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HOW CAN THE FEDERAL GOVERNMENT BETTER ASSIST STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL OR NUCLEAR ATTACK?

FIFTH REPORT

BY THE

COMMITTEE ON GOVERNMENT REFORM

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OCTOBER 24, 2002.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
Washington, DC, October 24, 2002.

Hon. J. DENNIS HASTERT,
Speaker of the House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: By direction of the Committee on Government Reform, I submit herewith the committee's fifth report to the 107th Congress. The committee's report is based on a study conducted by its Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations.

DAN BURTON,
Chairman.

CONTENTS

	Page
I. Summary of Oversight Findings and Recommendations	1
A. Introduction	1
B. Findings	3
1. Incompatible communications systems impede interagency coordination efforts	3
2. The Nation's health care infrastructure has limited capacity	5
3. Intelligence sharing among law enforcement agencies is improving	8
4. National emergency management guidelines, standards and best practices are needed	9
5. Federal funding structure need greater flexibility and a single point of contact	9
C. Recommendations	12

APPENDIXES

Appendix A.—List of field hearings	13
Appendix B.—Index of witnesses	14

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OCTOBER 24, 2002.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BURTON, from the Committee on Government Reform submitted the following

FIFTH REPORT

On October 9, 2002, the Committee on Government Reform approved and adopted a report entitled "How Can the Federal Government Better Assist State and Local Governments in Preparing for a Biological, Chemical or Nuclear Attack?" The chairman was directed to transmit a copy to the Speaker of the House.

I. SUMMARY OF OVERSIGHT FINDINGS AND RECOMMENDATIONS

A. INTRODUCTION

The Committee on Government Reform (the "committee") has legislative jurisdiction with respect to the "overall economy, efficiency, and management of government operations and activities."[1] The committee also has the general oversight responsibility:

> [T]o determine whether laws and programs addressing subjects within the jurisdiction of [the] committee are being implemented and carried out in accordance with the intent of Congress and whether they should be continued, curtailed, or eliminated. Each standing committee (other than the Committee on Appropriations) shall review and study on a continuing basis the application, administration, execution, and effectiveness of laws and programs addressing subjects within its jurisdiction. [The committee shall review and study] any condition or circumstances

[1] Clause 1(h)(6) rule X of the Rules of the House of Representatives, 107th Congress.

> that may indicate the necessity or desirability of enacting new or additional legislation addressing subjects within its jurisdiction.[2] Moreover, the committee has the special oversight function to "review and study on a continuing basis the operation of Government activities at all levels with a view to determining their economy and efficiency."[3]

The Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations (the "subcommittee") has legislative jurisdiction with respect to all matters relating to the handling of Government efficiency and intergovernmental relations.

Pursuant to this authority, the Committee on Government Reform's Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations (the "subcommittee") convened 11 oversight hearings to explore:

- The Federal Government's role in helping State and local government agencies prepare for the possibility of a terrorist attack using a biological, chemical or nuclear agent.
- How the Federal Government can improve its assistance to State, local and regional entities in responding to a biological, chemical or nuclear attack.
- The ability of the Nation's public health system to handle the large influx of victims that could result from a biological, chemical or nuclear attack.

On September 11, 2001, the world witnessed the most devastating attacks ever committed on United States soil. Despite the damage and enormous loss of life, the attacks failed to cripple this Nation. To the contrary, Americans have never been more united in their fundamental belief in freedom and their willingness to protect that freedom. Nonetheless, the diabolical nature of those attacks and the subsequent anthrax attacks sent a loud and clear message to all Americans: We must be prepared for the unexpected. The mechanisms must be in place to protect the Nation and its people in the event that another attack occurs. The aftermath of September 11, 2001, clearly demonstrated the need for reliable communications systems and the rapid deployment of well-trained, well-equipped emergency personnel. Yet despite billions of dollars in Federal spending toward that goal, there remain serious doubts as to whether the Nation is adequately prepared to withstand a massive chemical, biological or nuclear attack.

To gain a better understanding of the efficiency and effectiveness of Federal emergency management efforts in assisting State and local governments in their preparation for a major disaster, the Government Reform Committee's Subcommittee on Government Efficiency, Financial Management, and Intergovernmental Relations conducted a series of 11 field hearings in U.S. cities of varying size and demographics. Between March 1, 2002, and August 23, 2002, the subcommittee visited Nashville, TN; Tempe, AZ; Albuquerque, NM; Los Angeles and San Francisco, CA; Milwaukee, WI; Chicago, IL; Omaha, NE; Abilene, KS; Iowa City, IA; and Golden, CO. Witnesses at each hearing included representatives from local, regional and State agencies involved with emergency management. In addi-

[2] Ibid., Clause 2(b)(1) (A) and (C).
[3] Ibid., Clause 3(e).

tion, the subcommittee interviewed private-sector witnesses responsible for health care and others who are responsible for key infrastructures, including water and power.

The hearings primarily focused on the first responders to an emergency—the firefighters, police officers, medical personnel and local emergency management officials who are responsible for protecting the health and well-being of the citizens in their community. Witnesses also included representatives from the Federal Bureau of Investigation [FBI] and the Federal Emergency Management Agency [FEMA], two of the more than 40 Federal agencies that have a role in the Nation's homeland security efforts. In addition, the U.S. General Accounting Office, which is evaluating the Nation's overall preparedness to respond to a terrorist attack, testified at each subcommittee hearing.

B. FINDINGS

Although many issues were discussed throughout the field hearings, first responders highlighted several significant concerns. They included: (1) the lack of interoperable communications systems; (2) the inability of the health care system to handle a massive influx of victims; (3) the need for fast, reliable intelligence sharing; and (4) the need for Federal emergency planning guidelines, standards and best practices.

In addition, first responders said the Federal Government could provide more effective assistance if: (1) Federal funding programs had greater flexibility; (2) the Federal Government had a single point of contact to apply for Federal grants, awards and training programs; and (3) the Federal Government encouraged more fully a regional, all-hazards approach to emergency preparedness.

1. Incompatible communications systems impede interagency coordination efforts.

Communications interoperability emerged as one of the leading concerns of local officials throughout the subcommittee hearings. During the subcommittee's first field hearing in Nashville, local witnesses discussed a serious communications shortfall, in which a civilian helicopter and a National Guard helicopter were responding to the same incident but were unable to communicate with each other. At a subsequent hearing in Albuquerque, witness Thomas L. English, Cabinet Secretary for the New Mexico Department of Public Safety, explained that existing regulations require the National Guard to operate on a separate set of frequencies. "A complete re-look at this is absolutely essential to our ability to have a unified response," he said.

The problem is an interagency issue as well as intergovernmental. In Albuquerque, for example, the city and Bernalillo County, which includes Albuquerque, use compatible 800-megahertz systems. However, neighboring cities operate on much lower frequencies. Thus, a significant part of the region is left out of the communications loop.

In Nashville, Dr. William Schaffner of Vanderbilt University School of Medicine stressed the need for a multi-faceted communications network that ties together a communitywide response. It should also include hospitals, he said. "Our community has the

communications capacity, however, it is institution specific. Something substantially more sophisticated is needed that could tie all the elements of the response mechanism together." Los Angeles County Sheriff Lee Baca agreed, saying, "We need to coordinate with the medical group as to what goes on when firefighters and police officers get out on the scene of a disaster or terrorist attack."

Local officials in Omaha are hoping to upgrade to an interoperable system, said Omaha Fire Chief Paul Wagner. Douglas County, which includes Omaha, is planning to move to an 800-megahertz system that would allow regional communications. But the proposal is still being worked out, he said. "So we are looking at a number of years down the road before we would even be able to do that."

Having an 800-megahertz system does not necessarily resolve the communications problem, however. Mario H. Trevino, Director of the San Francisco Fire Department, said that San Francisco uses an 800-megahertz system, but during emergencies, the system becomes overloaded and shuts down. Better systems exist, but they are too expensive for most city budgets, he said, noting that one system costs $50,000 per radio unit.

"It's more than just a problem of procuring radios," said Lucien Canton, who heads up the San Francisco Mayor's Office of Emergency Services. "There are no national standards on how we should use these radios; no set frequencies that are all on a common band." Mr. Canton said that the Federal Government should take a leadership role in developing national standards for emergency responders.

Additional concerns were raised over the Federal Communications Commission's proposed sale of frequencies within the 700-megahertz spectrum for commercial use. The concern involves potential voice interference between commercial users on the 700-megahertz spectrum and the 800-megahertz public safety spectrum. "To put it simply, there is a level of over-speak between the two systems that is problematic," said Phoenix Mayor Skip Rimsza. Noting the devastating communications breakdown in New York City on September 11, 2001, Mr. Rimsza said, "One of the reasons we are all looking to 800 megahertz is to avoid that kind of loss." Mr. Rimsza is especially concerned because Phoenix voters just approved a $120 million referendum to purchase a new 800-megahertz communications system. Jack Harris, assistant chief of the Phoenix Police Department, is equally concerned about potential disruptions, saying, "when you get into that group of bands, it is not that there is not enough bands for public safety and for the private sector; it is how they are arranged . . . When they are not arranged appropriately, you can get cross-talk between the bands, and it stops the communication."

Los Angeles County Sheriff Lee Baca reiterated the importance of interoperability, saying, "first responders need to talk to each other at command sites of incidents. We can't do that now, and I don't think it is being done in too many places in the Nation. Therefore, what we need is the Federal Communications Commission to be a participant in ensuring that the radio frequency spectrum, which is so valued in this Nation, is not just given to the private sector on any request that the private sector has," he said.

"The public safety systems of our Nation depend on radio communication."

Phoenix Mayor Rimsza summed up this concern, saying, "All we are asking is: Solve the problem before we sell those radio frequencies so that our officers do not get blocked from critical communications when they are most important."

2. The Nation's health care infrastructure has limited capacity.

The terrorist attacks of September 11, 2001, and the ensuing anthrax attacks focused long overdue attention on the ability of the Nation's health infrastructure to respond to major emergencies involving a large number of victims. This concern was discussed at each of the subcommittee's 11 field hearings.

During the subcommittee's Los Angeles field hearing, witnesses representing the Centers for Disease Control and Prevention [CDC] and California's Department of Health Services pointed out that September 11, 2001, demonstrated the fragility of the public health system. In addition, witnesses raised serious concerns that private-sector hospitals no longer have the capacity to treat the potential influx of victims that would result from a biological, chemical or nuclear incident. Throughout the hearings, witnesses said that hospitals have essentially eliminated their excess capacity, called surge capacity, in order to cut overhead costs.

In Nashville, Dr. Schaffner said, "Given the structure and financing of health care in the United States today, there is only minimal surge capacity in the health care system." Dr. Ian Jones of Vanderbilt University Medical Center concurred, saying, "The No. 1 problem that we are facing today is emergency department overcrowding."

As an example, Dr. Jones said that a recent, relatively mild outbreak of influenza temporarily shut down a number of hospital emergency rooms throughout the Nashville area. In other areas, he said, there have been reports of citywide emergency room shutdowns. "When that happens, there is really nowhere for the EMS service, who may be carrying critically ill patients, to take them," he said. "It does not take a lot of imagination to understand what might happen if 1,000 critically ill patients requiring ICU care were dumped on the system at the same time, as might happen in a bioterrorism event."

Dr. Philip Smith, Chief of Infectious Diseases at the University of Nebraska confirmed that overcrowded emergency rooms is also a problem in Omaha, where, on occasion, patients have had to be shuttled to hospitals as far away as Kansas City and Des Moines.

Dr. Jones said that emergency room overcrowding is a result of several factors. In large part, hospital emergency rooms are serving as a source of primary care for uninsured patients. In addition, the population is aging and is sicker and, in general, there has been a breakdown in the mental health system, he said.

In Albuquerque, witnesses Dr. Paul Roth, Dean of the University of New Mexico School of Medicine and Dr. Mack Sewell, State Epidemiologist at the New Mexico Department of Health reaffirmed that emergency room overcrowding is nationwide problem.

During the subcommittee's hearing in Abilene, Raymond Williams, president and chief executive officer of the Sumner Regional

Center suggested yet another cause of declining hospital capacity. "Over the last 10 years we have watched the Medicare reimbursement go lower and lower to the point that, today, we find almost every hospital in Kansas getting paid below its cost," he said. "If we had any cash reserves set aside to buy equipment, to provide training, those funds are no longer there."

States are looking at various ways to create additional patient beds. In Nebraska, health officials are working on a plan to set up field hospitals, which would create an additional 500 beds in the event of a catastrophe, said Dr. Smith of the University of Nebraska. However, Vanderbilt's Dr. Schaffner urged caution in relying on such temporary facilities. "The medical capacity we would need in a bioterrorist event would not be satisfied simply by housing patients somewhere else with minimal care. Neither the medical community nor the public would find that sufficient today," he said.

In California, State health officials are working closely with the Department of Veterans Affairs [VA] to use VA facilities during a major emergency, said Diana Bonta, director of the California Department of Health and Human Services. "We have had coordination at a local level and at a statewide level, and we will continue to have that as well with the Federal facilities. It is very crucial for us to be able to work closely with them," she said.

During the subcommittee hearing in Tempe, Robert Spencer, the director of Maricopa County Department of Emergency Management, suggested that the Federal Government consider developing 12 regional mobile field hospitals, which could respond effectively to a disaster in any part of the country.

Metro Medical Response Systems [MMRS], composed of law enforcement, public health and hospital personnel, have been established in most of the cities the subcommittee visited. In Omaha, Lieutenant Tim Conohan, emergency preparedness coordinator for the Omaha Police Department, credited this regional program for Omaha's overall planning for emergencies. Emergency managers are eager to embrace the program, however, they are concerned about the Federal Government's willingness provide sustaining funding for it. Dr. Frances Winslow, Director of Emergency Services for the city of San Jose, said, "We received training, equipment and supplies. However, at this point, we have no promise of sustainment of these efforts that we bought at such great cost."

MEDICAL LABORATORIES NEED BOLSTERING

Along with other public health efforts, the Nation needs to have a robust network of medical laboratories capable of testing for unique biological, chemical and nuclear agents. That concern was raised at many of the subcommittee's field hearings. Chicago physician, Dr. Quentin Young said, "Our national, State and local health agencies are under-funded and poorly coordinated. Elementary modern capabilities in computer information systems, round the clock personnel in place, laboratories of a uniform high quality and speedy accessibility, a full public health professional work force—are all deficient in various degrees across our country and our State."

Omaha's police Lt. Tim Conohan agreed, saying, "The Government must examine the status of the Nation's medical laboratories. These labs need to be a high priority. Public safety departments cannot formulate a response plan until they know exactly what they are dealing with, and time is critical during these types of incidents."

In Iowa City, Dr. Mary Gilchrist, director of the University of Iowa Hygienic Laboratory told the subcommittee that the anthrax threat in 2001 taxed her laboratory beyond its limitations, and she described the result. Dr. Gilchrist's lab is part of the Center for Disease Control and Prevention's [CDC] Laboratory Response Network. Yet despite the lab's capabilities, its limited resources required that specimens be initially evaluated at local facilities to rule out powders that did not appear to constitute a credible Anthrax threat. "Some powders were not tested at all," she said. "While not a real health threat, it caused panic and the shutdown of assembly lines at a cost of hundreds of thousands of dollars. We were lucky that our wake-up call involved few who were truly ill, and we managed to minimize fear and panic." Dr. Gilchrist said there is a significant need to train and equip local laboratories to enable them to test for chemical and nuclear agents as well as biological agents. "The capacity for detection and identification of the three types of agents should be present in each lab," she said. In addition, Dr. Gilchrist said the CDC should expand the Laboratory Response Network to include food and other specialized laboratories.

Dr. Steven Hinrichs who heads up the Nebraska Public Health Laboratory is also concerned about the Nation's laboratory network. "Continued support of public health efforts over several years is needed to facilitate the rebuilding of national capacity and the overall national laboratory system. The recruitment and training of new personnel to fill the need of expert scientists will take many years," he said. In addition, Dr. Hinrichs is concerned that the CDC-sponsored Laboratory Response Network does not include the private sector. "We believe that the private sector is really on the front lines. So our efforts have been to connect to the front lines those private laboratories in order to prepare them. That is an extremely important issue," he said.

Dr. Hinrichs also pointed out the need to utilize universities and colleges more effectively for training first responders and volunteer service providers, and educating the public on the threats stemming from biological, nuclear and chemical agents.

Kirkwood Community College near Iowa City provided an excellent example of how colleges can assist in the Nation's homeland security effort. Kirkwood's Director of Environmental Training Programs, Douglas A. Feil, discussed the college's training program for first responders. Kirkwood provides hazardous materials training through the Hazardous Materials Training and Research Institute, he said. Since 1987, the institute, which includes Kirkwood and 80 partner colleges, has trained more than 120,000 workers. In addition, Kirkwood has developed a partnership with city and county governments, and local industry to build and operate a multi-use community training and response center. The center will provide an emergency operations center for Linn County's Emergency Man-

agement Agency and will house a CDC-funded national mass fatalities institute.

As well as partnering with colleges and universities, Dr. Hinrichs said, "The national need exists for a reserve force of expert laboratory scientists capable of responding to national emergencies. These reserve scientists could be deployed during non-crisis times to provide training to front-line laboratories throughout each State. The CDC has begun exploring mechanisms to meet this need."

California's health director, Diana Bonta, said that California is considering compiling an inventory of infectious disease specialists who might be available in time of emergency. The State is also considering adding education courses on bioterrorism-related issues for health care professionals.

"Training and coordinating physicians, both in the hospital and in the community, to recognize unusual infections and to respond appropriately is a task that has begun, but more needs to be done," said Vanderbilt's Dr. Shaffner.

Dr. Philip Smith of the University of Nebraska summed up his concerns and the concerns of many others saying, "The key role of the Federal Government here is to not only to foster, but to insist on multi-agency collaboration to minimize the chance that we are going to have duplication and do the best job of protecting the public in the future."

3. Intelligence sharing among law enforcement agencies is improving.

Shortly after September 11, 2001, the subcommittee held its initial hearing on the Nation's ability to respond to biological or chemical attack in Washington, DC. During that hearing police chiefs from Philadelphia and Baltimore told the subcommittee that they were not getting adequate or timely intelligence from the Federal Bureau of Investigation [FBI] regarding suspects in the terrorist attacks. Following the hearing, FBI Director Robert Mueller pledged that the Bureau would be more forthcoming with detailed, timely information for local law enforcement officials. In addition, the director began extending the offer of security clearances to local law enforcement department heads who qualify for them. This issue was discussed extensively at the subcommittee's field hearings.

Witnesses from the FBI discussed their efforts to improve intelligence sharing through the Bureau's expanded Joint Terrorism Task Force [JTTF] structure. The JTTFs and the Bureau's effort to give local police chiefs and sheriffs access to classified information have clearly enhanced the intelligence sharing process, especially among JTTF participants.

Some States, such as Colorado, are also working to improve intelligence sharing. Suzanne Mencer, executive director of Colorado's Department of Public Safety, described a statewide system that is being developed in Colorado for the secure dissemination of intelligence information. Once completed, she said, the State will be able to disseminate FBI bulletins to State and local law enforcement officials and will be able to share data generated by these agencies with the FBI.

Overall, most law enforcement witnesses said they were satisfied with the progress the FBI has made in providing more detailed and timely information. However, a few non-law enforcement witnesses described their ongoing frustration in obtaining timely threat information. Mr. Canton, who directs the San Francisco Mayor's Office of Emergency Services said, "There is very little intelligence that actually reaches us through the emergency management community." Several other witnesses agreed, saying that their most timely information still comes from the media via CNN. Similarly, representatives from water and power utilities said they needed more information on potential threats to their facilities.

4. National emergency management guidelines and best practices are needed.

At each of the hearings, witnesses, including the General Accounting Office, stressed the need to establish national standards for preparedness. They noted that such standards would assist State and local entities in determining their successes and weaknesses, and in their long-term planning. In addition, performance standards could be used as a basis for assessing the effectiveness of Federal programs.

Lt. Tim Conohan of the Omaha Police Department said, "We would like to see the Federal Government assist us with a best practices manual. There needs to be consistency throughout the country when dealing with these events. Regional training for standardized response goes hand in hand with the completion of a best practice manual. State and local public safety agencies need the Federal Government's expertise in the field to assist us with training our people so there is a standardized response to these types of incidents." That sentiment was reiterated at all of the subcommittee's field hearings.

In California, Los Angeles County Sheriff Lee Baca said, "We look forward to the Office of National Preparedness, under FEMA, to get some guidelines out so that we can start doing what we need to do to further our ability to provide first responder services. And so we wait. The whole idea of homeland security when you boil it down is how well local fire and police and medical service are going to be able to perform."

Mr. Canton from San Francisco summed it up, saying, "We really do need some national priorities. What do you expect us to be able to do at the local level? What should we be focusing on? What is important?"

5. Federal funding structure needs greater flexibility and a single point of contact.

Federal funding and the mechanisms for distributing those funds were also discussed during this series of hearings. Although State and local officials are appreciative of the increased Federal dollars they are receiving in response to the September 11, 2001, attacks, they encouraged greater flexibility in spending those dollars and a single source of the revenue.

In general, some of the larger Federal homeland security-related grants require that States distribute approximately 75 percent of the dollars they receive to local governments. Predictably, local

agencies would prefer that those Federal dollars be given directly to them. San Francisco's Fire Chief Mario Trevino said, "It is essential that the process is done so without any redirection of those funds so that as much of the money as possible comes to the aid of the emergency agencies that will be responding. The first responders that you see represented here today will be alone working the disaster until other assistance arrives, and that could be anywhere from hours to days," he said. In addition, Mr. Canton from San Francisco's Emergency Management Service said that first responders need a block grant from a single source. "We are more than happy to be held accountable for funds that are provided to us. We've been doing that for years. That's part of our job. What we would like to see are those requirements reduced to the point where they are manageable, and we can give you some concrete evidence of what we've done," he said.

State agencies see it differently, saying that in order to have an organized, comprehensive statewide emergency response, the funding must be distributed to State agencies.

Milwaukee's Mayor John Norquist believes the best solution is somewhere in between. The mayor said, "To make sure that funds are expended efficiently, I am not sure that any level of government should be getting 100 percent funding from the Federal Government. I do not completely agree with the U.S. Conference of Mayors, which wants to have an unrestricted block grant in this area, and I would not agree that States ought to just be able to have money to throw around . . . My plea to you would be to have the money follow where it is going to be the most effective. That takes a thoughtful approach by the Federal Government, not just making State governments happy or local governments happy, but figuring out how things will work effectively in Wisconsin or California."

Throughout the hearings, first responders expressed their frustration over the lack of coordination among the Federal agencies that issue grants. "There are training and education opportunities from many, many Federal agencies that can be applied at the local level," said. Fire Chief James Reardon of Northbrook, IL. "We appreciate that, but there is no single coordination point. What that means is that we are missing opportunities to send people to the right training," he said. "We need a single point of coordination with all the Federal agencies and the Federal training programs."

Dennis Nilsson, commander of field operations for the Evanston Police Department, agreed, saying, "We need to know what resources are out there and available to us."

Dallas Jones, who heads up the Governor's Office of Emergency Services in California, said the Government needs to compile a directory of Federal training programs. "That would be very helpful in sorting through some of the maze of identifying some of these programs for local governments," he said.

NEED FOR BETTER EQUIPMENT

Overall, fire and police chiefs of small and mid-sized cities said they need more equipment and training. They said their departments lack basic equipment such as personal protective gear. In larger, better equipped cities, officials noted that many types pro-

tective equipment have a shelf life. They are concerned that Federal funding might not be available to replace those items. In addition, several witnesses said that the Federal Government should provide better guidance in purchasing equipment and do a better job of sharing new technology.

In general, local fire departments are better equipped to respond to a hazardous incident than police departments, many of which lack personal protection equipment. Police officers have been called "blue canaries," said Lt. Tim Conohan of the Omaha Police Department. "We respond, and we determine that we have a hazardous situation by falling to the ground and dying," he said, explaining that the police department is generally called to a hazardous incident before the fire department. "So, we do need a minimal amount of personal protective equipment," he said.

Lt. Roger Hoffner of the Arapahoe County Officer of Emergency Management in Colorado obtained a Federal grant to buy some quick masks for his police officers whose protective equipment consisted of out-dated military gas masks which, he said, gave the officers a false sense of security. "They had nothing," he said. He asked Federal officials to recommend the best type of mask to purchase. Their response: "Well, now, we could give you a list of things, but we can't tell you which one because that would be a conflict of interest," Lt. Hoffner said, adding, "I found that very frustrating."

Fire Chief Reardon of Northbrook, IL, also would like Federal guidance on his equipment purchases, he said. "Vendors are selling products that I am calling snake oil out there. We need to have those validated through a single source so that if we respond to an incident in California or Florida, or they come here, we are all using similar equipment."

Larger agencies with more sophisticated equipment have an additional concern. Omaha's Fire Chief Wagner said that Federal grant programs have been extremely beneficial, however, he said, "there is a shelf-life on some of these products, and there is no program in effect to offer replacement without using city funds," which, he noted, are extremely limited.

In addition, nearly all first responders said they need more flexibility in the Federal grant programs. Summing up this concern, Chief Wagner said, "As a fire chief, we respond locally first and regionally second, but that can obviously change very quickly. We want to be able to provide the best equipment, the best training and the best offer to save lives that we can."

Dallas Jones, who heads up California's homeland security effort, also said, "Technology transfers from Federal agencies in the military to local and State government would be very helpful." Mr. Jones had learned about a technology that could quickly detect chemical and biological agents, but the technology is not available to State and local agencies, he said. "We even asked the question, 'Could we buy it for the State or local government?' And the answer basically is 'no.'"

Throughout the subcommittee field hearings, witnesses from State, local and regional agencies stressed the importance of a comprehensive, flexible, all-hazards approach to emergency management planning. In earthquake-prone San Francisco Mr. Trevino

said, "Any capability we develop must be able to be used for multi-hazard planning."

C. Recommendations

Based on the foregoing findings, the committee recommends the following:

- The Federal Government must take a leadership role in resolving the communications interoperability problem. Congress must insist that sufficient radio frequencies remain in the public domain to ensure that the Nation's emergency responders have access to reliable communications systems. In addition, Congress must provide adequate funding for research and development of radio technologies that would allow local, State and Federal emergency responders to communicate.
- The Federal Government must re-examine ways to bolster the Nation's public health system.
- The Federal Government should establish a single point of contact in the Federal system for homeland security grants, training programs and other related funding.
- The Federal Government should insist on working agreements among local governments, health officials, the Department of Defense, and the Department of Veterans Affairs to provide additional medical facilities in catastrophic situations.
- The Federal Government needs to assist local and State governments in procuring new technologies that enhance the detection of, and protection against, biological, chemical or nuclear agents; and technologies designed to enhance communications interoperability.
- Working with State and local governments, the Federal Government must move quickly to provide national guidance standards and best practices for emergency management responders.

APPENDIXES

Appendix A.—List of Field Hearings

"How Effectively is the Federal Government Assisting State and Local Governments in Preparing for a Biological, Chemical or Nuclear Attack?"

Date of Hearing	City and State Hearing was Held
March 1, 2002	Nashville, Tennessee
March 22, 2002	Tempe, Arizona
March 25, 2002	Albuquerque, New Mexico
March 28, 2002	Los Angeles, California
April 2, 2002	San Francisco, California
July 1, 2002	Milwaukee, Wisconsin
July 2, 2002	Chicago, Illinois
July 3, 2002	Omaha, Nebraska
August 20, 2002	Abilene, Kansas
August 22, 2002	Iowa City, Iowa
August 23, 2002	Golden, Colorado

APPENDIX B.—INDEX OF WITNESSES

ARREDONDO, P. Ben, city councilman, Phoenix, AZ, March 22, 2002.

ATCHINSON, Christopher G., associate dean for public health practice, College of Public Health, University of Iowa, Iowa City, IA, August 22, 2002.

AUSTIN, Michael P., director, Arizona Division of Emergency Management, Phoenix, AZ, March 22, 2002.

BACA, Lee, sheriff, Los Angeles County, Los Angeles, CA, April 2, 2002.

BAKAS, Nick, chief of public safety, Office of Public Safety, City of Albuquerque, Albuquerque, NM, March 25, 2002.

BAKERSKY, Peter, Director, Office of National Preparedness, Region 8, Federal Emergency Management Agency, Denver, CO, August 23, 2002.

BEASLEY, Colonel Norman, assistant director, criminal investigations division, Arizona Department of Public Safety, Phoenix, AZ, March 22, 2002.

BERKIN, Jeffrey J., Assistant Special Agent in Charge, Milwaukee Division, Federal Bureau of Investigation, Milwaukee, WI, July 1, 2002.

BICE, Dr. Steven, Director, National Pharmaceutical Stockpile, Center for Disease Control and Prevention, San Francisco, CA, April 2, 2002.

BOGNER, James F., Special Agent in Charge, Omaha Division, Federal Bureau of Investigation, Omaha, NE, July 3, 2002; Iowa City, IA, August 22, 2002.

BONTA, Dr. Diana, director, California Department of Health Services, State of California, Los Angeles, CA, April 2, 2002.

BROWN, Dr. John, medical director, San Francisco EMS System and Emergency Department, San Francisco, CA, April 2, 2002.

BUIKEMA, Edward G., Regional Director, Region 5, Federal Emergency Management Agency, Milwaukee, WI, July 1, 2002; Chicago, IL, July 2, 2002.

BURRIS, Kenneth, Regional Director, Federal Emergency Management Agency, Nashville, TN, March 1, 2002.

BURTON, Dr. Richard, associate director, California Department of Health Services, San Francisco, CA, April 2, 2002.

BUSBOOM, Stanley L., division leader, security and safeguards division, Los Alamos National Laboratory, Albuquerque, NM, March 25, 2002.

CANTON, Lucien G., director, Mayor's Office of Emergency Services, city of San Francisco, San Francisco, CA, April 2, 2002.

CARBALLIDO, Raul E., Acting Special Agent in Charge, Federal Bureau of Investigation, Denver, CO, August 23, 2002.

CARVER, James E., director, Tennessee Valley Authority Police, Nashville, TN, March 1, 2002.

CASTLEMAN, Ron, Regional Director, Region 6, Federal Emergency Management Agency, Phoenix, AZ, March 22, 2002; Albuquerque, NM, March 25, 2002; Los Angeles, CA, March 28, 2002; San Francisco, CA, April 2, 2002.

CHAPIN, John D., administrator, Department of Public Health, State of Wisconsin, Milwaukee, WI, July 1, 2002.

CHEL, Casey, disaster preparedness manager, city of Long Beach, Los Angeles, CA, March 28, 2002.

CHERRY, Janet, associate, the Cadmus Group, San Francisco, CA, April 2, 2002.

CHURAY, Ray P., Assistant Special Agent In Charge, Phoenix Field Office Federal Bureau of Investigation, Phoenix, AZ, March 22, 2002.

CLARKE, David, sheriff, Milwaukee County Sheriff's Department, Milwaukee, WI, July 1, 2002.

COCHRAN, Ronald W., executive director, Lawrence Livermore National Laboratory, San Francisco, CA, April 2, 2002.

CONOHAN, Lt. Tim, emergency preparedness coordinator, Omaha Police Department, Omaha, NE, July 3, 2002.

COPELAND, Stanley H., director, planning and training, Tennessee Emergency Management Agency, Nashville, TN, March 1, 2002.

CRAIG, Dr. Allen, State epidemiologist, director of Communicable and Environmental Disease Services, Nashville, TN, March 1, 2002.

DALTON, Patricia A., Director, Strategic Issues, U.S. General Accounting Office, Los Angeles, CA, March 28, 2002; San Francisco, CA, April 2, 2002; Abilene, KS, August 20, 2002.

DALY, Patrick J., Administrative Assistant Special Agent in Charge, Chicago Division, Federal Bureau of Investigation, Chicago, IL, July 2, 2002.

DEAN, Steven M., Assistant Special in Charge, Albuquerque Field Office, Federal Bureau of Investigation, Albuquerque, NM, March 25, 2002.

DEVRIES, Commander Mark R., Commanding Officer, Marine Safety Office Milwaukee, U.S. Coast Guard, Milwaukee, WI, July 1, 2002.

DIAZ, Dr. Pamela S., director, emergency preparedness and infectious disease control, Chicago Department of Public Health, Chicago, IL, July 2, 2002.

EDEN, Catherine R., director, Arizona Department of Health Services, Phoenix, AZ, March 22, 2002.

ENGLISH, Thomas, secretary, New Mexico Department of Public Safety, Albuquerque, NM, March 25, 2002.

ERICKSON, Keith, director, Linn County Department of Public Health, Iowa City, IA, August 22, 2002.

FEIL, Douglas A., director, environmental training programs, Kirkwood Community College, Iowa City, IA, August 22, 2002.

FOLDY, Dr. Seth, commissioner of health, city of Milwaukee, Milwaukee, WI, July 1, 2002.

GALLIER, Tom, general manager, Tempe Water Utilities Department, Phoenix, AZ, March 22, 2002.

GARDNER, Larry, fire chief, Milwaukee Fire Department, Milwaukee, WI, July 1, 2002.

GARDNER, Major General Gregory, Kansas adjutant general, State of Kansas, Abilene, KS, August 20, 2002.

GATES, W. Gary, vice president, nuclear division, Omaha Public Power District, Omaha, NE, July 3, 2002.

GILBERT, Wendall H., Tennessee Department of Veterans Affairs, Deputy to the Governor for Homeland Security, Nashville, TN, March 1, 2002.

GILCHRIST, Dr. Mary J.R., director, University of Iowa Hygienic Laboratory, University of Iowa, Iowa City, IA, August 22, 2002.

GLEASON, Edward J., administrator, Wisconsin Emergency Management, Milwaukee, WI, July 1, 2002.

GORDON, Ellen M., administrator, emergency management division, State of Iowa, Iowa City, IA, August 22, 2002.

HAINJE, Richard, Regional Director, Region 7, Federal Emergency Management Agency, Omaha, NE, July 3, 2002; Abilene, KS, August 20, 2002; Iowa City, IA, August 22, 2002.

HALFORD, Stephen D., director and chief, Nashville Fire Department, Nashville, TN, March 1, 2002.

HARBOR, Terry L., chief, Long Beach Fire Department, Los Angeles, CA, March 28, 2002.

HARRIS, Jack, assistant chief, Phoenix Police Department, Phoenix, AZ, March 22, 2002.

HARTLEY, Captain Scott E., Commanding Officer, National Strike Force Coordinating Center, U.S. Coast Guard, Milwaukee, WI, July 1, 2002.

HAVLIK, Stephen C., fire chief, Cedar Rapids Fire Department, Iowa City, IA, August 22, 2002.

HECKER, JayEtta Z., Director, Physical Infrastructure Issues, U.S. General Accounting Office, Nashville, TN, March 1, 2002; Milwaukee, WI, July 1, 2002; Chicago, IL, July 2, 2002; Omaha, NE, July 3, 2002.

HEINEMAN, David, Lt. Governor, State of Nebraska, Omaha, NE, July 3, 2002.

HINRICHS, Dr. Steven, director of Nebraska health laboratory, director of microbiology and virology, Department of Pathology/Microbiology, University of Nebraska Medical Center, Omaha, NE, July 3, 2002.

HOFFNER, Lt. Roger E., Arapahoe County officer of Emergency Management, Denver, CO, August 23, 2002.

IDEN, Ronald, L., Assistant Director in Charge, Los Angeles Division, Federal Bureau of Investigation, Los Angeles, CA, March 28, 2002.

JAAX, Dr. Jerry P., associate vice provost for research compliance, university veterinarian, Kansas State University, Abilene, KS, August 20, 2002.

JONES, Dallas, director, Governor's Office Of Emergency Services, State of California, Los Angeles, CA, March 28, 2002.

JONES, Ian David, Vanderbilt University Medical Center, Nashville, TN, March 1, 2002.

KELLER, Larry, executive director, Port of Los Angeles, Los Angeles, CA, March 28, 2002.

KNOWLES, Terry L., deputy director, Kansas Bureau of Investigation, Abilene, KS, August 20, 2002.

KRAFT, David A., director, Nuclear Energy Information Services, Chicago, IL, July 2, 2002.

KULESZ, Jim, program manager, systems engineering and technology, Oak Ridge National Laboratory, Nashville, TN, March 1, 2002.

KULISCH, Commander Gail, Commanding Officer Atlantic Area Strike Team, U.S. Coast Guard, Chicago, IL, July 2, 2002.

LACY, Bruce, nuclear business assets manager for Alliant Energy, Duane Arnold Energy Center, Iowa City, IA, August 22, 2002.

LANE, James L., undersheriff, Ford County Sheriff's Office, Abilene, KS, August 20, 2002.

LEE, Steve, director, Douglas County Emergency Management Agency, Douglas County Health Department, Omaha, NE, July 3, 2002.

LUMPKIN, Dr. John R., Director, Illinois Department of Public Health, Chicago, IL, July 2, 2002.

MAYNARD, Otto, president and chief executive officer, Wolf Creek Nuclear Operating Corp., Abilene, KS, August 20, 2002.

MCCUE, Kerry G., director, Ellis County Emergency Medical Service, Abilene, KS, August 20, 2002.

MEFFORD, Larry A., Associate Special Agent in Charge, San Francisco Field Office, Federal Bureau of Investigation, San Francisco, CA, April 2, 2002.

MENCER, Suzanne, executive director, Department of Public Safety, State of Colorado, Denver, CO, August 23, 2002.

MILLER, Dr. Lisa A., State epidemiologist for bioterrorism, Colorado Department of Public Health and Environment, Denver, CO, August 23, 2002.

MISRA, Dr. Majit, director, seed sciences, Iowa State University, Iowa City, IA, August 22, 2002.

MOSER, Dr. Michael, director, Kansas Department of Health and Environment, Division of Health, Abilene, KS, August 20, 2002.

NEDDO, Pete, manager of safety and security, Metropolitan Utilities District, Omaha, NE, July 3, 2002.

NILLSON, Commander Dennis, field operations division, Evanston Police Department, Chicago, IL, July 2, 2002.

NOKES, K. David, director, Systems Research Organization, Sandia National Laboratory, Albuquerque, NM, March 25, 2002.

NORQUIST, John O., mayor, city of Milwaukee, Milwaukee, WI, July 1, 2002.

OLAV-JOHNSEN, John, chairman, DOE/NNSA Biosafety Working Group, Albuquerque, NM, March 25, 2002.

PATE, Paul D., mayor, Cedar Rapids, Iowa City, IA, August 22, 2002.

POSNER, Paul L., Managing Director, Federal Budget Issues, Strategic Issues, U.S. General Accounting Office, Tempe, Phoenix, March 22, 2002; Iowa City, IA, August 22, 2002; Denver, CO, August 23, 2002.

PURCELL, Bill, mayor, city of Nashville, Nashville, TN, March 1, 2002.

RAYMOND, Dr. Richard A., chief medical officer, State of Nebraska, Omaha, NE, July 3, 2002.

RESNICK, I. Gary, program manager, biothreat reduction programs, Los Alamos National Laboratory, Albuquerque, NM, March 25, 2002.

RIMSZA, Skip, mayor, Phoenix, AZ, March 22, 2002.

RIORDAN, Ray, emergency preparedness officer, East Bay Municipal Utility District, San Francisco, CA, April 2, 2002.

ROTH, Dr. Paul B., associate vice president for clinical affairs and dean, school of medicine, University of New Mexico Health Sciences Center, Albuquerque, NM, March 25, 2002.

SANDERS, Prentice, assistant chief, San Francisco Police Department, San Francisco, CA, April 2, 2002.

SCHAFFNER, Dr. William, chairman, Department of Preventative Medicine, professor of infectious diseases, Vanderbilt University School of Medicine, Nashville, TN, March 1, 2002.

SCHIFALACQUA, Mariano A., commissioner, Department of Public Works, city of Milwaukee, Milwaukee, WI, July 1, 2002.

SCHNEIDER, Dr. Arthur, professor of medicine, chief, endocrinology section, University of Illinois, Chicago, IL, July 2, 2002.

SEEBALD, Captain Raymond E., Captain, Port of Chicago, U.S. Coast Guard, Chicago, IL, July 2, 2002.

SEWELL, Dr. Mac, director of epidemiology, New Mexico Department of Health, State of New Mexico, Albuquerque, NM, March 25, 2002.

SMITH, Dr. Philip W., chief, section of infectious disease, Department of Internal Medicine, University of Nebraska Medical Center, Omaha, NE, July 3, 2002.

SPENCER, Robert, director, Maricopa County Department of Emergency Management, Phoenix, AZ, March 22, 2002.

STAFFORD, Kevin L., Special Agent in Charge, Kansas City Field Office, Federal Bureau of Investigation, Abilene, KS, August 20, 2002.

STANLEY, Ellis, Emergency Management Services, city of Los Angeles, Los Angeles, CA, March 28, 2002.

STEWART, Roy, president, Stewart Electric & Communications, Phoenix, AZ, March 22, 2002.

STORMENT, Steve, assistant chief, Phoenix Fire Department, Phoenix, AZ, March 22, 2002.

SULLIVAN, David B., acting director, Office of Emergency Management, city of Denver, Denver, CO, August 23, 2002.

TAIT, Joseph, E., executive vice president and chief, operating officer, Metropolitan Water District, Los Angeles, CA, March 28, 2002.

TEAGARDEN, George A., livestock commissioner, Kansas Animal Health Department, State of Kansas, Abilene, KS, August 20, 2002.

THACKER, James E., director, Mayor's Office of Emergency Management, city of Nashville, Nashville, TN, March 1, 2002.

THOMAS, Philip, Special Agent in Charge, Memphis Field Office, Federal Bureau of Investigation, Nashville, TN, March 1, 2002.

TREVINO, Mario H., chief, San Francisco Fire Department, San Francisco, CA, April 2, 2002.

TURNER, Emmett H., chief, Nashville Police Department, Nashville, TN, March 1, 2002.

VARNER, Dr. Kevin P., area veterinarian in charge, U.S. Department of Agriculture, Animal and Plant Health Inspection Services, Veterinary Services, State of Kansas, Abilene, KS, August 20, 2002.

WAGNER, Paul R., chief, Omaha Fire Department, Omaha, NE, July 3, 2002.

WALL, Larry H., president, Colorado Health and Hospital Association, Denver, CO, August 23, 2002.

WHITNEY, Major General Mason C., adjutant general, State of Colorado, Denver, CO, August 23, 2002.

WIKES, Lieutenant Byron D., Office of Safety Services, Police Division, city of Englewood, Denver, CO, August 23, 2002.

WILHELM, Dr. John, commisioner, Chicago Department of Public Health, Chicago, IL, July 2, 2002.

WILKINSON, John, chief, Fire and Life Safety Services, city of Evanston, Chicago, IL, July 2, 2002.

WILLIAMS III, Raymond, president, chief executive officer, Sumner Regional Medical Center, Abilene, KS, August 20, 2002.

WILSON, Bernie, chief, Los Angeles International Airport Police Department, Los Angeles, CA, March 28, 2002.

WINSLOW, Dr. Frances, director of Emergency Services, city of San Jose, San Francisco, CA, April 2, 2002.

WOOD, Major General Jackie, adjutant general, Tennessee National Guard, Nashville, TN, March 1, 2002.

WRIGHT, Ned, director, Linn County Management Agency, Iowa City, IA, August 22, 2002.

YESKEY, Kevin, Director, Bioterrorism Response Program, Centers for Disease Control and Prevention, Los Angeles, CA, March 28, 2002.

YIM, Randall, Managing Director, National Preparedness, U.S. General Accounting Office, Albuquerque, NM, March 25, 2002.

YOUNG, Quentin, M.D., chair, Health and Medicine Policy Research Group, Hyde Park Associates in Medicine, Chicago, IL, July 2, 2002.

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