all respond together and assist the public when we are challenged by our new threat, domestic terrorism.

Thank you, sir.

Mr. HORN. Well, thank you. You have been very thorough on this and there were a lot of things that we have heard in other places and there are a lot of things that have not been heard and you helped us deal with that.

I now want to have Captain Raymond E. Seebald, the Coast Guard Captain for the Port of Chicago.

[The prepared statement of Mr. Reardon follows:]

James P. Reardon
Fire Chief, Northbrook, Illinois
President – MABAS (Mutual Aid Box Alarm System)
Vice President – Illinois Fire Chiefs Association
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Remarks, Comments and Testimony
July 2, 2002
Dirksen Federal Building
Chicago, IL

Summary

Urban Search and Rescue (USAR)

Illinois does not currently have a USAR team recognized by FEMA. Illinois is currently developing a statewide USAR capability from its 23 statewide technical rescue teams (TRT). FEMA recognition is required to assure mobility/deployment mutual aid capability and ongoing federal team funding (see attachment).

Training and Education

Domestic terrorism and weapons of mass destruction service training transcends all public safety personnel – from the very basic first responder to the highly sophisticated special operations teams. Three distinctly different, identifiable needs exist which require federally supported efforts, including:

- ★ Coordination of federally provided training courses through a single agency and acceptance of students through a single state and local coordination point.
- ★ Regional training facilities are lacking and needed in order to integrate all public safety providers into a seamless deployment capability. Regional training facilities can also cost effectively deliver federally sponsored courses. Regional facilities should possess certain minimal qualification criteria to qualify for federal funding (NIPSTA – Northeastern Illinois Public Safety Training Academy).
- ★ Overtime funding to provide local governments the ability to send public safety personnel to training and educational classes has yet to be provided through any federally sponsored program. Overtime allows on-duty staff backfills so that service levels are maintained and labor agreements are satisfied.

Domestic Terrorism WMD Equipment

A host of matters are affiliated with domestic terrorism and WMD equipment matters at the local level. They include:

- ★ Federal funding must continue to be processed through a single, state coordination point. The rationale is to assure utilization of existing infrastructures, maintained regional approaches, equipment standardization and seamless operations.
- ★ At the national and federal level, a single point of equipment coordination and standardization must occur. The inter-operability board of the International Association of Fire Chiefs has systems in place to accomplish same. However, federal recognition, authority and funding are required to achieve this goal. Currently, a lot of vendor "snake oil" is out there wasting dollars and jeopardizing first responder safety.
- ★ Technology transfers of equipment is critical. A FEMA grant program exists; however, federal emphasis needs to be exploited to private sector entrepreneurs. Examples might include in-vehicle sensors for first responders which alarms when nuclear, biological or chemicals are detected.
- ★ Establish a national standard matrix that integrates roles, responsibilities, training and equipment for first responders. Such a matrix will become the guide for establishing and standardizing a seamless, cost effective system between all functional areas and all levels of government (see attachment).

Communications Inter-Operability

Develop systems allowing easy, end user adaptation so multi-disciplinary agencies can communicate at incident scenes, across state lines, exchange data, support unified command, having a national capability which is fully mobile.

Office of Homeland Defense

★ The federal initiative and reorganization is a massive undertaking but, the "one stop shop" notion must be supported and accomplished (see attached organization charts).

★ Unfortunately, the reorganization lacks a method to support a major end user and customer – local governments. To achieve this, a functional area reporting directly to the Homeland Director's position needs to be established. The position or functional area should be designated as the "advocate and liaison for local governments". (Similar approach during BRAC actions with military installation closure and re-use plans with local governments).

Federal Process

★ Local governments have a unique ability to implement policy and procedural matters quickly. Conversely, federal systems are usually bureaucratic, time consuming and cumbersome. The federal system must be designed to provide expedient local support, once funding is approved by congress and the president, the process to deliver those funds must also move quickly.

Local first response capabilities are systematic. Numerous steps in the process are in place and overlap usually with seamless design. If several steps in the process are incrementally dependant upon federal support (funds) and the federal system is less than expedient in delivering those funds, then a local system will lack comprehensive preparedness.

★ FIRE Act funding must be kept separate from homeland defense funding. Current FIRE Act funding is designed to support traditional fire, EMS and special operations needs. Homeland defense funding is targeted for domestic terrorism funding. Combining FIRE Act funds with domestic preparedness funds will cause a loss in achieving goals in either, or both, of the initiatives. The loss will create a flawed basic service structure unable to build upon for domestic terrorism needs.

Mutual Aid and Consortium Initiatives

★ To encourage mutual aid pacts and municipal consortiums at the local level, federal incentives should be established. Specially designed grants should be awarded to those who have achieved, those who uniquely and cost effectively propose systems and to those who have the policy commitments to execute and implement locally based systems which can be replicated throughout a state.

★ Federal consortium initiatives should include a national symposium for elected officials to discuss the policy-related matters of consequence management, clean-up, restoration and financial recovery associated with the experiences of September 11. Further, elected officials should receive an overview of the federal, state, county and local emergency management system. This might include EOC (Emergency Operations Center) basics.

★ Local consortiums should include a support package of miscellaneous materials needed at domestic terrorism – WMD incidents. The support packages will be based regionally and include various items and expendables needed early on in an incident. See attached sheet for a suggested inventory – funding will need to include a vehicle and/or trailer.

★ Establish a national credentialling and accountability system for first responders with validation at the state level. The system will be invaluable during unified command operations in the coordination of responding assets while discouraging self-dispatching of resources.

General

The federal government should seek advisement and sometimes direction from the International Association of Fire Chiefs as a credible umbrella and coordinating entity for first responders. (See attached briefing summary).

/jeb
Brown/C/MABAS Exec/Testimony 7-2-02

Captain SEEBALD. Mr. Chairman, and members of the committee, thank you for inviting me and it indeed is a great honor to be here today to tell you a little bit about what we have been doing in this area and especially what my troops have been doing, because I am very proud of them.

If you would have seen our office this morning, you would have seen an office where very few people were there, because the majority of our work is actually preventative in nature. We go out every day—people are deployed to our vessels and to water-side facilities to inspect both security and safety areas.

Right now, there is a security patrol going on. Petty Officer Corpus is on board his vessel looking in areas that we have pre-identified as high risk areas, and he is looking around for potential terrorist targets, people that might be observing those facilities and a whole host of activities. But he is also looking for whether the lights are properly watching on the buoys, whether the other boaters are intoxicated, whether our commercial vessels that we also inspect from initial days of inspection, whether they are operating properly and carrying passengers, more than six people and some are up to 900 passengers, whether they are operating properly. So we are a multi-mission service.

We are also a military service and a civil service. Those different avenues and the way we can switch back and forth really suit well with our new role in homeland security, protecting the homeland, because one, we are already quite integrated into the police departments, the fire departments and the other local responders. We are a local responder indeed, along the water side area and in the ports of the United States. But we are also able to surge during emergency operations. So we have a preventative side, but we also have a response side as well.

In Washington, DC, there is a national response system that entertains calls from around the United States for oil, hazardous chemical and potential terrorist attacks and immediately, within minutes, will notify a Federal coordinator if there is a threat to the coastal zone. When I get that call, I dispatch my teams and if I am overwhelmed, I can immediately call on our special forces, which is our strike team forces, and we have three of those strike teams and I am very honored and privileged today to say that joining me is Gail Kulish, who is the Commanding Officer of the Atlantic Strike Team. She is sitting right there in the front row and she will be helping me with some of the more technical questions that might come up later on. But we are very happy with that capability. That capability, that special strike team capability, was employed for the anthrax scare and actual discovery of anthrax. Their teams were used to go into the area and conduct decontamination operations.

So all of these activities actually take place without any Federal Presidential mandate or emergency declaration declared. This is under the National Contingency Plan. Each Captain of a port is empowered and essentially carries a blank check from the President to immediately respond. There are a lot of conditions, to make sure it is all legal and we have a bunch of lawyers that help us make those decisions. But it provides, and we are very empowered

to immediately respond and to act in the event of oil or hazardous chemical and potentially biological impacts as well.

Now what are we doing on the planning and prevention side? I think you would have been very happy to see us as we both initiated and facilitated a meeting of all the local responders about 2 weeks ago, as we begin stepping through what we believe are the most likely scenarios for attack in the Chicagoland area and the region. You would have been very happy to see FEMA, and most people at this table, at that meeting, including the Chicago Fire Department, Police Department, FBI and all the local responders. We are not only facilitating those exercises, but we are training everyone in what we think is the most effective method of approach to these types of incidents and it is called the use of the incident command system.

At the very top of that management system is the unified command system and it is a management group at the top that includes Federal, State and local representatives. So we have, from the Federal entity, Deputy Governor Matt Bettenhausen from the Illinois area; from the city of Chicago, Cortez X. Trotter, who is in the Office of Emergency Planning, and myself. And we all agree on where we should deploy the resources, the amount of those resources, in this whole area. And that alone has created just a very smooth relationship in terms of how we interact at all levels of government.

And then how to use our resources. If you walked on the waterfront, that petty officer that I mentioned earlier, after his 4 hour tour on the boat is finished, he would then pass on what he observed to the Chicago Police Department, who is out there as well in their boats, they are patrolling the same areas. After that gentleman finishes, he then briefs the Illinois Department of Natural Resource boat that is patrolling the exact same area. That is just one operation where we are really working closely with local and other State agencies.

We are also involved with the ATTF and as mentioned earlier, the Chicago Terrorist Task Force and we are very integrated with all those task force organizations.

I think I will close and we will be happy to answer any questions later, both myself and Gail Kulish. Thank you very much.

[The prepared statement of Captain Seebald follows:]

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DEPARTMENT OF TRANSPORTATION

UNITED STATES COAST GUARD

STATEMENT OF

CAPTAIN RAYMOND E SEEBALD

ON

FEDERAL, STATE AND LOCAL RESPONSE PREPAREDNESS TO BIOLOGICAL, CHEMICAL AND NUCLEAR INCIDENT

BEFORE THE

SUBCOMMITTEE ON GOVERNMENT EFFICIENCY, FINANCIAL MANAGEMENT, AND INTERGOVERNMENTAL RELATIONS

U.S. HOUSE OF REPRESENTATIVES

JULY 2, 2002

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Mr. Chairman, members of the Subcommittee, thank you for inviting me to speak with you today. My name is Captain Raymond Seebald and I am the Coast Guard Captain of the Port Chicago. In that role I am responsible for the safety and security of vessels and waterfront facilities in the area of Eastern Lake Michigan including the City of Chicago and approximately 150 miles of the Illinois River. I am also the pre-designated Federal On-Scene Coordinator (FOSC) for responding to oil and hazardous materials in the coastal areas of Illinois, Indiana and Western shore of Michigan. With me is Commander Gail Kulisch, Commanding Officer of the Atlantic Strike Team. It is a pleasure to appear before you today to discuss how effectively we in the Chicagoland area are working together to prepare for the threat of a biological, chemical or nuclear attack.

The Coast Guard is the FOSC under the National Contingency Plan (NCP) for chemical or biological incidents in the Coastal Zone. In this role, the Coast Guard is responsible for coordinating all federal, state and local resources (both public and private) to protect public health and safety, and ensure the threat from a release is effectively mitigated. For radiological incidents, the Coast Guard in cooperation with other federal agencies under National Response System, would be utilized to support the state and the Lead Federal Agency. As for incidents involving explosives resulting in the release of hazardous materials Coast Guard response is very similar to a purely hazardous material incident.

Likewise for disasters under the Federal Response Plan, the Coast Guard serves as Regional Chair of Emergency Support Function #10 (Hazardous Materials) for disasters impacting only the Coastal Zone. As Regional Chair, the Coast Guard would coordinate all federal support to the State for the hazmat portion of the disaster response.

The existing National Response System, established by the NCP provides the foundation for our response and through the use of the National Response Team, Regional Response Teams, and NCP's Special Teams, the expertise and availability of national resources to aggressively respond to these events. As the On Scene Coordinator the framework under the NCP has served me well and provided all of the tools necessary to not only restore the environment but also restore confidence in our national capacity to respond effectively and aggressively to these disasters.

Another important aspect of Coast Guard responses to Weapons of Mass Destruction (WMD) or any other incident is how we manage these disasters. The early adoption by the Coast Guard of the Incident Command System has placed the Coast Guard in a benchmarking role among other federal agencies and we are sharing this experience in local and regional training exercises. The management techniques structured in the Incident Command System allows the OSC to ensure local, state and regional issues are considered before response strategies are deployed. It also ensures the best use of our combined resources. This structure based on its use in past oil and hazardous materials spills and exercises will fit well into a response to potential biological, chemical or nuclear attacks for it allows the expansion of the response and management teams from local to regional and then national if necessary.

Here in the Chicagoland area we have established a Unified Command for considering all response and preparedness issues. This Unified Command is the leadership entity in the Incident Command Structure. Deputy Governor Matt Bettenhausen of the State of Illinois Office of Homeland Security, Mr. Cortez X. Trotter of the City of Chicago's Office of Emergency Preparedness, and I make up the Unified Command for the Chicagoland region. In the event of an actual WMD incident or release, our response community has a plan in place incorporating the deployment of preventative strategies to make us well prepared for working together to ensure a unified and successful response.

In addition, as we look to enhance our overall response capabilities, we have actively been testing our joint response capability through multiple exercises directed primarily at the most likely terrorist scenarios. We have made significant progress in addressing command and control, communication, public notification, news releases, medical care and evacuation issues to name just a few. We are working jointly to improve every aspect of our response capabilities. Because of the Coast Guard's significant responsibilities for responding to an incident in the coastal regions, we recognize the need to be fully integrated with other federal, state and local response agencies.

The Coast Guard's multi-mission assets, military role as an Armed Service, and maritime presence and authorities bridge security, safety, and response capabilities between federal, state, local, and private organizations as well as other military services. We have been the leader for the non-DOD maritime security needs of our nation since 1790…it was the reason we were formed 212 years ago. We possess extensive regulatory and law enforcement authorities governing ships, boats, personnel, and associated activities in our ports, waterways, and offshore maritime regions. We are a military service with 7x24 command, communication, and response capability. We maintain, "at the ready", a network of coastal small boats, aircraft, and cutters, and expert personnel to prevent and respond to safety and security incidents; and we have geographic presence throughout the country, coasts, rivers, and lakes, both in large ports and small harbors. We are a formal member of the national foreign intelligence community. We partner with other government agencies and the private sector to multiply the effectiveness of our services. The Coast Guard is the recognized leader in the world regarding maritime safety, security, mobility, and environmental protection issues. These characteristics form the core of our organization and enable a unity of effort among diverse entities whether preventing or responding to incidents.

In conclusion, the United States Coast Guard is the leader in America's coastal and maritime response capability. We have taken a leadership role in coordinating a multi-agency, public and private sector effort to achieve the goals of the Coast Guard's Maritime Homeland Security Strategy.

Thank you for the opportunity to share some of our actions with respect to our role in disaster response and the efforts being made to address those challenges. I also thank you for your continuing support of the Coast Guard. I will be happy to answer any questions you may have.

Mr. HORN. Well, I will tell you, I would like to have Commander Kulish now come up to the table because I have a couple of questions.

You are Commanding Officer, Atlantic Area Strike Team. Does that include work on containers that come into the harbors and that have immigrants in them that are trying to get into the United States? Do we have any of those situations here? Because we sure do on the west coast.

Commander KULISH. The National Strike Force responds to releases of oil, hazardous materials, biological pollutants, contaminants. Containers—we have certainly dealt with a number of containers as leakers and sources of hazmat pollutants, etc., and we have techniques and the capability to respond to those. With respect to the law enforcement aspects of the illegal migrants and those other things, the National Strike Force would only residually deal with those and turn it over to appropriate agencies.

We are a tactical force for hazmat response.

Mr. HORN. Well, on the west coast, starting about 10 or 15 years ago, we had the Coast Guard board the ship that has the container, so they cannot pull that game of oh, asylum, that is nonsense, and you never see them again unless maybe they are flying a plane and hitting a building or something.

So I am curious, you are saying you do not have too much of a problem here then, is that it?

Commander KULISH. No, sir, I'm just really not the appropriate person to address that. In my previous assignments, I have done Coast Guard Law Enforcement, boarding responsibilities and the Captain of the port has those authorities and those resources to board and do board routinely and do law enforcement functions. And I can defer to the Captain for that.

Captain SEEBALD. Yes, each Captain of a port would receive a notice from vessel agents when a vessel is about to arrive at the United States. And they specify many things and now a new law that just thankfully has been passed that allows us 96 hours to get that information. Before it was 24 hours and subsequent to September 11th that law has been extended now to the 96-hour rule.

Agents now provide us with a whole host of information.

Mr. HORN. Excuse me, let us explain what a 96 rule is.

Captain SEEBALD. Yes, sir. Before, foreign vessels had to only give us 24 hour advance notice of arrival before entering into our ports. And now, subsequent to September 11th, we have extended that requirement now to 96 hours and that has been—it is in the process of being finalized. That gives us much more time now to look at cargoes, the types of people that are on board the vessels, the crew makeup and where the vessel is coming from.

And together with that information, we have a matrix that helps us identify and target which vessels we do want to go aboard. And in this area, when we do decide to go aboard a vessel, we do a joint boarding with Immigration, Customs Service and other local law enforcement, so that we look at a whole host of things that might be a problem on this vessel. Recently, only 2 weeks ago, we conducted a boarding like that in this area. Unfortunately we did not discover anything, but it was—it just goes to demonstrate this interoperability and how we are working very closely with other

agencies now for almost every activity that we do, we conduct in this area.

Mr. HORN. Thank you. That is helpful. Any questions on this——

We have got two more but if you have any on the Coast Guard.

Ms. SCHAKOWSKY. I will, but I would like to hear the others.

Ms. BIGGERT. Mr. Chairman, could I ask a question?

Mr. HORN. Sure, please do.

Ms. BIGGERT. Captain Seebald, what efforts are you making to plan for and respond to the worst case scenario that you can envision involving a chemical, biological or nuclear weapons of mass destruction in the coastal zone and what are the parameters of the coastal zone?

Captain SEEBALD. Well, the coastal zone is pretty much right at the coast. We share responsibility with the EPA. EPA is pretty much inland of the coastal zone and we are anything offshore or any significant marine transportation related facility that might be right on the coast, we would respond if there was a release of oil, hazardous substance from those facilities or even if there was an explosion that resulted in those releases, we could open the CERCLA fund and begin funding a cleanup and response.

We are, as I mentioned earlier, both with our harbor safety committees and harbor security committees, we are stepping through what we think is the most likely scenarios. I do not really want to get into so much the specifics of those, but 2 weeks ago, that first exercise was the beginning of that effort to look at exactly what we are talking about here and to begin planning our responses jointly with both the State and the city of Chicago in this area and other safety and security committees in other areas where I still have authority.

Ms. BIGGERT. How will the Chicago Marine Safety Station facilitate the intergovernmental cooperation between your agency and the State and the city?

Captain SEEBALD. Well, that facility, the one that has been funded now, will put all three of us—the Department of Natural Resources for the State and also the Chicago Marine Police Unit, who we work with every single day—it will put us physically in the same building. Once you are physically in the same building, all those relationships you had before are only going to be improved, and we think it will be not only a great place for all of us to be together but right in the area which is the highest risk from at least my zone.

Ms. BIGGERT. You meet really daily now and it will make it much easier.

Captain SEEBALD. Yes.

Ms. BIGGERT. Great. Thank you. Thank you, Mr. Chairman.

Mr. HORN. Thank you. We appreciate all you do, it is a wonderful part of our military, as you said, and the civil service also.

Let us go now to Edward G. Buikema, the Regional Director, Region V, Federal Emergency Management Agency [FEMA]. We are glad to see you today too.

Mr. BUIKEMA. Thank you, Mr. Chairman and good morning, members of the committee.

FEMA Region V includes the States of Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin, representing a population of

approximately 51 million people with the majority residing in urban areas. We have significant disaster activity within the region, having administered 48 Presidential Disaster Declarations within the last 5 years with many events impacting multiple States. Presently, four of Region V's six States have active major Presidential Disaster Declarations. Illinois' declaration is for high winds, tornadoes and flooding and encompasses a total of 68 counties. Indiana, Michigan and Minnesota have current declarations for flooding.

To maintain the readiness for large scale disasters, including acts of terrorism, regional Federal agencies and the States turn to the Federal Response Plan. Under the Federal Response Plan, FEMA coordinates a disaster response system that involves up to 26 Federal agencies and 12 emergency support functions. Each emergency support function has a lead Federal agency. Regionally, these emergency support functions have been called into action during such disasters as the midwest flood of 1993, and the Red River flood of 1997. Other regional Federal agencies and our State partners meet at least quarterly to share planning efforts, exercise preparedness and response plans and devote attention to emergency response coordination during specific types of natural and manmade disasters. We call that meeting the Regional Interagency Steering Committee and it will be meeting again next week here in Chicago.

The region takes an active role in preparing for a response to a terrorism event. FEMA's responsibility is to coordinate Federal, regional and State terrorism-related planning, training and exercise activities. This includes supporting the Nunn-Lugar-Domenici program in which 36 Region V communities participate. We are also working with States to build response capability and keep them informed of Federal initiatives as well as participating in State-sponsored conferences, training exercises, task forces and workshops.

Just last month, the region hosted a Senior Leaders Homeland Security Summit which brought together selected officials and representatives of the first responder community throughout our States. The summit provided a forum for discussions of issues relating to the fire service and law enforcement, funding for planning, training, equipment and exercises, mutual aid agreements and other issues pertinent to homeland security.

All of the States in Region V have implemented proactive and aggressive actions in response to the terrorism threats that have emerged since September 11th. Many States have committed substantial amounts of staff and their own financial resources toward preparing for weapons of mass destruction events. All States have designated Homeland Security directors. Groundwork has been laid or accelerated to develop interstate and intrastate mutual aid agreements. Specialized response teams are being formed. Legislation is being enacted. Training is being conducted. And equipment is being purchased.

State government has spent millions of dollars directly responding to homeland security needs and the anthrax crisis. While much has been done, we have only begun to scratch the surface of what needs to be done.

FEMA has recently realigned to establish the Office of National Preparedness at the headquarters and regional level. The creation of this office is intended to address a long-recognized problem—the critical need that exists in this country for a central coordination point for the wide range of Federal programs dealing with terrorism preparedness.

The mission and overriding objective of the Office of National Preparedness at FEMA is to help this country be prepared to respond to acts of terrorism. The effort has three major focuses—the first responder initiative; providing a central coordination point for Federal preparedness programs; and, Citizen Corps.

First, the first responder initiative. To support first responders, the President has requested $3.5 billion in the 2003 budget. These funds would help them plan, train, acquire needed equipment and conduct exercises in preparation for terrorist attacks and other emergencies. Right now, we are developing a streamlined and accountable procedure that would speed the flow of funds to the first responder community. Specifically, the funds would be used:

To support the development of comprehensive response plans for terrorist incidents.

To purchase equipment.

To provide training for responding to terrorist incidents.

And for coordinated regular exercise programs to improve response capability.

The President is requesting funds in the 2002 spring supplemental to support the first responder initiative, including $175 million to be provided to State and local governments to upgrade, and in some cases, to develop comprehensive emergency operations plans. These comprehensive plans would form the foundation for the work to be done in 2003 to prepare first responders for terrorist attacks.

FEMA has held listening sessions throughout the country with first responders and emergency managers at every level to solicit their ideas on the design of grant program and process. In addition, we are working to resolve other issues critical to the success of this initiative, many of which have been addressed this morning:

National standards for compatible, interoperable equipment for first responders.

A national mutual aid system.

Personal protective equipment for first responders that is designed for long-term response operations and incidents.

And national standards for training and exercises for incidents involving weapons of mass destruction.

In addition to the right equipment, planning capabilities and training, first responders have been telling us that they need a single point of contact in the Federal Government. We have heard this from other sources too. The Gilmore Commission, for example, has pointed out that the Federal Government's terrorism preparedness programs are fragmented, uncoordinated and unaccountable. In our view, it is absolutely essential that the responsibility for pulling together and coordinating the myriad of Federal programs designed to help local and State responders and emergency managers to respond to terrorism, be situated in a single agency. That is why we

are so excited about the President's calling for the creation of the Department of Homeland Security.

The functions that FEMA performs will be a key part of the mission of the new Department of Homeland Security. The new department will strengthen our ability to carry out important activities such as building the capacity of State and local emergency response personnel to respond to emergencies and disasters of all kinds. The new department will administer Federal grants under the first responder initiative as well as grant programs managed by the Department of Justice, the Department of Health and Human Services and FEMA. A core part of the department's emergency preparedness and response function will be built directly on the foundation established by FEMA. It will continue FEMA's efforts to reduce the loss of life and property and to protect our Nation's institutions from all types of hazards through a comprehensive risk-based, all hazards emergency management program of preparedness, mitigation, response and recovery. It will continue to change the emergency management culture from one that reacts to terrorism and other disasters to one that proactively helps communities and citizens avoid becoming victims.

By bringing other Federal emergency response assets together with FEMA's response capability, the new department will allow for better coordination than the current situation in which response assets are separated in several departments.

And just a couple of words about Citizen Corps. The Citizen Corps program is part of the President's new Freedom Corps initiative.

This initiative brings together local government, law enforcement, educational institutions, the private sector, faith-based groups and volunteers into a cohesive community resource. Citizen Corps is coordinated nationally by FEMA, which also provides training standards, general information and materials. We also will identify additional volunteer programs and initiatives that support the goals of the Corps.

In addition to the first responder and Citizen Corps programs, we are implementing a number of other important related initiatives. These include:

A training course review. We are working on a complete accounting of all FEMA and Federal emergency and terrorism preparedness training programs and activities.

As I mentioned, mutual aid initiatives.

A national exercise program.

And finally, assessment of FEMA regional office capabilities.

Thank you for the opportunity to testify here today, I will be happy to answer any questions you may have.

Mr. HORN. Thank you very much.

And our last presenter is JayEtta Hecker, the Director of Physical Infrastructure Issues for the U.S. General Accounting Office.

[The prepared statement of Mr. Buikema follows:]

Statement of
Edward G. Buikema
Regional Director
Federal Emergency Management Agency Region V
House Committee on Government Reform's
Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations
U.S. House of Representatives Field Hearing, Chicago, IL

July 2, 2002

Introduction

Good afternoon, Mr. Chairman and Members of the Committee. I am Ed Buikema, Director of the Federal Emergency Management Agency Region V. I am pleased to be with you here today in my home state to talk about the challenges facing emergency managers and first responders to be better prepared to respond to acts of terrorism. Having served as the State Emergency Management Director with the Michigan State Police prior to my appointment with FEMA, I can offer you firsthand experience and a unique perspective of the monumental tasks ahead of us in the emergency management community.

FEMA Region V includes the states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin representing a population of approximately 51 million people, with the majority residing in urban areas. We have significant disaster activity within the Region having administered 48 Presidential Disaster Declarations within the last five years with many events impacting multiple states. While we are vulnerable to a broad range of natural and technological hazards, our greatest threats are a result of severe weather, specifically tornadoes and floods, and the potential for terrorist attack.

In 2000, three of our states ranked in the top twenty states with the highest damages from flooding. Illinois ranked 8th in the nation at an estimated cost of 219M. Minnesota ranked 15th at 145M and Indiana ranked 18th at 113M. The

three remaining states, Ohio, Wisconsin and Michigan ranked in the top forty. All six states ranked nationally in the top twenty for damages resulting from tornadoes in the same period. Minnesota was the 2nd highest in the nation. Illinois and Indiana finished in the top ten.

The Region V states comprise one of the nation's major transportation corridors. Thirty-six percent (36%) of the total tons of hazardous materials shipped in the United States either originate or terminate in a Region V state. The Region is also home to 16 nuclear power plants, the Newport Army Chemical Depot, and is impacted by the New Madrid and Wabash earthquake faults. Presently, four of Region V's six states have active major presidential disaster declarations. Illinois' declaration is for high winds, tornadoes and flooding. Indiana, Michigan and Minnesota have declarations for flooding. Through years of working with our states during disasters we have formed strong working partnerships and mutual respect that can only strengthen our response to an act of terrorism.

To maintain their readiness for large-scale disasters, including acts of terrorism, regional federal agencies and the states turn to the Federal Response Plan. Under the Federal Response Plan, FEMA coordinates a disaster response system that involves up to 26 federal agencies and 12 Emergency Support Functions. In the past ten years the plan has been used to respond to the Northridge Earthquake, Hurricane Floyd, the bombing of the Murrah Building in Oklahoma City and September 11. Each Emergency Support Function has a lead federal agency. Regionally these Emergency Support Function agencies have been called into action during such disasters as the Midwest Flood of '93, and the Red River Flood of '97. Other regional federal agencies and our state partners meet at least quarterly to share planning efforts, exercise preparedness and response plans, and devote attention to emergency response coordination during specific types of natural and man-made disasters.

The Region takes an active role in preparing for a response to a terrorism event. FEMA's responsibility is to coordinate federal, regional, and state terrorism-related planning, training, and exercise activities. This includes supporting the Nunn-Lugar-Domenici program in which 36 Region V communities participate. We are also working with states to build response capability and keep them

informed of federal initiatives as well as participating in state sponsored conferences, training, exercises, task forces, and workshops.

Just last month the Region hosted the first in the nation Senior Leaders Homeland Security Summit which brought together selected officials and representatives of the first responder community throughout our states. The summit provided a forum for discussions of issues relating to the fire service and law enforcement, funding for planning, training, equipment and exercises, border issues, mutual aide agreements and other issues pertinent to homeland security.

All of the states in Region V have implemented proactive and aggressive actions in response to the terrorism threats that have emerged since September 11. Many states have committed substantial amounts of staff and their own financial resources towards preparing for weapons of mass destruction events. All states have designated homeland security directors. Groundwork has been laid or accelerated to develop inter-state and intra-state mutual aid agreements. Border crossing issues are being addressed. Specialized response teams are being formed. Legislation is being enacted. Training is being conducted. And, equipment is being purchased.
State government has spent millions of dollars directly responding to homeland security needs and the anthrax crisis. While much has been done, we have only begun to scratch the surface of what needs to be done. We have identified many shortfalls in our nations ability to respond to weapons of mass destruction events. These shortfalls must be addressed. Homeland security initiatives must be sustainable and will require an ongoing commitment of Federal, state, and local resources.

Ten months ago, several thousand people lost their lives in the terrorist attacks at the World Trade Center, the Pentagon, and when United Airlines Flight 93 crashed into a field in rural Pennsylvania. Four hundred and fifty of them were first responders who rushed to the World Trade Center in New York City - firefighters, police officers, and port authority officers. These events have transformed what was an ongoing dialogue about terrorism preparedness and first responder support into action. Since September 11, our responsibilities are greatly expanded in light of the new challenges and circumstances.

FEMA has recently realigned to establish the Office of National Preparedness at the Headquarters and Regional level. The creation of this office is intended to address a long-recognized problem – the critical need that exists in this country for a central coordination point for the wide range of federal programs dealing with terrorism preparedness.

The mission and overriding objective of the Office of National Preparedness at FEMA is to help this country be prepared to respond to acts of terrorism. Our effort has three main focuses – The First Responder Initiative; providing a central coordination point for federal preparedness programs; and, Citizen Corps.

First Responder Initiative

For many years now, emergency responders and state and local governments have been telling us that they need our help so they can be better prepared to respond to acts of terrorism. One of the most important things the Agency learned from our experience responding to September 11 is the value of a strong, effective local response capability. Local first responders are the first ones there when there is a fire, accident, chemical spill, earthquake or flood. They are first on the scene when terrorists strike. They need standardized, practical, compatible equipment that works in all possible circumstances. They need our assistance in developing response plans that take into account the new challenges this country is facing. They need to practice and refine those response plans with all possible partners at the local, state and federal level.

To support first responders, The President has requested $3.5 billion in the 2003 budget. These funds would help them plan, train, acquire needed equipment, and conduct exercises in preparation for terrorist attacks and other emergencies. Right now, we are developing a streamlined and accountable procedure that would speed the flow of funds to the first responder community. Specifically, the funds would be used:

- To support the *development of comprehensive response plans* for terrorist incidents.

- To purchase *equipment* needed to respond effectively, including better, more interoperable communications systems.
- To provide *training* for responding to terrorist incidents and operating in contaminated environments.
- For coordinated, regular *exercise programs* to improve response capabilities, practice mutual aid and to evaluate response operations.

The President is requesting funds in the 2002 Spring Supplemental to support the First Responder Initiative, including $175 million to be provided to State and local governments to upgrade and in some cases to develop comprehensive emergency operations plans. These comprehensive plans would form the foundation for the work to be done in 2003 to prepare first responders for terrorist attacks.

FEMA has held "listening sessions" throughout the country with first responders and emergency managers at every level to solicit their ideas on the design of the grant program and process. In addition, we are working to resolve other issues critical to the success of this initiative:

- National standards for compatible, interoperable equipment for first responders and other emergency workers.
- A national mutual aid system that allows the entire response network to work together smoothly and efficiently.
- Personal protective equipment for first responders that is designed for long-term response operations and incidents involving weapons of mass destruction.
- National standards for training and exercises for incidents involving weapons of mass destruction and other means of causing death and destruction.

Department of Homeland Security

In addition to the right equipment, planning capabilities and training, first responders have been telling us that they need a single point of contact in the federal government. They need a single entity to take the lead in coordinating programs, developing standards, and providing resources and training to help them respond to terrorist events. This approach builds on a collaboratively developed national strategy and not just a federal one.

We've heard this from other sources too, the Gilmore Commission, for example, has pointed out that the federal government's terrorism preparedness programs are "fragmented, uncoordinated" and "unaccountable." It also has stressed the need for a single authority for state and local terrorism preparedness support. Other independent studies and commissions also have recognized the problems created by the current uncoordinated approach. In our view, it is absolutely essential that the responsibility for pulling together and coordinating the myriad of federal programs designed to help local and state responders and emergency managers to respond to terrorism be situated in a single agency. That's why we are so excited about the President's calling for the creation of the Department of Homeland Security.

The functions that FEMA performs will be a key part of the mission of the new Department of Homeland Security. The new Department will strengthen our ability to carry out important activities, such as building the capacity of State and local emergency response personnel to respond to emergencies and disasters of all kinds. The new Department will administer Federal grants under the First Responder Initiative, as well as grant programs managed by the Department of Justice, the Department of Health and Human Services and FEMA. A core part of the Department's emergency preparedness and response function will be built directly on the foundation established by FEMA. It would continue FEMA's efforts to reduce the loss of life and property and to protect our nation's institutions from all types of hazards through a comprehensive, risk-based, all-hazards emergency management program of preparedness, mitigation, response, and recovery. And it will continue to change the emergency management culture from one that reacts to terrorism and other disasters, to one that proactively helps communities and citizens avoid becoming victims.

The new Department of Homeland Security would address head-on the problem of fragmentation and duplication in federal terrorism training programs. And FEMA's current efforts in developing and managing a national training and evaluation system would be absorbed into the new Department. The Department would make interoperable communications a top priority just as FEMA is doing.

The structure of this newly proposed Department recognizes that FEMA's mission and core competencies are essential components of homeland security. For this reason, Congress can continue to be assured that the nation will be prepared to respond to acts of terrorism and will coordinate its efforts with the entire first responder community. In fact, FEMA's mission to lead the federal government's emergency response to terrorist attacks and natural disasters will be greatly strengthened by the new Department of Homeland Security. By bringing other federal emergency response assets (such as the Nuclear Emergency Search Teams, Radiological Emergency Response Team, Radiological Assistance Program, National Pharmaceutical Stockpile, the National Disaster Medical System, and the Metropolitan Medical Response System) together with FEMA's response capabilities, the new Department will allow for better coordination than the current situation in which response assets are separated in several Departments. The new Department will have complete responsibility and accountability for providing the federal government's emergency response and for coordinating its support with other federal entities such as the Department of Defense and the FBI.

Citizen Corps

An important component of the preparedness effort is the ability to harness the good will and enthusiasm of the country's citizens. The Citizens Corps program is part of the President's new Freedom Corps initiative. It builds on existing crime prevention, natural disaster preparedness and public health response networks. It initially will consist of participants in Community Emergency Response Teams (FEMA), Volunteers in Police Service, an expanded Neighborhood Watch Program, Operation TIPS (DOJ) and the Medical Reserve Corps, (HHS).

The initiative brings together local government, law enforcement, educational institutions, the private sector, faith-based groups and volunteers into a cohesive community resource. Citizen Corps is coordinated nationally by FEMA, which also provides training standards, general information and materials. We also will identify additional volunteer programs and initiatives that support the goals of the Corps.

Broader Challenges

In addition to our First Responder and the Citizens Corps programs, we are implementing a number of other important, related initiatives. These include:

- Training Course Review: We are working on a complete accounting of all FEMA and federal emergency and terrorism preparedness training programs and activities to submit to Congress. The National Domestic Preparedness Office's Compendium of Federal Terrorism Training will be used as a baseline for the FEMA Report to Congress on Terrorism and Emergency Preparedness and Training. To supplement the data, we are meeting with a key players in a representative group of 10 cities to determine the effectiveness of the courses, identify unmet training needs, and examine the applicability of private sector training models.

- Mutual Aid: In conjunction with the First Responder Initiative, we are working to facilitate mutual aid arrangements within and among States so the nationwide local, State, Tribal, Federal and volunteer response network can operate smoothly together in all possible circumstances. This idea is to leverage existing and new assets to the maximum extent possible; this involves resource typing for emergency teams, accreditation of individuals using standardized certifications and qualifications, and equipment and communications interoperability.

- National Exercise Program: This National Exercise Program involves the establishment of annual objectives, a multi-year strategic exercise program, an integrated exercise schedule and national corrective actions.

- Assessments of FEMA Regional Office Capabilities: We are reviewing the capabilities of our Regional Offices to respond to a terrorist attack.

Conclusion

The equipment, training, and people who will secure our homeland against terrorist attack will be the same resources we tap when faced by major natural or technological disasters. Investment in these resources will enhance our nation's ability to respond to any emergency.

Thank you for the opportunity to testify here today on the efforts of the emergency management community to be better prepared to respond to acts of terrorism and to build a better, stronger, and safer America. I will be happy to answer any questions you may have.

Ms. HECKER. Thank you very much, Mr. Chairman, Ms. Schakowsky and Ms. Biggert. I am very pleased to be here today. I represent the unit of GAO that supports the Congress in reviewing not only FEMA but Coast Guard and a whole level of body of work and preparedness and it is on the basis of that I base my remarks today.

What I will do is just very briefly summarize the remarks that I had and then try to relate it to some of what we have heard today, because it has been such a rich and diverse set of comments.

Basically, I have two main points. One is about the proposed department and the second is about the strategy that is needed to really be the underpinning of it.

The department, we have called for—GAO—for many months and over the course of really years of study of terrorism programs. They are too dispersed, they are too duplicative, they are overlapping and they are not really very effective. There is not even really an assessment of an overall strategy, as there has not been one.

So we have been calling for this integration and this establishment of a department. So in that sense, we applaud that.

On the other hand, where we think it raises some concerns and may be over-promising or too optimistic is that somehow this could integrate everything. It is certainly not a quick fix, it will take substantial time and, in our view, additional resources to really make it come off, particularly the intergovernmental dimensions of it. Pulling all of these disparate departments together is a very complex undertaking and I think some of the remarks of the Comptroller General, looking at the history of the formation of the Department of Defense, the Department of Transportation, the Department of Energy, bringing together and establishing and benefiting from the synergies of common functions, is no quick matter. And yet this is a matter of urgency and there should not be any lack of realism about the nature of the challenge ahead.

The second point is that this whole department has to be based on a strategy. Just having this notion that somehow we are going to collocate all of these disparate departments and functions and that will work, in our view is not a strategy. Strategy means to define—particularly from an intergovernmental angle. There are many dimensions to the strategy, but given the focus of the committee, our concern is about how to build those effective partnerships with different levels of government and the private sector. And we think a strategy is where you would see a vision of what is needed. It would define the kind of roles that are needed for different levels of government, where those roles are partnerships so that you have some real accountability and clarity, and would move toward real goals and measures and indicators. And unfortunately, we do not have that in this arena. And also, it would strategically define the appropriate tools because it is the kind of tools, whether it is regulation or grants, block grants, or targeted grants, that you use affects what kind of performance you get, what kind of accountability you get, what kind of sustainability you get.

So with that as a backdrop of the remarks that I had, I wanted to just briefly highlight what I think we heard today and how many of these themes really were mirrored throughout the morning.

I thought Ms. Schakowsky actually framed a very important issue right in your opening remarks, about the challenge of integrating many departments that have non-security functions. And I think the Coast Guard, which we just heard about that, has many other related non-security missions. Sometimes it is a good overlap, sometimes it is not. I have been on a tour in the New England area, where the fisheries enforcement is down, and it is a different arena, it is doing different things and basically the resources have been diverted into the harbor. So you have combining mixed resources.

We heard about that from several folks today in the public health arena and that is clearly a whole issue about public health, how it has been under-funded and how it is really a dual use, dual purpose function. And honing in on all of the resources and the effort in the department, we have already testified, my counterpart responsible for public health, that actually this fragments public health programs. These programs are currently more integrated in the Department of Health and Human Services, and this says no, we are going—because it is a State and local preparedness activity—we are going to put it in this department. So we have some caution there about the fact that there are dual function agencies like in the public health arena, like the Coast Guard, like FEMA, which works on—this country unfortunately is much more frequently the subject of natural disasters and preparedness on an all-hazard basis is very important. And that cannot end up being overshadowed by this formation of a security-focused department.

So we have heard a lot about this, as you form the department, the mix of this dual use and therefore what is in, what is out or what relationships will really be defined for the inevitable agencies like the intelligence agencies that are left out. So there is a lot of partnership and clarity in this proposal that is needed.

Another whole set of comments was about sustainability. Ms. Biggert, you actually brought that in, in your opening remarks, how this is a permanent and ongoing challenge. It is not like Y2K, when January 1 came and we said whew, this is over. This is not over, this is a continuing challenge.

Dr. Lumpkin talked about the importance of long-term sustainability. This is not an effort that we can have a one-time effort and we cannot have a Federal Government set of programs and promised programs that cannot be sustained. There are fiscal shortages at the States and there are at the Federal level as well. So a vision is needed for programs that can be sustained.

Then there were some very important points about partnership. Chief Wilkinson and Commander Nilsson talked about the importance of communications and training and the pooling of resources. And that actually relates to targeting, go to the States, go to local government to promote the ideal cooperation and partnerships and efficient use of resources.

And I close with your opening remarks, Mr. Horn, and the overall theme of today, "How Effectively is the Federal Government Assisting State and Local Governments in Preparing for Serious Terrorist Attacks." You opened with the fact that you have serious doubts. I think there should be serious doubts. I think there is inadequate information, and we do not have standards to even meas-

ure and base conclusions about levels of preparedness. CNN did a guide and it is an approximation and some cities find that useful. But those are not meaningful indicators. FEMA has been mandated for a number of years to try to develop measures of preparedness and it is a long-term project. We still do not have it.

So with all this new effort, we do not have the measures of what it is we are going toward and how to measure what it is we are trying to achieve. So the key issue of the day is that we do not know how prepared we are and there are major challenges ahead in the formation of this department to have it be effective, efficient and to address the many important issues that were raised today.

That concludes my remarks.

[The prepared statement of Ms. Hecker follows:]

United States General Accounting Office

GAO

Testimony

Before the Subcommittee on Government Efficiency, Financial Management, and Intergovernmental Relations, Committee on Government Reform, House of Representatives

For Release on Delivery
Expected at 10:00 a.m.,
Monday, July 1, 2002

HOMELAND SECURITY

Intergovernmental Coordination and Partnerships Will Be Critical to Success

Statement of JayEtta Hecker,
Director, Physical Infrastructure

GAO-02-899T

Mr. Chairman and Members of the Subcommittee:

I appreciate the opportunity to be here to discuss issues critical to successful federal leadership of, assistance to, and partnership with state and local governments to enhance homeland security. As you are aware, the challenges posed by homeland security exceed the capacity and authority of any one level of government. Protecting the nation against these unique threats calls for a truly integrated approach, bringing together the resources of all levels of government.

In my testimony today, I will focus on the challenges facing the federal government in (1) establishing a leadership structure for homeland security, (2) defining the roles of different levels of government, (3) developing performance goals and measures, and (4) deploying appropriate tools to best achieve and sustain national goals. My comments are based on a body of GAO's work on terrorism and emergency preparedness and policy options for the design of federal assistance,[1] our review of many other studies,[2] and the Comptroller General's June 25, 2002, testimony on the new Department of Homeland Security (DHS) proposal. In addition, I will draw on GAO's ongoing work for this Subcommittee, including an examination of the diverse ongoing and proposed federal preparedness programs, as well as a series of case studies we are conducting that examine preparedness issues facing state and local governments. To date, we have conducted interviews of officials in four geographically diverse cities: Baltimore, Maryland; New Orleans, Louisiana; Denver, Colorado; and, Los Angeles, California. We have also interviewed state emergency management officials in these states.

In summary:

- The proposed Department of Homeland Security will clearly have a central role in the success of efforts to enhance homeland security. Many aspects of the proposed consolidation of homeland security programs have the potential to reduce fragmentation, improve coordination, and clarify roles and responsibilities. Realistically,

[1] See attached listing of related GAO products.

[2] These studies include the Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction, *Third Annual Report* (Arlington, Va.:, Dec. 15, 2001); and the United States Commission on National Security/21st Century, *Road Map for Security: Imperative for Change* (February 15, 2001).

however, in the short term, the magnitude of the challenges that the new department faces will clearly require substantial time and effort, and will take additional resources to make it effective. Moreover, formation of a department should not be considered a replacement for the timely issuance of a national homeland security strategy, which is needed to guide implementation of the complex mission of the department.

- Appropriate roles and responsibilities within and between the levels of government and with the private sector are evolving and need to be clarified. New threats are prompting a reassessment and shifting of longstanding roles and responsibilities, but these shifts are being considered on a piecemeal and ad hoc basis without benefit of an overarching framework and criteria to guide the process. A national strategy could provide such guidance by more systematically identifying the unique capacities and resources of each level of government to enhance homeland security and by providing increased accountability within the intergovernmental system.

- The nation does not yet have performance goals and measures upon which to assess and improve preparedness at all levels of government. Standards are a common set of criteria that can demonstrate success, promote accountability and determine areas where additional resources are needed, such as improving communications and equipment interoperability. Standards could also be used to help set goals and performance measures as a basis for assessing the effectiveness of federal programs. In the intergovernmental environment, these are often best defined through cooperative, partnership approaches.

- A careful choice of the most appropriate assistance tools is critical to achieve and sustain national goals. The choice and design of policy tools, such as grants, regulations, and tax incentives, can enhance the capacity of all levels of government to target areas of highest risk and greatest need, promote shared responsibilities by all parties, and track and assess progress toward achieving national preparedness goals.

Background

Homeland security is a complex mission that involves a broad range of functions performed throughout government, including law enforcement,

transportation, food safety and public health, information technology, and emergency management, to mention only a few. Federal, state, and local governments have a shared responsibility in preparing for catastrophic terrorist attacks as well as other disasters. The initial responsibility for planning, preparing, and response falls upon local governments and their organizations—such as police, fire departments, emergency medical personnel, and public health agencies—which will almost invariably be the first responders to such an occurrence. For its part, the federal government has principally provided leadership, training, and funding assistance.

The federal government's role in responding to major disasters has historically been defined by the Stafford Act,[3] which makes most federal assistance contingent on a finding that the disaster is so severe as to be beyond the capacity of state and local governments to respond effectively. Once a disaster is declared, the federal government—through the Federal Emergency Management Agency (FEMA)—may reimburse state and local governments for between 75 and 100 percent of eligible costs, including response and recovery activities.

In addition to post disaster assistance, there has been an increasing emphasis over the past decade on federal support of state and local governments to enhance national preparedness for terrorist attacks. After the nerve gas attack in the Tokyo subway system on March 20, 1995, and the Oklahoma City bombing on April 19, 1995, the United States initiated a new effort to combat terrorism. In June 1995, Presidential Decision Directive 39 was issued, enumerating responsibilities for federal agencies in combating terrorism, including domestic terrorism. Recognizing the vulnerability of the United States to various forms of terrorism, the Congress passed the Defense Against Weapons of Mass Destruction Act of 1996 (also known as the Nunn-Lugar-Domenici program) to train and equip state and local emergency services personnel who would likely be the first responders to a domestic terrorist event. Other federal agencies, including those in FEMA; the Departments of Justice, Health and Human Services, and Energy; and the Environmental Protection Agency, have also developed programs to assist state and local governments in preparing for terrorist events.

[3] Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288) as amended establishes the process for states to request a presidential disaster declaration.

As emphasis on terrorism prevention and response grew, however, so did concerns over coordination and fragmentation of federal efforts. More than 40 federal entities have a role in combating and responding to terrorism, and more than 20 in bioterrorism alone. Our past work, conducted prior to the establishment of an Office of Homeland Security and a proposal to create a new Department of Homeland Security, has shown coordination and fragmentation problems stemming largely from a lack of accountability within the federal government for terrorism-related programs and activities. Further, our work found there was an absence of a central focal point that caused a lack of a cohesive effort and the development of similar and potentially duplicative programs. Also, as the Gilmore Commission report notes, state and local officials have voiced frustration about their attempts to obtain federal funds from different programs administered by different agencies and have argued that the application process is burdensome and inconsistent among federal agencies.

President Bush took a number of important steps in the aftermath of the terrorist attacks of September 11th to address the concerns of fragmentation and to enhance the country's homeland security efforts, including the creation of the Office of Homeland Security in October 2001. The creation of such a focal point is consistent with a previous GAO recommendation.[4] The Office of Homeland Security achieved some early results in suggesting a budgetary framework and emphasizing homeland security priorities in the President's proposed budget.

Proposed Department Will Have A Central Role In Strengthening Homeland Security

The proposal to create a statutorily based Department of Homeland Security holds promise to better establish the leadership necessary in the homeland security area. It can more effectively capture homeland security as a long-term commitment grounded in the institutional framework of the nation's governmental structure. As we have previously noted, the homeland security area must span the terms of various administrations and individuals. Establishing a Department of Homeland Security by

[4] U.S. General Accounting Office, *Combating Terrorism: Selected Challenges and Related Recommendations, GAO-01-822* (Washington, D.C.: June 2002).

statute will ensure legitimacy, authority, sustainability, and the appropriate accountability to Congress and the American people.[5]

The President's proposal calls for the creation of a Cabinet department with four divisions, including Chemical, Biological, Radiological, and Nuclear Countermeasures; Information Analysis and Infrastructure Protection; Border and Transportation Security; and Emergency Preparedness and Response. Table 1 shows the major components of the proposed department with associated budgetary estimates.

[5] U.S. General Accounting Office, *Homeland Security: Responsibility And Accountability for Achieving National Goals*, GAO-02-627T (Washington, D.C.: Apr. 11, 2002).

Table 1: Department of Homeland Security Component Funding (FY 2003 Requested)

	Dollars in millions	FTE [1]
Chemical, Biological, Radiological and Nuclear Countermeasures		
Civilian Biodefense Research Programs (HHS)	1,993	150
Lawrence Livermore National Laboratory (DOE)	1,188	324
National BW Defense Analysis Center (New)	420	-
Plum Island Animal Disease Center (USDA)	25	124
	3,626	**598**
Information Analysis and Infrastructure Protection		
Critical Infrastructure Assurance Office (Commerce)	27	65
Federal Computer Incident Response Center (GSA)	11	23
National Communications System (DOD)	155	91
National Infrastructure Protection Center (FBI)	151	795
National Infrastructure Simulation and Analysis Center (DOE)	20	2
	364	**976**
Border and Transportation Security		
Immigration and Naturalization Service (DOJ)	6,416	39,459
Customs Service (Treasury)	3,796	21,743
Animal and Plant Health Inspection Service (USDA)	1,137	8,620
Coast Guard, (DOT)	7,274	43,639
Federal Protective Services (GSA)	418	1,408
Transportation Security Agency (DOT) [2]	4,800	41,300
	23,841	**156,169**
Emergency Preparedness and Response		
Federal Emergency Management Agency	6,174	5,135
Chemical, Biological, Radiological, and Nuclear Response Assets (HHS)	2,104	150
Domestic Emergency Support Team	-	-
Nuclear Incident Response (DOE)	91	-
Office of Domestic Preparedness (DOJ)	-	-
National Domestic Preparedness (FBI)	2	15
	8,371	**5,300**
Secret Service (Treasury)	**1,248**	**6,111**
Total, Department of Homeland Security	**37,450**	**169,154**

Source: "Department of Homeland Security," President George W. Bush, June 2002

Note: Figures are from FY 2003 President's Budget Request
(1) Estimated, final FTE figures to be determined
(2) Before fee recapture of $2,346 million

The DHS would be responsible for coordination with other executive branch agencies involved in homeland security, including the Federal Bureau of Investigation and the Central Intelligence Agency. Additionally, the proposal to establish the DHS calls for coordination with nonfederal entities and directs the new Secretary to reach out to state and local governments and the private sector in order to:

- ensure that adequate and integrated planning, training, and exercises occur, and that first responders have the equipment they need;
- coordinate and, as appropriate, consolidate the federal government's communications systems relating to homeland security with state and local governments' systems;
- direct and supervise federal grant programs for state and local emergency response providers; and
- distribute or, as appropriate, coordinate the distribution of warnings and information to state and local government personnel, agencies and authorities, and the public.

Many aspects of the proposed consolidation of homeland security programs are in line with previous recommendations and show promise towards reducing fragmentation and improving coordination. For example, the new department would consolidate federal programs for state and local planning and preparedness from several agencies and place them under a single organizational umbrella. Based on its prior work, GAO believes that the consolidation of some homeland security functions makes sense and will, if properly organized and implemented, over time lead to more efficient, effective and coordinated programs, better intelligence sharing, and a more robust protection of our people, and borders and critical infrastructure.

However, as the Comptroller General has recently testified,[6] implementation of the new department will be an extremely complex task, and in the short term, the magnitude of the challenges that the new

[6] U.S. General Accounting Office, *Homeland Security: Proposal for Cabinet Agency Has Merit, But Implementation Will be Pivotal to Success*, GAO-02-886T (Washington, D.C.: June 25, 2002).

department faces will clearly require substantial time and effort, and will take additional resources to make it effective. Further, some aspects of the new department, as proposed, may result in yet other concerns. As we reported on June 25, 2002,[7] the new department would include public health assistance programs that have both basic public health and homeland security functions. These dual-purpose programs have important synergies that should be maintained and could be disrupted, as the President's proposal was not sufficiently clear on how both the homeland security and public health objectives would be accomplished.

In addition, the recent proposal for establishing DHS should not be considered a substitute for, nor should it supplant, the timely issuance of a national homeland security strategy. At this time, a national homeland security strategy does not exist. Once developed, the national strategy should define and guide the roles and responsibilities of federal, state, and local entities, identify national performance goals and measures, and outline the selection and use of appropriate tools as the nation's response to the threat of terrorism unfolds.

Challenges Remain in Defining Appropriate Intergovernmental Roles

The new department will be a key player in the daunting challenge of defining the roles of the various actors within the intergovernmental system responsible for homeland security. In areas ranging from fire protection to drinking water to port security, the new threats are prompting a reassessment and shift of longstanding roles and responsibilities. However, proposed shifts in roles and responsibilities are being considered on a piecemeal and ad hoc basis without benefit of an overarching framework and criteria to guide this process. A national strategy could provide such guidance by more systematically identifying the unique capacities and resources of each level of government and matching them to the job at hand.

The proposed legislation provides for the new department to reach out to state and local governments and the private sector to coordinate and integrate planning, communications, information, and recovery efforts addressing homeland security. This is important recognition of the critical

[7] U.S. General Accounting Office, *Homeland Security: New Department Could Improve Coordination but May Complicate Public Health Priority Setting*, GAO-02-883T (Washington, D.C.: June 25, 2002)

role played by nonfederal entities in protecting the nation from terrorist attacks. State and local governments play primary roles in performing functions that will be essential to effectively addressing our new challenges. Much attention has already been paid to their role as first responders in all disasters, whether caused by terrorist attacks or natural hazards. State and local governments also have roles to play in protecting critical infrastructure and providing public health and law enforcement response capability.

Achieving national preparedness and response goals hinge on the federal government's ability to form effective partnerships with nonfederal entities. Therefore, federal initiatives should be conceived as national, not federal in nature. Decisionmakers have to balance the national interest of prevention and preparedness with the unique needs and interests of local communities. A "one-size-fits-all" federal approach will not serve to leverage the assets and capabilities that reside within state and local governments and the private sector. By working collectively with state and local governments, the federal government gains the resources and expertise of the people closest to the challenge. For example, protecting infrastructure such as water and transit systems lays first and most often with nonfederal levels of government.

Just as partnerships offer opportunities, they also pose risks based upon the different interests reflected by each partner. From the federal perspective, there is the concern that state and local governments may not share the same priorities for use of federal funds. This divergence of priorities can result in state and local governments simply replacing ("supplanting") their own previous levels of commitment in these areas with the new federal resources. From the state and local perspective, engagement in federal programs opens them up to potential federal preemption and mandates. From the public's perspective, partnerships if not clearly defined, risk blurring responsibility for the outcome of public programs.

Our fieldwork at federal agencies and at local governments suggests a shift is potentially underway in the definition of roles and responsibilities between federal, state and local governments with far reaching consequences for homeland security and accountability to the public. The challenges posed by the new threats are prompting officials at all levels of government to rethink long standing divisions of responsibilities for such areas as fire services, local infrastructure protection and airport security. The proposals on the table recognize that the unique scale and complexity

of these threats call for a response that taps the resources and capacities of all levels of government as well as the private sector.

In many areas, the proposals would impose a stronger federal presence in the form of new national standards or assistance. For instance, the Congress is debating proposals to mandate new vulnerability assessments and protective measures on local communities for drinking water facilities. Similarly, new federal rules have mandated local airport authorities to provide new levels of protection for security around airport perimeters. The block grant proposal for first responders would mark a dramatic upturn in the magnitude and role of the federal government in providing assistance and standards for fire service training and equipment.

Although promising greater levels of protection than before, these shifts in roles and responsibilities have been developed on an ad hoc piecemeal basis without the benefit of common criteria. An ad hoc process may not capture the real potential each actor in our system offers. Moreover, a piecemeal redefinition of roles risks the further fragmentation of the responsibility for homeland security within local communities, blurring lines of responsibility and accountability for results. While federal, state, and local governments all have roles to play, care must be taken to clarify who is responsible for what so that the public knows whom to contact to address their problems and concerns. The development of a national strategy provides a window of opportunity to more systematically identify the unique resources and capacities of each level of government and better match these capabilities to the particular tasks at hand. If developed in a partnerial fashion, such a strategy can also promote the participation, input and buy in of state and local partners whose cooperation is essential for success.

Governments at the local level are also moving to rethink roles and responsibilities to address the unique scale and scope of the contemporary threats from terrorism. Numerous local general-purpose governments and special districts co-exist within metropolitan regions and rural areas alike. Many regions are starting to assess how to restructure relationships among contiguous local entities to take advantage of economies of scale, promote resource sharing, and improve coordination of preparedness and response on a regional basis.

For example, mutual aid agreements provide a structure for assistance and for sharing resources among jurisdictions in preparing for and responding to emergencies and disasters. Because individual jurisdictions may not have all the resources they need to acquire equipment and respond to all types of emergencies and disasters, these agreements allow for resources

to be regionally distributed and quickly deployed. The terms of mutual aid agreements vary for different services and different localities. These agreements provide opportunities for state and local governments to share services, personnel, supplies, and equipment. We have found in our fieldwork that mutual aid agreements can be both formal and informal and provide for cooperative planning, training, and exercises in preparation for emergencies and disasters. Additionally, some of these agreements involve private companies and local military bases, as well as local entities.

Performance Goals and Measures Needed in Homeland Security Programs

The proposed Department, in fulfilling its broad mandate, has the challenge of developing a performance focus. The nation does not have a baseline set of performance goals and measures upon which to assess and improve preparedness. The capability of state and local governments to respond to catastrophic terrorist attacks remains uncertain. The president's fiscal year 2003 budget proposal acknowledged that our capabilities for responding to a terrorist attack vary widely across the country. The proposal also noted that even the best prepared states and localities do not possess adequate resources to respond to the full range of terrorist threats we face. Given the need for a highly integrated approach to the homeland security challenge, performance measures may best be developed in a collaborative way involving all levels of government and the private sector.

Proposed measures have been developed for state and local emergency management programs by a consortium of emergency managers from all levels of government and have been pilot tested in North Carolina and North Dakota. Testing at the local level is planned for fiscal year 2002 through the Emergency Management Accreditation Program (EMAP). EMAP is administered by the National Emergency Management Association—an association of directors of state emergency management departments—and funded by FEMA. Its purpose is to establish minimum acceptable performance criteria, by which emergency managers can assess and enhance current programs to mitigate, prepare for, respond to, and recover from disasters and emergencies. For example, one such standard is the requirement that (1) the program must develop the capability to direct, control, and coordinate response and recovery operations, (2) that an incident management system must be utilized, and (3) that organizational roles and responsibilities shall be identified in the emergency operational plans. In recent meetings, FEMA officials have said that EMAP is a step in the right direction towards establishing much needed national standards for preparedness. FEMA officials have

suggested they plan on using EMAP as a building block for a set of much more stringent, quantifiable standards.

Standards are being developed in other areas associated with homeland security. For example, the Coast Guard is developing performance standards as part of its port security assessment process. The Coast Guard is planning to assess the security condition of 55 U.S. ports over a 3-year period, and will evaluate the security of these ports against a series of performance criteria dealing with different aspects of port security. According to the Coast Guard's Acting Director of Port Security, it also plans to have port authority or terminal operators develop security plans based on these performance standards.

Communications is an example of an area for which standards have not yet been developed, but various emergency managers and other first responders have continuously highlighted that standards are needed. State and local governments often report there are deficiencies in their communications capabilities, including the lack of interoperable systems. Additionally, FEMA's Director has stressed the importance of improving communications nationwide.

The establishment of national measures for preparedness will not only go a long way towards assisting state and local entities determine successes and areas where improvement is needed, but could also be used as goals and performance measures as a basis for assessing the effectiveness of federal programs. At the federal level, measuring results for federal programs has been a longstanding objective of the Congress. The Congress enacted the Government Performance and Results Act of 1993 (commonly referred to as the Results Act). The legislation was designed to have agencies focus on the performance and results of their programs rather than on program resources and activities, as they had done in the past. Thus, the Results Act became the primary legislative framework through which agencies are required to set strategic and annual goals, measure performance, and report on the degree to which goals are met. The outcome-oriented principles of the Results Act include (1) establishing general goals and quantifiable, measurable, outcome-oriented performance goals and related measures; (2) developing strategies for achieving the goals, including strategies for overcoming or mitigating major impediments; (3) ensuring that goals at lower organizational levels align with and support general goals; and (4) identifying the resources that will be required to achieve the goals.

However, FEMA has had difficulty in assessing program performance. As the president's fiscal year 2003 budget request acknowledges, FEMA generally performs well in delivering resources to stricken communities and disaster victims quickly. The agency performs less well in its oversight role of ensuring the effective use of such assistance. Further, the agency has not been effective in linking resources to performance information. FEMA's Office of Inspector General has found that FEMA did not have an ability to measure state disaster risks and performance capability, and it concluded that the agency needed to determine how to measure state and local preparedness programs.

In the area of bioterrorism, the Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services is requiring state and local entities to meet certain performance criteria in order to qualify for grant funding. The CDC has made available 20% of the fiscal year 2002 funds for the cooperative agreement program to upgrade state and local public health jurisdictions' preparedness for and response to bioterrorism and other public health threats and emergencies. However, the remaining 80% of the available funds is contingent on receipt, review, and approval of a work plan that must contain 14 specific critical benchmarks. These include the preparation of a timeline for assessment of emergency preparedness and response capabilities related to bioterrorism, the development of a state-wide plan for responding to incidents of bioterrorism, and the development of a system to receive and evaluate urgent disease reports from all parts their state and local public health jurisdictions on a 24-hour per day, 7-day per week basis.

Performance goals and measures should be used to guide the nation's homeland security efforts. For the nation's homeland security programs, however, outcomes of where the nation should be in terms of domestic preparedness have yet to be defined. The national homeland security strategy, when developed, should contain such goals and measures and provide a framework for assessing program results. Given the recent and proposed increases in homeland security funding as well as the need for real and meaningful improvements in preparedness, establishing clears goals and performance measures is critical to ensuring both a successful and fiscally responsible effort.

Appropriate Tools Need to Be Selected For Providing Assistance

The choice and design of the policy tools the federal government uses to engage and involve other levels of government and the private sector in enhancing homeland security will have important consequences for performance and accountability. Governments have a variety of policy tools including grants, regulations, tax incentives, and information-sharing mechanisms to motivate or mandate other levels of government or the private sector to address security concerns. The choice of policy tools will affect sustainability of efforts, accountability and flexibility, and targeting of resources. The design of federal policy will play a vital role in determining success and ensuring that scarce federal dollars are used to achieve critical national goals.

Grants

The federal government often uses grants to state and local governments as a means of delivering federal assistance. Categorical grants typically permit funds to be used only for specific, narrowly defined purposes. Block grants typically can be used by state and local governments to support a range of activities aimed at achieving a broad, national purpose and to provide a great deal of discretion to state and local officials. In designing grants, it is important to (1) target the funds to state and localities with the greatest need based on highest risk and lowest capacity to meet these needs from their own resource base, (2) discourage the replacement of state and local funds with federal funds, commonly referred to as "supplantation," with a maintenance-of-effort requirement that recipients maintain their level of previous funding, and (3) strike a balance between accountability and flexibility. At their best, grants can stimulate state and local governments to enhance their preparedness to address the unique threats posed by terrorism. Ideally, grants should stimulate higher levels of preparedness and avoid simply subsidizing local functions that are traditionally state or local responsibilities. One approach used in other areas is the "seed money" model in which federal grants stimulate initial state and local activity with the intent of transferring responsibility for sustaining support over time to state and local governments.

Recent funding proposals, such as the $3.5 billion block grant for first responders contained in the president's fiscal year 2003 budget, have included some of these provisions. This grant would be used by state and local government's to purchase equipment, train personnel, exercise, and develop or enhance response plans. FEMA officials have told us that it is still in the early stages of grant design and is in the process of holding various meetings and conferences to gain input from a wide range of stakeholders including state and local emergency management directors, local law enforcement responders, fire responders, health officials, and

FEMA staff. Once the details of the grant have been finalized, it will be useful to examine the design to assess how well the grant will target funds, discourage supplantation, provide the appropriate balance between accountability and flexibility, and whether it provides temporary "seed money" or represents a long-term funding commitment.

Regulations

Other federal policy tools can also be designed and targeted to elicit a prompt, adequate, and sustainable response. In the area of regulatory authority, the Federal, state, and local governments share authority for setting standards through regulations in several areas, including infrastructure and programs vital to preparedness (for example, transportation systems, water systems, public health). In designing regulations, key considerations include how to provide federal protections, guarantees, or benefits while preserving an appropriate balance between federal and state and local authorities and between the public and private sectors. An example of infrastructure regulations include the new federal mandate requiring that local drinking water systems in cities above a certain size provide a vulnerability assessment and a plan to remedy vulnerabilities as part of ongoing EPA reviews while the new Transportation Security Act is representative of a national preparedness regulation as it grants the Department of Transportation authority to order deployment of local law enforcement personnel in order to provide perimeter access security at the nation's airports.

In designing a regulatory approach, the challenges include determining who will set the standards and who will implement or enforce them. There are several models of shared regulatory authority offer a range of approaches that could be used in designing standards for preparedness. Examples of these models range from preemption though fixed federal standards to state and local adoption of voluntary standards formulated by quasi-official or nongovernmental entities.[8]

Tax Incentives

As the Administration noted protecting America's infrastructure is a shared responsibility of federal, state, and local government, in active partnership with the private sector, which owns approximately 85 percent of our nation's critical infrastructure. To the extent that private entities will be called upon to improve security over dangerous materials or to protect critical infrastructure, the federal government can use tax

[8] For more information on these models, see U.S. General Accounting Office, *Regulatory Programs: Balancing Federal and State Responsibilities for Standard Setting and Implementation*, GAO-02-495 (Washington, D.C.: March 20, 2002).

incentives to encourage or enforce their activities. Tax incentives are the result of special exclusions, exemptions, deductions, credits, deferrals, or tax rates in the federal tax laws. Unlike grants, tax incentives do not generally permit the same degree of federal oversight and targeting, and they are generally available by formula to all potential beneficiaries who satisfy congressionally established criteria.

Information Sharing

Since the events of September 11, a task force of mayors and police chiefs has called for a new protocol governing how local law enforcement agencies can assist federal agencies, particularly the FBI, given the information needed to do so. As the U.S. Conference of Mayors noted, a close working partnership of local and federal law enforcement agencies, which includes the sharing of intelligence, will expand and strengthen the nation's overall ability to prevent and respond to domestic terrorism. The USA Patriot Act provides for greater sharing of intelligence among federal agencies. An expansion of this act has been proposed (S1615; H.R. 3285) that would provide for information sharing among federal, state and local law enforcement agencies. In addition, the Intergovernmental Law Enforcement Information Sharing Act of 2001 (H.R. 3483), which you sponsored Mr. Chairman, addresses a number of information sharing needs. For instance, the proposed legislation provides that the Attorney General expeditiously grant security clearances to Governors who apply for them and to state and local officials who participate in federal counter-terrorism working groups or regional task forces.

Conclusion

The proposal to establish a new Department of Homeland Security represents an important recognition by the Administration and the Congress that much still needs to be done to improve and enhance the security of the American people. The DHS will clearly have a central role in the success of efforts to strengthen homeland security, but it is a role that will be made stronger within the context of a larger, more comprehensive and integrated national homeland security strategy. Moreover, given the unpredictable characteristics of terrorist threats, it is essential that the strategy be formulated at a national rather than federal level with specific attention given to the important and distinct roles of state and local governments. Accordingly, decision-makers will have to balance the federal approach to promoting homeland security with the unique needs, capabilities, and interests of state and local governments. Such an approach offers the best promise for sustaining the level of commitment needed to address the serious threats posed by terrorism.

This completes my prepared statement. I would be pleased to respond to any questions you or other members of the Subcommittee may have.

Contacts and Acknowledgments

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Mr. HORN. Thank you. We will have 5 minutes for Ms. Schakowsky.

Ms. SCHAKOWSKY. Thank you, Mr. Chairman.

Ms. Hecker, I think a lot of the questions that you raise and the concerns that you raise put everything in an important context and a framework. What do they say about field of dreams? "Build it and they will come?" No, we create it and it will work is not necessarily the case and so it is important, I agree, to have a strategy.

The issue that I did raise in my opening statement—and others can comment too—the non-security functions, I am very concerned about and I am concerned about it from Chicago's relationship to the Coast Guard and search and rescue and recreational boating and all those things that we are concerned about. Concerned about it from the seamless standpoint, although I think you made a pretty compelling case on why those functions are more consistent than I had originally thought about.

I am concerned about the INS in the Chicago area where we have so many immigrants. The service component is a very different mission from the law enforcement component and right now the entire INS is scheduled to go in.

There is an argument that some will make that this is the government gravy train right now, and if you do not get in it, you are out of it altogether, and that might be rationale enough to say let us put all the functions in, because if something is going to give, it is not going to be the Department of Homeland Security.

And so I am wondering if you are going to in a systematic way—GAO in a systematic way is going to be looking at these non-security functions to help guide us in what may be a better organizational structure or make some recommendations about all the things you said, the goals and measures and indicators and appropriate tools, etc.

I am concerned in our rush to do this, that we do not take these things into consideration.

Do you want to respond, or any of the others respond—the Coast Guard or FEMA.

Ms. HECKER. I can briefly answer that. When the Comptroller General testified last week, he laid out a set of criteria to try to assist the Congress in their deliberations of how you assess what is in, what is out. And he talked about a set of criteria that could be used. This is moving so fast that we have not been asked to try to apply those criteria ourselves to some of those departments, but I am sure at your request or any committee, we would work with you to try to do that. I know the schedule in the House is short and there is a vote in the next few weeks or at least that is the schedule. So this is moving very quickly.

I think the upshot of the Comptroller General's concern was yes, this is urgent, but there is also merit in moving cautiously. And it is not for us to speak to the agenda that the Congress has set, but these are very significant questions and even though, of course, there can be refinements like there was for years with the DOD or other areas, the importance of this is to at least get the ideas correct and the concept correct because we cannot have any lost time here. When you think of the whole TSA activity and the aggressive schedule thereon, nobody can lose a beat here. So getting the right

parties involved in some of these combinations and thinking through some of the multiple relationships—I know in the area of the Coast Guard, one of the issues we raised is the kind of financial flexibility that might be given to the department head. You know, if they can move resources around, you are not really sure whether in fact a lot of competing functions can be sustained, particularly with the administration promising that this is no new resources. You have got to steal it from somewhere. There are no resources on State and local coordination, there is a mission and there is a promise that will be a big commitment, but there are no resources, it is just a box off of the new Secretary. So is it just going to pull together people from all of these conglomerate departments that do some of that? It is just not thought through yet and it—in my opinion, I think it merits more consideration by Congress of what is in, what is out, what the terms are, what the expectations are. We would be happy to help in any way we can.

Ms. SCHAKOWSKY. Let me just get a comment though if I could from Captain Seebald. You know, we are concerned in the Chicago area about the Coast Guard. Do you have those concerns as well and how do you plan to address them?

Captain SEEBALD. As a result of September 11th, we did have to shift some of our resources away from more of our safety role to more of our security role. But as a result of bringing on additional reservists and moving additional resources, and thankfully due to the $209 million supplemental that was passed, the first supplemental, we were able to what we think is to annualize that effort. And the President's fiscal year 2003 budget is a first step in a multi-year annualization of that new effort. And we think over the 3-years, we will be able to adequately both absorb the homeland security mission and then adequately execute our search and rescue missions and all the other missions that we have.

But certainly falling short of that budget, we would definitely be impacted.

Also in homeland security, we think because we are the leaders and we are the first responders in the coastal zone that we must remain intact. We must remain both a military and a maritime and multi-mission organization and the Coast Guard must retain its entire mission portfolio.

Ms. SCHAKOWSKY. Thank you.

Mr. BUIKEMA. I would just like to respond to your question on behalf of FEMA and really I guess talking about the concept of emergency management in general, especially with respect to—you mentioned a non-terrorism type mission that FEMA has.

And certainly right now there are four active Presidential Disaster Declarations ongoing in this region. But I think it is important to note that whether it is terrorism or whether it is pretty much any other kind of emergency or disaster, the functions that have to be performed by government are similar. There are certain things such as communication and cooperation and coordination and command and control that whether it is a hazardous materials incident or a tornado or a terrorist event, government has to come together and coordinate and speak with one voice and try to speak off the same sheet of music, if you will.

So some of the basic concepts and theories of emergency management are based on relationship building and the communication and coordination aspect that will be present whether it is a flood or a terrorist event.

So in many respects, this proposal blends in beautifully with FEMA's mission and allows us to strengthen those relationships with our other Federal partners as well as with State and local governments.

Ms. SCHAKOWSKY. Thank you.

Mr. HORN. The other——

Ms. BIGGERT. Just one question, Mr. Chairman.

Mr. Buikema, you mentioned in your testimony that FEMA is assessing the capabilities of its regional offices. Do you think that there will be—is it the plan to develop different capabilities within each of the regional offices, or simply ensure that each regional office has the capability to respond to an emergency?

Mr. BUIKEMA. More the latter, Ms. Biggert. Basically FEMA has a number of response teams and response elements and plans and procedures that can be enacted and implemented in the event of a disaster emergency. This has been an ongoing process but especially new focus has been placed on this since September 11th and our region just went through this process a couple of weeks ago and it was a peer assessment. In other words, folks from outside the region came in and took a look at our capabilities and our strengths and our weaknesses and it is a very valuable exercise, if you will, because it allows us then to address any weaknesses and proactively try to strengthen our capability to respond.

Ms. BIGGERT. Is there—I think that you might have answered this, but you know, FEMA, the culture of FEMA really is to react and to respond to terrorism or other disasters. How—are you changing the culture of the agency when it proactively helps the community citizens to avoid becoming victims?

Mr. BUIKEMA. Actually, FEMA has been a strong proponent of mitigation or prevention for many years now. There has been a lot of emphasis on prevention, an attempt to break the cycle, if you will, and I will use flooding as an example, where too many homes and structures perhaps are built in hazard areas such as flood plains. An event occurs, a flood occurs, which may or may not, depending on the circumstances, ultimately lead to a major disaster declaration and assistance from the Federal Government, and then subsequent to that another flood occurs in this cycle.

So FEMA has been very aggressively, for a number of years, working with State and local governments to try to prevent that. Every time a Presidential Disaster Declaration is declared, a percentage of the Federal funds that come into a State are set aside for hazard mitigation grant program dollars. For example, in Illinois, if my facts are correct, over 3,000 homes have been bought up by the State of Illinois with Federal and local money and removed out of the flood plain, as an example of the way to prevent future disasters from occurring.

Ms. BIGGERT. Thank you for that clarification. Thank you, Mr. Chairman.

Mr. HORN. Thank you. I appreciate the presentations all of you have given. It is going to be very helpful and I thank you for coming here.

I want to now thank that people that arranged this particular hearing: J. Russell George, the staff director and chief counsel is back there; Bonnie Heald, deputy staff director on my left and your right; Rosa Harris is from the General Accounting Office on loan to the subcommittee and very responsible for this particular hearing; Justin Paulhamus is our majority clerk and does a great job and he is at the end of the table and he is going to have to be the dust-up guy for the rest of Chicago. And then Michael Sazonov, a subcommittee intern; Sterling Bentley, another subcommittee intern; Joe DiSilvio, an intern and Yigal Kerszenbaum is another intern.

The minority staff; David McMillen here is behind me, a professional staff member; and Nadem L. Schaume is the deputy chief of staff, press secretary for Representative Schakowsky. And their help was great to us and Leslie Kohn, her district director in the Chicago office, and John Samuels, legislative director, Office of Representative Schakowsky.

And we are also particularly caring about his giving us this fine chamber, and that is Chief Judge Charles Kokoras. And Joe Quomo is the General Services Administration Site Coordinator. Joe Navit is the courtroom technician. And Ulga Koloson is the administrative assistant to the chief judge. And not last, but he is going to see us in Omaha and that is Bill Warren, court reporter. That is a tough job when you are getting all of you and getting it in the right place. So thank you very much.

And with that, we are adjourned.

[Whereupon, at 12:20 p.m., the subcommittee was adjourned.]

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