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INCIDENT COMMAND, CONTROL, AND COMMUNICATIONS DURING CATASTROPHIC EVENTS

HEARING

BEFORE THE

SUBCOMMITTEE ON EMERGENCY PREPAREDNESS, SCIENCE, AND TECHNOLOGY

OF THE

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CONTENTS

Page

STATEMENTS

The Honorable Dave G. Reichert, a Representative in Congress From the State of Washington, and Chairman, Subcommittee on Emergency Preparedness, Science, and Technology 1
The Honorable Bill Pascrell, Jr., a Representative in Congress From the State of New Jersey, and Ranking Member, Subcommittee on Emergency Preparedness, Science and Technology 2
The Honorable Peter T. King, a Representative in Congress From the State of New York, and Chairman, Committee on Homeland Security 4
The Honorable Benie G. Thompson, a Representative in Congress From the State of Mississippi:
Prepared Statement 5
The Honorable Michael McCaul, a Representative in Congress From the State of Texas 41

WITNESSES

Mr. Chuck Canterbury, National President, Fraternal Order of Police:
Oral Statement 6
Prepared Statement 8
Mr. Bob Freudenthal, President, American Public Works Association:
Oral Statement 15
Prepared Statement 17
Mr. Robert L. Garner, President and CEO, American Ambulance Association:
Oral Statement 19
Prepared Statement 21
Mark Edward Gebhart, M.D.,, Assistant Professor of Emergency, Medicine, Boonshoft School of Medicine at Wright State University:
Oral Statement 32
Prepared Statement 34
Mr. William D. "Bill" Killen, Chief, President, International Association of Fire Chiefs:
Oral Statement 9
Prepared Statement 11
Mr. David E. Liebersbach, Immediate Past President, National Emergency Management Association:
Oral Statement 26
Prepared Statement 28

INCIDENT COMMAND, CONTROL, AND COMMUNICATION DURING CATASTROPHIC EVENTS

Thursday, September 29, 2005

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOMELAND SECURITY,
SUBCOMMITTEE ON EMERGENCY PREPAREDNESS,
SCIENCE AND TECHNOLOGY,
Washington, DC.

The subcommittee met, pursuant to call, at 1:02 p.m., in Room 311, Cannon House Office Building, Hon. Dave Reichert [chairman of the subcommittee] presiding.

Present: Representatives Reichert, King, McCaul, Pascrell, Christensen, and Etheridge.

Mr. REICHERT. [Presiding.] Good afternoon. The Committee on Homeland Security's Subcommittee on Emergency Preparedness, Science, and Technology will come to order.

The subcommittee will hear testimony today on incident command, control, and communications during catastrophic events.

I would first like to welcome our witnesses and thank them for taking time out of their schedules to be with us here today, so thank you all very much.

I want to take a moment to welcome everyone to this hearing. This is my first hearing as chairman, as most of you know. I am honored to lead this subcommittee, especially as a freshman. As you know, it is my first term in Congress and not everyone here knows me very well, but hopefully over the next few years we will gain some respect and a working relationship with each other.

Our most important asset as a subcommittee is the witnesses that appear before us, and hearing your different arguments empowers us to make educated decisions for the American people. I thank you all again for being here.

We are here today to discuss a topic that affects every one of us. I believe you will find it is not partisan, but personal. Today, we will examine disaster response on the ground and how to ensure that our nation is not ever again overwhelmed by a large-scale emergency or disaster.

This issue is central to the mission of this subcommittee and is also at the heart of who I am. As the former sheriff of King County in Seattle, Washington, as a first responder for over 33 years, I can personally attest there has to be effective and efficient responses to catastrophic events. Without planning, training and communication, of course this would not happen.

Hurricanes Katrina and Rita were so catastrophic and so unexpectedly damaging that they burned right through the resources of our first responders. This country's first responders are phenomenal, as we all know, and frequently are putting their lives on the line for all of us. Yet as these hurricanes struck, they faced unprecedented operational, logistical and financial problems.

As we look to the future, it is critical that we put an effective incident command structure in place so that, even if communications are knocked out, emergency response continues.

There is no denying mistakes were made in the wake of these two storms. It is clear we need to put a system in place to handle the massive influx of support personnel and resources to a disaster site, while at the same time managing timely and accurate information on incident commanders and the public.

There are many concerns to be addressed, and I do not doubt we will realize all of that as we continue forward. I also believe that, however, we must all have the same common interest: wanting to ensure that the American people have an emergency system that responds quickly and effectively in times of need. The bottom line is that we want to protect citizens, especially in times of great loss.

I know that working together we will make progress. We will examine how to ensure the short-term and long-term health and safety of our first responders and how to effectively treat victims in mass-casualty events and how to ensure that response and recovery funds are spent wisely and many more important issues.

My predecessor as chairman of the subcommittee, Peter King, left big shoes to fill, as we know, and I will work hard to do my best to continue the integrity and dedication that he has instilled. I know I speak for every member here today when I say we are honored to have him as chairman of the Homeland Security Committee.

I am also lucky to have next to me Bill Pascrell at my side as the subcommittee's distinguished ranking member. I am eager to work together with him.

While we take time to examine disaster responses today, I think it is important we not forget the most important thing that we have seen following the storms: the strength, the power and bravery of the families and loved ones in the Gulf Coast. They have shown amazing heart and our prayers are with them.

So thank you, and welcome again.

The chair now recognizes the ranking minority member of the subcommittee, the gentleman from New Jersey, Mr. Pascrell, for a statement.

Mr. PASCRELL. Thank you, Mr. Chairman.

Today's hearing is designed to examine incident command, control, and communications during times of crisis. We will specifically focus on the progress toward the national adoption of the Incident Command System, the ICS, very critical and very important to everybody here—a standardized response system for emergency responders. ICS is designed to ensure that the first-responder community maintains adequate and operable means of communication in the event of a disaster.

Additionally, this hearing will build upon the September 2004 hearing on the National Incident Management System, a nation-

wide model for federal, state, and local governments to work together to prepare for, to respond to, and recover from domestic incidents.

It goes without saying that these are areas of extreme importance that Congress must examine, must explore with robust vigor. I am glad that this subcommittee has taken the lead on these vital issues.

I am confident in saying that I do not think we could have a much better advocate for the needs of first responders than our new chairman, David Reichert. With 30 years of noted law enforcement experience, Chairman Reichert knows first-hand what our men and women in the field go through on a daily basis.

I want to just say this about that: It is critical that the Congress listens to those people who have the boots on the ground out in the field. For too long, this Congress on every issue listens to consultants. You are the consultants. You are there. You deal with this every day. We should be listening to you.

I do not speak for the chairman of the overall committee, but I know Peter King feels the same way that I do. We need to pay a lot more attention to you who are in the field, the men and women who are in the field day-in and day-out, because when there is not a crisis, you have to be there also.

I congratulate my friend, David, on his position. I am excited to work with him in a bipartisan fashion for the common good.

The hearing comes at a poignant time in our collective conscience. The tragedy of Hurricane Katrina and the searing images of Americans dying, suffering, calling desperately for help, has raised enormously important questions related to our nation's emergency response capabilities.

While the Homeland Security Committee has yet to schedule any specific hearings related to the response to Hurricanes Katrina and Rita, I believe today's meeting in our subcommittee can still be used to probe issues related to response to these catastrophic storms.

Both Hurricanes Katrina and Rita involved mass evacuation of people from major metropolitan areas. Mass evacuations can greatly impact command and control of major disasters. In addition, mass care and sheltering of evacuees for what can be a lengthy period of time is a major issue for the areas not directly impacted by the storm. To what extent does the National Incident Management System and the ICS take into consideration evacuation planning and routes?

During Hurricane Katrina, communications problems were compounded by the destruction of the communications infrastructure. First responders were often unable to have operable communications of any type. This fact made the inability to communicate with other first-responder disciplines and agencies a secondary concern. Beyond interoperability, what were the major obstacles to effective communications? How did this affect the command and control of the disaster, as well as hinder the overall response?

After Hurricane Katrina, there was a great outpouring of volunteers and donations to support the relief efforts. As we know, volunteers and donations are often needed to adequately recover from disasters, yet both individuals and companies have experienced dif-

ficulties donating goods and services to the relief effort. A better system of managing these donations may be needed and should be discussed. Has the National Response Plan and the National Incident Management System adequately addressed these areas? What changes do you think we need to make?

These questions, just to name but a few, must be examined and explored thoroughly by our committee. Today is a good first step. I hope that in the weeks and months ahead we will continue to explore these issues in a thorough manner.

I want to thank today's witnesses not only for their testimony, but more importantly for your services, each representing a large amount of people in this country. You provided these services to the American community in your roles as emergency managers and responders. There is no doubt this panel can learn a great deal from each of you.

I came to the Congress as one of my major priorities to do you justice. I hope I have not let you down. I pray God I never will. Thank you for being here today.

Thank you, Mr. Chairman.

Mr. REICHERT. Thank you, Mr. Pascrell.

The chair now recognizes the chairman of the full committee, the gentleman from New York, Mr. King.

Mr. KING. Thank you, Chairman Reichert.

I have a formal statement which I would like to be made part of the record. I would just like to make a few remarks.

First of all, I want to congratulate Dave Reichert on being appointed chairman of the subcommittee. I cannot think of anybody more qualified. He has an extensive and distinguished career. Even more than that, he has the dedication. During the time that I was chairman of the subcommittee and Congressman Reichert was a member, I do not think anyone took more notes or asked more questions or followed up more than he did. He is absolutely dedicated to this, and he is going to do a truly outstanding job.

One of the reasons he will do an outstanding job is he is working with Bill Pascrell, who is an old friend of mine. Bill and I certainly managed to put all partisanship aside to treat this not as a Republican or Democratic issue, but as an American issue. I really commend Bill. When there were times when we could have gone into partisan directions, he did not. I thank him for that. I certainly look forward to working with him in my new capacity as chairman of the full committee.

I also want to thank the witnesses for being here today. As Bill Pascrell said, you are the people that are on the ground. You are the ones who do the job. Others talk about it, others deliberate about it, but you guys do it. It really means a tremendous amount to our country. Like Congressman Pascrell and Congressman Reichert, I hope that we can in some small way repay you for the service that you have given to our country.

The issue today, the whole issue of incident command, control, and communications is absolutely essential. It is vital. It was certainly driven home to us during the Katrina and Rita Hurricanes. These are issues that must be addressed. They are issues that have to be looked at, perhaps from a fresh look.

I know that this subcommittee hearing today is a good first step along those lines. I know that Chairman Reichert will do an excellent job. I wish him well, and I look forward to the testimony and the questions.

Thank you, Mr. Chairman.

PREPARE STATEMENT OF THE HONORABLE BENNIE G. THOMPSON

One month ago today, Hurricane Katrina made landfall in Louisiana and in my home state of Mississippi. This past weekend, Hurricane Rita hit Southeast Texas and Southwest Louisiana.

Both hurricanes left us with many questions on our nation's preparedness.

As the Committee responsible for homeland security, it is our responsibility to figure out what went wrong and why. We owe it to our constituents and to the nation as a whole.

During the aftermath of Hurricanes Katrina and Rita, we witnessed what can happen when there is not an organized and adequate response.

We also know that effective communication during an incident is vital to a safe and effective response. We saw and were told as much after 9/11.

Somehow, four years later, we still know but are not doing.

Why is this the case?

Why couldn't the police in towns in Mississippi talk to each other? Why did the police in New Orleans suffer as much as they did, driving a couple of officers to suicide?

This past weekend with Rita, why did the local officials have to rely on battery-drained cells to communicate with one another?

What happened to lessons learned?

It was not just an issue of communications interoperability with the hurricanes, but an issue of having ANY operable means of communication.

Communication during an incident is also dependent on state and local officials having someone to turn to in the federal government and not having their requests lost in the bureaucracy.

Unfortunately, during Katrina, communication at all levels of government was not what it should have been.

I heard about incidents where FEMA required local officials to "Fax" requests in order to receive assistance. I heard it from local officials in Mississippi and then again earlier this week from police chiefs in Texas who were told the same thing.

I don't understand what type of bureaucracy requires a fax from folks underwater, with little food, no communications, and no electricity.

It is also shameful that my colleagues, Congressmen Melancon and Taylor, had to call this Committee to ask for assistance to get satellite phones from the Department of Homeland Security.

Before we got involved, they were told that they had to fill out some nonsense paperwork and talk to some office that I had never heard of.

I want to thank the folks at the Department of Homeland Security Legislative Affairs Office who recognized how ridiculous this was and worked to cut the bureaucracy and get Louisiana and Mississippi the help it needed.

If it weren't for those folks, our colleagues might still be waiting for communications to arrive while the paperwork was filed, stamped, and filled out in triplicate.

As a former volunteer firefighter and local official, I understand the importance of a clear command and control structure, and the benefits that such a structure provides during incident response.

I also understand that it is sill for the federal government to think that any local or state entity can withstand a massive event—whether a natural disaster or terrorist attack.

If anyone has any questions about this, they should read the 9/11 Commission report, which found that the attacks on the World Trade Center completely overwhelmed New York City's robust emergency response capability.

Specifically, they noted that even though the New York Police and Fire Departments were both prominent emergency response organizations, there were problems.

Read the National Response Plan or National Planning Scenarios issued by the Department in the past year—BEFORE THE HURRICANES HIT—that said that in the event of a hurricane, state and locals would be overwhelmed and, most likely, underwater.

Again I ask, what happened to lessons learned?

After 9/11, the citizens of New York and neighboring states deserved better than the status quo. After Hurricanes Katrina and Rita, the citizens of Mississippi, Louisiana, Alabama, Florida, and Texas deserve better.

Actually, all first responders across the nation deserve better.

Americans deserve to know that if an earthquake strikes California, our First responders are prepared and have the command system and communications they need.

If wild fires spread across New Mexico, Arizona, or California, they are prepared.

Hopefully this will be the first of many hearings in this Committee that will assess the response to and recovery from Hurricanes Katrina and Rita, so we can assure this preparedness.

I thank the witnesses for appearing before the Subcommittee, I look forward your testimony.

Thank you, Mr. Chairman.

Mr. REICHERT. Thank you, Mr. Chairman.

I have to respond by saying thank you for having faith in a new member to take on this responsibility. It is a new, exciting adventure that we are going to be on together, and hopefully we will do some good work together to make sure, again, that this country is ready for the next event that may happen in the future.

We are pleased to have a distinguished panel of witnesses with us today. With us are Mr. Chuck Canterbury, the national president, Fraternal Order of Police; Chief William "Bill" Killen, president, International Association of Fire Chiefs; Mr. Bob Freudenthal, president, American Public Works Association; Mr. Robert Garner, president and CEO, American Ambulance Association; Mr. David Liebersbach, immediate past president, National Emergency Management Association; and Dr. Mark Gebhart, assistant professor of emergency medicine, Boonshoft School of Medicine at Wright State University.

Let me remind the witnesses that their entire written statement will appear on the record. We ask that, due to the number of witnesses on our panel today, you strive to limit your oral testimony to no more than 5 minutes please.

The chair now recognizes Mr. Chuck Canterbury, national president of the Fraternal Order of Police, to testify.

STATEMENT OF CHUCK CANTERBURY

Mr. CANTERBURY. Good afternoon, Mr. Chairman and Ranking Member Pascrell and distinguished members of the House Committee on Homeland Security. As the chairman has told you, my name is Chuck Canterbury. I am the national president of the Fraternal Order of Police. I am the elected spokesperson representing 321,000 rank-and-file police officers.

I am here this afternoon to share our views on the challenges faced by law enforcement officers during critical incidents.

First, let me say we are very pleased to have a law enforcement professional as the chairman of this committee. We look forward to a long relationship with you, Mr. Chairman.

Command and control during critical incidents, particularly in the first few hours after an event, is the single most important factor in mitigating the loss of life and property. However, the effectiveness of the incident commander and his ability to maintain oversight of the situation hinges on his ability to communicate with the public safety governmental and private entities who play a role in the response to a critical incident. In short, without the ability

to talk to the various elements which play a role in critical incident response, even the best-laid preparations can quickly come undone.

My testimony this afternoon will focus on the incident commander the vital communications needs of the command in particular.

In order to establish and maintain command and control, most emergency services, particularly when multiple layers of government or first-responder disciplines are involved, utilize the ICS system. ICS features or should feature a common organizational structure and apply key management principles in a standardized way by providing a means to coordinate the efforts of individual agencies to achieve three main priorities: life safety, incident stability and conservation of property.

Generally speaking, an ICS has five major functions: command, planning, operations, logistics, and finance-administration. These three priorities and five elements are present in every incident command system and its use it not limited to large-scale incidents. In fact, most communities use some form of ICS to respond to routine emergencies on small-scale events, and in many cases all five elements are relevant to some extent, though sometimes they are through one person who may manage them all.

For example, after receiving report of a single-car accident on a busy highway, a single dispatcher and the appropriate command authority can deploy a variety of emergency service assets: law enforcement officers to secure the scene and direct traffic, firefighters to extract the victims from the car and clean hazardous materials spills, EMTs to treat injuries. Under the ICS theory, the scale of the response expands to meet the scale of the incident. So whether the situation is as minor as a fender-bender or a widespread catastrophic event like a hurricane or terrorist attack, the ICS theory should be in place.

The highest-ranking position within the ICS is obviously the incident commander who is ultimately responsible for all the activities that take place during the incident, including development and implementation of strategic decisions. In order to make these life and death decision, an incident commander must be able to receive accurate information. The entire command and control doctrine depends on integrated systems for communication to allow data to be continuously updated during an incident, provide a common framework that covers the incident's life-cycle across jurisdictions and disciplines.

With such a communication system in place, the incident commander is able to disseminate warnings to civilians caught up in the incident, as well as public safety officers involved in the response, to formulate, execute and communicate operational decisions, as well as between the incident-management entities across jurisdictions, and to develop and maintain overall awareness and understanding of an incident within and across jurisdictions.

If you would, without the reliable communications, sometimes we end up with situations like we had recently with the failure of the communications system with the New Orleans Police Department, which was inoperative for 3 days following the hurricane. At one point, hundreds of New Orleans officers were trying to communicate on two radio channels on a backup system, forcing them to

wait for an opening in radio traffic in order to transmit or receive critical information.

Interoperability is a frequent post-incident buzzword, but little progress has been made in developing and implementing a truly interoperable communications system. For instance, in 1997, the FOP pushed for legislation that would provide 24 MHz of spectrum on the 700 MHz band for use by public safety agencies. Yet in our nation's most populated areas, television broadcasters still occupy this spectrum nearly 9 years after it was allocated exclusively for the use of public safety.

In closing, Mr. Chairman, we would just like to thank you for allowing us to appear here today. Obviously, 5 minutes is not very long and we have submitted written comments that were much more detailed.

Thank you very much.

[The statement of Mr. Canterbury follows:]

PREPARED STATEMENT OF CHUCK CANTERBURY

Good morning, Mr. Chairman, Ranking Member Pascrell, and distinguished Members of the House Committee on Homeland Security. My name is Chuck Canterbury, National President of the Fraternal Order of Police. I am the elected spokesperson of more than 321,000 rank-and-file police officers—the largest law enforcement labor organization in the United States. I am here this afternoon to share with you the views of the F.O.P. on the challenges faced by law enforcement officers during critical incidents.

Before I begin my testimony, I want to offer my congratulations toChairman Reichert, a thirty-year law enforcement veteran for having assumed the chairmanship of this Subcommittee. The F.O.P. often feels that law enforcement's preventive role in homeland security is overlooked in favor of "response and recovery," and we believe that his experience will greatly benefit the work of his Subcommittee and the Committee as a whole.

Command and control during a critical incident, particularly in the first few hours after an event, is the single most important factor in mitigating the loss of life and property.

However, the effectiveness of the Incident Commander, and his ability to maintain oversight of the situation, hinges on his ability to communicate with the myriad public safety, governmental, and private entities who will play a role in the response to a critical incident. In short, without the ability to talk to the various elements which play a role in critical incident response, even the best laid preparations can quickly come undone. My testimony this afternoon will thus focus on the role of the Incident Commander and the vital communications needs of the command in particular.

In order to establish and maintain command and control, most emergency services, particularly when multiple layers of government or first responder disciplines are involved, utilize an Incident Command Structure or Incident Command System (ICS). An ICS features, or should feature, a common organizational structure and apply key management principles in a standardized way by providing a means to coordinate the efforts of individual agencies to achieve three main priorities: life safety, incident stability, and conservation of property. Generally speaking, an ICS has five major functions: command, planning, operations, logistics, and finance/administration.

These three priorities and five elements are present in every Incident Command System and its use is not limited to large scale incidents. In fact, most communities use some form of ICS to respond to "routine emergencies" or small scale events and, in many cases, all five elements of ICS are relevant to some extent, though one person may be able manage them all.

For example, after receiving reports of a single car accident on a busy highway, a single dispatcher and the appropriate command authority can deploy a variety of emergency service assets—law enforcement officers to secure the scene and divert traffic flow, firefighters to extract individuals from the car or assist with any spills of hazardous materials, and emergency medical technicians to treat any injuries. Under ICS theory, the scale of the response expands to meet the scale of the incident, for emergency response to be effective, it must be complete, whether the situa-

tion is as minor as a fender-bender, or a widespread, catastrophic event like a hurricane or terrorist attack.

The highest ranking position within the ICS is the Incident Commander, who is ultimately responsible for all activities that take place during an incident, including the development and implementation of strategic decisions and the ordering and releasing of resources. In order to make these life-and-death decisions, an Incident Commander must be able to receive accurate information from assets in the field and to communicate with those assets during the entirety of the incident. A common operating picture is necessary for consistency at all levels of incident management across jurisdictions, as well as between various governmental jurisdictions and private-sector and nongovernmental entities that may be engaged.

The entire command and control doctrine depends on integrated systems for communication, to allow data to be continuously updated during an incident, providing a common framework that covers the incident's life cycle across jurisdictions and disciplines. With such a communication system in place, the Incident Commander is able to disseminate warnings to civilians caught up in the incident as well as public safety officers involved in the response; to formulate, execute, and communicate operational decisions at the incident site, as well as between incident management entities across jurisdictions and functional agencies; to prepare for potential requirements and requests supporting incident management activities; and develop and maintain overall awareness and understanding of an incident within and across jurisdictions.

Without reliable and effective communications, the effectiveness of ICS is compromised because it is impossible for the Incident Commander to establish and maintain a common operational picture of the incident, and thus he is unable to make effective, consistent, and timely decisions.

Consider, for example, the failure of the communications system serving the New Orleans Police Department, which was inoperative for three days following the hurricane. At one point, hundreds of New Orleans officers were trying to communicate on two radio channels on a back-up system, forcing them to wait for an opening in radio traffic to transmit or receive critical information.

"Interoperability" is a frequent post-incident buzzword, but little real progress has been made on developing and implementing truly interoperable communications systems. For instance, in 1997, the F.O.P. pushed for legislation that provided 24MHz of spectrum on the 700MHz band for use by public safety agencies.

Yet, in our nation's most populous areas, television broadcasters still occupy this spectrum nearly nine years after it was allocated for the *exclusive* use of public safety.

The F.O.P. and other public safety organizations are lobbying Congress to set a hard date for broadcasters to vacate this spectrum in order to increase the capacity of current systems, alleviate dangerous radio communications congestion, and allow implementation of new and expanded multi-agency and wide-area radio systems. This will enable greater communications interoperability among agencies at all levels of government and allow the implementation of newer, more advanced mission critical communications, including high speed data, imaging and video systems. But, I am saddened to say, we are encountering resistance from certain members of Congress who are reluctant to take on the broadcasters and a successful conclusion on this issue is anything but certain.

The effectiveness of any Incident Commander and the entire ICS paradigm is tied to the ability to communicate quickly and reliably. If we are to improve our ability to respond to a catastrophic event, then the first order of business must be to address the communications needs of public safety agencies at every level of government.

I want to thank you, Mr. Chairman and Ranking Member Pascrell, as well as the other Members of this distinguished Subcommittee for your continued leadership and for the chance to appear before you today. I will now take any questions you may have.

Mr. REICHERT. Thank you, Mr. Canterbury.

The chair now recognizes Chief Killen, president of the International Association of Fire Chiefs, to testify.

STATEMENT OF WILLIAM KILLEN

Chief KILLEN. Good afternoon, Mr. Chairman, Ranking Member Pascrell and members of the subcommittee. Thank you for this op-

portunity to testify this afternoon about an issue of paramount importance to America's fine emergency services.

Before I begin, I would like to congratulate you, Mr. Chairman, on being chosen to lead this subcommittee. I am really tickled to see a first responder sitting up there in charge of this committee.

The International Association of Fire Chiefs emphatically endorses the National Incident Management System. This system is based on an incident command system that has been in use in the fire service for more than 20 years on everything from house fires to terrorist attacks.

I must stress, however, that the National Incident Management System will work only when government officials at all levels have the knowledge and the willingness to use it. Agencies must work together, exercise together, plan together and understand everyone's capabilities and determine ahead of time who will be in charge.

The National Incident Management System requires hard decisions, but incident command cannot be saved for the big one. We must implement it for every incident, every day.

Mr. Chairman, the response to Hurricane Katrina made clear that this nation is nowhere near being ready to implement the National Incident Management System. The National Incident Management System Integration Center must take more aggressive steps to train government officials at all levels in this system and hold them accountable to it.

The IAFC sent 29 fire chiefs to Louisiana and the Gulf Coast to aid response and recovery efforts. My written testimony details the experiences of Chief Kelvin Cochran of the Shreveport Fire Department and Chief Richard Carrizzo of the Southern Platte Fire Protection District, who was at the state emergency operations center. Both chiefs noted the utter lack of structure and communication at any level of government for the first 10 days. The state did not utilize the National Incident Management System and there was no statewide mutual aid system for deploying resources.

Without even basic-level organizational management, the fire service filled the void by dispatching personnel and equipment where it was needed. Chief Cochran dispatched teams of 27 members to New Orleans. These teams rescued people from hospitals and the Superdome without any clear structure to report to for guidance.

In addition, Chief Cochran was forced to manage the treatment and transportation of evacuees without any coordination. He literally had to see who showed up on his doorstep and figure out how to bathe, clothe and feed them.

Chief Carrizzo served in the emergency operations center where there was no clear incident commander or formal command structure for the first 2 weeks. It was not clear who was represented in the emergency operations center and there was no formal process for making and tracking requests.

Had an incident command system been established, a state-level official with a corresponding federal official would have been in place in the state emergency operations center for each of the necessary aspects of response.

For example, representatives of the Arlington County Fire Department, the Police Department and the Federal Bureau of Investigation had been meeting for years prior to 9/11. Each understood the other's needs and had established a high-degree of trust. Because of those relationships and understandings, each agency was represented at the command post within 10 minutes. The unified command structure facilitated communications, operability and saved lives.

Mr. Chairman, we must build a national capability to respond that includes the ability to use the National Incident Management System. To accomplish this goal, we make the following recommendations.

One, the Department of Homeland Security must establish a baseline capacity by requiring everyone from the executive level to the responder level, to take the online National Incident Management System introduction course.

Two, the Department of Homeland Security should issue a list of practical steps that each state must accomplish over the next year to become NIMS-compliant, including a requirement to use the National Incident Management System in exercises as a prerequisite to receiving state homeland security grant funds. Without exercise, learning the National Incident Management System would be like learning to ride a bike by reading a book.

Three, the Department of Homeland Security must foster regionalism by requiring each state's homeland security plan to identify regions within its borders, create regional boards, and require those boards to submit a mutual aid plan to the state for inclusion in the federal grant application.

Fourth, the Department of Homeland Security should also require metropolitan areas, the states and the federal government to establish standing incident management teams to support each other. The response would start at the local level and work its way up the chain as necessary.

And fifth, Congress should fully fund the National Incident Management System Integration Center.

Thank you, Mr. Chairman, for inviting me to speak to you today. It has been my pleasure to share the International Association of Fire Chiefs' views at this hearing. I look forward to answering any questions that you might have.

[The statement of Chief Killen follows:]

PREPARED STATEMENT OF CHIEF WILLIAM D. KILLEN

Mr. Chairman and members of the committee, I am Bill Killen, Chief of Fire and Emergency Services for the Holston Army Ammunition Plant in Kingsport, Tennessee. I appear today in my role as president of the International Association of Fire Chiefs.

The IAFC represents the leaders and managers of America's fire and emergency service. America's fire and emergency service reaches every community across the nation, protecting urban, suburban, and rural neighborhoods. Nearly 1.1 million men and women serve in more than 30,000 career, volunteer, and combination fire departments across the United States. The fire service is the only entity that is locally situated, staffed, and equipped to respond to all types of emergencies. Members of the fire service respond to natural disasters such as earthquakes, tornadoes, and hurricanes as well as to man-made catastrophes, both accidental and deliberate, such as hazardous materials incidents and acts of terrorism. As such, America's fire service is an all-risk, all-hazards response entity.

The IAFC Endorses the National Incident Management System

Mr. Chairman, one cannot address incident command, control, and communication without discussing the National Incident Management System, commonly known as the NIMS. Homeland Security Presidential Directive (HSPD) 5, *Management of Domestic Incidents,* directed the Secretary of Homeland Security to develop the NIMS to provide a consistent nationwide approach for federal, state, local and tribal governments "to work effectively and efficiently together to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity." [1] The Department of Homeland Security (DHS) issued the NIMS Document on March 1, 2004. As of September 30 of this year, federal, state, and local governments must be compliant with the NIMS, meaning that every government agency at every level should be familiar with its concepts and be able to use it during a catastrophic event. The response to Hurricane Katrina showed us that these requirements have not been met.

In preparing my remarks, I consulted with Chief Kelvin Cochran of the Shreveport (LA) Fire Department, who sent firefighting teams into New Orleans and coordinated the receipt of evacuees into Shreveport. I also consulted with Chief Richard Carrizzo, who heads the Southern Platte (MO) Fire Protection District and is a member of the IAFC's board, who I sent to the state emergency operations center (EOC) to help coordinate the fire service aspect of Hurricane Katrina response. My testimony today will include their first-hand experience with the use of the NIMS and the problems with command and control in the wake of the hurricane.

In addition, I consulted Chief Jim Schwartz of the Arlington County (VA) Fire Department, who was the operations chief for that department on September 11, 2001, and was the incident commander at the Pentagon that day. He used the incident command system with great success. I wanted to share his experiences and recommendations with this committee to show what can be accomplished when an incident command system is used to its full potential.

As noted at last year's subcommittee hearing on this issue, the IAFC endorses the NIMS as an efficient and effective way to bring resources together to respond to large-scale incidents. The reason the document is strong is that actual practitioners were intimately involved in drafting it. As long as responders and officials at all levels use the system, it will provide a solid chain of command and organizational system.

The fire service has been using the incident command system (ICS) for decades. In fact, the state of California was the first to create and adopt an ICS system. It grew out of the devastating 1970 fire season when California's fire services were severely criticized for failing to provide leadership in areas of cooperation, command and control, communications, and training.

Since then, America's fire service has fully embraced the ICS. Simply put, it is the way we do business. The ICS has allowed the fire service across the country to expand roles and resources as the complexity of an incident grows, incorporating local, state, and federal agencies.

Governments at All Levels Are Not Conversant in the NIMS

Mr. Chairman, we testified last year that Fiscal Year (FY) 2006 was too soon to begin to tie the receipt of federal grant funding to NIMS implementation. We understand that the NIMS Integration Center (NIC) will require either NIMS implementation or a description of how the states will use homeland security grant funds to become compliant by FY 2007. The IAFC believes that this is a reasonable timeline. *However, the response to Hurricane Katrina made clear that this nation is nowhere near being ready to implement the NIMS, and that the NIC must take more aggressive steps to train government officials at all levels in this system—and to hold them accountable to it.*

Chiefs Cochran and Carrizzo both noted the utter lack of structure and communication at any level of government for the first 10 days following Hurricane Katrina. Rather, territorialism reigned. Chief Cochran calls this "the disaster behind the disaster." He noted that the state had a system based on the NIMS, but did not utilize it. In fact, not even basic-level organizational management was being used. The fire service tried to fill the void by acting as they normally would: dispatching personnel and equipment where it was most needed.

For example, Chief Cochran responded to a request by the Louisiana Department of Health and Hospitals' emergency medical services section to help rescue people from New Orleans. He deployed teams of 27 department members, who took vehi-

[1] Memorandum from Homeland Security Secretary Tom Ridge on the National Incident Management System, March 1, 2004, found in the NIMS Document, published on March 1, 2004, found at *http://www.fema.gov/pdf/nims/nims_doc_full.pdf.*

cles, rescue equipment, radios, and dogs with them, and worked on a three-day rotating cycle. Those teams rescued thousands of people from hospitals and the Superdome, despite the fact that there was no clear local organizational structure to whom they should report or request guidance. They just did what they were trained to do.

In addition, Chief Cochran managed the decontamination, triage, treatment, and transportation of evacuees arriving in Shreveport. Since no one in New Orleans or Baton Rouge was coordinating the mass exodus, he had to literally and figuratively wait to see who showed up on his doorstep. No one called him to see how many shelters were available and what their capacity was and, since no one had been given formal authority for the transportation of evacuees, he had no one to ask. Busloads of people simply arrived needing showers, food and water, and clothing. He was given notice of one group that was to arrive at 3:00 a.m., but they arrived hours later and in much greater numbers than Chief Cochran was told. His staff had to scramble to get the necessary equipment in place.

Chief Carrizzo reported that the EOC did not have a formal command structure until two weeks after the hurricane hit and, even then, no one made clear who the incident commander was. It seemed that military officers were in charge because they acted as the decision-makers. However, they worked in a separate sphere from the rest of the individuals in the EOC. Also, no one knew what branch of the military these officers represented, or whether they were from the National Guard or U.S. Northern Command (NORTHCOM).

The civilian leadership of the EOC was dysfunctional. For the first 10 days, anyone could enter the EOC by simply signing a sheet of paper by the front door. The staff in the EOC did not clearly define who they represented. They also did not establish a formal process for making and tracking requests. Instead, they would simply chase down the appropriate person and ask them for what was needed, or write it down on a piece of paper. State-approved vendors roamed around and, for the first week, took orders from whoever placed them. In short, everyone simply relied on their professional knowledge to determine what needed to be done and acted accordingly.

In addition, Louisiana's emergency response system suffered from problems common to other states. There was no statewide mutual aid system to move resources within the state to hurricane-affected areas. For the fire service, that meant that there was no clearinghouse for firefighting apparatus or personnel. In addition, the interim state fire marshal, who was charged with organizing the fire service for the remainder of the disaster, had no fire service experience. Unfortunately, it is common for state fire marshals not to have firefighting experience, because their job is to enforce building codes.

Had an incident command system been established, a state-level official—with a corresponding federal official—would have been in place in the state EOC for each of the necessary aspects of response, including first responder coordination (for example, firefighting, search and rescue, hazardous materials cleanup, emergency medical services, and human services), communications, and intelligence. Each these officials would have had sufficient knowledge and experience to meet the needs of his or her respective community, and would have acted as a coordinator—or clearinghouse—for that community.

Mr. Chairman, the purpose of this testimony is not to cast blame or question the compassion of the government officials who responded to Hurricane Katrina. The IAFC believes that this response serves as an important learning tool and example for why it is important for every federal, state and local disaster response official to fully understand the NIMS. In too many cases, a state or local jurisdiction may think that "it can't happen here." This sense of complacency and lack of urgency delays NIMS implementation. Every level of government from the local fire chief to the principal federal officer must be fully trained and prepared to use the NIMS at the very beginning of a disaster.

The NIMS Can Work

Mr. Chairman, *everyone* needs to understand and use the NIMS. We know from experience that incident command works. It worked in California on wildland fires, which is how it came into existence. For the past 20 years, the fire service has used it every single day on every single incident. What makes the ICS work is for every government agency at every level to fully understand it *before* an incident occurs. Those agencies must exercise together, plan together, understand what everyone brings to the table, and make hard decisions ahead of time about who will be in charge of what type of incident. We cannot save incident command for "the big one," but must implement it for every incident, every day.

The response to the Pentagon on September 11, 2001 provides a good example. Representatives of the Arlington County Fire Department, the Arlington County Police Department, and the Federal Bureau of Investigation (FBI) had been meeting for years prior to 9/11. Each understood the others' needs and capabilities and had established a high degree of trust. Because of those relationships and understandings, each agency was represented at the command post within 10 minutes, and knew coming in that the Arlington County Fire Department would be the incident commander. In fact, the agencies had previously agreed that they would not work as a committee in response to an incident. Rather, one of them would have to be a "first among equals." In the initial response to the Pentagon, the fire department was in charge, having worked out ahead of time how to treat victims and remove bodies without disturbing the law enforcement community's need to conduct a criminal investigation. Once the fire department had concluded its work, the FBI became the lead agency.

This local command structure facilitated communications operability. In addition to the available interoperable communications systems, everyone benefited from having a unified command structure that facilitated communication between and within agencies. Firefighters on the scene could radio the command post, where each agency representative could then radio his or her personnel on the agency's specific radio system. This ability proved to be critical: When the operational commander noticed structural degradation and predicted the impending collapse of part of the Pentagon, he radioed the command center. A timely warning went out on all frequencies for personnel to evacuate, which saved countless lives.

How to Enforce Use of the NIMS

The response to Hurricane Katrina showed that response to a catastrophic event will be on a national scale. All 28 Urban Search and Rescue teams were on the ground in the stricken areas. Firefighters from New York and Illinois came by the hundreds to assist the New Orleans Fire Department. If we as a nation are going to build a system to respond efficiently and effectively, we must build a national capacity to respond. Part of that capacity will be the ability to use the NIMS.

To accomplish this goal, the DHS must require that everyone—from the executive level to the responder level—take the online introduction course. This course will be the absolute minimum necessary to establish a baseline capacity. Some agency heads, particularly those who already use incident command, may balk; however, they should take this course as a part of their professional duty.

The DHS should then issue a list of practical steps that each state must accomplish over the next year to become NIMS-compliant. This list should include a requirement to use the NIMS in exercises as a prerequisite to receiving State Homeland Security Grant Program (SHSGP) funds. The DHS should define who should be involved in those exercises at the federal, state and local level. No government official should be left out. This kind of practice will be critical to developing a working knowledge and understanding of the NIMS. Without exercises, learning the NIMS would be like learning to ride a bicycle by reading a book.

The DHS also should require both horizontal and vertical approaches to make the NIMS work. The horizontal approach would require regionalism. Though every response is local, no locality can respond alone when faced with a large incident. Agencies need to share manpower and equipment. As the Pentagon example illustrates, the existence of a mutual aid system in place provides measurably improved command and control communications across agencies and jurisdictions. This system must be given careful consideration by all involved parties, determining exactly what form help will take so that nothing is left to last-minute decisions or chance.

To foster regionalism, the DHS should require each state's homeland security plan to identify regions within its borders, to create regional boards, and to require those boards to submit a mutual aid plan to the state for inclusion in the SHSGP application. This will require regions to work together before an incident occurs, rather than trying to exchange business cards on scene.

The vertical approach would recognize that all incidents begin at the local level and work their way up. It also would recognize, as with the horizontal approach, that local agencies will most likely need help responding to a major event. For example, it would not have made sense for St. Bernard Parish to set up an incident management team in response to Hurricane Katrina, because the scope of the incident was simply too large. However, it would make sense for each metropolitan area to set up a standing incident management team to backfill and support surrounding areas as necessary. The states should set up standing incident management teams to support all local governments as necessary. The federal government should set up a standing incident management team to assist the states as necessary. Though

the U.S. Forest Service teams that the federal government uses have done an admirable job, the response needs to reach across all agencies.

Finally, we urge Congress to fully fund the NIC. The NIC is responsible for making sure that every agency responding to an incident understands and is compliant with the NIMS. While the House included $25 million for the NIC in H.R. 2360, the Department of Homeland Security Appropriations Act for Fiscal Year 2006, the Senate included no funding in its version of the bill. It is critically important that Congress fund this office in order to ensure that we are prepared to respond to future disasters.

Conclusion

Thank you, Mr. Chairman, for inviting me here to speak to you today. It has been my pleasure to share the IAFC's views at this hearing. I look forward to answering any questions you may have.

Mr. REICHERT. Thank you so much, Chief.

The chair now recognizes Mr. Bob Freudenthal, president of the American Public Works Association.

STATEMENT OF BOB FREUDENTHAL

Mr. FREUDENTHAL. Good afternoon, Chairman Reichert, Ranking Member Pascrell, and distinguished members of the panel. My name is Bob Freudenthal. I am the deputy general manager for the Hendersonville Utility District in Hendersonville, Tennessee, which is a suburb of the Nashville metropolitan area. I am also honored to be president of the American Public Works Association.

Today, I speak on behalf of our 27,000 members who provide public works infrastructure and lifeline services to millions of people in rural and urban communities, both small and large.

APWA has been and will continue to be an advocate for the development of policy which coordinates incident response across multi-disciplinary agencies in a way that saves lives and restores people, property and critical lifelines. APWA's membership includes public works directors, engineers, managers, transit authorities, water and wastewater professionals, and directors and senior managers of all areas of infrastructure. We run the gamut of city services, with one overriding commonality. We are the nuts and bolts of local government. We are the pulse of the local communities our citizens call home. Public safety is our priority at all times.

Public works professionals manage the design, planning and operation of our communities' critical infrastructures and are on the frontlines in the face of natural disasters, terrorist attacks and other public emergencies, working with our partners represented at this table today. We are often the last ones to leave the scene as we manage the lengthy cleanup and restoration of disaster sites and other problem areas.

As first responders in any catastrophic event, public works professionals are comprehensively trained in the nature of incident command. A part of the National Incident Management System, the Incident Command System is the organizational structure that facilitates and coordinates command, control and communication of a response. It is an all-hazard, all-risk approach to managing crisis response operations, as well as special planned events like the Olympics in Salt Lake City or other large gatherings.

We understand the need for command and control to be clear so that responses minimize the loss of life, quickly restore critical lifelines and minimize property damage. Communication between all

responders is critical to the efficiency and effectiveness of all response and recovery activities.

To highlight this need for enhanced coordination between agencies, FEMA created training curriculum that better reflects the all-risk, all-hazard model, which includes such risks as floods, earthquakes, oil spills, fires, hurricanes and terrorist attacks. We encourage our members and member agencies to be certified and trained through this and other systems.

Oftentimes, our crews are the first to arrive on the scene. In such cases, ICS provides for our personnel to assess the situation, determine the status of public safety, clear the debris for emergency response teams, and in many cases lead some of that response effort.

Our unique role in incident command sets us apart from other disciplines. We go beyond damage assessment by clearing dangerous debris to ensure lives are protected, and then stay afterward to get to help rebuild. It is a big responsibility, but with the help of committees such as yours and federal tools like NIMS ICS, among others, and the coordinated effort of our partners here at this table, we will continue to have success.

We are proud to say we have helped save people's lives, families, homes, livelihoods and tax dollars. The importance of continued planning for disasters cannot be underestimated. It is colorfully illuminated in the following quote by President Eisenhower: "I have always found that plans are useless but that planning is indispensable." Plans require constant maintenance to meet changing conditions, new threats, and indeed to overcome past failures.

During the recent catastrophe resulting from Hurricane Katrina, public works officials were called to Louisiana, Mississippi and Alabama. Our people were and continue to be on the streets cleaning debris, reestablishing electricity for millions of customers, providing clean water and inspecting public buildings to determine the safety of their occupants. However, a critical need continues for interoperable communications among responder groups to allow people to communicate effectively with other relief units and determine where resources are needed most.

Our organization has an emergency management technical committee that has consistently supported, provided comments for, and helped to implemented HSPD–8, the National Response Plan and NIMS. In fact, we are holding a Web broadcast this December to inform our community of public works of the importance of NIMS implementation and encourage their support.

We continue to support an emphasis on cross-discipline communication and training for our members, public officials and all first-responder groups. APWA has many members with intimate knowledge and direct experience of recovering from and rebuilding after major catastrophes. Paul Brun, Public Works Director of Oklahoma City, played a critical role in recovery efforts after the 1995 bombing of the Alfred Murrah Federal Building.

Our emergency management committee chairman, Mary Ann Marrocolo, is the director of plan management in the Office of Emergency Management for the city of New York. She has gained first-hand experience of the crucial public works role played on September 11, 2001, as well as in the countless other emergencies

the city has faced. They can attest to the importance of communication during a catastrophe.

To summarize, the American Public Works Association recognizes the importance of tools like ICS that emphasize cross-discipline communications and training for our members, public officials and all first-responder groups. We will also continue to support increased funding for interdisciplinary training so that we can better be prepared for the challenges we will all face in the future.

We realize there are gaps in the current preparedness strategies, but with cooperation and an eye to lessons learned, we believe that our future will be one in which we can enjoy greater security through increased awareness, communication and planning.

We would again like to thank the chairman of this committee and the members of this committee for allowing us a seat at the table, and we stand ready to work toward a better future.

Thank you.

[The statement of Mr. Freudenthal follows:]

PREPARED STATEMENT OF BOB FREUDENTHAL

Good Afternoon. Chairman Reichert, Ranking Member Pascrell, distinguished members of the panel, my name is Bob Freudenthal and I am the Deputy General Manager of the Hendersonville Utility District in Hendersonville, Tennessee. I am also President of the American Public Works Association, or APWA. I am here today on behalf of the 27,000 public works officials and nearly 2000 public agencies that are members of APWA. We are an organization dedicated to providing public works infrastructure and life line services to millions of people in small and large, rural and urban communities.

I appreciate and thank you for the opportunity to speak today about the role of public works in the incident command system during catastrophes. I know I speak for all APWA public works officials when I say we are indeed grateful to be sharing our thoughts with you during this critical time for the ongoing development of our nation's emergency response plans. APWA has been and will continue to be an advocate for the development of policy which coordinates incident response across multidisciplinary agencies in a way that saves lives and restores property and critical lifelines.

Let me take a moment to describe who public works officials are and what we do, and then I will go into more detail about the role APWA members play in the incident command system during catastrophes.

APWA's membership includes public works directors, city engineers, directors and senior managers of all areas of infrastructure, city managers, transit authorities, and water and waste water treatment professionals among many others. Public works officials manage the very essence of our nation's cities: we plan the city's infrastructure; we manage, maintain and secure public buildings, vehicles and equipment, sewer systems, water and wastewater systems; we maintain public grounds, turnpikes, highways and port authorities; we ensure that traffic congestion is minimized and that all roads and bridges are maintained in safe and workable condition. Public works officials are first responders: we work alongside police, fire, and emergency services to ensure that water is flowing through fire hoses; traffic lights are operating and traffic is moving; barricades are up; debris is removed, and that the public is safe. Additionally, we are often the last ones to leave the scene as we manage the lengthy cleanup and restoration of any disaster site.

We run the gamut of city services with one overriding commonality: we are the nuts and bolts of local government. We are the pulse of local communities that our citizens call "home." Public works professionals manage the design, planning, and operation of our communities? critical infrastructures—roads, bridges, and water systems—and are on the front lines in the face of natural disasters, terrorist attacks and other public emergencies. Public health and safety is our priority at all times.

Having explained what we do, allow me to take a moment to elucidate our history and role in disaster response. As first responders in any catastrophic event, public works professionals are comprehensively trained in the nature of incident command. A part of the National Incident Management System (NIMS), the Incident Command System (ICS) is the organizational structure that facilitates and coordinates the command, control, and communication of a response. It is an "all hazard—all

risk" approach to managing crisis response operations as well as planned special events, such as the Olympics in Salt Lake City or other large, routine public gatherings. We understand the need for command and control to be clear so that the response minimizes loss of life, quickly restores critical lifelines and minimizes property damage. Communication between all responders is critical to the efficiency and effectiveness of all response and recovery activities. Incidents with many ranges of significance require our participation in the incident command structure.

ICS is based on best practices developed from years of large-scale emergency response operations, such as multi-state wildfires, and addresses many of the incident management challenges faced by local, state, and federal officials in response to disasters. To highlight this need for enhanced coordination between agencies, the Federal Emergency Management Agency (FEMA) has created training curriculum that better reflects the "All Hazard—All Risk" model, which includes such risks as floods, earthquakes, oil spills, fires, hurricanes and terrorist attacks. We encourage our members and member agencies to be certified and trained through this, and other systems.

Oftentimes, public works crews are the first to arrive on the scene of a disaster. Emergency services need public works to clear the way in order to respond. In such cases, ICS provides for our personnel to immediately assess the situation, determine the status of public safety, and in many cases lead a response effort. For example, at the scene of a water main break, public works crews work to locate, isolate and stop a leak as well as pump water out of impacted areas. And other times, the role of incident commander transfers to the public works director to complete the recovery.

Public works officials know what it takes to make infrastructure less susceptible to damage from disasters as well as rebuild infrastructure after a disaster. We know how to get the roads and water mains in working order, how to get the power back up, how to rebuild or reinforce public buildings damaged by natural or man-made disaster, how to identify equipment needs, and how to assist other first responders in dealing with immediate threats.

Our unique role in Incident Command sets us apart from other disciplines. The role public works plays in debris management (often the first step taken on the road to recovery), reconstruction of the community, restoring lifeline services such as power and telephone service, and using public works engineers in designing and implementing search and rescue operations, are quite varied in nature. Yet, all are *essential* when it comes to incident management during a catastrophic event.

Therefore, our role in incident command is not just assessing the damage and then letting everyone else know how we plan to fix it—it is also our mission to work with an eye on making sure that lives are protected in the future. It's a big responsibility, but with the help of Committees such as yours, and Federal tools like the National Incident Management System (NIMS) and the Incident Command System (ICS), among others, we have had many successes. We are proud to say we have saved people's lives, their homes, their livelihoods, their property, their heartache, and their tax dollars.

However, while the plans we have in place can do much to mitigate the effects of a catastrophic event, they in and of themselves are not enough. The importance of continued planning for disaster cannot be underestimated—and is colorfully illuminated in the following quote by President Eisenhower, "I have always found that plans are useless, but that planning is indispensable." Plans require constant maintenance to meet changing conditions, new threats and indeed, to overcome past failures.

During the recent catastrophe resulting from Hurricane Katrina, public works officials were called in to assess the damage in Louisiana, Mississippi and Alabama. Our people were and continue to be on the streets clearing debris, working to reestablish electricity for millions of customers, working to provide clean water and inspecting public buildings to determine the safety to their occupants. However, there continues to be a critical need for interoperable communications among responder groups to allow people to communicate effectively with other relief units, and determine where resources are needed most.

Because many of our members across the country wanted to help in the wake of Katrina, the American Public Works Association immediately posted information for its members encouraging them to work within established Department of Homeland Security and FEMA procedures and the congressionally-ratified Emergency Management Assistance Compact (EMAC) which provides form and structure to interstate mutual aid.

The American Public Works Association has an Emergency Management Technical Committee within our organization that has consistently supported, provided comments for and helped to implement HSPD–8, the National Response Plan (NRP)

and the National Incident Management System (NIMS). We are hosting a web broadcast this December to ensure that the public works community is fully informed of the importance of NIMS implementation. We continue to support an emphasis on cross-discipline communication and training for our members, public officials and all first responder groups. APWA is also working with Lessons Learned Information Sharing *(LLIS.gov)* to capture lessons learned from the public works community to share with the emergency response and homeland security communities. These lessons learned will help Incident Command, regardless of incident size, have a better understanding of the capabilities that public work organizations bring to preparedness, response, and recovery.

In addition to ICS, public works personnel have been available to interoperable communications groups over the past four years. As we have in the past, we are again serving on the President's HSPD–8 working group, with a goal to "establish policies to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies."

Our Emergency Management Committee continues to advocate the credentialing of key public works officials who play a critical role in the ICS. APWA is well represented on the DHS/FEMA Public Works Working Group that is focused on credentialing. Unlike our partners in law enforcement, fire, and emergency services, public works officials are not continuously posed for emergency response but are responsible for the continuation of daily service delivery to our communities. During a disaster, public works is not only involved in the response and recovery but also the continuation of those critical service delivery areas—water, sewer, solid waste, transportation and safety. Our credentials for emergency response are in addition to our credentials of our every day jobs.

The American Public Works Association has many members with intimate knowledge and direct experience of what it takes to recover from major catastrophes. Paul Brum, Public Works Director of Oklahoma City, played a crucial role in the recovery after the 1995 bombing of the Alfred P. Murrah Federal Building. Our Emergency Management Committee Chairman, MaryAnn Marrocolo, is the Director of Plan Management in the Office of Emergency Management for the City of New York, and gained first hand experience of the crucial role public works played on September 11, 2001, as well as in the countless other emergencies the city has faced. Diane Linderman, former Public Works Director of Richmond, Virginia, led that city's department when Richmond was devastated by the winds of Hurricane Isabel and the consequential flooding from Hurricane Gaston. Brian Usher, Director of Public Works and Engineering for the City of Zion, Illinois, dedicates substantial time as a course instructor and trainer at the Emergency Management Institute (EMI) in Emmitsburg, Maryland. The list goes on.

To summarize, the American Public Works Association recognizes the importance of tools like ICS that emphasize cross-discipline communication and training for our members, public officials and all first responder groups. We will also continue to support increased funding for interdisciplinary training so that we can be better prepared for the challenges we will all face in the future. We realize that there are gaps in current preparedness strategies, but with cooperation and an eye to lessons learned, we believe that our future will be one in which we can enjoy greater security through increased awareness, communication and planning.

We again would like to thank the Chairman and this Committee for allowing us a seat at the table as we look forward into the future.

Mr. REICHERT. Thank you, Mr. Freudenthal.

The chair now recognizes Mr. Robert Garner, president and CEO of the American Ambulance Association.

STATEMENT OF ROBERT GARNER

Mr. GARNER. Chairman Reichert, Ranking Member Pascrell and members of the committee, we greatly appreciate the opportunity to speak before you.

Chairman Reichert, I would like to join my colleagues in congratulating you. It is a pleasure to have a first responder sitting in this extremely important position. Congratulations, sir.

I am Robert Garner and currently serve as president of the American Ambulance Association. I am the senior vice president of

Emergency Medical Services Corporation, parent for American Medical Response and EmCare companies.

The American Ambulance Association is the primary trade organization representing ambulance providers, both emergency and non-emergency, for their respective communities. The AAA is composed of over 750 ambulance operations, providing services in all 50 states.

Member companies employ approximately 100,000 emergency medical technicians and paramedics in their workforce. AAA members include private, public, fire and hospital-based agencies covering urban, suburban and rural areas throughout America. AAA was formed in 1979 in response to the need for improvements in medical transportation and emergency medical services.

The association serves as a voice and clearinghouse for ambulance service providers who view pre-hospital care not only as a public service, but also as an essential tool as part of the total continuum of care in the public health care system. It is in my elected role as president of the AAA that I appear before you today and provide a perspective of the association.

The immediate response to a catastrophic disaster, act of terrorism or other public health emergency involves many local public safety, public health and health care organizations. As first responders, America's ambulance service providers are an essential resource and a vital component of each community's emergency response system.

During the recent response to Hurricanes Katrina and Rita, at the request of the Federal Emergency Management Agency, over 500 ambulances and crews from around the country assisted local EMS agencies in their response to the catastrophic events along the Gulf Coast. Member companies responded professionally and expeditiously.

During the response to a natural or a manmade disaster, the role of an EMS provider includes patient triage, decontamination, treatment and transport. The role also includes hazard recognition, symptom surveillance and reporting, disaster shelter staffing and resupply, on-scene medical standby, and transport and redistribution of patients to better utilize available receiving hospital resources.

America's 911 emergency medical service providers are a diverse group of public, private, hospital and volunteer-based services. Indeed, many stories of heroism and sacrifice include representatives from all these agencies as they have responded to natural and manmade disasters.

Notably, just 2 weeks ago, President Bush posthumously awarded Yamel Merino, medic with TransCare Ambulance Service of New York, the 9/11 Heroes Medal of Valor. Indeed, each day somewhere in America, an EMT or paramedic may be placed in harm's way to potentially save the life of another.

The American Ambulance Association has been requested to present its perspective in numerous forums over the past few years concerning incidents of high consequence as they are being considered. In all cases, the AAA has proffered three key components that must be addressed for a successful response and incident command capability.

Firstly, integration, as has been discussed, which would include planning, setting standards and funding.

Secondly, and very critical for our responders, there must be access to standardized and coordinated training. There must be personal protective equipment provided for every responder to any incidence of high consequence, and interoperability of communications and tactical equipment. We have realized how critical that is in the most recent incidents. We must also have caches of medication for the event of high consequence.

And finally, coordination, planning for patient evacuation and repatriation, and a requirement for resources that exceed the local capacity.

In conclusion, as demonstrated during the response to Hurricanes Katrina and Rita, all providers become potential first responders. We feel these guiding principles are critical. We must assure the safety of EMS personnel and ambulance patients, the security of the ambulance facilities, and the supply inventories and vehicles. We must integrate and effectively utilize local ambulance services in the local, state and federal incident management and emergency management systems. Finally, we must establish timely and equitable funding mechanisms to support and maintain the essential capabilities of the first-responder system.

Chairman Reichert, Ranking Member Pascrell and members of the committee, I again thank you for the opportunity to address this most important issue and would ask that my written statement be made part of the record.

Thank you, sir.

[The statement of Mr. Garner follows:]

PREPARED STATEMENT OF ROBERT L. GARNER

I. Introduction

Chairman Reichert, Ranking Member Pascrell and members of the Subcommittee on Emergency Preparedness, Science and Technology, I greatly appreciate the opportunity to speak before you today.

I am Robert L. Garner, and currently serve as the President of the American Ambulance Association (AAA). I am the Senior Vice President of Emergency Medical Services Corporation, parent company of American Medical Response and EmCare companies, national providers of emergency and non-emergency ambulance services as well as hospital physician services.

The American Ambulance Association is the primary trade association representing agencies that provide emergency and non-emergency ambulance services for their respective communities. The AAA is composed of over 750 ambulance operations providing services in all 50 states. Member companies employ approximately 100,000 paramedics and emergency medical technicians (EMT) and in their workforce. AAA members include private, public, fire and hospital-based providers covering urban, suburban, and rural areas throughout America. The AAA was formed in 1979 in response to the need for improvements in medical transportation and emergency medical services. The Association serves as a voice and clearinghouse for ambulance service providers who view pre-hospital care not only as a public service but also as an essential part of the total continuum of care in the public heath care system.

It is in my elected role as President of the AAA that I appear before you today, and provide the perspective of the Association regarding "Incident Command, Control, and Communication during Catastrophic Events."

II. Summary of Policy Recommendations

Ambulance service providers, who are comprised of paramedics and emergency medical technicians, serve as a core part of the first responder's community and are a critical part of the emergency response system. However, private providers often face difficulty in being included in the planning and response to catastrophic events

and obtaining the funding necessary to be prepared when they are asked to respond. To ensure that all ambulance service providers are effectively integrated in to the National Incident Management System, I recommend the following:

- Integrate government and non-government emergency medical service providers into local, state and federal planning and exercises including appropriate mutual aid agreements;
- Ensure government and non-government emergency medical service providers are eligible have access to communications equipment and systems to achieve on scene communications interoperability; and,
- Ensure government and non-government service emergency medical service providers have access to the appropriate personal protective equipment and other on scene resources necessary to support their critical public safety missions including evacuation and response.

III. Role of Ambulance Service Providers as First Responder

The immediate response to a catastrophic disaster, act of terrorism or other public health emergency involves many local public safety, public health and health care organizations. As first responders, America's ambulance service providers are an essential resource and perform vital services as part of each community's emergency response system. This was abundantly clear during the recent response to Hurricanes Katrina and Rita in which over five hundred ambulances, comprised of paramedics and emergency medical technicians, from around the country assisted local EMS agencies in their response to the catastrophic events along the gulf coast.

During the response to a natural or man-made disaster, the role of an ambulance service provider includes patient triage, decontamination, treatment, and transport. Their role also includes hazard recognition, symptom surveillance and reporting, disaster shelter staffing and re-supply, on-scene medical stand-by, and transport and redistribution of patients to better utilize available receiving hospital resources. Many agencies have begun developing "disaster response teams" to effect rapid deployment in support of local, state and federal resources.

America's 9–1–1 emergency medical services (EMS) providers are a diverse group of public, private, hospital and volunteer-based services. Indeed, many stories of heroism and sacrifice include representatives from all these agencies as they have responded to natural and man-made disasters. Notably, just two weeks ago, President Bush posthumously awarded Yamel Merino, a paramedic with TransCare Ambulance Service of New York, the 9/11 Heroes Medal of Valor. Indeed, each day somewhere in America, an EMT or Paramedic may be placed in harm's way to potentially save another's life.

During a catastrophic disaster or "Event of High Consequence," local ambulance services providing emergency medical services are an essential resource and a vital part of the emergency response system. In a review of the nation's largest 200 cities, including those most vulnerable to attack, emergency ambulance services are provided by private, public, volunteer, and hospital-based agencies. Experience has shown that non-emergency ambulance providers also often serve as "first responders" by dedicating essential vehicle and personnel resources within the first hours of a disaster.

IV. Importance of Private-Public Partnerships

Unlike fire and police, which are typically public sector entities, the private sector is a major provider of emergency and non-emergency medical services across the nation. While EMS system design varies greatly, in almost all cases there is participation by both public and private entities. For this reason, it is critical that a strong partnership exist between public and private first responders and those who manage the incident command system. Furthermore, the successful management of any disaster response is directly related to the coordination of all assets being deployed for mitigation of serious injury and death.

V. Commitment to National Incident Management System

As the Department of Homeland Security and FEMA implement the National Response Plan, the AAA has been working with our members to assure that our providers are compliant with the ICS training requirements established by the National Incident Management System (NIMS). We support the full implementation of NIMS as it establishes standardized incident management processes, protocols, and procedures that all responders—Federal, state, tribal, and local—will use to coordinate and conduct response operations. As stated by the NIMS Integration Center, we agree that national preparedness and readiness in responding to and recovering from an incident will significantly improve once all of the Nation's emergency responders and their authorities will be using a common language and set of procedures.

VI. Challenges of Incident Command, Control and Communications

The response by ambulance service providers locally and from across the country to the catastrophes of Hurricanes Katrina and Rita represents the very best of the EMS community. The Federal Emergency Management Agency requested AAA's assistance in providing member companies to respond to Louisiana to assist the local EMS effort. AAA member companies responded to this request by dispatching over 215 ambulances to the region. A similar request of the Association resulted in 250 ambulances being dispatched to Texas in anticipation of Hurricane Rita. While this "emergency coordination" effort has not historically been a core competency of the American Ambulance Association, upon being alerted, member companies responded professionally and expeditiously.

The American Ambulance Association has been requested to present its perspective in various forums as preparations for Incidents of High Consequence are being considered. In all cases, the AAA has offered four key components that should be addressed for a successful response and incident command capability. The components are as follows:

- Standardized and coordinated training;
- Personal Protective Equipment (clothing/respirators);
- Interoperable communications and Tactical equipment; and,
- Caches of medications/medical equipment for Incident of High Consequence.

VII. Specific Policy Challenges and Recommendations

Because of the nature of our services, members of the American Ambulance Association have been part of the first responder team to America's most devastating disasters, including September 11, the anthrax attacks, Hurricane Katrina, Hurricane Rita and numerous other regional and multi-state mass casualty events. Based on this extensive experience, we offer the following recommendations to the challenges we face in responding to the medical needs of our patients and communities, and to ensure the effective participation of ambulance providers in the National Incident Management System:

Challenge #1: Planning, Exercises and Mutual Aid Agreements—Ambulance providers operate at the intersection of the public health, public safety and health care fields, and, there is great diversity in the types of providers delivering ambulance services and the designs of those delivery systems. This diversity contributes to the fact that many ambulance services are sometimes excluded from local and state emergency preparedness and response activities. Furthermore, there are hurdles associated with complying with FEMA's general requirement to obtain mutual aid agreements prior to an event in order to be eligible for federal disaster reimbursement. Ambulance providers respond to mutual aid requests from long distances—including neighboring cities, counties and even states. It is difficult for a local ambulance provider to secure prior mutual aid agreements with every local community that may request services in the future.

Recommendation #1: As recent events of national consequence have demonstrated, government and non-government emergency medical services are an essential asset in the evacuation, response and recovery phases of a national disaster. Government and non-government ambulance services must be fully integrated in the planning, training and exercise activities at the local, state and federal level. Practical mechanisms must be instituted to streamline and document all mutual aid requests for assistance. As local, regional and state mutual aid plans are strengthened and broadened, the planning process should formalize mutual aid agreements with all potential responders and service providers. These are critical first steps in assuring that the goals of the National Incident Management System are achieved.

Challenge #2: Communications Interoperability—Based on a recent AAA membership survey, AAA members have reported that communications systems and equipment remain a significant operational need. In many communities, ambulance service providers face challenges obtaining access to radio frequencies. Studies clearly show the lack of a compatible spectrum as well as a spectrum that is actually available to local emergency responders, including emergency medical service (EMS) providers. Despite the spectrum documented by the Federal Communications Commission, across the nation currently only two frequencies are dedicated to EMS (a local EMS frequency and a national EMS frequency). During recent incidents of major consequence, AAA members experienced serious gaps in maintaining communications with incident command authorities.

Recommendation #2: Additional spectrum must be made available to government and non-government emergency medical service providers and providers must be involved in the communications interoperability planning activities at the local, state, regional and national level. Therefore, government and non-government emergency medical service providers must be eligible for grants to assure communications sys-

tems support our critical public safety mission. Access to communications equipment and systems is a critical component of any effective incident command system.

Challenge #3: On Scene Resources—Many ambulance service personnel that responded to recent major incidents did not have access to the appropriate personal protective equipment necessary for the environments in which they would be operating including hazardous scenes and toxic flood waters. Ambulance refueling, repair and restocking are important considerations as well.

Recommendation #3: To provide an effective response and to protect the health and safety of our personnel, all medics, including those who have the potential to respond in a mutual aid capacity, must be protected. Personnel must have access to and must be trained on the appropriate procedures for use of personal protective equipment that may include tyvec suits, gloves, masks, hard hats, bunker suits and bio-hazard storage and disposal equipment. Procedures must be developed to assure access to vaccines and antidotes when necessary. In order for on scene personnel to be effective in the incident command structure, these on scene resources are essential.

VIII. "Best Practices" Recommendations on Incident Command Systems

In order to achieve a fully integrated national emergency response system that is adaptable to any terrorist attack and all types of national disasters, the following best practice components are essential.

This list was developed by the AAA to assist local, state and federal officials, in addition to ambulance service providers, in planning, training and equipping the nation's ambulance services in accordance with the National Incident Management System.

Incident Command Structure and Emergency Management System: Ambulance service providers should be integrated into the overall incident command structure. For resource planning, legal and reimbursement purposes, local officials must document requests for all types of assistance from ambulance providers. Services requested may include, but are not limited to: patient triage, treatment and transport; medical stand-by and first aid services on-scene, at disaster shelters or at first aid stations; requests for additional medical personnel, supplies and equipment; non-emergency transport and redistribution of patients to free-up receiving hospital bed-space; and other emergency services. State and local emergency managers must integrate ambulance providers into each phase of the emergency management planning process: mitigation, preparedness, response, and recovery and include an ambulance representative in the emergency operations center.

Community-Based Planning: Ambulance service providers must be represented in the planning processes at the local, state and federal level. These processes must facilitate coordination and integration among various public and private (non-profit and for-profit) organizations in order to maximize the effectiveness of all local, regional (such as mutual aid), state and federal resources. Logistical planning must assure the ability to sustain long-term disaster operations and critical support functions, including mental health and CISD (critical incident stress debriefing) support of workers and their families. Ambulance services must appropriately interface with public health, law enforcement, fire suppression, hazardous materials and other responding agencies to hazardous scenes.

Personnel Protection & Safety: By definition, first responders, including emergency medical service and ambulance service personnel (i.e., ambulance medics), are the first on the scene of an emergency incident. Past experience has shown that proper equipment, training and procedures are necessary to prevent well-meaning rescuers from becoming victims themselves, especially in the case of a biological, chemical, radiological or nuclear attack. To provide an effective response, to serve our communities and most importantly, to protect the health and safety of our personnel, all medics, including those who have the potential to respond in a mutual aid capacity, must be protected. Personnel must have access to and must be trained on the appropriate procedures for use of personal protective equipment that may include tyvec suits, gloves, masks, hard hats, bunker suits and bio-hazard storage and disposal equipment. Procedures must be developed to assure access to vaccines and antidotes when necessary.

Training, Exercises and Continuing Education: Ambulance services (both emergency 9–1–1 units and units regularly performing non-emergency inter-facility transports) immediately become "first responders" in the early stages of an emergency incident. Proper training of all personnel with the potential to respond to disaster and terrorist incidents is essential to assure effective use of resources and to prevent crews from inadvertently becoming casualties themselves. Each local ambulance service provider that is listed as a disaster resource by the local community's "emergency operations officials" must be included in training programs. The fol-

lowing types of training should be considered: nuclear, biological, chemical and radiological terrorism awareness training, incident command system procedures, biological/chemical symptom recognition and protocols, multi-casualty incident drills and exercises, and cross-training of medics as public health workers. Plans should include provisions for training updates, new employee training and integration with continuing education programs.

Communication System: All scene responders, including ambulance medics, must have access to improved on-scene communications, such as radios and cellular telephones, to assure communication between agencies. Larger incidents involve even greater numbers of emergency response personnel that often must respond from long distances. Response personnel must have equipment, systems and procedures that assure seamless on-scene communications. Emergency medical dispatchers must be trained to screen for biological and chemical events. Other considerations include planning for additional radios and cellular phones and a back-up communication center in the event all or parts of the communications center or system is inoperable.

Disease Surveillance and Reporting System: In the case of chemical, biological, radiological and nuclear weapons, the emergency medical services system, and specifically local ambulance dispatch (call-taking) centers, may be one of the early points of detection. Proper reporting and analysis of this crucial information can assist in the detection, identification and early implementation of patient triage and treatment protocols. Procedures must be implemented to coordinate and integrate these essential assets with the local public health department's disease symptom surveillance and identification system. Recent computer-aided dispatch software enhancements enable emergency medical dispatchers to identify sudden increases in certain caller complaints in real time. Ambulance medics could be cross-trained for various public health functions according to response plans.

Facilities, Equipment and Vehicles: Ambulance service providers need to plan and develop stockpiles of secure food, water, personal items, uniforms, and bedding for events that require sustained operations requiring maximum staffing. Operations facilities may be utilized as personnel sleeping quarters. The needs of their families are also important to assure personnel can focus on the community's needs. Ambulance service providers will need to establish a decontamination station for personnel, vehicles, supplies and equipment and appropriate disposal of contaminated uniforms, medical supplies, patient bedding and other materials. Ambulance services must develop procedures for securing facilities, equipment and vehicles to assure they are not sabotaged, stolen or misused.

Medical Supplies and Medications: Before additional federal stockpiles (referred to as "Push Packs" under the proposed plan) arrive in affected communities, local first responders, public health and health care providers will need the capacity to distribute adequate levels of medical supplies and medications during the first 12 hours of an incident. The local and regional planning and funding process must account for these purchase, storage and distribution costs. Mass-casualty incidents will require additional pharmaceuticals, such as, Valium, Atropine, antidote kits, Mark 1 kits and an antibiotic (i.e., Cipro) cache for field personnel. Additional medical supplies will also be required, such as, intubation, bag mask, and nebulizer supplies; sheets, drapes, and poly masking tape for patient packaging and additional immunization supplies.

Public Education: Through the appropriate local, state and federal entities, the public must be educated before an emergency incident, and must receive regular information updates during an incident especially if there is a suspected biological, chemical or radiological exposure. The focus of the information should include: *what* to do in an emergency; *where* disaster shelters are located; *where* to receive treatment and *where not* to receive treatment (in order to contain and prevent further contamination); and, *which* agencies to contact for more information or to report critical information to emergency officials. The public has learned to rely on the local 9–1–1 system and the community's emergency response agencies for information and these agencies should play a key role in calming the public's understandable fears and anxiety and to correct false information.

Mutual Aid Agreements: Generally, the larger the incident, man-made or natural, the greater the scope of mutual aid response required. As a result of large mass casualty incidents, ambulance providers respond to mutual aid requests from long distances—including neighboring cities, counties and even states. It is impossible for a local ambulance provider to secure prior mutual aid agreements with every local community that *may* request services in the future. Therefore, practical mechanisms must be instituted to streamline and document all mutual aid requests for assistance, especially when there is no time to work out the financial details before a response is initiated. As local, regional and state mutual aid plans are strengthened

and broadened, the planning process should formalize mutual aid agreements, including financial arrangements, with all potential responders and service providers.

Initial Emergency Preparedness Funding: Because existing resources, surge capacities and community needs will vary, each community's specific funding requirements will be unique. As an example, however, one community recently developed a local plan for response to weapons of mass destruction. According to this plan, the local emergency ambulance provider's funding needs for planning, employee training, personnel protective equipment, medical supplies and medications equaled approximately $5 per resident for a community of 285,000 residents, totaling approximately $1.4 million in start-up costs. Each community will also need to budget for the ongoing costs of training, equipment replacement and repurchase of expired medications. Federal funds must flow to all local entities in the emergency response system, including private (non-profit and for-profit) service providers. Immediate and sustained funding will also be required to increase and maintain the health care capacity (or "surge capacity") needed to respond to mass casualty incidents of various types. Program funding should factor in the ongoing costs of the planning and training process that is continuously reviewed and refined.

Emergency Incident Reimbursement: Each organization that responds to a natural disaster or terrorist incident will incur costs for personnel salaries; overtime expenses; fuel; travel expenses; specialized equipment such as generators; drugs and supplies; replacement costs for damaged or lost equipment; supplies and equipment for decontamination stations and other direct costs. Even though the service may have performed flawlessly in the public's interest, local emergency responders can very quickly face financial devastation as a result. Under existing laws governing federally declared disasters (i.e., the Stafford Act), all types of ambulance service providers (including private non-profit and for-profit services) are eligible for federal reimbursement under both "emergency protective measures" and "emergency work" provisions. Ambulance services can also be reimbursed as an independent contractor under provisions regarding "use of local firms and individuals." Local and state officials must assist ambulance providers involved in a disaster response with the process of submitting requests for federal reimbursement.

IX. Conclusion

In conclusion, as demonstrated most recently in the response to Hurricanes Katrina and Rita, government and non-government emergency medical service providers are a critical component of the state, local and the national response to catastrophic events. In these types of situations, all ambulance service providers, regardless of provider type or whether the units are emergency or non-emergency, become potential first responders.

Ambulance service providers stand ready to assist in responding to future catastrophic events and assisting in the development of comprehensive and integrated pre-planned response guidelines and protocols. However to assure effectiveness, the local, state and federal planning process must account for the resources needed by all America's emergency medical services systems and ambulance service providers based on the following guiding principles:

- Assure the safety of ambulance service personnel and ambulance patients, and the security of ambulance facilities, supply inventories and vehicles;
- Integrate and effectively utilize local ambulance services in the local, state and federal incident management and emergency management systems;
- Establish timely and equitable funding mechanisms to support and maintain the essential capabilities of the first responder system

I again thank Chairman Reichert, Ranking Member Pascrell and members of the Subcommittee on Emergency Preparedness, Science and Technology for the opportunity to testify on this important issue.

I will be more than happy at the appropriate time to answer questions that Subcommittee members have for me.

Thank you.

Mr. REICHERT. Thank you, Mr. Garner.

The chair now recognizes Mr. David Liebersbach, Immediate Past president of the National Emergency Management Association, to testify.

STATEMENT OF DAVID LIEBERSBACH

Mr. LIEBERSBACH. Thank you, Chairman Reichert, Ranking Member Pascrell and distinguished members of the committee for allowing me to provide you with testimony.

My added congratulations, Mr. Reichert, for your ascension to the chairmanship of this subcommittee.

I am representing NEMA, whose members are the directors for emergency management in states, territories and the District of Columbia. NEMA members are responsible to their governors for emergency preparedness, response and recovery activities for all disasters. Clear incident command structures, coordinated response and working communications systems are the essential elements for maintaining control of any disaster, regardless of the costs.

When there is a question over communications, state emergency management directors find that technology is often not the problem. Often the real issue is people not communicating before the disasters. Commonly, if people are not talking before the disaster, then they are rarely establishing communications during a disaster, which causes response coordination breakdowns.

Incident command does not solve the coordination and communications problems, but it does bring accountability, common goals and an organizational structure to disaster command and control. The common framework from which everyone is working provides goals that people in all disciplines and all levels of government can focus activity on.

The recent disasters on the Gulf Coast have shown the challenge of command and control when the entire emergency services sector is wiped out by a disaster and communication links are destroyed. Exercise training and communications before an event in the planning process are critical and command and control systems allow for a common framework to start with, regardless of whether communications systems are working or not.

Incident Command System, ICS, is a process. It is not a strategy or a tactics, but focuses on goals and objectives to the incident action plan. In 1989, we in Alaska successfully used ICS in response to the Exxon Valdez oil spill, which led to the Coast Guard's adoption of the system. Alaska utilizes incident command on the ground, executing the missions of the state.

We typically deploy teams prior to a disaster in anticipation of the state's mission to support local government. Alaska's Type–1 team, incident management team, was deployed to work post-9/11 in New York, last year's hurricane response in Alabama, and just completed an assignment to the Gulf Coast post–Katrina.

My colleague Craig Fugate in the state of Florida utilizes ICS's unified command to establish the state's goals in a disaster. In last year's Hurricane Charlie, Florida dispatched incident management teams equipped with satellite communications to Charlotte County prior to the disaster. Immediately, the state was able to support the county infrastructure and response needs with the ability to pull resources from other places in the state. The state moved forward with a joint command presence between a state coordinating officer and the federal coordinating officer with a single mission. The unified command approach was used again in 2005.

NEMA has been on record since 1996 advocating adoption of ICS by all levels of government. The beauty of ICS is that it is an all-hazard system that can be used for all incidents regardless of the size. NEMA was active on the team that developed later drafts of the national response plan and NIMS. Currently, states are in the

process of adopting NIMS to meet the requirements of Congress to qualify for future funding.

During the consideration of NIMS, NEMA called for significant training and financial support. Both DHS and Congress told states and localities to comply, but did not provide a viable source of funding to train and exercise for the new system. The mutual aid assistance provided during the hurricanes vividly exposes the interdependencies of the nation's emergency management system. For Hurricane Katrina, the emergency management assistance compact, EMAC, has currently fulfilled over 1,200 missions with more than 44 states providing assistance in the form of over 45,000 civilian and military personnel and equipment assets to impacted states.

EMAC has its own command and control system operating at the request of the governor of impacted states. The EMAC system is built on state's requesting aid from other states with advance teams working in a state emergency management office to ensure that the aid is being rendered. Advance EMAC personnel were on the ground in Baton Rouge and Jackson prior to Hurricane Katrina's landfall. The EMAC system enables difficult issues such as liability, reimbursement, workers compensation and acceptance of state licenses to be addressed ahead of time, allowing personnel and resources from all disciplines to be utilized through EMAC's clear operating procedures.

The National Guard has been deployed through EMAC despite being under Title 32. They like the structure and accountability provided through the compact's command and control structure.

We cannot afford to ignore the lessons learned from Hurricane Katrina and Rita at the operational level. In the aftermath of these catastrophic disasters, there are a few areas that can be immediately identified for increased focus: state and local coordination in the development of federally defined preparedness capabilities; improved baseline funding for emergency management capacity building in the nation's mutual aid system; and federal, state and local updates are needed for COOP and COG planning.

In conclusion, NIMS and the incident command systems are vital to the success of emergency response in a disaster. The system must be built on communication before a disaster, including preparedness activities such as exercise and training.

I thank you for the opportunity to testify on behalf of NEMA and appreciate your partnership.

[The statement of Mr. Liebersbach follows:]

PREPARED STATEMENT OF DAVID E. LIEBERSBACH

Introduction

Thank you Chairman Reichert, Ranking Member Pascrell, and distinguished members of the Committee for allowing me the opportunity to provide you with a statement for the record on the nation's preparedness oversight system. I am Dave Liebersbach, Immediate Past-President of the National Emergency Management Association and Director of the Alaska Division of Homeland Security and Emergency Management. In my statement, I am representing the National Emergency Management Association (NEMA), whose members are the state directors of emergency management in the states, territories, and the District of Columbia. NEMA's members are responsible to their governors for emergency preparedness, mitigation, response, and recovery activities for natural, man-made, and terrorist caused disasters.

Incident Command in Emergency Management

Clear incident command structures, coordinated response, and working communications systems are the essential elements for maintaining control of any disaster, regardless of the cause. The onset of each disaster raises the question over communications. Seasoned state emergency management directors find that typically technology is not the problem. The problem lies with people not communicating before the disasters. Commonly, if people are not talking before the disaster, then they are rarely establishing relationships and communication during a disaster, which causes functional coordination break downs.

Incident command does not solve the coordination and communication problems, but it does bring accountability, common goals, and an organizational structure to disaster command and control. The common framework from which everyone is working sets forth goals that people at all levels of government and all disciplines are supporting from the top of the organization chart to the bottom. The method of communication is irrelevant, but the emergency response system needs the common framework from which to operate.

The recent disasters in the Gulf Coast have shown the challenges of command and control when the entire emergency services sector is wiped out by a disaster and communication links are also destroyed. While systems and plans are in place, command and control is extremely difficult when there is no way to communicate to the players in the system at all levels of government. Exercise, training and communication before an event in the planning process are critical, but command and control systems allow for a common framework to start with regardless of whether communications systems are working or not. Incident Command Systems (ICS) is a process, it is not strategy or tactics, but focuses on goals and objectives through the incident action plan.

In 1989, Alaska used incident command in response to the Exxon Valdez oil spill. The success of ICS in that event led to the Coast Guard picking up the system and inserting it into their operations. Alaska has utilized incident command on the ground executing the mission of the State, and we typically deploy teams prior to a disaster to support the state's mission to support the local government. The terrain and temperatures in Alaska can make communications difficult in a disaster, so I may send an incident command team to Nome or Bethel, Alaska to be ready with response and recovery functions if an event is predictable. In most cases, I try to proactively offer resources to local governments prior to an event. Sometimes the locals turn the support down or don't agree, but the offer eliminates confusion later. In Alaska, the state Constitution does not allow for the state to takeover, so it is imperative that the state continues in a support role to the local governments.

My colleague Craig Fugate in the State of Florida utilizes unified command, which is a hybrid of NIMS, to establish the State's goals in a disaster. In last year's Hurricane Charlie, Florida dispatched Incident Management Teams equipped with satellite communications to Charlotte County prior to the disaster. Immediately, the State was able to support the county infrastructure and response needs and they plugged right into the system with the ability to pull resources from other places in the State. Further, the State moved forward with a joint command presence between the State Coordinating Officer and the Federal Coordinating Officer with single mission. Florida found that the merged staffs under the unified command were able to move forward with joint missions, action plans and objectives where everyone understood the mission and each person's role in achieving the mission. With over 40 counties impacted, it was difficult to appoint a local to unified command in Florida, but the State did include liaisons in heavily impacted areas in the structure.

The unified command approach was used again in 2005 for Florida to address Hurricanes Dennis, Katrina and Rita. Alaska's Type I Incident Management Team was deployed to work post 9/11 in New York, in last year's hurricane response in Alabama, and just completed an assignment in the Gulf Coast post-Katrina.

Move to a National Incident Management System

Incident command structures prior to 9/11 were varied by state and local government plans as well as by discipline. Emergency management was comfortable with the Incident Command System (ICS) and most state emergency management agencies were utilizing some form of system in the 1990s. The system is nimble enough to be used for a variety of disasters and events.

The 9/11 Commission highlighted the lack of coordination of command and control in their Report by calling for all emergency response agencies to adopt the Incident Command System (ICS) and structures for unified command. The report also called for Congress to make homeland security funding contingent on the adoption and regular use of ICS and unified command. Further, the report states that "DHS

should consider making funding contingent on aggressive and realistic training in accordance with ICS and unified command structures." In response, the President offered Homeland Security Presidential Directive 5 on Management of Domestic Incidents. Shortly after, the Office of Homeland Security and then DHS began crafting the National Incident Management System (NIMS) with state and local governments.

NEMA has been on the record since 1996 advocating adoption of ICS by all levels of government. The beauty of ICS is that it is an all-hazards system that can be used for all incidents, regardless of the cause or size. NEMA was active in commenting on and participating in the writing team that developed later drafts of the National Response Plan and the NIMS. At the time of consideration of the system, NEMA recommended that flexibility be given for DHS to recognize pre-existing systems that meet the NIMS general criteria and standards. Currently, states are in the process of adopting NIMS to meet the requirements of Congress and the Administration to qualify for funding for FY 2006 and beyond.

During the consideration of the new NIMS, NEMA called for significant training and financial support for the training and certification necessary for states and localities to successfully adopt and implement the new NIMS. However, both DHS and the Congress told states and localities to comply, but did not point to a source of funding to train and exercise for the new system that was all-hazards based. DHS pointed to the state homeland security grants as a source of funding, but most emergency managers found that they were not able to utilize that funding specifically for NIMS. Many state and local governments have had to come up with funding themselves in an already tight fiscal environment to implement the mandate themselves as they formally adopt and comply with the NIMS.

NEMA did take the initiative to creatively work to introduce the concepts to state government officials through an interagency multi-discipline approach. NEMA, along with the Centers for Disease Control (CDC) hosted a series of training sessions in summer 2004 based on utilizing NIMs for bioterrorism events and also allowed for state and local participants to immediately exercise what they had learned during the training. Six states completed the training in 2004 and the CDC has provided additional funds for an additional five training sessions to be completed in the next twelve months. After the 2004 trainings, NEMA made all of the materials for the training and the exercise available to all states and localities that were interested. NEMA will begin updating the course and addressing needs for the additional training in the coming months.

EMAC

The mutual aid assistance provided during these hurricanes vividly exposes the interdependencies of the nation's emergency management system. For Hurricane Katrina, the Emergency Management Assistance Compact (EMAC) has currently fulfilled over 1200 missions with 44 states, the District of Columbia and Puerto Rico providing assistance in the form of more than 45,000 civilian and military personnel and equipment assets to support the impacted states. The missions and request for aid continue and are expected to continue for the next several months.

EMAC has its own command and control system operating at the request of the Governor of an impacted state. The EMAC system is built on states requesting aid from other states with EMAC advance teams (called A-teams) working in the state emergency management offices to ensure that aid is being rendered for each request. In recent disasters, EMAC personnel have been deployed to FEMA's National Emergency Operations Center as the National Coordinating Team. Advance EMAC personnel were on the ground in Baton Rogue, LA and Jackson, MS prior to Hurricane Katrina to field the states' requests for assistance. The National Coordinating group works to coordinate the staffing of the A-Teams on the group. The EMAC system enables difficult issues such as liability, reimbursement, workers' compensation, and acceptance of states licenses to be addressed ahead of time, allowing personnel and resources from all disciplines to be utilized through EMAC's clear operating procedures. The National Guard status has been deployed through EMAC, despite being in Title 32 status because they like the structure and accountability provided through the compact's command and control structure.

Improving Command and Control

We cannot afford ignore the lessons learned from Hurricane Katrina and Rita at the operational level. NEMA will look closely at the state-to-state mutual aid system in an after-action in the coming months once operational activity wanes. In the aftermath of catastrophic disasters and since the influx of homeland security funding, a few areas need increased focus that can be immediately identified.

To start, the federal government must work closely with state and local governments to define capabilities and competencies needed for ALL disasters, regardless

of the cause. The system must utilize the Emergency Management Accreditation Program (EMAP) as the measuring stick, since that is the accepted peer review system and practice for addressing standards for emergency management agencies. More focus on natural disasters as catastrophic events must be implemented in the Administration's activities in the implementation of Homeland Security Presidential Directive 8 on National Preparedness.

HSPD 8 states that, "to the extent permitted by law, federal preparedness assistance will be predicated on the adoption of statewide comprehensive all-hazards preparedness strategies." Yet, the national planning scenarios include only three scenarios of the fifteen are not terrorist attacks. The directive calls for "threats and hazards that present the greatest risk". NEMA has long maintained that changing the focus of preparedness to weigh so heavily on terrorism could severely hamper the ability of state and local government capabilities to respond to a wide range of events with a higher likelihood of occurrence such as natural disasters, non-traditional disasters like the Columbia Space Shuttle explosion, Mad Cow disease, West Nile virus, civil unrest, and hazardous material incidents. Increased homeland security focus must be viewed as an *enhancement* to our basic emergency management capacity. Our system for public safety and homeland security must be mutually supportive and nimble enough to address any hazard.

NEMA strongly supports maintaining baseline funding for emergency management capacity building to ensure national preparedness against all hazards and maintenance of the nation's mutual aid system. The current need for mutual aid support in response to Hurricane Katrina vividly shows the need for all states to have appropriate capabilities to respond to disasters of all types and sizes. Additionally, resources are needed to build emergency response capabilities on a national basis and to ensure the system can handle the demand of natural disasters and other emergencies no matter where they occur. EMPG is the only means to support this assistance that can be offered by other states in the face of disaster through adequate preparedness. EMPG ensures all states have funding to develop and maintain a base level capacity that can be utilized by other states for mutual aid. Currently, there is a $264 million shortfall to the EMPG program that must be addressed in the context that these recent disasters show in terms of the need for personnel and planning in every state and locality.

Additionally, two long standing issues must be addressed:

1. State and local updates of Continuity of Operations Planning and Continuity of Government Planning (COOP/COG) are needed along with federal financial assistance to support the effort; and,
2. Funding to improve and retrofit Emergency Operation Centers and funding for alternate EOC locations to provide for unified command;

Both of these points were also noted post-9/11 and were delivered to Congress and the Administration in the White Paper on Domestic Preparedness that was approved by NEMA, the Adjutants General Association of the U.S., the International Association of Emergency Managers, the National Guard Association of the U.S., and the Council of State Governments.

NEMA also recommends that state and local governments remain in control of their own disasters with federal support and unified command structures. Even in extreme circumstances, we need to continue to use and follow the plans and systems that are in place to address all disasters. State and local governments must have buy-in for the response and recovery of their communities. Federalizing a disaster could be extremely difficult with so many federal agencies lending support to a disaster. No disaster has been federalized in the past 30 years. Hurricane Camille in 1969 was the last time emergency management can recall a declaration of martial law with the military placed in charge. We cannot afford to return to the Civil Defense era of the 1950s and avoid all the lessons we have learned with catastrophic disasters over the last 30 years. The time to stop the cycle of degradation of emergency management functions by reorganization after reorganization is now and we must systematically improve our nation's emergency response system through verified lessons learned and not reactionary decisions. We hope that Congress will partner with NEMA as they move forward to consider changes to DHS organizational functions and the role of the Federal Emergency Management Agency (FEMA).

CONCLUSION

NIMs and other incident command systems are vital to the success of emergency management and other emergency response providers in a disaster, provided that the system is built on communication before a disaster. State and local governments must have adequate funding for baseline emergency preparedness for emergency management so exercises and training can ensure that plans and systems are effec-

tive before a disaster. I thank you for the opportunity to testify on behalf of NEMA and appreciate your partnership. I hope we can work together to implement the lessons of Hurricane Katrina and Rita and ensure that the nation is adequately prepared for any disaster, regardless of cause.

Mr. REICHERT. Thank you, Mr. Liebersbach.

The chair now recognizes Dr. Gebhart, assistant professor of emergency medicine at Boonshoft School of Medicine at Wright State University.

STATEMENT OF MARK GEBHART

Dr. GEBHART. Chairman Reichert and Ranking Member Pascrell and members of the committee, good afternoon. My name is Dr. Mark Gebhart, and I currently serve as assistant professor of emergency medicine and director of the Homeland Emergency Learning and Preparedness Center at Wright State University, Boonshoft School of Medicine, in Dayton, Ohio.

I am honored to represent the profession of medicine, the specialty of emergency medicine, and fire and emergency services. I hold board certification through the American Board of Emergency Medicine and the rank of deputy fire chief and chief medical officer for the City of Kettering Fire Department.

I also serve as task force manager, Ohio Task Force One, Urban Search and Rescue. I responded with Ohio Task Force One to Gulfport, Mississippi, on August 28 of this year and spent 8 days searching the communities of Gulfport, Pass Christian and Long Beach, Mississippi.

The specialty of emergency medicine is one of the youngest recognized specialties in medicine. Over 140 training programs exist in the United States training your nation's emergency medicine specialists. These graduates fulfill a vitally important role in our country, that of our nation's safety net. The nation's emergency departments are open 24 hours a day, 7 days a week, 365 days a year, and in addition are required to work during times of catastrophic disaster.

No specialty in medicine is better prepared to assume the role of disaster responder than my colleagues in emergency medicine. Hospitals across our nation have begun teaching hospital emergency incident command, adapted from incident management utilized in public safety response plans. The implementation of these programs has met with modest success. Many emergency physicians, however, serve local fire and police departments in roles including medical director, tactical physician, or in my case, as a member of an urban search and rescue team.

As a result of this form of participation, many emergency physicians have first-hand knowledge of incident management and function seamlessly in incident management systems, and have become compliant with presidential directives regarding the National Incident Management System. I attribute my NIMS compliance directly to participation as a fire officer and member of an urban search and rescue team.

The material contained within NIMS educational initiatives was tested during the response to Hurricane Katrina. My eyes could not have been prepared for the devastation and destruction I observed as our task force moved into Gulfport, Mississippi. Lives lost,

homes destroyed, families forever gone are vivid, real and memorable experiences I will have for the rest of my life.

Operating within the structure of NIMS, our task force, other task forces, member physicians and other response teams including North Carolina's Disaster Medical Team One and Alabama Task Force One, a state asset of the State of Alabama, were able to operate from a common point of reference. Skilled incident support teams from the Federal Emergency Management Agency supported us and provided leadership. These incident support teams consisted of numerous professionals, primarily from the fire and rescue services. They identified problems, solutions were sought, and specific changes in operations were handled.

It must be mentioned that the common understanding of incident management facilitated this management structure. This serves as an example of the requirement for all specialties in medicine, first responders, and others to become aware of incident management and for selected disciplines to become completely NIMS-compliant.

Medical operations during the Hurricane Katrina disaster clearly identified the need for medical professionals to assume an important role in incident management. The acute care and delivery of trauma and medical care during disasters is a continuum of care. This care may begin in the field or it may begin at a hospital, where many self-transport and report during emergencies. Incident management structures must have physicians as members of their organizational structure. This will allow decisions to be made and input to be given.

A clear distinction must be made between clinical medicine and public health. Clinical medicine specializes in providing patients with medical are and public health does not. As the definition of "first responders" continues to evolve, those who practice the art of patient care, those who specialize in treating people at the bedside, those who work in our nation's emergency departments and trauma centers, simply must be included and should be clearly differentiated from the field of public health. My written comments reflect much more detailed information.

In conclusion, the nation is preparing to be prepared. Emergency medicine and physicians in other specialties now categorized as part of our nation's first responders, are beginning to awaken and realize the need to embrace the tenets of the president's plan for a National Incident Management System.

We have a long way to go. As a physician with Ohio Task Force One, I watched as physicians in Gulfport, Mississippi, wondered how we do what we do, how we understand roles, responsibilities and clearly work as a team to solve a given situation. In order for the nation's physicians to become integrated into incident management, areas for improvement and advancement require identification.

Camille was an 82-year-old resident of the state of Mississippi. Her home was destroyed. We found her floating in putrid water. She had sustained scrapes and abrasions to her body and wanted to get back to her house for a bridge game. She was expertly rescued from her home by an elite group of our nation's first responders, my colleagues from Ohio Task Force One, all who are NIMS-compliant. Her care was transferred to an outstanding medical spe-

cialist, again from Ohio Task Force One, who was NIMS-compliant. Her care was then transferred to me, her doctor, the only doctor in Pass Christian who was NIMS-compliant.

The communities surrounding Gulfport were seriously impacted. I vividly recall arriving at the Harrison County Emergency Operations Center seeing people from the fire profession, law enforcement and other first responders beginning to manage the incident. Our team was given a mission. We executed that mission. Incident management was tested, and in my small piece of this hurricane response, NIMS was successful.

Thank you. I am honored to be here today.

[The statement of Dr. Gebhart follows:]

PREPARED STATEMENT OF MARK E. GEBHART, MD

Chairman King and Members of the Committee, good afternoon. My name is Dr. Mark Gebhart and I currently serve as assistant professor of emergency medicine and director of the Homeland Emergency Learning and Preparedness Center at Wright State University—Boonshoft School of Medicine in Dayton, Ohio. I am honored to represent the profession of medicine, the specialty of emergency medicine, the profession of firefighting and our nations urban search and rescue community. I hold board certification through the American Board of Medical Specialists in emergency medicine. I hold the rank of deputy fire chief and chief medical officer for the City of Kettering Fire Department and I serve as task force medical manager, Ohio Task Force One, Urban Search and Rescue. I responded with Ohio Task Force One to Gulfport, Mississippi on August 28th of this year and spent eight days searching the communities of Gulfport, Pass Christian, and Long Beach, Mississippi.

Background on Emergency Medicine and Incident Management

The specialty of emergency medicine is one of the youngest recognized specialties in medicine. Over one hundred and forty training programs exist in the United States, training the nation's specialists in emergency care. These graduates fulfill a vitally important role in our country, that of our nation's safety net. The nations emergency departments are open twenty-four hours a day, three hundred and sixty five days per year. The nations emergency departments are also required to operate in times of catastrophic disaster. No specialty in medicine is better prepared to assume the role of disaster responder than my colleagues in emergency medicine.

Hospitals across our nation have begun teaching the hospital emergency incident command system—adapted from incident management utilized in public safety response plans. The implementation of these programs has been met with modest success. Many emergency physicians serve local fire and police departments in roles including medical director, tactical physician, or in cases such as my own, as a member of an urban search and rescue team. As a result of this participation, many emergency physicians have first hand knowledge of incident management, function seamlessly in incident management systems, and have become compliant with presidential directives regarding the national Incident Management System (NIMS). I attribute my NIMS compliance directly to participation as a fire officer and as a member of an urban search and rescue team.

The material contained within the NIMS educational initiatives was tested during the response to hurricane Katrina. My eyes could not have been prepared for the devastation and destruction I observed as our task force moved into Gulfport, Mississippi. Lives lost, homes destroyed, families forever gone were vivid, real, and memorable experiences I will have for the rest of my life. Operating within the structure of NIMS, our task force, other task forces, and other response teams such as North Carolina's Disaster Medical Assistance Team NC–1 and Alabama Task Force One (a state urban search and rescue team) were able to operate from a common point of reference. Skilled incident support teams provided leadership. These incident support teams consisted of numerous professionals and included physicians specializing in emergency medicine. Problems were identified, solutions were sought, and specific changes in operations, planning, and logistics resulted from interaction between professionals. It must be mentioned that the common understanding of incident management facilitated this management structure. This serves as an example of the requirement for all specialties in medicine to become aware of incident management and for selected disciplines to become completely NIMS compliant.

The Role of Emergency Medicine in Educational Initiatives

The nation has responded in the post 9–1–1 era with many educational initiatives. An outstanding example of the role played by the specialty of emergency medicine is a strong and healthy relationship between the Ohio Chapter of the American College of Emergency Physicians and the Homeland Emergency Learning and Preparedness Center at Wright State University. These entities collaborated two years ago to deliver courses from the National Disaster Life Support Foundation. Course work was funded by the Ohio Department of Health and delivered by Ohio's emergency physicians. These educational initiatives included basic principles of incident management, response to catastrophic natural and man made disasters. Ohio continues to have a strong role in educating responders at all levels and has trained in excess of 2000 responders in three states.

National efforts through the American College of Emergency Physicians are a broader and more distributed network of educational initiatives seen by many in the specialty as the gold standard. Currently, relationships are evolving to strengthen the role of the college in disaster preparedness and education. The college is committed to the nations first responders and its members.

The specialty of emergency medicine has stood hand in hand with the nations emergency medical technicians and paramedics. Emergency medicine specialists are the recognized leaders in providing oversight and medical direction to the nations first medical responders. As such, emergency physicians are tasked with prescribing the programs of study, continuing education delivery, and ongoing quality assurance monitoring. Numerous emergency physicians have prescribed and delivered incident management training to emergency medical technicians.

Areas for Improvement

Mr. Chairman, the nation is preparing to be prepared. Emergency medicine, physicians in other specialties—now categorized as first responders are beginning to awaken and realize the need to embrace the tenant's of President Bush's plans for a national incident management system. We have a long way to go. As a physician with Ohio Task Force One, I watched as physicians in Gulfport wondered how we do what we do. How we understand roles, responsibilities, and clearly work as a team to solve a given situation.

The nation's fire and rescue services, emergency medical services, and recently public health practitioners have embraced incident management in many of the nation's larger and more financially stable communities. Much of the nation's rural and frontier communities, served by volunteers have not. In these same rural and frontier communities, medicine parallels the public safety-first responders in its need for educational initiatives. The United States House of Representatives has developed legislation for a Rural Domestic Preparedness Consortium. To date, no progress has been made on identification of members, development of training programs, and most importantly, little has been done to empower these first responders.

Higher education in our nation must embrace the role of provider of educational initiatives related to incident management. These institutions should be allowed to acquire the resources necessary to form collaborative relationships across the nation with fire and police departments, professional associations such as the international association of fire chiefs, governmental bodies, and the private sector.

The nations colleges and universities could fulfill a vitally important role in preparing all aspects of our nation utilizing an all-hazards approach to disaster management, response and recovery.

G4*Awareness/Education Campaigns*

The Department of Homeland Security has developed and fielded educational initiatives directed at providing the nation's first responders with a high quality educational experience. In addressing the nation's medical compliance with incident management, we simply must more openly make physicians aware of this material. Plans should be made to encourage boards of medicine in each state to explore specific requirements for physicians—now members of our nations first response corps. Without this organizational oversight, the vast majority of our nation's physicians will likely not even be aware of these educational opportunities.

Conclusion

Camille was an eighty-two year old resident of the State of Mississippi. Her home was destroyed, she was found floating in putrid water, had sustained scrapes and abrasions to her body, and wanted to get back to her house as soon as possible to meet her friends for a bridge game. She was expertly rescued from her home by an elite group of our nations first responders—my colleagues from Ohio Task Force One. All who were NIMS compliant. Her care was transferred to an outstanding

medical specialist—again from Ohio Task Force One who was NIMS compliant. He care was then transferred to me, her doctor, the only doctor in Pass Christian—who is NIMS compliant.

Camille was not seriously injured and during these initial stages of the response, vital local ambulance resources could not be utilized to transport her. Camille spent nearly a day with the task force. Camille suffered from dementia—likely Alzheimer's. She required constant attention, assistance with all activities of daily living, and was eventually transported by a citizen, and American willing to help another in this horrific time.

The success of this task force stems from the personal commitment of its members. The success of teams like North Carolina and the many other disaster response teams share this same level of commitment. Our nations newest members to the first responder ranks—physicians, nurses, and other health care providers will share in this same commitment and I encourage you, the elected leadership of this great nation to make all necessary provisions needed to enhance delivery of incident management education, to enhance communications for public safety forces, and to enforce legislation relating to compliance with the National Incident Management System.

Mr. REICHERT. Thank you, Dr. Gebhart.

I am not surprised by the information that has been shared today, as we have talked about this upcoming hearing and things that have happened in the past few weeks across our country. The three things that kept coming up are planning, joint training and communication. Those are three things that all of you clearly touched upon.

You also mentioned that ICS is not a new concept. It has been around for a while. I think it may have developed back in the early 1970s when California wild fires took over the state.

Actually, I have to be honest with you here. As a police officer for 30-some years, it is hard for me to admit this, but the firefighters of this country have been far ahead of all of us in the area of incident command. So I have to congratulate the fire chiefs and firefighters across the nation. They have put together an organization that needs to be modeled across our country.

I have a lot of personal experience in this area. One of the areas where really we saw the need for incident command, and maybe many of you might be familiar with WTO in Seattle, and the difficulty we had in communicating with 20-some police departments and firefighting agencies that came into the city to help us with that. It is certainly not on the magnitude of Katrina or Rita, but it was an event that was fairly catastrophic to the city of Seattle and the county that I was sheriff of.

As you are involved in one of those incidents, disasters and tragedies, after you have finished your job in your specific discipline, there is always an opportunity to stop and pause and go back and take a look at what you did right and what you did wrong. We did that during WTO and other incidents that I have been involved in.

We are still evaluating Katrina and our response, but we see some mistakes that have been made there, and many of you have mentioned those today. Based on your personal experiences and some of the information you are getting back from members of your associations, can you describe some of the difficulties that have been shared with you in Louisiana, Mississippi, Alabama, Texas in setting up their incident command?

That is a question for anyone on the board. Yes?

Mr. CANTERBURY. Mr. Chairman, I think one of the things that many of our members found was that because of the national

media, most of the response originally in the New Orleans area went to New Orleans proper. St. Tammany, St. Bernard's Parish, St. Charles Parish needed assistance and had a lot of trouble getting help. I know that there were a lot of complaints about self-dispatching from especially law enforcement agencies that responded to assist.

But being a former sheriff, you will understand when the sheriff of St. Charles Parish, 3 days after the incident, finally was able to reach me by phone and ask me for some help, we sent help. They were stopped by officials saying if you do not have your EMAC number, go home. They went anyway because the sheriff requested it. He is the chief constitutional officer of that county. They responded. We sent our own mobile kitchen to feed them. We are not asking for reimbursement. We went to assist fellow law enforcement professionals.

I believe that that was one of the major problems, besides the communication. The first call that I got from that region turned out to be on a Nextel cell phone. Nothing else worked. That was only after their backup satellite systems arrived. And St. Charles was on the good side of the storm, and their communication was down for at least 3 days. So that was one of the problems that we had. We understand that the EMAC system was being preapproved, but the bottom line is that they needed help and were not getting it.

Mr. REICHERT. Thank you.

Anyone else care to answer?

Chief KILLEN. Mr. Chairman, one of the success stories to come out of this was the fact that experiences learned in hurricanes in Florida, that the Florida fire chiefs were able through their system to stage massive units and resources. I think there were six task forces that were staged east of the storm area and were able to get into Mississippi and provide some communications because they had learned and built systems that would work in that environment.

Communications were extremely horrible, whether it was communications by landline, cell phone or whatever. I know from personal experiences trying to reach family members to see how they were. It was really a sad state of affairs. And the getting calls for assistance and writing the information down on a 3-by–5 card and handing it to somebody in the fire department so he or she could run outside and hand it to a company officer so they could dispatch, that is how communications was being handled in New Orleans because of the impact of the flooding of the system.

Mr. FREUDENTHAL. Mr. Chairman, one of the key things to have in any kind of response like this is experience. Unfortunately, the only way to get it is live through a painful process. I think everybody at this table can attest to that, and this is certainly probably the most painful process we are going to go through as far as learning from this experience.

But it is an opportunity, an opportunity to improve the quality of life for everybody in that area, hopefully in this country, and an opportunity to improve our system. Like everyone at this table, general communications were nonexistent for the most part. We did work through the EMAC system. It certainly has some areas

that need focus and improvement, but it was the system to use. With experience, we will improve those as well.

One of the tough things are those immediate decisions that need to be made. For example, how to re-route the ambulance service to respond when there is no bridge to go across the water. So those types of thing we need to focus on how to do a better control, command and communication decision-making process, allowing those immediate decisions to be made, and deal with the response at hand.

Mr. REICHERT. Okay.

Yes, sir?

Mr. GARNER. Mr. Chairman, I think that one interesting thing about this disaster is the fact that as we have done in the last few years preparing for the WMD consideration, is that we saw a lot of what we may see in that type of disaster in the future. Any incident command system is as strong as the core incident command structure. The best people to lead that structure are the ones that are in the local area.

I think what we saw here was the virtual destruction of what the local command system would typically do to lead those that come to assist. Therein, just as has been described here, there were calls made on an ad hoc basis requesting assistance, and it was very difficult to get direction from a central command structure.

So I think what we saw here was something that we need to learn from, and that is that when that central structure is destroyed, then there needs to be an immediate ability to back that up with something which the national structure would do. So I think that that is one of the lessons learned from this experience.

Mr. REICHERT. Thank you.

If I could just follow up very quickly with Chief Killen, you mentioned that two of your colleagues noted that there was an utter lack of structure. Could you just elaborate on that just a little bit more, to follow up with Mr. Garner's comments?

Chief KILLEN. Mr. Chairman, one of the difficulties in our government system is that state levels, in many cases—and I will quote an example. There are a number of states that the insurance commissioner is dual-headed as the state fire marshall. For several days, there was no fire presence in the state EOC because the insurance commissioner was, by training, an engineer, and there was no fire experience at that level of the state EOC.

Also, there was a lot of confusion in trying to identify command and people with the right organizations, for example, in the New Orleans command post as well. No structure and no one to identify was very difficult to really find out who was in charge and who was making the decisions.

Mr. REICHERT. Thank you.

The chair recognizes Mr. Pascrell.

Mr. PASCRELL. Thank you, Mr. Chairman.

Reiterating again, the men and women who are there every day, day-in and day-out, are a critical part of this. Dave Paulison has taken over at FEMA. He obviously had the experience, and also is probably the first person that I know of in Homeland Security from the fire side that is involved in upper management.

Fire services have been left out, which is nothing new. In many of the state apparatus', the same situation. I have been a strong advocate of both the police and the fire and paramedics. You have been the forgotten part of the public safety equation, both at the state and national level.

I want to ask you a question, Chief Killen, to start this afternoon. My question is this—and if anybody else wants to jump in, make your responses brief and I will try to make my questions brief.

Much has been said and written about the president's potential idea to give the military the main authority for response during a disaster within our borders. What is your initial feeling toward this, and how do you view it impacting first responders?

I will start off with an easy question.

Chief KILLEN. Congressman Pascrell, I have spent 30 years employed by the Department of Defense, and I am very proud of that—and the Fire Emergency Services. But the first responders are the people that we need to have in there. I am very proud of the Department of Defense, but it takes time to mobilize and dispatch the Department of Defense.

Emergencies are like politics. They are all local. The local responders are there first and it takes 12 to 24 hours to get the first Department of Defense units moving unless they are already stationed there.

I do not think that it is good idea and the International Association of Fire Chiefs is not very much in favor of that, but we will work with our government, our president and our Congress to do what is right for our country.

Mr. PASCRELL. Let me ask you this, Chief, as a follow up. FEMA's job is primarily to coordinate.

Chief KILLEN. Yes, sir.

Mr. PASCRELL. You do not have to have the disaster happen before you start to coordinate. I spend a lot of debate and discussion about who pushed who and who sent letters.

Looking back over this experience—and this is not an easy question to answer. We are not here to criticize. We are here to make it better. Do you think the coordination, do you think that we got that kind of coordination from FEMA?

Chief KILLEN. I think the coordination would have been a lot better if there had been more people with operational experience in emergency response in positions. The eight top positions in FEMA, two of them had fire and emergency services-skilled persons in them, and they were not utilized early-on. I think that made a difference.

Mr. PASCRELL. Okay.

To anyone in the committee, I want to ask this question. We have what I consider to be—and correct me if I am wrong—a major problem, both fire and police, in terms of common elements of training. I want to ask a question to anybody who wants to answer this.

Do you think that the federal government—is this what you are hinting at today or outright saying, that the federal government should take over all emergency training that now is afforded through the states? What are your feelings about that?

Who wants to respond? Because we are going to have a hearing I think next month on training. I hope you are all involved in some manner, shape or form. We want to learn.

Yes? Mr. Garner?

Mr. GARNER. Yes, Ranking Member Pascrell, I would say this, that we think that there needs to be a coordinated effort in terms of training so that there is consistency.

In a large disaster where there is tremendous mutual aid response, it is critical that the responders to the incident have the kind of training necessary to be able to work with first responders from many other areas of the country. If you do not have some kind of coordination, the question becomes exactly how that is funded and exactly how that is going to be organized. However, without that, in some of the early online opportunities that we have for training seem to be working well, one based in Anniston, Alabama. So the fact that I think that we need to follow up on that. I think that is critical.

You mentioned Director Paulison. Having spent 30 years in South Florida and working with him through Hurricane Andrew, I can tell you that he strongly believes in that coordinated type of national training. He is qualified.

Mr. PASCRELL. He is very qualified, in my opinion.

Anybody on the panel want to respond to my question?

Mr. LIEBERSBACH. If I could, through the chair, Ranking Member Pascrell.

Mr. PASCRELL. Yes, sir.

Mr. LIEBERSBACH. Dave Liebersbach.

I, prior to the life I am in now, I served as 12 years as the incident commander on Alaska's Type–1 incident management team in wild-land and fire management.

I think this training issue and a need for leadership at the national level really is not just training. It has to do with standards and credentialing standards. I do not believe we want the federal government to do it all or to decide it all, but they probably should lead in developing those so that when a type–X whatever comes from Alaska to Mississippi or Alabama as they did this year, Mississippi and Alabama know what type–X means.

Likewise, as I am currently having windstorms and I have teams in the field right now in western Alaska in disasters and may be requesting assistance, that assistance comes from Idaho as a type–Y, I want to know what a type–Y is and we all agree to it.

I think to make it a national standard, the federal government needs to lead in that.

Mr. PASCRELL. Let me just conclude by asking a question, not getting an answer because my time is up. My question is this—and I would like you if you could to write me a note on this, and the chairman as well.

I would like to know what you think the role of Congress should be in all the things that are being discussed, either by the chairman, by Mr. Etheridge, by Mr. McCaul, questions that you are going to get today. What should our role be? What do you think is the appropriate role?

You have already heard from many of us that we think your role should be expanded and extended because you are there every day. I mean that seriously.

Thank you, Mr. Chairman.

Mr. REICHERT. Thank you, Mr. Pascrell.

The chair recognizes Mr. McCaul.

Mr. MCCAUL. Thank you, Mr. Chairman.

On a point of personal privilege, I would like to congratulate the chairman on his new position. I cannot think of anybody better qualified than a first responder to chair this subcommittee.

I wanted to compare Katrina with Rita. About 2 weeks ago, I had—and I am from Texas—I had the opportunity to sit down with our state emergency manager at the EOC. The vice president came down. There was a briefing. We were shown computer models of what would happen if a Katrina-like hurricane hit the state of Texas. It was targeted toward Galveston and Houston, and it would put Galveston under water and it would flood the majority of Houston.

We got lucky. It took a turn to the north, to the east, and missed the trajectory that it was originally planned to do. Little did we know when we got this briefing that a week later we would be faced with that very scenario. There was no loss of life directly attributed to the hurricane with respect to Rita. There was an evacuation, albeit we had some problems with the roads turning into parking lots. There was a reference to the Louisiana state EOC.

When we met with the Texas EOC, it was clear that they were in daily and constant communication with the local judges, with the mayors, with the first responders. As somebody who has worked in law enforcement, my view is that communication is always the key, whether it is having a fancy radio system or whether it is just picking up the telephone and knowing who to call.

Having said that, I would like for the panel, whoever would like to answer the question, to compare and contrast the response to Katrina versus Rita, recognizing that the Rita Hurricane was downgraded to a category three and did miss a major population center.

Mr. FREUDENTHAL. Yes, sir. One thing that comes to mind initially was that fortunately Galveston and Houston had the experience of Katrina. Katrina and New Orleans and that area did not have the like experience. So good for you, you had the experience. Bad for them, they had to show you that.

Mr. MCCAUL. Right.

Mr. FREUDENTHAL. But I think that has a lot to do with it. Your example of going through that exercise before it ever happened is a lot of what we are talking about, is to plan before the event. It is a little tough afterwards.

So I think that hits a high point of what you are trying to say and what we are trying to say. Communication and cooperation are essential in this effort, and planning those events, as painful as they are, saves hundreds, thousands or more lives and affects millions of lives. So I think that is a key element of that.

Mr. MCCAUL. Anybody else care to comment?

Chief KILLEN. Yes, sir. I think that everything we learn is from experiences, whether they are good or bad experiences. I would like

to just point out something that I kept looking at and thinking about. My Lord, what will we do if we have a terrorist attack and it is a toxic gas or something of that nature—

Mr. MCCAUL. Right.

Chief KILLEN. —and we do not have the ability to get our citizens moved?

I want to point out one thing. There was a success story in the Louisiana EOC, and that was the state police. They had their act together. That was one element of Louisiana EOC that worked very well.

Mr. MCCAUL. If I could follow up on that. I know that there was a comment made about the Louisiana state EOC that nobody knew who was in charge. I know when we went through the Rita exercise, obviously with the hindsight of Katrina, that it was clear that the state emergency manager and the governor, in concert with the locals, was very much in charge of the situation. I guess that would be sort of a lesson learned from what happened.

Mr. CANTERBURY. I think one of the things that found that was on a state level, it was the communication from our sheriffs and chief executives from the law enforcement agencies that did not have the ability to call the EOC, so those especially in the surrounding areas had no communication.

So the EOC being set up in Baton Rouge had no contact with what was actually happening in the field. Two and three days after the storms, we were running into division commanders in the New Orleans Police Department that had not talked to anybody above their rank since the storm.

So I think the bottom line was even if there was somebody in charge of the EOC, there wasn't anybody to talk to.

Mr. MCCAUL. Those communications were not adequate.

Mr. CANTERBURY. Absolutely.

Mr. MCCAUL. So we need to plan a default system in the event it is knocked out.

Mr. CANTERBURY. And in some of those districts, they did have good default systems, even inside the city of New Orleans. When the media was reporting that as many as 50 percent of public responders were not there, it was not true. They were just being dispatched internally with "go here today." It was a police captain or a fire captain making those calls because there was nobody above him that he could communicate with. They were there, many more of them were there than left.

Mr. MCCAUL. Mr. Killen, you mention the point that had it been a terrorist attack, it could have been far worse. I agree. I think in the Rita exercise, we had advance notice and people had time to evacuate, and still again the major highways turned into a parking lot. Had it been a terrorist attack with no notice, it would have been far worse in terms of evacuation.

Do you have any lessons learned in terms of Hurricane Rita in terms of evacuation and how that could go more smoothly than it did?

Chief KILLEN. I think that more smoothly would have been opening up all of the lanes out of Houston and trying to move them by zip code, if you would, of trying to get the people furthest out started first to start the movement. It is a very difficult chore.

I have never driven in Houston. My son lived there for years and his coworkers always had a six-pack of beer on the way home from work because it was that long getting through traffic. So I cannot imagine what it is like to try and evacuate a city of that size.

Mr. MCCAUL. And a lot of people, even if it was not mandatory, they left. After seeing what happened with Katrina, they were leaving anyway. It is a hard thing to control.

I see my time has expired. Thank you, Mr. Chairman.

Mr. REICHERT. The chair recognizes the gentleman from North Carolina, Mr. Etheridge.

Mr. ETHERIDGE. Thank you, Mr. Chairman.

Let me thank each of you, number one, for being here; and number two, for your service. It is amazing we have to have a national incident before Congress decides it is time to listen again. We did a good job after 9/11, and it seems to me that we have been pretty anemic since then in terms of what we did and the kind of resources we put out. So thank you for your service today.

A couple of questions. All of you as respective organizations, have all of you incorporated, and this will probably take a yes or no, ICS into your basic certification courses so that every certified respondent professional is familiar with it?

And number two, to your knowledge do volunteer departments have a harder time training personnel in ICS?

Chief KILLEN. Since you said volunteer fire departments, it is difficult.

Mr. ETHERIDGE. Because that, by and large, is where volunteer and rescue squads tend to be.

Chief KILLEN. It is very difficult for volunteer fire departments to get a lot of the training that is required, particularly because they are involved in working, families, and raising money for the fire department to survive. We have an excellent process in the United States in the certification process, and the IAFC does have programs, and the states have training programs where there are training opportunities there for the people to be trained in incident command.

Mr. ETHERIDGE. Anyone want to respond on EMS?

Mr. GARNER. I would simply say that to answer your question, that that is indeed true. Across the entire nation would be inaccurate at this point. I think there are tremendous efforts and strides being made in that way, but as the chief says, particularly in volunteer systems, whether it be an EMS or fire-based systems, it is very difficult to get a handle on whether they have indeed been trained to the system.

Dr. GEBHART. Speaking specifically about medicine, since medicine is now considered part of this first response corps, medicine has been very slow to embrace this. It is one specialty among hundreds of different types of physicians who done this. It has not happened there yet. It has not happened in our nation's medical schools. It has not happened in our nation's residency training programs. So that is a whole other segment of the response community, not a traditional player, that has to be brought up to speed. Programs have to be targeted and aimed at those groups.

Mr. ETHERIDGE. Thank you.

Do any of you have a cost estimate for NIMS implementation, number one, for your department and others like yours? And number two, is the cost of training related to the implementation?

Chief KILLEN. I do not have any figures on the cost for implementing the training right off hand.

Mr. ETHERIDGE. Just give me some general numbers, general thoughts. Is it a barrier?

Chief KILLEN. It is a barrier, particularly for the volunteer fire companies across this country. There are a large number of them.

Mr. ETHERIDGE. I know, about 80 percent. How about the others?

Mr. CANTERBURY. For law enforcement, I think the burden is going to be even more because as the chairman noted, NIMS is not something that has been open-armed welcomed by law enforcement. We live in a culture where we normally just go and take care of the problem. The majority of the incidents that law enforcement goes to, there is not a whole lot of doubt that the lone law enforcement officer is in charge of that call. But we now are implementing incident command, and I think it is going to be very expensive. I do not think that without mandates or without federal funds will you see a true implementation of NIMS in a local law enforcement capacity for years.

Mr. ETHERIDGE. Does everyone sort of agree with that?

Mr. FREUDENTHAL. I would agree with my colleagues that that is critical.

Mr. ETHERIDGE. Okay. Thank you.

One other point for my final question, because my time is running out, I think it is general knowledge that we still have a major problem in communication. We can talk about all the problems that happened in New Orleans and Louisiana and Mississippi, and to a lesser extent in Texas, but certainly in Alabama, communications is a critical issue in any major event.

Finally, Chief Killen, in your testimony you suggested that the Department of Homeland Security require everyone to take the online NIMS course. It makes sense. Does this include all DHS personnel, including FEMA? And do you know if they are currently required to take ICS training?

Chief KILLEN. I cannot respond to what DHS is required to take, but in the testimony is was implying that the government officials at all levels that are going to be involved in this process, so those people in FEMA who respond or in DHS respond should know what the requirements are and what NIMS is, and so should all of our local officials.

Mr. ETHERIDGE. I could not agree more.

Does everybody else agree with that?

Dr. GEBHART. Yes, sir. That is a requirement as a member of urban search and rescue. We are NIMS-compliant. We have taken that.

Mr. ETHERIDGE. Mr. Chairman, with your indulgence, one final follow-up?

Mr. REICHERT. Go right ahead, sir. Thank you.

Mr. ETHERIDGE. Thank you.

Mr. Garner, when municipals contract for services with your membership and your folks, do these contracts usually include training requirements, including ICS and NIMS? If they do,

wouldn't the services be more valuable? And wouldn't that also be, given the things we have been through now over the last several years, it seems to me that would be an issue of, number one, negotiation; but number two, that they would be a lot more valuable in the process.

Mr. GARNER. There is no question that the inclusion of the system would be valuable in those contracts. The fact is that typically training is included in contracts, but not specifically the training that you are referring to here. So I would agree with you completely that that would be an essential component on a go-forward basis.

Mr. ETHERIDGE. Mr. Chairman, thank you.

In closing, let me encourage each of you, because your folks are the first line of defense and offense, whichever it is. I think, having been to some extent in first response because I was the state superintendent of schools for 8 years, the one area that always gets cut early in almost any organization is training. Without training, assessment, evaluation and follow-up, we are going to continue to have problems because we have a short memory after it is over with, and we spent a lot more money rebuilding than we are ever spending on preparation and getting prepared and the assessments.

So hopefully you will continue to remind Congress and local and state jurisdictions how important training of our personnel is. Thank you.

Thank you, Mr. Chairman. I yield back.

Mr. REICHERT. Thank you.

I want to follow up just with a couple of thoughts and one more question.

I cannot help but think back to 1972 as a 21-year-old cop in King County. We had one radio frequency that served a 2,200-square-mile county. Today, we have five or six different frequencies set up around the county to serve the communities that each precinct supports and serves.

Sitting here as a sheriff, as a police officer, as a sheriff's deputy of 33 years, I am thinking back to 1972 and hearing the testimony today, the frustration that all of us as first responders have felt almost 35 years later in no progress at all, really, in this whole question of interoperability, the question of us being able to communicate, our police officers, firefighters, first responders being able to communicate with each other. It is a 30-or 35-year process that has been undertaken.

I just want to assure that the witnesses here today and anyone who happens to be listening that this committee is going to be dedicated to solving this problem, at least we will be an active member in pushing for a solution to get something done. I know that everyone on this committee will be committed to that. In fact, in October we are going to be holding a hearing solely dedicated to operability, how we can set up a command post when there is not the ability to communicate, and then interoperability, what does it mean and where do we go from here. I know all of you are so frustrated with that.

The other key and integral part to responding to any serious incident and setting up incident command is those partnerships that

you all talked about. By the various disciplines we have represented here today, we can see it takes the whole community.

One of the things that I am a little bit concerned about is, do you think in your experience and what you have seen with Katrina and Rita, are local governments, and let's just take these two catastrophic events that have occurred within the past few weeks in the Gulf states, are local governments in that area, were local governments, including the private ambulance companies, the public works departments of their own cities and local governments, the medical community and others, had they reached out prior to and built those relationships? Or is that something now that they have recognized was kind of an integral part that they had missed?

Mr. GARNER. Chairman Reichert, I would say this, that as was mentioned in my written remarks, there are very, very different models of EMS systems throughout America. There are some very strong consistencies. Certainly, police and fire components are very, very strong in all EMS systems.

I think the EMS side of the ledger, however, is most recently being addressed more efficiently than it has been in the past, regardless of whether the component includes public, private, hospital-based, volunteer. I think that when we start to look at these systems, and as we develop this plan, the key is that we have standards, that we have consistency, that we have interoperability because one never knows where the disaster is going to occur, and certainly one never knows where the resources are going to be drawn from.

So in answer to your question, I think that has been cooperation. I think there is lots of room for improvement.

Mr. FREUDENTHAL. Mr. Chairman, if I may, with respect to public works, and I am sure the others, the success stories you saw on adequate response were the results of cooperation and planning from those agencies that in fact took that step forward long before the event occurred. So many times, however, that is probably a reflection of the relationship between the players, not necessarily because it was mandated. I think the aftermath of this incident dictates that that is the way to go, and that whether we want to, like to, or whatever, we have to work together on this. We have to communicate. We have to cooperate so that our citizens are taken care of.

Mr. REICHERT. Anyone else? Chief?

Chief KILLEN. Mr. Chairman, we learned a lot of lessons and this overwhelmed all of our resources in those communities.

One of the big questions to come out of this was, why do so many people have to drive 1,000 miles to get to New Orleans and pass all of these other communities that had resources? The IAFC has established a task force to focus on developing a national fire mutual aid system. It is working in certain parts of this country today, in California, Illinois, Florida, Georgia, Maryland. We have a task force put together that is going to address that, to work with those states that do not have a statewide mutual aid system, to work with making regional response and communications together.

We think that it is well time that we did this. The International Association of Fire Chiefs has stepped up to the plate to take that on. We will certainly keep you and this committee informed of that

progress, but we think that that will help resolve many of the problems and help to resolve some of the issues of self-dispatch.

Mr. REICHERT. Anyone else?

Mr. LIEBERSBACH. Mr. Chairman, if I may, I think we also should not overlook the need to incorporate the private sector, particularly when it comes to things like power outages in the north and who is really going to be driving the train on many of those to get them in the system, maybe not through mandate, but through advice and consulting to get them into this NIMS system, because in a big event they are going to be critical, whether it is replacing communications or power or whatever.

We, in Alaska, found by bringing them into our training of ICS, when we need the local gas company or electric company, they know right where to go into the ICS system, who to report to, and start getting their utilities back on line. The same with the oil companies up north. Besides the private-sector first responders, there is a big private sector out there, whether it is Home Depot of whoever, that need to be looked at.

Mr. REICHERT. I could not agree more. I kind of think of the grocery store owner who is caught in the middle of one of these events and decides that he can deliver food, so he gets out his rowboat and loads it with food and he is the immediate responder. And then he is there to help, and then we have the first responders there. So you can really see the whole community needs to be involved in this effort.

I just want to mention that Washington state is also one of those that has a statewide mutual aid system in place.

I want to thank all of the witnesses and give Mr. Pascrell additional time to ask questions.

Mr. PASCRELL. Thank you, Mr. Chairman.

A couple of things. I want to thank you all for being here today.

Mr. Freudenthal, having worked extensively, too, in the public works area, you probably many, many times never are given full credit for all that you do, and all of those folks throughout the United States of America. It is not the most sexy thing to talk about, and yet provide a tremendous service.

I want to assure everyone on the committee that when we look into the communications problem, and we will do that, we are committed to that, that we look into the spectrum problem.

I would suggest, Mr. Chairman, that we have to bring some FCC people in front of us, fish or cut bait, because long before I got here, long before David got there, people have been talking about this, and nothing happens. I do not like that situation. I feel very uncomfortable to talk about the same thing all over again and never solve it. As Einstein said, that was probably the best definition for insanity.

So I can assure you, we are going to get some people in front of us, and from the FCC, too, because they are part of this, and we are not going to be able to really solve the problem until we get into this spectrum issue.

My final question is this, we must constantly re-evaluate our response and command mechanisms. I understand that. Only God is perfect, but we have to do a lot more.

What changes to command authority, particularly for the federal response, would you make, and you think we need to make, in response to Hurricane Katrina? What did we learn from that? What would you suggest, if you had one sentence, looking back at this horrible situation, this tragedy, in terms of the command authority? I am asking about that specifically. What would you change?

Mr. LIEBERSBACH. If I may, to the chair and Mr. Pascrell, my one sentence would be, use the system and the people you trained to do it, nobody how big it gets and try not to pay as much attention to the politics. Use the system that you have been purporting out there, NIMS and ICS, all the way from the top down.

Mr. PASCRELL. Anyone else?

Chief KILLEN. I concur with that, and I think we need to train the people at the local and state level in government, not the first responders. They are supervisors. They are elected officials. They need to understand that system.

Mr. PASCRELL. You don't think they do?

Chief KILLEN. I don't think the number of officials at that level understand it to the degree that they need to understand it.

Mr. PASCRELL. Anyone else? Thank you.

Mr. GARNER. I would simply make one additional comment, and that is understanding what we did about the infrastructure that was where the decision-making should have been made, we have got to work on an instant and an immediate backup plan if that indeed occurs, so that we can have the right people making the decisions.

Mr. PASCRELL. Just as you have backup generators, you need a backup system.

Mr. GARNER. Absolutely.

Mr. PASCRELL. Anybody else?

Thank you. And thank you so much for your service to this country.

Thank you, Mr. Chairman.

Mr. REICHERT. Thank you, Mr. Pascrell.

I thank the witnesses for your valuable testimony and for taking time to be with us today.

I thank the members for their questions.

The members of the committee may have some additional questions for the witnesses. We would ask that you respond to those in writing please. This hearing record will be held open for 10 days.

Without objection, the committee stands adjourned. Thank you.

[Whereupon, at 2:34 p.m., the subcommittee was adjourned.]

FOR THE RECORD

ADDITIONAL RESPONSES FROM DAVID E. LIEBERSBACH TO THE HONORABLE DAVID G. REICHERT QUESTIONS

In reference to your letter of October 12, 2005 requesting additional comment on questions related to the 9/29/2005 hearing on "Incident Command, Control, and Communications during Catastrophic Events", below you will find answers to the additional questions.

1. How is the Department of Homeland Security addressing the technology needs of law enforcement and other first responders in rural areas?

The only program specific to rural preparedness issues is the Congressional appropriated Rural Domestic Preparedness Consortium funded through the Office of

State and Local Coordination and Preparedness. I am not aware of any other specific programs dedicated to rural needs including technology.

2. Is there a need for additional funds and/or special programs to ensure rural areas have the same capability for disaster response as we do in urban areas?

Yes, there is a need for additional programs in rural areas to address disaster response issues. In particular, communications and public warning systems are a challenge in rural areas and must be addressed. Many believe that an investment in infrastructure such as communications is a one-time cost. Systems such as NAWAS and Satellite radios and phones require monthly cost to maintain the service. This is another reason that the all-hazards Emergency Management Performance Grant (EMPG) program is so critical to support the recurring costs associated with building a capability.

3. Are there gaps in technology for law enforcement and first response Government Relations Director in rural areas vs. urban areas?

Yes, there are gaps in rural areas for fist responder technology in terms of getting funding for them and also the ability to utilize current systems poses problems in rural areas. Rural areas often provide communications challenges for current systems in remote areas since legacy networks for communications are not often built to go into the most remote areas or over rough terrain. Further, even if technology is available, local emergency management officials need training on the equipment, which requires either the state or the local government to travel.

4. Is the infrastructure to support technology products (such as communications devices and on-line wireless computer databases) for law enforcement/first responders in place in rural American as it is in urban area?

No, rural communities often need a different infrastructure because of the terrain and topography in regions and that technology is harder to find and sometimes more costly. In Alaska, mountainous regions pose a challenge for communications and the problem cannot be solved with systems specifically used in larger cities.

5. Would a rural technology pilot program for homeland security be a useful mechanism in identifying and addressing technology barriers and challenges in a rural setting?

Yes, I would support such a program for Alaska's participation. We have the challenges of the coastline, mountains and the distance to the mainland and federal support towards addressing communications technology problems would be welcomed.