

S. HRG. 106-424

**DOMESTIC PREPAREDNESS IN THE
NEXT MILLENNIUM**

HEARING

BEFORE THE

SUBCOMMITTEE ON YOUTH VIOLENCE

AND THE

SUBCOMMITTEE ON TECHNOLOGY, TERRORISM, AND
GOVERNMENT INFORMATION

OF THE

COMMITTEE ON THE JUDICIARY

UNITED STATES SENATE

ONE HUNDRED SIXTH CONGRESS

FIRST SESSION

ON

DOMESTIC PREPAREDNESS IN THE NEXT MILLENNIUM

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DOMESTIC PREPAREDNESS IN THE NEXT MILLENNIUM

TUESDAY, APRIL 20, 1999

U.S. SENATE, SUBCOMMITTEE ON YOUTH VIOLENCE, AND
SUBCOMMITTEE ON TECHNOLOGY, TERRORISM, AND
GOVERNMENT INFORMATION, COMMITTEE ON THE JUDI-
CIARY,

Washington, DC.

The subcommittees met, pursuant to notice, at 2:09 p.m., in room SD-226, Dirksen Senate Office Building, Hon. Jeff Sessions (chairman of the Subcommittee on Youth Violence) presiding.

Also present: Senators Kyl, and Feinstein.

OPENING STATEMENT OF HON. JEFF SESSIONS, A U.S. SENATOR FROM THE STATE OF ALABAMA

Senator SESSIONS. I will ask that this joint subcommittee hearing come to order, and I would apologize for not being here on time myself and for the others who are not here. We are in, as you know, a serious crisis concerning the events in Kosovo, and I know the conferences are discussing that today, and still ongoing, with some important matters. So I know that is where a number of the people are at this point. And I wish that were not so, but that is what the situation is and, in fact, heightens in some degree the interest in this hearing, since there have been a number of predictions that weapons of mass destruction or terrorist acts could spring out of this military action in Kosovo.

Four years ago yesterday, America experienced the worst incident of domestic terrorism in its history. The bomb that exploded outside the Murrah Building in Oklahoma City took the lives of 168 Americans. I am sure we all remember the images of panic, shock and grief that we associate with that incident. We can all recall the pictures of emergency rescue workers as they struggled diligently to save lives.

Although the attack in Oklahoma City caused massive damage and loss of life, a weapons of mass destruction attack would have been perhaps even worse. Chemical, biological, or even nuclear weapons are not beyond the capability of some of the world's terrorists. As many have said, the question is not whether we will have such an attack, but when.

It is clear America must be prepared to defend itself against such a threat to our homeland. A significant portion of the funding for domestic preparedness will come through the Department of Justice's Office of Justice Programs. This year, the Youth Violence Subcommittee's jurisdiction was expanded to include oversight over

the Office of Justice Programs. Considering the importance of domestic preparedness, I expect that this subcommittee will spend a significant amount of time exercising its oversight responsibilities in this area.

I would like to thank also Senator Jon Kyl, of Arizona, for agreeing to this joint hearing. I admire and respect the work that Senator Kyl's Subcommittee on Terrorism performs as it works to strengthen our capacity to deal with the threat of terrorism. They are doing critical work in this area and I look forward to working with Senator Kyl, his subcommittee, and with the administration to establish clear policies on domestic preparedness and providing the appropriate training and funding to adequately prepare our first responders in case a weapons of mass destruction attack occurs.

All agree a heavy emphasis must be placed on first responders. First responders are those State and local fire, law enforcement and medical workers that will be the first to respond to a domestic terrorism incident. It is the job of these people to assess the damage, treat the wounded, and keep the casualties to a minimum.

Although the FBI, FEMA and other Federal agencies will assume many duties in the event of such a terrorist incident, State and local officials will clearly have the initial responsibility to respond to the crisis. Accordingly, any effective national domestic preparedness policy must contain a plan for adequately training and adequately equipping first responders to provide the services they need in the event of an attack.

State and local officials must be provided with enough training and the best available information so that if a crisis occurs, front-line responders can assess the immediate needs and take actions to protect themselves and the public from further harm. In the words of Attorney General Reno, it is these personnel which must restore order out of chaos.

Mr. Cragin, who is here today, stated the situation clearly over a year ago before the House Committee on National Security.

Should a weapon of mass destruction actually be used, responders, be they local, State, Federal, civilian or military, will confront unique and daunting challenges. These rescue and medical personnel will need to perform their mission without themselves becoming casualties.

Some of the challenges, including providing medical assistance, investigating the nature of the attack, and containment, are important. This is a challenge which faces us today. Because many Federal agencies perform various functions in this endeavor, successful coordination and management among them is crucial.

In response to the needs of State and local government, the President has stated that over \$10 billion will be dedicated to this effort. However, before we follow through on this request, Congress has an obligation to examine the plan and strategy behind the funding to ensure that our Government is not just throwing money at the problem, hoping that it will solve itself. Domestic preparedness, only if conducted properly and efficiently, will save lives in the event of a terrorist attack.

And I will just say I was in the Department of Justice when we began under President Reagan a war on drugs. And any of you that have been in the Government know when you have a multiplicity

of agencies getting involved and there is money on the table, a lot of conflicts, disorganization, competition that can be really destructive to the overall goal begins to take place. So I am somewhat troubled about the lack of clarity in leadership in this effort.

So I look forward to hearing from our witnesses today, how they would explain the administration's plan to train and equip first responders to the highest possible standards, so that in a crisis we do not have a situation where casualties that could have been prevented through preparedness are lost. I also encourage the witnesses to describe how we in Congress can assist with this effort.

I am excited about this hearing. I think we have an outstanding panel. We have an oversight responsibility, but we also have a responsibility to assist and to make this program as effective as it possibly can be, and I would pledge to do that.

Senator Feinstein, we are delighted to have you with us. I have just concluded my remarks and if you would like to make some at this time, I am pleased to recognize you.

**STATEMENT OF HON. DIANNE FEINSTEIN, A U.S. SENATOR
FROM THE STATE OF CALIFORNIA**

Senator FEINSTEIN. Thank you very much, Mr. Chairman. I would ask unanimous consent that my statement go in the record, if I may.

Senator SESSIONS. Without objection.

Senator FEINSTEIN. Let me just say a couple of things. The first is I think that this hearing is very important. I think one of the things I am most concerned about is the threat of biological terrorism, which really, I think, was highlighted and began some of this subcommittee, the Technology and Terrorism Subcommittee—some of our concern back in 1995, when a man by the name of Larry Wayne Harris, who was an Ohio white supremacist, managed to order and receive samples of bubonic plague through the mail.

Then I cosponsored with Senator Hatch some biological agents enhanced penalties which ultimately passed as part of the 1996 terrorism bill. And I think one of the things that we are seeing is that whereas, to date, the United States hasn't experienced a biological or chemical weapons attack of any significance, we have suffered literally hundreds of deaths around the world due to terrorist attacks using conventional explosives, and certainly in this country as well.

So I think it is important to give the Treasury Department increased authority. We had some taggants legislation earlier on to be able to better trace the purchaser of certain explosive materials. That passed also as part of the 1996 bill.

So to sum it all up, I think it is very important that we look ahead and try to see that we have the infrastructure in place in terms of counterterrorism, and the bills that really deal with the proliferation and sale of some of the commodities that are utilized. And I just very much look forward to the testimony today, and hopefully we will learn something new.

Thank you, Mr. Chairman.

[The prepared statement of Senator Feinstein follows:]

PREPARED STATEMENT OF SENATOR DIANNE FEINSTEIN

It goes without saying that we need to be prepared for the threat of terrorist attacks on U.S. soil. The United States now faces the threat of attack from a variety of terrorist incidents. These terrorists can arise domestically, as we saw with the Oklahoma City bombing, or from abroad, as with the World Trade Center bombing. Disgruntled individuals also pose similar threats, as we have seen with the Unabomber.

I have undertaken a number of efforts to help prevent, investigate, and prosecute such attacks.

The threat of biological terrorism was highlighted in 1995, when Larry Wayne Harris, an Ohio white supremacist, managed to order and receive samples of the bubonic plague through the mail. To prevent this from happening again in the future, I was an original co-sponsor of the Hatch-Feinstein Biological Agents Enhanced Penalties and Control Act, which ultimately passed as part of the 1996 terrorism bill.

This bill: Added the attempt or threat to acquire dangerous biological agents for use as a weapon as crimes punishable by fines or imprisonment up to life imprisonment; Directed the Secretary of Health and Human Services to rapidly establish and maintain a list of biological agents which pose a severe threat to public health and safety; and Directed the Secretary of Health and Human Services to rapidly establish and enforce safety procedures for transfers of human pathogens, to ensure proper training and procedures for handling such agents, and to prevent unauthorized persons from obtaining the dangerous biologicals, while maintaining appropriate availability of these agents for research, education and other legitimate purposes.

Later that year, HHS, through the Centers for Disease Control, published regulations implementing this Act. I look forward to discussing implementation of this law and these regulations with the witnesses today.

To date, the United States has not experienced a biological or chemical weapons attack of significance by terrorists. In contrast, we have suffered hundreds of deaths due to terrorist attacks using conventional explosives. To help investigate, prosecute, and punish these despicable, evil and cowardly acts, I led the fight to give the Treasury Department the authority to require the use of taggants in explosive materials, which also passed as part of the 1996 terrorism law. The Treasury Department is now conducting the studies necessary to implement this law in appropriate circumstances.

I also have been fighting to prohibit the distribution of bomb-making manuals for a criminal purpose. A report published by RAND in just the last-month, "Countering the New Terrorism," found that, "An amateur terrorist—anyone with a grievance and a bomb-making manual—can be just as deadly and more difficult to anticipate than his professional counterpart."

My proposal to punish those who knowingly distribute these manuals to terrorists and other criminals has the support of the United States Department of Justice, who has helped me to draft the specific language. The Senate has passed this prohibition on three separate occasions, without a single vote in opposition. Unfortunately, the House has eliminated it in conference each time. However, the objectives of one of the chief opponents have now been resolved, and I am optimistic that we will finally pass this common-sense law this Congress.

Swift, certain apprehension, prosecution and punishment of terrorists can do much to reduce the need for emergency response measures in the first place.

But, of course, we need to be prepared for such attacks. Our preparation should at least track the expected threat, taking into account, for instance, the relative likelihood of use of chemical vs. biological weapons. Similarly, terrorism experts note that major population centers—principally New York, Los Angeles, and Washington, DC—are at the greatest risk of terrorist attack, and that the chances of a terrorist attack in a rural, sparsely-populated area are slight. We must bear in mind that, when it comes to preparedness, one size does not fit all.

So I look forward to exploring these issues with the witnesses today, as well as other experts who are not before us.

Senator SESSIONS. Senator Feinstein. I appreciate your leadership on these and other law enforcement-type issues.

Let me call the first panel up, if you would, if you will step forward. I will introduce Barbara Martinez. She is the Deputy Director of the National Domestic Preparedness Office, NDPO. It is a newly established office for the Department of Justice that will attempt to coordinate the domestic preparedness programs between

the various Federal agencies involved. Thank you very much for joining us today.

Ms. MARTINEZ. Thank you, Mr. Chairman.

Senator SESSIONS. Dr. James Hughes is a Fellow of the American College of Physicians and the Infectious Diseases Society of America, and Assistant Surgeon General in the U.S. Public Health Service. Dr. Hughes has been Director of the National Center for Infectious Diseases, Centers for Disease Control and Prevention, since 1992. The National Center for Infectious Diseases is currently working to address domestic and global challenges posed by emerging infectious diseases and the threat of bioterrorism.

Charles Cragin currently serves as Acting Assistant Secretary of Defense for Reserve Affairs. Mr. Cragin has broad responsibilities for coordinating the Department of Defense's weapons of mass destruction preparedness efforts. Prior to his current duties, he served as Chairman of the Board of Veterans Appeals of the Department of Veterans Affairs. During his 36 years of military service, Mr. Cragin received several commendations, including the Legion of Merit and the Defense Meritorious Service Medal.

Andy Mitchell has over 25 years of experience in public safety and criminal justice program development and planning, and is currently Deputy Director of the Office for State and Local Domestic Preparedness within the Office of Justice Programs. The Office is responsible for the development of training programs for State and local responders, including administering a grant program to provide specialized equipment that will assist State and local agencies to respond to terrorist incidents. Before his current position, he was responsible for management of the Bureau of Justice Assistance First Responder to Terrorist Incident's National Training Program for fire and emergency medical personnel.

I think we have an excellent panel here. I would ask that you would please contain your remarks to 5 minutes, because we do have more people that will be talking.

Ms. Martinez.

PANEL CONSISTING OF BARBARA Y. MARTINEZ, DEPUTY DIRECTOR, NATIONAL DOMESTIC PREPAREDNESS OFFICE, U.S. DEPARTMENT OF JUSTICE; JAMES M. HUGHES, DIRECTOR, NATIONAL CENTER FOR INFECTIOUS DISEASES, CENTERS FOR DISEASE CONTROL AND PREVENTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES; CHARLES L. CRAGIN, ACTING ASSISTANT SECRETARY OF DEFENSE FOR RESERVE AFFAIRS, DEPARTMENT OF DEFENSE; AND ANDY MITCHELL, DEPUTY DIRECTOR, OFFICE FOR STATE AND LOCAL DOMESTIC PREPAREDNESS SUPPORT, OFFICE OF JUSTICE PROGRAMS, U.S. DEPARTMENT OF JUSTICE

STATEMENT OF BARBARA Y. MARTINEZ

Ms. MARTINEZ. Good afternoon, Mr. Chairman, Senator Feinstein. Thank you for this opportunity to speak before distinguished Members of Congress and my colleagues regarding the role of the National Domestic Preparedness Office in combatting terrorism within the United States. I have submitted a written statement for the record that further details my testimony here today.

Senator SESSIONS. We will make that a part of the record. Thank you.

Ms. MARTINEZ. Thank you, sir.

My intent is to highlight the importance of providing coordination for all of the Federal Government's efforts that provide valuable assistance to prepare States and local communities to face the challenge that terrorism presents.

While over 40 Federal agencies have a role in response to a true terrorist attack involving weapons of mass destruction, so too are many of them in a logical position to provide various forms of expert assistance to their State and local counterparts, the men and women of this country on the front line, whose job it is to save lives and protect the security of our communities if such an event ever occurs.

Federal assistance is currently available in the form of training, exercising, equipping, research and technology development, information-sharing, planning guides, grants, and other support to enhance State and local capabilities. It is upon these very partnerships and concerns of the Federal Government and the emergency response community that the National Domestic Preparedness Office, or NDPO, was founded.

As you know, in the past few years the President of the United States and Congress have taken significant steps to increase our national security and to promote interagency cooperation. Most recently, the cooperative efforts against terrorism have been extended to include State and local agencies, as well as professional and private sector associations.

For example, in preparation of the 5-year Counterterrorism and Technology Crime Plan for the administration, the Attorney General of the United States directed the Department of Justice, Office of Justice Programs, to host a meeting of individuals who represent the various emergency response disciplines that would most likely be involved in the response to a terrorist event. More than 200 stakeholders, representing each of the response disciplines, including fire services and HAZMAT personnel, law enforcement and public safety personnel, emergency medical and public health professionals, emergency management and State government officials, as well as various professional associations and organizations, all attended the two-day session.

Collectively, they made recommendations to the Attorney General, as well as James Lee Witt, Director of FEMA, Dr. Hamre, the Deputy Secretary of Defense, and other Federal officials, on ways to improve assistance for State and local communities. These recommendations have been incorporated into the Attorney General's 5-year plan.

The most critical issue identified by stakeholders was the need for a central Federal point of coordination. Due to the size and complexity of both the problem of terrorism and the Federal Government itself, it was no surprise that many different avenues through which aid may be acquired by State and local officials and the resulting inconsistency of those programs was deemed to be simply overwhelming. In essence, the Federal Government, though well-intentioned, was not operating in an optimal manner, nor was

it effectively serving its constituents with regard to domestic preparedness programs and issues.

So with careful consideration of the stakeholders' recommendations, the Attorney General consulted the National Security Council, the Federal Emergency Management Agency, the Department of Health and Human Services and other relevant agencies regarding the creation of a single coordination point within the Federal Government to better meet the needs of the Nation.

It was agreed that the FBI, in conjunction with its existing responsibilities for coordinating Federal assets during an actual terrorist event, would lead the interagency coordination initiative, now known as the National Domestic Preparedness Office. It is intended that the NDPO will serve as a much-needed clearinghouse to provide information to local and State officials who must determine the preparedness strategy for their own community.

In keeping with the stakeholders' requests, the NDPO will also provide a forum for the establishment of agreed-upon recommended minimum standards upon which Federal programs should be built. Federal participants in the NDPO currently include the Department of Defense, the Department of Energy, the Department of Health and Human Services, the Environmental Protection Agency, the Office of Justice Programs, the Federal Bureau of Investigation, the Federal Emergency Management Agency, the National Guard Bureau, and in the near future the U.S. Coast Guard, the Nuclear Regulatory Agency, and the Office of Victims of Crime.

Stakeholders cited the need for formal representation of State and local officials with the Federal agencies in the form of an advisory board to guide the development and delivery of more effective Federal programs. Federal agencies agree that their participation is critical to the whole process of domestic preparedness.

Therefore, in addition to the advisory board, it is anticipated that, when fully staffed, approximately one-third of the office will be comprised of State and local experts from various response disciplines. These positions will be filled through the establishment of interagency reimbursable agreements or contract hires and volunteer service arrangements.

Stakeholders easily identified six broad issue areas in need of coordination and assistance—planning, training, exercise, equipment research and development, information-sharing, and public health and medical services. And if I have time, I would like to just highlight a few of these ongoing efforts.

In the area of planning, NDPO is coordinating with FEMA on the implementation of a WMD resource database to detail all of the available response assets for consequence management to an incident involving weapons of mass destruction. NDPO will facilitate the distribution of the U.S. Government Interagency Domestic Terrorism Concept of Operations Plan and other planning guidance for State and local communities through the WMD coordinators in the FBI field offices to ensure a unified response to a WMD incident. The benefit of the guide is to explain to State and local planners the logistics of how Federal assets may be included in their local emergency response plans.

In the area of training, NDPO is coordinating a DOD initiative to maintain a compendium of existing training. In connection with

the information-sharing program area, the NDPO has implemented, in association with the FBI, a mechanism to grant access to approved personnel outside law enforcement to information that could be important for preparedness activities.

In the equipment/R&D area, NDPO has established a standardized equipment list which has been incorporated into the grant application kits used by the Office of Justice Programs.

In the health and medical program area, NDPO, under the guidance of the Public Health Service and the Department of Health and Human Services, will coordinate efforts to support the Metropolitan Medical Response Systems, as well as pharmaceutical stockpiling, establishment of surveillance systems and other initiatives.

I am going to sum up here. I see that my time is short. I would like to thank you for the opportunity to speak with you here today, and in the future, as the NDPO continues to mature into a one-stop shop for domestic preparedness, as the Attorney General of the United States has proposed. As she has recently said, "the actions of the first people on the scene can really make the difference between life and death. The key is to work together in a partnership among Federal, State and local communities and prepare a coordinated response that saves lives and provides for the safety of all involved." She continued to say that none of us could do it alone.

I stand ready to respond to your questions. Thank you, sir.

Senator SESSIONS. Well, I thank you, and you certainly are correct that the many thousands of State and local law enforcement, medical, and fire departments, do need a place that they can call and not have to trace down the whole list of Federal agencies that you have just listed. So I hope that we can move toward that, but my experience in Government is that it will not be as easy as it sounds.

[The prepared statement of Ms. Martinez follows:]

PREPARED STATEMENT OF BARBARA Y. MARTINEZ

Good afternoon, Mr. Chairman and thank you for this opportunity to speak before distinguished members of Congress and my colleagues regarding the role of the National Domestic Preparedness Office in combating terrorism within the United States. I have submitted a written statement for the record which further details my testimony here today.

My intent is to highlight the importance of providing coordination of all the federal government's efforts that provide valuable assistance to prepare states and local communities to face the challenge that terrorism presents. While over 40 federal agencies have a role in response to a true terrorist attack involving weapons of mass destruction, so too are many of them in a logical position to provide various forms of expert assistance to their state and local counterparts—the men and women of this country on the front line, whose job it is to save lives and protect the security of our communities if such an event occurs. Federal assistance is currently available in the forms of training, exercising, equipping, research and technology development, information sharing, planning guidance and grants and other support to enhance local and state capabilities. It is upon these very partnerships and concerns, of the federal government and the emergency response community, that the National Domestic Preparedness Office (NDPO) is founded.

As you know, in the past few years, the President of the United States and Congress have taken significant steps to increase our national security and to promote interagency cooperation. Most recently, the cooperative efforts against terrorism have been extended to include state and local agencies as well as professional and private sector associations.

For example, in the preparation of the Five-Year Counterterrorism and Technology Plan for the Administration, the Attorney General of the United States directed the Department of Justice, Office of Justice Programs, to host a meeting of individuals who represent the various emergency response disciplines that would most likely be involved in the response to a terrorist event. More than 200 stakeholders representing each of the response disciplines, including fire services and HAZMAT personnel; law enforcement and public safety personnel; emergency medical and public health professionals; emergency management and state government officials; and various professional associations and organizations all attended the two-day session. Collectively, they made recommendations to the Attorney General; James Lee Witt, Director of FEMA; Dr. Hamre, the Deputy Secretary of Defense, and other Federal officials on ways to improve assistance for state and local communities. These recommendations have been incorporated in the Attorney General's Five-Year Plan.

The most critical issue identified by stakeholders was the need for a central federal point of coordination. Due to the size and complexity of both the problem of terrorism and of the federal government itself, it was no surprise that the many different avenues through which aid may be acquired, by state and local officials, and the resulting inconsistency of those programs was deemed to be simply overwhelming. In essence, the federal government, though well intentioned, was not operating in an optimal manner nor was it effectively serving its constituents with regard to Domestic Preparedness programs and issues.

With careful consideration of the Stakeholders' recommendations, the Attorney General consulted the National Security Council, Federal Emergency Management Agency, Department of Health and Human Services, and other relevant agencies regarding the creation of a single coordination point within the federal government to better meet the needs of the Nation. It was agreed that the FBI, in conjunction with its existing responsibilities for coordinating federal assets during an actual terrorist event, would lead the interagency coordination initiative now known as the National Domestic Preparedness Office.

It is intended that the NDPO will serve as a much needed clearinghouse to provide information to local and state officials who must determine the preparedness strategy for their community. In keeping with Stakeholder's requests, the NDPO will also provide a forum for the establishment of agreed upon recommended minimum standards upon which federal programs should be built.

Federal Participants in the NDPO currently include the Department of Defense, Department of Energy, the Department of Health and Human Services, the Environmental Protection Agency, the Office of Justice Program, the Federal Bureau of Investigation, the Federal Emergency Management Agency, the National Guard Bureau, and in the near future, the U.S. Coast Guard, the Nuclear Regulatory Agency, and the Office for Victims of Crime.

Stakeholders also cited the need for formal representation of state and local officials with the federal agencies in the form of an advisory board to guide the development and delivery of more effective federal programs. Federal agencies agree that their participation is critical to the whole process of Domestic Preparedness. Therefore, in addition to the Advisory Board, it is anticipated that when fully staffed, approximately one-third of the office will be comprised of State and Local experts from various response disciplines. These positions will be filled through the establishment of interagency reimbursable agreements or through contract hires and volunteer service arrangements.

Stakeholders easily identified six broad issue areas in need of coordination and assistance. These areas are: Planning; Training; Exercise; Equipment Research and Development; Information Sharing; and Public Health and Medical Services. I would like to highlight just a few of the ongoing efforts of the NDPO in each of these areas.

In the area of Planning, the NDPO is coordinating, with FEMA, the implementation of a WMD Resource Database to detail all of the available response assets for consequence management to an incident involving weapons of mass destruction. NDPO will facilitate the distribution of the United States Government Interagency Domestic Terrorism Concept of Operations Plan and other Planning guidance for State and Local communities, through the WMD Coordinators in the FBI's field offices to ensure a unified response to a WMD incident. The benefit of the guide is to explain to state and local planners the logistics of how federal assets may be included in their local emergency response plans.

In the area of Training, the NDPO is continuing to coordinate the DoD initiative to maintain a compendium of existing training courses available to emergency responders; it is establishing a mechanism to ensure that federal training programs comply with national standards and to provide quality assurance; it is developing

a national strategy to make sustained training opportunities and assistance available to all communities and states.

In connection with the Information Sharing program area, the NDPO has implemented, in association with the FBI, a mechanism to grant access by approved personnel outside law enforcement to information that may be important for preparedness and consequence management. Internet web-sites, both public and secure have been established for the sharing of public safety information. Links to existing web-sites will also be built.

In the Exercise program area, the NDPO has adapted a military software application for civilian use to track the lessons learned during exercises and actual events. The NDPO will provide this tool to the communities through the WMD Coordinators and will maintain an After-Action Tracking database for the repository and review of all lessons that might assist other communities.

In the Equipment/Research and Development program area, the NDPO has established a Standardized Equipment List which has been incorporated into the grant application kits used by the Office of Justice Programs. The NDPO will again serve as a clearinghouse for product information provided by private vendors and testing data provided by the Department of Defense to promote synergy and avoid costly duplication in the area of federal research and development.

In the Health and Medical program area, the NDPO, under the guidance of Public Health Service of the Department of Health and Human Services will coordinate efforts to support Metropolitan Medical Response Systems, pharmaceutical stock-piling, the establishment of a nationwide surveillance system to improve the identification of infectious diseases and the integration of the public and mental health care community into WMD response plans.

Last week, the NDPO sponsored the first to two major conferences attended by representatives from Federal, State and local agencies. At that time, the Attorney General was presented with an overview by several communities of their cooperative efforts, which illustrated of the growing cooperation between all levels of government to address their preparedness needs of this Nation to deal with a major terrorist event, including those that involve WMD.

I thank you for the opportunity to speak to you today, and in the future as the NDPO continues to mature into the "one-stop shopping" for domestic preparedness as proposed by the Attorney General of the United States. As she has recently said, "the actions of the first people on the scene can really make the difference between life and death. The key is to work together in a partnership among federal, state and local communities to prepare a coordinated response that saves lives and provides for the safety for all involved". She continued to say that "none of us, federal, state or local can do it alone, we're all in this together". I stand ready to respond to any questions you may have.

Senator SESSIONS. Senator Jon Kyl is here now, and he chairs the Subcommittee on Terrorism and is an expert in these areas.

Jon, before we continue, I would like for you to make any comments that you might have.

**STATEMENT OF HON. JON KYL, A U.S. SENATOR FROM THE
STATE OF ARIZONA**

Senator KYL. Well, thank you, Mr. Chairman, and with the indulgence of the panel that is already assembled, I would like to make some brief comments because this is a critical issue and I would like at least for the other people here to know what we have been doing as well. I appreciate very much your willingness to chair the hearing between our two subcommittees. As you know, Senator Feinstein is the ranking member on our other subcommittee and she has been very helpful on this as well.

There have been a number of incidents—the World Trade Center bombing, the use of sarin in the Tokyo subway, the bombing of the Murrah Building—coupled with predictions of increased terrorist efforts to acquire weapons of mass destruction, that have really shocked a lot of Americans into beginning to think about how well prepared our communities are to address an incident involving weapons of mass destruction.

In many respects, they see the task as daunting. It involves coordinating a response across many jurisdictions, as has just been pointed out, many autonomous community entities, including law enforcement, fire and rescue, private and public health officials, military, intelligence, and many Federal agencies. Moreover, the response needed is different in each case.

For example, biological attack represents unique challenges, as individuals may be infected in one city or State and move to another before symptoms emerge. In this case, the first responder may be a public health official, perhaps in a rural part of the State. It therefore becomes essential that information, diagnosis and antidotes be shared with every corner of the country, which is an unimaginably difficult task.

The Nunn-Lugar-Domenici legislation from 1996 wisely forecasted the need to coordinate these efforts to ensure an effective overall response. Last year, the city of Phoenix, where I come from, conducted one of the preparedness drills that resulted from the legislation. Many problems surfaced during the exercise. The FBI was notified too late. Hospitals were not updated about the mock chemical attack. Mock patients were overlooked or were not decontaminated before being transported. Communication was too slow. Despite the problems, the drill was declared 85-percent effective, not a spectacular success, but at least not a failure.

DOD's implementation of the Domestic Preparedness Program has met with some criticism. For example, a November 1998 report by GAO identified a number of challenges facing the successful implementation of the program, and I will be anxious to receive responses from DOD and DOJ to some of the GAO criticisms.

So, Mr. Chairman, I look forward to hearing from our witnesses today. I have got some very specific questions about the operational aspects of the Domestic Preparedness Program, and if I don't get into all of them today, I will submit them for writing and the witnesses can respond later.

So, again, thank you, and thank you to the panel for allowing me to interrupt.

Senator SESSIONS. Well, thank you, and thank you for your consistent leadership on this issue.

I was just given a note, a sad note, but it also perhaps indicates why we are here. The note is that we have a shooting at a high school in Denver. Eight people have been shot. A masked gunman with a machine gun is on the scene. So we are having so much of that today, and it is not much to go from a gun to a bomb, to a chemical weapon. So I guess that is the nature of the world we are going to be living in for some time.

And I hope for the two Senators' benefit that as we go through this we will think about not just what we want accomplished, but how it is this Government is going to do it, because there are so many agencies involved, so many people that have a mission and a desire to contribute, that we have got to make sure that they are not duplicating one another and working effectively.

Dr. Hughes, would you make your statement at this time?

STATEMENT OF JAMES M. HUGHES

Dr. HUGHES. Mr. Chairman, Senator Kyl, Senator Feinstein, thank you for the invitation to discuss the need to enhance the public health capacity in the United States to respond to the threat of bioterrorism. I will briefly describe CDC's actions to strengthen our Nation's public health laboratories and disease surveillance and control programs to ensure an effective response to acts of biological and chemical terrorism.

In the past, an attack with a biological agent was considered very unlikely. However, many experts currently believe that it is no longer a matter of if, but when such an attack will occur. They point to activities by groups such as Aum Shinryko which, in addition to releasing nerve gas in Tokyo's subway, experimented with botulism and anthrax.

The initial response to an attack on civilians by a bioterrorist is likely to be made by the public health community rather than by the military or emergency responders. When people are exposed to agents such as those causing anthrax or smallpox, they will be unaware of the exposure and will not feel sick for some time. This delay between exposure and onset of illness, known as the incubation period, is characteristic of infectious diseases. The incubation period may range from several hours to a few weeks, depending on the nature of the exposure and pathogen.

Protection against terrorism requires investment in the public health system. This point was underscored in a recent report issued by Institute of Medicine, which stresses the need for long-term public health improvements in surveillance, epidemiology and laboratory capacity.

In 1998, CDC issued "Preventing Emerging Infectious Diseases: A Strategy for the 21st Century," our plan for preventing emerging diseases. It focuses on four goals, each of which has direct relevance to preparedness for bioterrorism—disease surveillance and outbreak response, applied research, infrastructure and training, and disease prevention and control. This plan emphasizes the need to be prepared for the unexpected, whether it be the next natural-occurring influenza pandemic or the deliberate release of organisms causing smallpox or anthrax.

CDC, working in collaboration with State and local health departments, many other public health partners, the HHS Office of Emergency Preparedness, and other Federal agencies and departments, has begun the effort to upgrade national public health capabilities to respond to biological and chemical terrorism.

Because terrorists may employ a wide range of agents, this country's infectious disease surveillance networks must have enhanced capacity to detect unusual events, unidentified agents and unexplained illnesses. In addition, State and Federal epidemiologists must be trained to consider the possibility of unusual or rare threat agents when a suspicious outbreak occurs and be prepared to address questions related to transmission, treatment and prevention.

This past February, CDC announced the availability of nearly \$41 million in cooperative agreement funds for our State and local health department partners who will be on the front line in the event of a bioterrorism episode. This announcement, along with other extramural and intramural strategies, focuses on strength-

ening four components of the public health infrastructure to improve the national capacity to address biological and chemical terrorism.

First, detection of unusual events will most likely occur at the local level initially. Therefore, it is essential to train physicians and other health care workers who may be the first to examine and treat the victims, and to upgrade the surveillance systems of State and local health departments which will be relied upon to spot unusual patterns of disease and to identify any additional cases as the disease spreads throughout the community and potentially beyond, as Senator Kyl noted.

Second, investigation and containment of outbreaks will also take place at the local level initially. For this reason, it is imperative that State and local health departments have sufficient resources to conduct timely epidemiologic investigations. CDC is also working to establish a national pharmaceutical stockpile.

Third, rapid laboratory diagnosis will be critical so that prevention and treatment measures can be implemented quickly. CDC is working with public health partners to plan the development of a multi-level network of laboratories, including hospital labs, commercial labs, State and local public health labs and highly specialized Federal facilities, which will provide the most timely diagnosis of a biological agent in the event of a suspected terrorist attack. This network will not only enhance public health capacity to address bioterrorism, but will also contribute to the overall public health capacity to address naturally-occurring infectious diseases.

Fourth, strengthening coordination and communication among clinicians, emergency departments, infection control practitioners, hospitals, pharmaceutical companies, law enforcement and emergency response personnel and public health personnel is of paramount importance. We will also need to ensure that the public is provided with accurate and timely information.

CDC is working to ensure that Federal, State and local public health agencies are prepared to work with the medical emergency response and law enforcement communities to address biological and chemical terrorism. CDC will assist States and major cities in developing local bioterrorism preparedness plans that are well integrated into existing emergency response plans at local, State and Federal levels.

In conclusion, the tools we develop in response to bioterrorism threats will ensure that we are prepared for man-made threats, and that we are also able to recognize and control naturally-occurring emerging infectious diseases. A strong and flexible public health infrastructure is the best defense against any disease outbreak.

Thank you very much for your attention and I will be happy to answer any questions you may have.

Senator SESSIONS. Thank you.

[The prepared statement of Dr. Hughes follows:]

PREPARED STATEMENT OF JAMES M. HUGHES, M.D.

I am Dr. James M. Hughes, Director National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC). Thank you for the invitation to discuss the need to enhance the public health capacity in the United States to respond to the threat of bioterrorism. I will provide a brief discussion of the current situation

and then I will describe the actions that CDC is taking to strengthen and modify our current public health laboratories and disease surveillance and control to ensure an effective response to acts of biological and chemical terrorism.

VULNERABILITY OF THE CIVILIAN POPULATION

In the past, an attack with a biological agent was considered very unlikely; however, now it seems entirely possible. Many experts believe that it is no longer a matter of “if” but “when” such an attack will occur. They point to the accessibility of information on how to prepare biologic weapons and to activities by groups such as Aum Shinrykyo, which, in addition to releasing nerve gas in Tokyo’s subway, experimented with botulism and anthrax. In 1997, the FBI investigated a situation in Las Vegas in which an individual was in possession of the organism causing anthrax. Although he had an attenuated strain of anthrax used in an animal vaccine rather than a virulent strain, the incident provided another reminder of how easily a terrorist might cause serious illness and panic in a U.S. city.

An attack with a chemical agent is also increasing likely. Such an attack might involve the release of noxious gas, such as nerve gas, phosgene, or lewisite, or airborne chemical, such as hydrogen cyanide, chlorine, or pesticides, that can kill many people. Early in an investigation, it may not be obvious whether an outbreak is caused by an infectious agent or a chemical toxin; however, most chemical attacks will be localized, and their effects will be evident within a few minutes. An attack using a chemical agent will demand immediate reaction from emergency responders—fire departments, police, EMS, and emergency room staff—who will need adequate training and equipment. In contrast, when people are exposed to a pathogen like anthrax or smallpox, they will not know that they have been exposed, and they may not feel sick for some time. This delay between exposure and onset of illness, or incubation period, is characteristic of infectious diseases. The incubation period may range from several hours to a few weeks, depending on the exposure and pathogen.

The initial response to such a biological attack on civilians is likely to be made by the public health community rather than by the military or emergency responders. Thus, protection against terrorism requires investment in the public health system. This point is underscored in a report, commissioned by the Department of Health and Human Services Office of Emergency Preparedness and recently released by the Institute of Medicine and the National Research Council, “Chemical and Biological Terrorism: Research and Development to Improve Civilian Medical Response,” which stresses the need for long-term public health improvements in surveillance and epidemiology infrastructure. Copies of the report have been provided to the Subcommittees. The financial costs of these improvements will be relatively modest. For example, without these investments, it has been estimated that responding to an initially undetected and consequently uncontrolled anthrax attack that results in infecting 100,000 people could cost \$26 billion.

PUBLIC HEALTH LEADERSHIP

As the nation’s disease prevention and control agency, it is CDC’s responsibility to provide national leadership in the public health and medical communities in a concerted effort to detect, diagnose, respond to, and prevent illnesses, including those that occur as a result of a deliberate release of biological or chemical agents. This task is an integral part of CDC’s overall mission to monitor the health of the U.S. population.

In 1998, CDC issued “Preventing Emerging Infectious Diseases: A Strategy for the 21st Century,” which describes CDC’s plan for combating today’s emerging diseases and preventing those of tomorrow. It focuses on four goals, of each which has direct relevance to preparedness for bioterrorism: disease surveillance and outbreak response; applied research to develop diagnostic tests, drugs, vaccines, and surveillance tools; infrastructure and training; and disease prevention and control. This plan emphasizes the need to be prepared for the unexpected—whether it be a naturally occurring influenza pandemic or the deliberate release of anthrax by a terrorist. Copies of this CDC plan have been provided to the Subcommittee.

STRENGTHENING PUBLIC HEALTH READINESS TO ADDRESS BIOTERRORISM

Increased vigilance and preparedness for unexplained illnesses is an essential part of the public health effort to protect the American people against bioterrorism. Toward this end, CDC, working in collaboration with State and local health departments, many other public health partners, and other Federal agencies, has begun the effort to upgrade national public health capabilities to respond to biological and chemical terrorism.

Further, because terrorists employ a wide range of biological and chemical agents, this country's infectious disease surveillance networks must have enhanced capacity to detect unusual events, unidentified agents, and unexplained illnesses. In addition, State and Federal epidemiologists must be trained to consider unusual or rare threat agents when a suspicious outbreak occurs and be prepared to address questions related to their transmission, treatment, and prevention.

FOCUS AREAS FOR PUBLIC HEALTH ACTION

In December 1998, CDC established the Bioterrorism Preparedness and Response Activity (BPRA), to lead an agency-wide effort to prepare for and respond to acts of terrorism that involve actual, threatened, or suspected uses of biological or chemical agents. BPRA is charged with the coordination of CDC's epidemiological and laboratory response following a suspected or actual attack and response to health threats from unknown biological or chemical agents.

In February, in an effort to provide support and assistance to State and large metropolitan health departments in enhancing their ability to be prepared for and respond to a terrorist attack that involves a biological or chemical agent, CDC announced the availability of nearly \$41,000,000 in Public Health Preparedness and Response to Bioterrorism cooperative agreement funds. This announcement, along with other extramural and intramural strategies, focuses on strengthening four components of the public health infrastructure to improve the national capacity to address biological and chemical terrorism.

Detection of unusual events

Because the initial detection of a biological or chemical terrorist attack will most likely occur at the local level, it is essential to educate and train members of the medical community—both public and private—who may be the first to examine and treat the victims. It is also necessary to upgrade the surveillance systems of State and local health departments, which will be relied upon to spot unusual patterns of disease occurrence and to identify any additional cases of illness as the disease spreads throughout the community and beyond.

To enable States and major cities to build core capacity to monitor and detect potential biologic and chemical threat agents, CDC will make up to 30 awards as a part of the Public Health Preparedness and Response to Bioterrorism cooperative agreement. CDC will also lead the development of new disease surveillance networks in hospitals and other health care facilities and will evaluate new surveillance mechanisms to improve the nation's ability to detect low incidences of unexplained illnesses.

Investigation and containment of outbreaks

The initial response to an outbreak caused by an act of chemical and biological terrorism will take place at the local level. In the most likely scenario, CDC—as well as DOD and security agencies—will be alerted to a bioterrorist attack only after a State or local health department has recognized a cluster of cases that is highly unusual or of an unknown cause. For this reason, it is imperative that State and local health departments have sufficient resources to conduct epidemiologic investigations.

Through the cooperative agreement and other mechanisms, CDC will provide State and large metropolitan health departments with tools, training, and financial resources for local outbreak investigations, and help develop rapid public health response capacity at the local, State, and Federal levels. Additionally, in the event of a suspected or an actual attack, CDC will be prepared to assist State health departments in identifying threat agents and their modes of transmission, in instituting control measures, and in providing consultation on medical management.

CDC is also working to establish a National Pharmaceutical Stockpile which will ensure the availability of drugs, vaccines, prophylactic medicines, chemical antidotes, medical supplies, and equipment that might be needed in a medical response to a biological or chemical terrorist incident.

Laboratory diagnosis

In the event of a biological or chemical terrorist attack, rapid diagnosis will be critical, so that prevention and treatment measures can be implemented quickly. CDC will fund approximately 34 State and major metropolitan health departments under the cooperative agreement to improve capacity to diagnose biologic threat agents. At the same time, CDC will make up to four additional awards to enable selected State health laboratories to function as reference facilities for the identification of chemical threats. In addition to evaluating technology for identifying priority biological agents, CDC will develop a Rapid Toxic Screen that can assess exposure

to 150 different chemical agents. CDC will develop guidelines and quality assurance standards for the safe and secure collection, storage, transport, and processing of biologic and environmental samples. Working with other federal partners, CDC will develop a Rapid Assay and Technology Transfer laboratory to quickly identify pathogens and chemicals that might be used by terrorists and to serve as a triage laboratory.

Finally, CDC is working with public health partners to plan the development of a multi-level network of laboratories which will be used to provide the most immediate diagnosis of a biological agent in the event of a suspected terrorist attack. This network will ultimately include hospital laboratories, commercial reference laboratories, State and local health laboratories, and highly specialized Federal facilities. It will not only enhance public health capacity to address bioterrorism, but also contribute to the overall public health capacity to address naturally occurring infectious diseases.

Coordination and Communication

In the event of an intentional release of a chemical or biological agent, rapid and secure communications will be especially crucial to ensure a prompt and coordinated response. Thus, strengthening communication among clinicians, emergency rooms, infection control practitioners, hospitals, pharmaceutical companies, and public health personnel is of paramount importance. In order to assure the most effective response to an attack, CDC will work closely with the FBI, which will take the lead in the criminal investigation of a terrorist attack, and with other government agencies, including the Food and Drug Administration (FDA), National Institutes of Health (NIH), DOD, and the Federal Emergency Management Agency.

In the event of a terrorist attack, we will need to ensure that the public is provided with accurate and timely information. An act of terrorism is likely to cause widespread panic, and on-going communication of accurate and up-to-date information will help calm public fears and limit collateral effects of the attack.

Internationally, global health security will be enhanced as CDC, in collaboration with the World Health Organization, responds throughout the world to reports of illnesses from unusual pathogens, suspected bioterrorism, and other outbreaks that might threaten the U.S. population.

PLANNING AND PREPAREDNESS

CDC is working to ensure that all levels of the public health community—Federal, State, and local—are prepared to work in coordination with the medical and emergency response communities to address the public health consequences of biological and chemical terrorism. CDC will assist States and major cities in developing local public health bioterrorism preparedness plans that are well integrated into existing emergency response plans at the local, State, and Federal level. CDC is creating diagnostic and epidemiological performance standards for State and local health departments and will help States conduct drills and exercises to assess local readiness for bioterrorism.

In addition, CDC, NIH, DOD, and other agencies are supporting and encouraging research to address scientific issues related to bioterrorism. For example, for several of the agents likely to be used as bio-weapons, we need to create rapid, simple, low-cost diagnostic kits that can be used in the field to test large numbers of people exposed to a biological or chemical agent within a short time frame. In some cases, new vaccines, antitoxins, or innovative drug treatments are also required. Moreover, we need to learn more about the pathogenesis and epidemiology of these rare diseases. We also have only limited knowledge about how artificial methods of dispersion may affect the infection rate or virulence of these diseases.

DISEASE PREVENTION

Disease experts at CDC are considering various strategies for preventing the spread of disease during and after bioterrorist attacks. Strategies under evaluation include: creating protocols for immunizing at-risk populations, isolating large numbers of exposed individuals, and reducing occupational exposures; assessing methods of safeguarding food and water from deliberate contamination; and exploring ways to improve linkages between animal and human disease surveillance networks since threat agents that affect both humans and animals may first be detected in animals.

CDC is enhancing its ongoing efforts to foster the safe design and operation of Biosafety Level 3 and 4 laboratories, which are required for handling dangerous pathogens.

CONCLUSIONS

In conclusion, the best public health method to protect, respond, and defend the health of civilians against chemical and biological terrorism is the development, organization, and enhancement of life-saving public health prevention tools. Such tools include expanded State public health laboratory capacity, increased surveillance and outbreak investigation capacity, and health communications and training at the local, State, and Federal levels. The tools we develop in response to bioterrorism threats are "dual use" tools. Not only will they ensure that we are prepared for man-made threats, but they also ensure that we will be able to recognize and control the naturally occurring emerging infectious diseases and the hazardous materials incidents of the late 20th century. A strong and flexible public health infrastructure is the best defense against any disease outbreak.

Thank you very much for your attention. I will be happy to answer any questions you may have.

Senator SESSIONS. Mr. Cragin.

STATEMENT OF CHARLES L. CRAGIN

Mr. CRAGIN. Chairman Sessions, Chairman Kyl, Senator Feinstein, thank you very much for inviting me to appear before you today to discuss some of the activities of the Department of Defense. I have submitted a prepared statement and I would request that it be entered into the record of this hearing.

Let me try to summarize the Department's overall approach to domestic WMD preparedness. Since President Clinton signed Presidential Decision Directive 62 last May, significant advances have taken place in regard to our efforts to support State and local authorities. PDD-62, also known as the Combatting Terrorism Directive, highlighted the growing threat of unconventional attacks against the United States. It detailed a new and more systematic method of fighting terrorism here at home, and it brought about a program management approach to our national counterterrorism efforts.

The directive, as you are aware, also established within the National Security Council the Office of the National Coordinator for Security, Infrastructure Protection and Counterterrorism, who is tasked with overseeing these efforts. Secretary Cohen, our Deputy Secretary, John Hamre, Attorney General Reno, FEMA Director Witt and Director Clarke at the NSC are thoroughly engaged and are giving the challenges associated with this process their direct and continuing attention.

With the interagency coordination process having been formalized under the auspices of the NSC, multiple subgroups have been formed to implement the guidance provided by PDD-62. This new approach helps to ensure a cohesive effort, and for the first time it integrates Federal efforts to provide support to State agencies and local first responders. I have observed firsthand that this structure can work and that we are making important headway.

For example, since 1997 the Department of Defense has been responsible for administering the Domestic Preparedness Program, which provides WMD preparedness training for 120 of America's largest cities and was referred to by Senator Kyl. This program, founded on legislation sponsored by Senators Nunn, Lugar and Domenici, focuses on providing initial awareness, protection, decontamination and detection training.

The U.S. Army Soldier and Biological Chemical Command and the Army's Director of Military Support serve as the Department's

principal agents for executing this training program. It includes subject matter experts who can provide expertise and ideas in the areas of medicine, public health, law enforcement, and nuclear, chemical and biological response. In fiscal year 1997 and fiscal year 1998, the Department spent \$79 million in support of this Domestic Preparedness Program. In fiscal year 1999, the Department will spend \$50 million, and in fiscal year 2000 we plan to spend \$31.4 million.

The interagency continues to support our execution of this program. To date, 53 cities have participated in the training, and more than 15,000 first responder trainers have been trained. Additionally, an annual Federal, State and local exercise is held to improve the integration of Federal, State and local response assets during a WMD response. In fiscal year 1997, the exercise was held in conjunction with the Summit of the Eight in Denver. The fiscal year 1998 exercise was held in September, in Philadelphia, and the fiscal year 1999 exercise is going to be held this August. It will be a biological exercise and will be held in New York City.

Other components of the Domestic Preparedness Program provide direct support and assistance to the first responder community. These include the Improved Response Program and the Expert Assistance Program. The Improved Response Program provides real-world solutions to improve first responder survivability, and also response to WMD incidents. Problems in WMD tactics, procedures and equipment that are discovered through the exercises such as the one that Senator Kyl alluded to are resolved through technical investigation, rapid prototyping and additional exercises.

The Expert Assistance Program provides direct technical support to the first responder community. This includes equipment testing to validate manufacturers' claims for protective equipment and chem-bio agent detectors, as well as support for a national hotline for emergencies, a national help line for assistance, and Web pages containing authoritative technical information needed by first responders.

The interagency participates in these training activities as their time and resources permit, but the first responders have asked for more. Without exception, the number one request of first responders, as Ms. Martinez mentioned, has been for the identification of a single Federal agency to lead the training and the equipping of first responders. In their words, they seek the ease, the convenience and the predictability of one-stop shopping.

Well, in an effort to respond to this need, the Department of Defense and the Department of Justice are now in the process of finalizing an interagency agreement under which the Department of Justice, beginning in October of the year 2000, will replace the Department of Defense as the lead Federal agency for this Federal domestic preparedness training program.

Although our negotiations are not yet concluded, plans for transitioning responsibility for the DPP program to the Department of Justice have gone extremely well. The transition plan will be developed whereby DOD will retain responsibility for the city training and the equipping program until the end of fiscal year 2000, at which time the Department of Justice will honor the com-

mitment to train the remainder of the originally designated 120 cities.

During the fiscal year 2000 transition period, the Department of Justice will coordinate with DOD in the city training planning phases and will begin to provide grant funding for equipment for training. The transition will occur in stages to accommodate existing budgets and program plans.

DOD focus, beginning in fiscal year 2001, will be to continue to enhance the readiness of its WMD response units, as well as its installation responders. The Department of Justice will contribute funding to benefit from the lessons learned from the improved response program beginning in fiscal year 2001. Joint planning will be conducted through a multi-agency task force to coordinate both the improvements of State and local response capabilities and DOD's efforts to enhance its response elements.

Mr. Chairman, I would be happy to respond to your questions. I know my time is up for my opening statement, but I look forward to your inquiries.

Senator SESSIONS. Thank you. We appreciate that, and just one question. The Department of Defense willingly even requested that another agency take over this problem, is that correct?

Mr. CRAGIN. I don't think it would be accurate to characterize it as a request, Mr. Chairman. I think what transpired is that as part of the studies that were ongoing at the Department of Defense, we met with many first responder representatives from around the Nation. We also were receiving input through the after-action reports as we trained the various cities with respect to the DPP.

At the same time, the Department of Justice was conducting first responder focus groups, for a number of reasons, including the fact that the Attorney General had been tasked with developing a 5-year counterterrorism plan. To a person, the consistent consensus was one-stop shopping. We have confusion, we have division. We need to have a consistent conduit for our activities.

Dr. Hamre, Attorney General Reno, James Lee Witt, the FEMA Director, Bear Bryant from the FBI, and Dick Clarke met to discuss this and there was a consensus developed that it would be best to transfer the training aspect to the Department of Justice, inasmuch as it was being tasked on a continuing and escalating basis to provide equipment to first responders. So we really had the disconnect of one entity was doing the training and another entity was doing the equipping. And as I said, everybody reached the consensus we needed one-stop shopping.

Senator SESSIONS. Well, I think Dr. Hamre raised a question or made the point—I think it was in his testimony that it was a bit beyond the normal demands on the military to conduct a national training program. He felt comfortable or he thought it was a good idea to shift it to another agency.

Mr. CRAGIN. That is right.

[The prepared statement of Mr. Cragin follows:]

PREPARED STATEMENT OF CHARLES L. CRAGIN

Good afternoon, Chairman Sessions and Chairman Kyl.

Let me begin by thanking you both for inviting me to discuss the role of the Department of Defense in supporting the nation's domestic emergency preparedness to respond to incidents involving weapons of mass destruction.

In the wake of the bombings at the Murrah Federal Building in Oklahoma City and the World Trade Center in New York, it became readily apparent that we as a nation were less than well prepared to respond to terrorist incidents involving WMD. As a result, President Clinton has undertaken significant efforts to galvanize federal agencies and prompt them to work more effectively, both together at the interagency level and in support of first responders, to provide our nation with an enhanced, flexible and integrated response capability.

As a nation, we are also facing the fact that the front lines in the war against terrorism are no longer only overseas—they are also right here at home. As Secretary Cohen recently said, we must face the fact that “the next terrorist attack will come to U.S. soil in a bottle or a briefcase.” I believe our heightened security measures for next weekend’s NATO conference here in Washington provides ample evidence of our concern for terrorist activities right here at home. We are determined to ensure that we are prepared for a deadly chemical or biological attack against our country. A comprehensive and coordinated government-wide interagency effort is now underway. I’m going to make that the focus of my testimony today.

Under the direction of President Clinton and Secretary Cohen, and in partnership with Congress, plans, policies and laws are being developed or revised to help us prepare better for the day when terrorists or rogue nations attack with unconventional means. President Clinton believes we must do more to protect our civilian population from the scourge of chemical and biological weapons, and that we must prepare better to respond to attacks against our Homeland. Last May, in his commencement address at the Naval Academy, the President announced that the government would do more to protect our civilian population from these threats.

PROCESS FOR COORDINATING INTERAGENCY WMD PREPAREDNESS EFFORTS

Specifically, the President has signed Presidential Decision Directive 62 (PDD 62)—the Combating Terrorism directive—which highlights the growing threat of unconventional attacks against the United States. In essence, PDD-62 helps bring a program management approach to our national counter-terrorism efforts; it details a new and more systematic method of working together to fight terrorism here at home.

PDD-62 established the Office of the National Coordinator for Security, Infrastructure Protection and Counter-Terrorism to oversee national counter-terrorism efforts. This National Security Council (NSC)—directed framework is bringing a new impetus and a new urgency to our efforts to support state and local authorities. Within this framework, the NSC established three senior management groups: The Counterterrorism Security Group (CSG), the Critical Infrastructure Coordination Group (CICG), and the Weapons of Mass Destruction Preparedness (WMDP) Group. The NSC chairs all three of these groups; and each group has multiple subgroups.

The NSC-chaired WMDP senior management group coordinates interagency WMDP policy issues and oversees the activities of seven subgroups. These subgroups are engaged in coordinating policies involving federal assistance to state and local authorities, research and development, prevention of WMD from entering the US, security of US WMD facilities and materials, contingency planning and exercises, legislative and legal issues, and intelligence. Each subgroup membership is comprised of the appropriate federal agency/department principals and/or their senior level representatives who can accept or deliver tasks for action. The DoD is an active participant in all of these subgroups, which at its core, operates on the assumption that disaster response is primarily a mission for state and local authorities. As Deputy Secretary of Defense Hamre emphasized during his testimony before the Senate Armed Service Committee on March 9, the role of the Department of Defense is to support other federal, state and local civilian agencies and officials.

Within the DoD, Dr. Hamre issued an internal management plan for implementing its responsibilities as outlined in PDD-62 and to better coordinate DoD-wide WMDP activities. This management plan identified DoD senior management committees and subject matter subgroups that mirror the PDD-62 committee and subgroup structure established by the National Security Council (NSC).

I am responsible, along with a representative of the Secretary of the Army, for coordinating the Department’s WMDP efforts involving assistance to state and local authorities, and for representing those activities at the National Security Council’s interagency Assistance to State and Local Authorities Subgroup. I also held to coordinate WMDP activities Department-wide and participate on the NSC’s WMDP senior management committee.

PDD-62 and the implementing guidance clearly provided the interagency with a more rigorous management structure for coordinating and promulgating national domestic preparedness programs and policies. As always, however, our efforts are

designed to support—not supplant—the efforts of state and local agencies and first responders.

The world of domestic preparedness and response is highly dynamic. No single agency acting alone can address the problem in its entirety. As a result, we are in the process of deepening our interagency ties and developing a coordinated approach. We at the Department of Defense realize that this approach is necessary if we are to avoid confusion, both within the federal government and in terms of our ability to communicate effectively with the first responder community. We are working hard to understand the concerns of the state and local authorities regarding the federal role in the process. In many respects we share the same concerns, especially regarding the need for a lead federal agency for WMD and the need for the federal government to speak with one voice on this vital issue.

The Department, along with its federal agency partners; DOJ, FEMA, PHS, DOE, EPA, and others are working hard to ensure that we address problems through a coordinated approach. Both the Department of Defense and the Department of Justice have conducted forums with first responders. Without exception, the number one request of first responders has been for the identification of a single federal agency to lead the training and equipping of first responders. In their words, they have sought the ease, convenience and predictability of “one stop shopping.”

In an effort to respond to this need, the Department of Defense and the Department of Justice have agreed in principle to establish the DOJ as the lead federal agency for the federal WMD domestic preparedness. Within that framework, the Attorney General has proposed the establishment of the National Domestic Preparedness Office (NDPO), which is up and running at FBI headquarters and is even now furthering the integration of our national response efforts. In fact, just last week, the NDPO conducted a three-day training session right here in Washington for the FBI WMD field coordinators to provide them information on interagency assets and capabilities.

THE DOMESTIC PREPAREDNESS PROGRAM

The Defense Against Weapons of Mass Destruction (WMD) Act of 1996 (Public Law 104-201) authorized Federal agencies to provide resources, training and technical assistance to state and local emergency management personnel who would respond to a WMD terrorist incident. The Act, sponsored by Senators Nunn, Lugar and Domenici, mandated that the United States enhance its capability to respond to domestic terrorist incidents involving nuclear, biological, chemical and radiological weapons. The legislation designated DoD as the interagency lead to carry out a program to provide civilian personnel from federal, state and local agencies with training and expert advice regarding emergency responses to a use or threatened use of WMD or related materials. This interagency effort resulted in the establishment of the “train the trainer” program we call the Domestic Preparedness Program (DPP). In the planning stages of this program, it was agreed that training priority would be given to the largest population centers of the U.S. This translated into a program plan to provide initial training and preparedness assistance for Domestic WMD response for the 120 largest (according to census data) cities in the U.S. The U.S. Army Soldier and Biological Chemical Command, and the Army’s Director of Military Support have been and will continue to serve as principal agents within the Department for executing the program. In fiscal year 1997 and fiscal year 1998, the Department spent \$79M in support of this domestic preparedness program, in fiscal year 1999, the Department will spend \$50M, and in fiscal year 2000 we plan to spend \$31.4M.

My office provides policy guidance and oversight of the city training/exercises, equipment loans, and expert assistance program aspects of the Domestic Preparedness Program, while the Assistant Secretary of Defense (Special Operations/Low Intensity Conflict) provides oversight for the annual Federal-State-Local exercise mandated by law for the program. The Secretary of Defense designated the Secretary of the Army as the Executive Agent for implementing the program. The Director of Military Support (DOMS) is the Staff Action Agent and the Commander of the Soldier and Biological Chemical Command (SBCCOM) is the Program Director for the Domestic Preparedness Program.

The interagency continues to support our execution of this program. Specifically, they participated with us in the development of our approach for executing this program, which includes initial visits to selected cities, a week of “Train the Trainer” training for local first responder trainers, including hazardous material (HAZMAT), firefighters, law enforcement, and emergency medical service personnel. Tabletop and functional “hands-on” exercises using chemical and biological scenarios further reinforce this training. A training equipment package is loaned to each city for their

subsequent training use. To date, 53 cities have participated in the training and more than 15,000 first responder trainers have been trained.

Additionally, an annual federal, state, and local exercise is held to improve the integration of federal, state, and local response assets during a WMD response. In fiscal year 1997, the annual exercise was held in conjunction with the "Summit of the Eight" Conference in Denver, CO (May 1997). The fiscal year 1998 exercise was held in September 1998 in Philadelphia, PA. The fiscal year 1999 exercise is scheduled for August 1999 in New York City, NY.

Other component elements of the DP program include the Improved Response Program (IRP) and the Expert Assistance Program. The Improved Response Program involves the performance of technical investigations and exercises geared to improve first responder survivability and response to WMD incidents. The IRP has provided practical real world solutions to problems in WMD tactics, procedures and equipment discovered through the DP training. Testing to validate equipment protection and detection claims is being conducted as part of the Expert Assistance Program. The Expert Assistance Program also provides support for a national Hotline for emergencies, a Helpline for assistance, and web pages that provide technical information needed by first responders.

In September 1998, key representatives from the Department of Justice, the Federal Bureau of Investigation, the Federal Emergency Management Agency, the National Security Council Director (Mr. Clarke) and the Department of Defense met to discuss how these agencies could best work together to combat domestic terrorism. It was agreed in principle that the Department of Justice (DoJ) should assume leadership for implementing the nation's domestic preparedness program. This agreement would have the added benefit of placing responsibility for federally supported WMD training and equipping in one location, as part of the "one-stop" shop consistently requested by first responders. DoD has worked in concert with the Office of Justice Programs and the National Domestic Preparedness Office to develop a formal memorandum of understanding that will transfer most facets of DoD's Domestic Preparedness program to DoJ.

Although our negotiations are not yet concluded, so far the joint DoJ-DoD plan for transitioning responsibility for this program has gone extremely well. We expect the Memorandum of Understanding guiding this transfer will be finalized this summer. DoD will retain responsibility for the city training and equipping program until end of fiscal year 2000, at which time DoJ will honor the commitment to train the remainder of the originally designated 120 cities. During the fiscal year 2000 transition period, DoJ will coordinate with DoD in the city training-planning phases and will begin to provide grant funding for training equipment. The transition will occur in stages to accommodate existing budgets and program plans.

DoD's focus beginning in fiscal year 2001 will be to continue to enhance the readiness of its WMD response units and installation responders. DoJ will focus on the response at the local and state levels. As a result, both agencies will contribute funding to benefit from the lessons learned from the improved response program of the DP program beginning in fiscal year 2001. Joint planning will be conducted through the Multi-Agency Task Force to coordinate both the improvements of state and local response capabilities and DoD's efforts to enhance its response elements.

Beginning in fiscal year 2001, DoJ will assume funding and programmatic responsibility for the Hotline, Helpline and Internet web site, but DoD will retain funding and programmatic responsibility for the chemical-biological database and the equipment testing program, as these program elements are integral to satisfying independent DoD needs. DoJ will coordinate with DoD in joint planning efforts so that the state and local responder communities will continue to benefit from the expert assistance functions. DoD will enhance its domestic chem/bio response capabilities through the CB-RRT by continuing to train, exercise, and maintain this team.

Checks and balances are built into the staged approach to the transition. DoJ will coordinate with DoD throughout fiscal year 2000 and participate in joint planning as articulated in the finalized Memorandum of Understanding, which we hope to complete in early summer.

From joint publications to field manuals, from schools to staff colleges, we are working to embed WMD preparedness procedures and training into the way we do business. This effort is particularly pronounced at those schools that produce qualified personnel to perform WMD functions. The training of the Rapid Assessment and Initial Detection (RAID) teams and other elements will mirror our efforts to work across both Service and interagency lines to develop mutually supportive programs. We are working to ensure that the WMD responders, people at the local, state and federal levels, are prepared to work together to meet the needs of the people affected by a WMD attack. Extensive training will include teaching and course work provided by the Army Chemical School, and Defense Nuclear Weapons School,

the Army Medical Department, the Environmental Protection Agency, the National Fire Academy, the US Army Medical Research Institute for Infectious Diseases, FEMA, and the Department of Justice's Center for Domestic Preparedness.

THE ROLE OF THE NATIONAL GUARD AND RESERVE IN DOMESTIC EMERGENCY
PREPAREDNESS

One effective means of channeling federal support to first responders will come through the National Guard and Reserve. The Guard is the tip of our military response spear and, as such, will usually be the first military asset on the scene. Indeed, as Dr. Hamre, the Deputy Secretary of Defense, mentioned in his recent testimony before the Senate Armed Services Committee, the National Guard and Reserve forces are "forward deployed all over America." When it comes to WMD response, the members of our National Guard and our other Reserve components are ideally suited for the mission. They live and work in more than four thousand communities nationwide. They are familiar with emergency response plans and procedures. And they often have close links with the fire, police, and emergency medical personnel who will be first on the scene. As a result, the Guard and Reserve comprise a highly effective source of trained and ready manpower and expertise.

For example, over half our total military medical capability is resident in the Reserve components. In the event of a WMD event, casualties may be enormous—and we will need to call on Reserve component medical expertise and equipment. The Reserve components, predominantly the Army Reserve, also have more than sixty percent of our military chemical-biological detection and decontamination assets. They will be essential providers of support to state and local authorities in the event of a WMD incident.

To better harness these inherent capabilities and make our national plans for WMD response more effective, last May President Clinton announced the establishment of ten RAID teams. These teams are designed to be assets of the Governors as they perform three vital tasks. First, they will deploy rapidly to assess suspected radiological, biological or chemical events—in support of the local incident commander. Second, they will advise civilian first responders regarding appropriate actions. And third, they will facilitate requests for assistance. Each RAID team will be composed of 22 full-time National Guard soldiers and airmen. The units will be fully mission capable in January 2000.

In fiscal year 2000 we will be requesting permission for five additional RAID teams to be organized. Congress must approve additional full-time National Guard positions for these teams. Stationing of these additional elements is currently being analyzed.

Additionally, each of the Reserve components is being called upon to play an expanded role in WMD response. The Department of Defense in fiscal year 1999 and fiscal year 2000, will train and equip 43 Nuclear, Biological, and Chemical reconnaissance elements and 127 decontamination elements in the Army Reserve, Air Force Reserve, Army National Guard and Air National Guard, enabling them to more effectively respond to a WMD attack.

In addition, and at the direction of Congress, the Department is working to establish 44 military support detachments, which we refer to as RAID (Light) teams. These teams are being established as part of our overall effort to develop a nationwide response capability that has strong roots in the local and state first-responder community. They will be established using traditional National Guardsmen and will be built on the RAID model but tailored to the specific needs of each of the States and territories where a RAID team was not placed. The RAID (Light) teams will be structured and trained to provide a modest planning and assessment capability in every state and territory.

In the area of resources and resource management, an interagency board (IAB) was convened to develop a standardized equipment list (SEL) for domestic response elements. This list provides both military and other interagency partners the opportunity to procure standardized equipment to ensure interoperability between response organizations. Ultimately this list will also support the requirements of state and local first responder organizations.

DoD also has a limited stockpile of medical supplies and protective gear, which can be used in a WMD incident, upon approval of the Secretary of Defense. We are also conducting research and development through the Counterterrorism Technical Support Program and the Technical Support Working Group (TSWG) to develop personnel protection, agent detection and identification equipment, and mitigation and decontamination equipment for use by first responders. The support provided by DoD will be based upon the resources within the department, our immediate proximity to a situation, or the nature and scope of the situation. It is important to note

again, however, that DoD remains a supporting player in the larger combined federal effort.

Congress, in the Strom Thurmond National Defense Authorization Act of 1999, directed the establishment of an advisory panel to assess domestic response capabilities for terrorism involving weapons of mass destruction. This legislation directed the Secretary of Defense, in consultation with the Attorney General, the Departments of Energy and Health and Human Services, and FEMA, to contract with a federally funded research and development center (FFRDC), to establish the panel and support it for its three-year life cycle. The panel is composed of private citizens who have knowledge and expertise in emergency response matters. The panel is required to provide to Congress an initial report within 6 months of their first meeting, and 3 annual reports. The reports will make recommendations to the President and Congress for improving Federal, State, and local domestic emergency preparedness to respond to incidents involving WMD. The RAND Corporation has been selected to establish and support the membership of the panel, and the panel will hold its first meeting in early June.

The Department of Defense is committed to work with our interagency partners to establish effective national domestic programs and policies that will enhance the preparedness at all levels of government to respond to the awful consequences of a WMD attack. I thank you for the opportunity to speak to you today, and I stand ready to respond to any questions you may have.

Senator SESSIONS. Andy, your comments, please.

STATEMENT OF ANDY MITCHELL

Mr. MITCHELL. Thank you. Chairman Sessions, Chairman Kyl, good afternoon. On behalf of Attorney General Reno and Assistant Attorney General Laurie Robinson, I am pleased to be here today to discuss our programs that are dedicated to enhancing the capabilities of State and local first responders throughout this Nation. I have submitted a written statement for the record.

In 1998, the Attorney General delegated authority for key facets of the Department of Justice's Domestic Preparedness Program to the Assistant Attorney General in the Office of Justice Programs, who in turn proposed the creation of the Office for State and Local Domestic Preparedness Support, a program office to develop and administer critically needed financial and training support to the Nation's first responders.

Under this initiative, OJP is focusing on interrelated areas. First, we are conducting needs assessments on a national, State and local level to help allocate resources and direct our design of training and exercise programs to meet the needs of the first responders as they define those needs.

Second, the office is providing financial assistance to enable State and local jurisdictions to buy much needed specialized equipment. In fiscal year 1999, OJP's plan will award nearly \$90 million to over 370 cities and counties in all 50 States, including each State capital, as well as grants to the 50 States to allow them to begin to address the equipment needs of the balance of jurisdictions within their respective States. We feel this approach provides a solid framework for building enhanced capacity nationwide, not just in a select number of jurisdictions.

Third, OJP offers a broad spectrum of training to ensure that State and local emergency response personnel and public officials have the knowledge, skills and abilities necessary to respond more safely and effectively to a terrorist incident.

Fourth, OJP will support State and local exercises to provide an opportunity to identify strengths and weaknesses within State and

local emergency response plans and to test their response capabilities and structures.

And, fifth, we will offer technical assistance to help transfer knowledge and assist State and local agencies to make critical decisions domestic preparedness requires.

In delivering this training and equipment to emergency personnel, OJP will closely coordinate and cooperate with the Department's National Domestic Preparedness Office which has been proposed, as Barbara has discussed, to coordinate Federal domestic preparedness initiatives and to serve as that single point of contact for first responders for information on Federal preparedness programs.

In formulating these plans, OJP has strived to make sure that the efforts of existing and anticipated domestic preparedness programs sponsored by other Federal agencies are considered. We are working closely with NDPO and the interagency family to ensure that our programs are integrated with these efforts and that program funding is maximized to deliver the best training available.

In particular, the Department of Defense and the Department of Justice are planning the transfer of the Nunn-Lugar-Domenici Domestic Preparedness Program. I am confident that the program transition will be seamless and result in a much more robust and comprehensive Federal training program for the Nation's first responders, enabling OJP to integrate our training and other domestic preparedness assets with the Domestic Preparedness Program implementation.

I also want to mention the National Domestic Preparedness Consortium and its vital role in providing specialized training to the Nation's first responders. Each of the five consortium member institutions—Louisiana State University, Texas A&M University, the New Mexico Institute of Mining and Technology, the Department of Energy's Nevada test site, and the Office of Justice Programs Center for Domestic Preparedness—has unique capabilities and expertise that will contribute to a more diverse, well-rounded training program for the first response community.

For example, OJP's Center for Domestic Preparedness at Fort McClellan, AL, provides the ability to conduct training in a live chemical agent environment and to conduct field exercises, critically necessary training which can only be provided through this unique facility. In less than a year of operation, the Center has already trained nearly 1,000 first responders in advanced operations, incident command and incident management.

Throughout the development of OJP's programs, we have made every effort to keep in close touch with those that we are here to serve, the Nation's first responders. With their help and constant feedback, we will continue to develop and improve our programs so that they can enhance the Nation's ability to deal with events we all hope will never occur.

Thank you for this opportunity to discuss these programs and I will be happy to answer any questions you may have.

[The prepared statement of Mr. Mitchell follows:]

PREPARED STATEMENT OF ANDY MITCHELL

Mr. Chairman and Members of the Subcommittee. My name is Andy Mitchell and I am the Deputy Director of the Office for State and Local Domestic Preparedness Support (OSLDPS), Office of Justice Programs (OJP). On behalf of the Attorney General Reno and Assistant Attorney General Laurie Robinson, I am pleased to be with you today to discuss our programs that are dedicated to enhancing the capabilities of state and local first responders to deal with the threat of domestic terrorism involving weapons of mass destruction (WMD).

OVERVIEW

The catastrophic potential from terrorist use of Weapons of Mass Destruction (WMD) is great and the threat is real. The Oklahoma City and World Trade Center Bombings, as well as the Tokyo subway attacks, are vivid reminders that we are all at risk in a changing world. Since the beginning of this year, the Federal Bureau of Investigation has logged approximately one WMD threat a day. The federal government has responded with a number of initiatives, reflecting the sense of the Administration and Congress that America's civilian population is at risk and that communities must have adequately trained and equipped first responders.

The Assistant Attorney General for the Office of Justice Programs is responsible for the administration of a key facet of the Justice Department's domestic preparedness programs, under a delegation of authority signed by the Attorney General on April 30, 1998. The Department of Justice Office of Justice Programs proposed creating the Office for State and Local Domestic Preparedness Support (OSLDPS) in 1998 to deliver financial and technical support to first responder communities across the nation.

Under this initiative, OJP/OSLDPS focus is pursuing five interrelated areas: First, OJP/OSLDPS is conducting needs assessments on a national, state, and local level, to help allocate resources and design training and exercise programs for individual jurisdictions. Second, OJP/OSLDPS is providing financial assistance to enable state and local jurisdictions to buy much-needed equipment. Third, OJP/OSLDPS will offer a broad spectrum of training to ensure that state and local emergency response personnel and public officials have the knowledge, skills, and abilities to enable them to respond well if terrorist incidents occur. Fourth, OJP/OSLDPS will offer tabletop and functional exercises to provide an opportunity to identify strengths and weaknesses within state and local emergency response plans and to practice response drills with key equipment before an actual event. And, fifth, OJP/OSLDPS will offer technical assistance to help in sharing the information to make the critical decisions domestic preparedness requires.

OJP's legislative authority for this mission is found in three laws: the "Antiterrorism and Effective Death Penalty Act of 1996," and the "Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Acts of 1998 and 1999."

OSLDPS, in delivering training and equipment to emergency personnel, will closely coordinate and cooperate with the Department of Justice's National Domestic Preparedness Office (NDPO), which has been proposed as an office to coordinate federal domestic preparedness initiatives and to serve as a single point of contact for first responders for information on federal preparedness programs.

In formulating its plans, OSLDPS has been cognizant of the efforts of existing and anticipated domestic preparedness programs sponsored by several federal agencies. We are working with NDPO to ensure that our programs are integrated with these efforts. The challenge for OSLDPS is to incorporate the other federal initiatives into a cohesive and logical program that both enhances the capabilities of first responders and delivers appropriate training, equipment, and exercises to every American city, county, or state that needs this assistance.

As part of this mission, OSLDPS is integrating new training initiatives into existing DOJ programs. At the beginning of fiscal year 2001, we are planning for OSLDPS to assume responsibility for the Nunn-Lugar-Domenici Domestic Preparedness Program, which is currently administered by the Department of Defense.

ASSESSMENTS

Assessments are an effective tool for prioritizing and allocating resources to develop programmatic solutions (training, equipment, and exercises) that lessen a jurisdiction's vulnerability to possible terrorist WMD incidents. Assessments ensure that measures taken to reduce vulnerabilities are justifiable and that resources are appropriately targeted to address identified needs.

Formal assessments have been largely absent from most federal programs directed at addressing WMD terrorism. OSLDPS views assessments as the cornerstone of its state and local domestic preparedness efforts. In fact, each application for OSLDPS grant assistance is built around a self-administered assessment process.

Although it would have been ideal to do needs assessments prior to program implementation, immediate community needs require that some assessment and implementation be done concurrently.

OSLDPS is engaged in a number of different assessment activities. The current "macro-level" needs assessment funded by OSLDPS is intended to provide a nationwide survey of the current WMD response environment. OSLDPS will build on the findings of that study through a program of city-county-state-level needs assessments, which are intended to help individual jurisdictions pinpoint vulnerabilities and develop an objective basis for future delivery of WMD terrorism assistance. The resulting findings will serve not only as a road map for program planning, but as a benchmark for measuring program effectiveness.

STATE AND LOCAL DOMESTIC PREPAREDNESS STAKEHOLDERS FORUM

In August 1998, the first State and Local Domestic Preparedness Stakeholders Forum was convened with participation from over 200 local, state and federal responders. The two-day conference offered a needs development process designed to provide an assessment of state and local WMD terrorism response requirements and to recommend appropriate federal support.

This gathering of the nation's first responder community was, in essence, an expert focus group. Responders identified shortfalls or needs from the context of practical experience and offered recommended courses of action. The concerns and recommendations for action that emerged from that forum have provided invaluable guidance to planners in the development of the OSLDPS programs and to other federal government agencies. OSLDPS is continuing this process by maintaining an active feedback process, engaging with the responder community through effects such as the National Domestic Preparedness Consortium and the NDPO's Stakeholder Advisory Group.

NATIONAL NEEDS ASSESSMENT

The Justice Department's fiscal year 1999 appropriation provided \$1 million to conduct a national needs assessment of state and local agencies' equipment capability, readiness, and training needs for chemical, biological radiological, nuclear, and conventional explosive responses. The assessment planning is being coordinated with NDPO. The WMD assessment is being conducted in two phases. The first phase, already completed, collected and reviewed existing WMD assessments to establish a knowledge baseline and identify gaps. During the second phase, a new WMD needs assessment will be produced from this baseline. The assessment will report on equipment, training, exercises, technical assistance, and research and development. More communities—on a wider demographic and geographic scale—will be surveyed. The results will be reviewed through focus groups, technical experts, and FBI field office WMD coordinators. Implementation guidance for all the overall domestic preparedness program will be created from the final comprehensive WMD needs assessment.

ASSESSMENTS RELATED TO EQUIPMENT GRANTS

The Department of Justice equipment program was inaugurated in fiscal year 1998 with the appropriations of \$12 million for the State and Local Domestic Preparedness Equipment Support Program to enhance first responder equipment capabilities in WMD emergencies. To receive a grant, jurisdictions were asked to provide a description of their terrorist vulnerability and risk assessments, identifying what factors and characteristics of their areas made them vulnerable. Jurisdictions then related the correlation between their equipment needs and their assessment of the risk.

Applicant needs for personal protective equipment, chemical/biological detection, decontamination, and communications equipment were examined using a tiered process that ranged from a basic defensive equipment level to more technologically advanced levels. Applicants move to the next tier only after the basic equipment requirements for the previous tier are filled.

The 120 largest jurisdictions in the United States were eligible to apply for the fiscal year 1998 equipment grant program. Competitive grant awards were made to 41 of these jurisdictions to purchase equipment in four categories—personal protection, decontamination, detection, and communication.

In fiscal year 1999, the State and Local Domestic Preparedness Equipment Support Program has expanded beyond the 120 OJP training jurisdictions to include 324 jurisdictions. This number includes 157 of the largest metropolitan jurisdictions (city and county), the 50 states and state capitals, and 48 jurisdictions that were included in the 120 cities program, but are not included in the 157 largest metropolitan jurisdictions. The program is now called the County and Municipal Agency Domestic Preparedness Equipment Support Program. Applicants must fill out a three-year equipment projection for their jurisdiction for all equipment categories and assess their equipment needs based on the tier level assessment.

Jurisdictions provide OJP with information on the number of HAZMAT teams they possess on a state and local level, as well as the number of tactical units, emergency medical services, law enforcement agencies, and fire service agencies that are within the jurisdiction. Information is also provided on the number of cities and counties and other areas that may utilize the equipment. Jurisdictions also detail and assess their terrorist incident training and exercise needs and describe the level of training required by their fire, HAZMAT, emergency medical, and law enforcement personnel for the next three years.

This information allows OSLDPS to determine the WMD training that is available and being utilized by jurisdictions across the country. The assessment is also part of a larger effort to identify gaps in WMD training currently available to local first responders, as well as identify training resource gaps for each jurisdiction. The information will assist the development of new training materials and courses to fill the gaps.

METROPOLITAN FIRE AND EMERGENCY SERVICES EQUIPMENT PROGRAM

The Justice Department's fiscal year 1999 appropriation has allotted funding to increase municipal fire and emergency service departments' equipment and training program. This grant program will provide funds for equipment for municipal fire and emergency medical departments as well as providing interoperable radio equipment for local emergency response agencies. Applicants are divided into two groups. The first is composed of jurisdictions that are designated for training under the Nunn-Lugar-Domenici Domestic Preparedness program, but had not received training by the end of 1998. The second group encompasses the largest cities and state capitals that have not received any previous equipment funding from OJP. Six cities that have completed the Nunn-Lugar-Domenici training will receive additional funding to bolster the equipment already received. Applicants undergo the same vulnerability assessment process and tier-level review as do applicants to the County and Municipal Agency Domestic Preparedness Equipment Support Program.

CITY/COUNTY/STATE ASSESSMENTS

OSLDPS is initiating a program of local and state assessments to identify and evaluate risks and capabilities, and, in turn, develop a catalogue of needs. These assessments will provide detailed analysis intended to assist with planning. Assessment teams will visit jurisdictions and assist local planners, responders, and policymakers with identifying potential problems and evaluating the communities' response area strengths and weaknesses. The resulting findings will enable local planners and policymakers to guide local resources and programs in the most efficient way possible, while also affording federal support to be more effectively targeted to address specific needs. We intend to formally communicate the assessment results to the city as a written report and as an oral presentation during the Senior Executive Course, which I will describe later in my testimony.

Training

Responder training, like any other learning experience, must be incremental, with progressive steps in the learning process. Training currently being offered to address readiness for WMD terrorism is far from comprehensive. Federal and state programs are typically designed for a general audience or for a specific professional discipline or perspective. While all programs have merit, they leave gaps in the knowledge base required for an effective response to WMD. OSLDPS programs are designed to bridge gaps in other programs and offer new enhanced, specialized training. These courses are delivered through a variety of mechanisms.

NUNN-LUGAR-DOMENICI DOMESTIC PREPAREDNESS PROGRAM (DOD)

DoD's Domestic Preparedness Program training is essentially entry-level WMD training for first responders, providing concepts and raising hazard awareness. OSLDPS programs will provide the next tier in that process, offering learning opportunities to further enhance first responders' understanding and refine actual

skills, including tactical and strategic responses to WMD terrorist incidents. An effort is underway to evaluate and, per stakeholder requests, certify effective training courses. As part of that process, the establishment of training hierarchies will assure first responders that they are progressing toward greater levels of proficiency.

The Department of Defense and the Department of Justice are working on a Memorandum of Understanding for the transition of the Nunn-Lugar-Domenici program, which should be completed by mid-June 1999. During fiscal year 2000, the program transition will begin and will be completed by the beginning of fiscal year 2001. The two departments are working well together, with excellent cooperation from DoD, which should make the transition seamless, with no impact on the cities involved with the training.

METROPOLITAN FIRE AND EMERGENCY MEDICAL SERVICES TRAINING

Jurisdictions receiving equipment grants for their fire and emergency medical services departments are receiving training in handling explosive, incendiary, chemical, and biological incidents through OSLDPS. This builds on the effort begun in 1997 that targeted the nation's 120 largest jurisdictions. OSLDPS utilizes the assessment information from the grant applications to create a training and exercise program for each jurisdiction, providing the maximum amount of skill development and minimizing knowledge gaps for the responders. The program is composed of a train-the-trainer course and direct-delivery course on incident management and tactical decision-making. OSLDPS also offers a self-study terrorism awareness course for first responders and its train-the-trainer course is available to state fire academy instructors for their classes.

EQUIPMENT TECHNICAL TRAINING

The Office for State and Local Domestic Preparedness will also provide jurisdictions technical training in handling equipment purchased with federal grants. This training is available upon the jurisdiction's request either through on-site visits, long-distance learning, or by hosting responders at training facilities around the country.

THE NATIONAL DOMESTIC PREPAREDNESS CONSORTIUM SPECIALIZED TRAINING

The National Domestic Preparedness Consortium (NDPC) is a key element of the federal domestic preparedness initiative. NDPC is providing the nation's first responders with specialized training specifically designed for responding to WMD incidents of domestic terrorism, filling existing training gaps, and enhancing training currently provided by FEMA, DoD, and other federal agencies. The specialized NDPC training will be delivered in three ways: on location at the Consortium facilities, through regional or traveling courses, and via distance learning technology. In fiscal year 1999, the Consortium will identify training needs, develop training courses, and deliver courses to first responders in four major areas: awareness, responder operations, technician responses, and WMD incident management.

The Consortium incorporates the several organizations that have received funding under the OJP's domestic preparedness initiative into a single, coordinated, and integrated training program. Each of the five NDPC members has capabilities that make their individualized sites uniquely qualified to provide specialized WMD training.

The National Energetic Materials Research and Testing Center at the New Mexico Institute of Mining and Technology provides live explosive training and field exercises.

The National Center for Bio-Medical Research and Training at Louisiana State University provides expertise and training in biological agents and in law enforcement.

The National Emergency and Response and Rescue Training Center at Texas A&M University provides the ability to conduct field exercises and expertise and facilities for training on urban search and rescue techniques, with emphasis on the fire, HAZMAT, and EMS disciplines.

The U.S. Department of Energy's National Exercise, Test, and Training Center at the Nevada Test Site provides the ability to conduct large scale field exercises using a wide range of live agent simulants and explosives.

The Office of Justice Program's Center for Domestic Preparedness at Fort McClellan, Alabama provides the ability to conduct training in a live chemical agent environment and to conduct field exercises. The Center was opened by OJP/OSLDPS on June 1, 1998 to train state and local emergency responders in both basic and advanced methods of responding to, and managing, incidents of domestic terrorism. Even now in its initial stages of operation, the Center has already trained nearly

1,000 first responders in basic awareness, incident command, and incident management.

SENIOR OFFICIAL COURSES

OSLDPS is developing an enhanced Senior Officials Course tailored for each recipient jurisdiction. The course builds on the existing Senior Official courses and is part of the transition from the Nunn-Lugar-Domenici program. This new program dovetails with the new assessment process and will ultimately serve as a vehicle for delivering the assessment findings to city leaders. The course teaches baseline awareness, then walks participants through the findings of the jurisdictional assessment. Through this process, decision-makers fully understand the community's state of preparedness and the necessary steps to ameliorate shortfalls. OSLDPS will initiate the program with a special version intended for the first 25 cities that received the Nunn-Lugar-Domenici Domestic Preparedness Program train-the-trainer courses.

All of the training courses developed under OSLDPS will undergo a course review and certification process by OSLDPS. Each of the 12 courses being developed will undergo a thorough review and critique. Comments from the review boards will then be incorporated into the course and, following a final expert review, the courses will be certified by OSLDPS.

Equipment

Specialized equipment ensures that responders are armed with the requisite tools to implement their knowledge and respond to WMD emergencies. The federal government has established several programs intended to provide first responders with the specialized equipment needed to effectively respond to WMD terrorist events. Such equipment—chemical detection systems, personal protective equipment, decontamination showers, etc.—is largely unique to the needs of WMD response. The merger of the Domestic Preparedness Program “training set” equipment program with the OSLDPS grant-based equipment program will enhance both efforts, eliminating duplication and providing an opportunity to go beyond “bare bones” to deliver meaningful equipment stores.

Our State and Local Technical Assistance and Needs Assessment Program will provide funding to give state and local agencies technical assistance. Assistance will range from calibrating and handling equipment to expert advice and information on a variety of WMD threats through phone hotlines and the Internet. Technical assistance is a constant throughout the preparedness spectrum and is available to all responders on a continual basis.

Office for State and Local Domestic Preparedness Support Grant Equipment Program

The Office for State and Local Domestic Preparedness Support has two levels of grant equipment programs that aim to cover more of the country, enhancing programs in cities that have already received Nunn-Lugar-Domenici Training and Equipment, reaching out to the counties and states, and providing funds for cities and states not currently receiving grants from other programs.

The fiscal year 1999 County and Municipal Agency Domestic Preparedness Equipment Support Program continues the equipment grants that were started in the 120 largest jurisdictions in fiscal year 1998 through the State and Local Domestic Preparedness Equipment Support Program, as I described earlier in my testimony. Fifty-nine cities in the group of 157 have already undergone training as part of the Domestic Preparedness Program (Nunn-Lugar-Domenici). These cities will receive additional awards for equipment and procurement purposes, allowing them to build on their advanced level of training and improve coordination with their neighboring municipalities. The funding will also allow states receiving FEMA grant funding for Terrorism Consequence Management Planning to enhance their operational planning.

The state program of the OSLDPS equipment grant provides a mechanism to address concerns expressed that federal resources need to be targeted to smaller jurisdictions. The states are able to distribute the grants funds, at their own discretion, to enhance the capabilities of smaller jurisdictions on a suburban and rural scale. Every state capital is also included in either the County and Municipal program or the Fire and Emergency Medical Services program. There is also no overlap between the grantees of the two OSLDPS programs to ensure maximum coverage with the funds available.

The Justice Department's fiscal year 1999 appropriation allotted funding to increase the Municipal Fire and Emergency Service Departments' Equipment and Training program. This grant will provide funds for equipment for municipal fire

and emergency medical departments, as well as providing interoperable radio equipment for local emergency response agencies. Grants will also be distributed to the 55 remaining cities that will be receiving Domestic Preparedness Program Training, but are not eligible for equipment funding through the First Responder Equipment Acquisition Program. Jurisdictions and states that have not currently received any Domestic Preparedness Program funding or training will also receive funds as part of this grant. Awards will be given to state capitals that are not eligible for First Responder Equipment Acquisition Program Funds and are not part of the remaining 55 cities to be trained, and the largest cities and the state capitals in the 12 states that were not included in the original 120 cities of the Domestic Preparedness Program.

Exercises

Exercises are critical to developing and refining first responder abilities to deal with WMD incidents. Exercises provide an opportunity for responders to move from theoretical learning to the practical application of training. Tabletop exercises allow responders to integrate response elements and begin to grasp the interplay of various disciplines. Drills or functional exercises provide a hands-on opportunity to utilize key equipment and run through the motions of a response in a low-stress environment. Enhanced functional exercises offered through the Consortium also provide the chance to practice responses in a hazardous environment. Issues central to the exercise include the development of confidence in local abilities to identify and manage the consequences of a terrorist attack during the early stages of the event, as well as the integration of local, state, and federal resources in a larger scale response, which might involve the use of pre-deployed assets or one that occurs over a longer period of time.

OFFICE FOR STATE AND LOCAL DOMESTIC PREPAREDNESS EXERCISE INITIATIVE

Congress has directed the Office of Justice Programs to conduct two types of exercises. A major "Topoff" exercise will be carried out at the national level later this year, which will involve senior federal officials and response assets responsible for consequence management of terrorist attacks. This exercise will be a "no notice" event, intended to stress the federal system's ability to effectively carry out its responsibilities. On the state and local level, OSLDPS intends to support local exercise initiatives with funding and technical assistance. The objective is to support non-Nunn-Lugar-Domenici jurisdictions that have received OSLDPS training and support, and responders will also be eligible to attend exercise-based training courses.

Summary

The evolving federal program for WMD terrorism preparedness is built on an interlocking foundation of assessment, training, equipment, and exercises. Each part is integral to a logically defined process, every element contributing to the whole. The OSLDPS program, as it gathers momentum and prepares to integrate the existing Nunn-Lugar-Domenici Domestic Preparedness Program activities, will provide targeted support, including technical assistance, to more than 300 cities, counties, and states across the nation. Through its awareness programs, thousands of police and fire personnel will be trained through direct deliver and train-the-trainer programs. This broadened reach will dramatically improve the level of sophistication and the functional readiness of the fire, law enforcement, and medical first responder communities nationwide.

As the early efforts have matured, the needs of the first responder communities have become increasingly better understood by those responsible for providing support at the national level. However, there are currently only two training programs working on a national level in the United States and after the transition on October 1, 2000, there will only be one—the program run by the Department of Justice.

OJP/OSLDPS, which is responsible for enhancing state and local capabilities, is preparing to enter a period of focused, sustained improvement of this nation's capability to deal with events that we hope will never occur.

I will be happy to answer any questions you may have. Thank you.

Senator SESSIONS. Thank you. Well, let me ask you this now. I know that everybody is going to say you are getting along and making progress; we are all working together. But let's go a little deeper than that. Are you satisfied now that you are moving toward a coordinated program in which the various departments—such as the Department of Energy, the Department of Justice, and the Department of Defense—are working together effectively to

achieve a unified plan with one-stop shopping, and what can we do to help you if you need any further help?

Mr. MITCHELL. I believe, Senator, that we are approaching that point where we are establishing relationships and being much more forthcoming in our negotiations and interactions with the other Federal agencies. The NDPO can provide some of the critical coordinating aspects that are required to pull that kind of an integrated Federal program together.

As I said, I am extremely confident that the transition of the Nunn-Lugar program to the Office of Justice Programs will provide for the first time a very truly comprehensive training program at one spot. It will be much easier to coordinate through one agency, and with the support of the other Federal agencies—the Public Health Service, the Department of Energy. They have critical resources and training to provide to this mission as well, and we see that ability to integrate all those programs as coming together much better than I think it has in the past.

Senator SESSIONS. Well, the various agencies have various things they can contribute, and how you bring it together, I think, is important. I believe the President has got to give Dick Clarke and all of you the sufficient authority to meet your responsibilities. Are you satisfied that there is sufficient authority to command coordination among the various departments and agencies of the Government?

Mr. MITCHELL. Senator Sessions, I think there is. I think there are some areas where we need to do better, but I think I have seen over the last several months a willingness to put individual and sometimes parochial interests aside and try to come together for the benefit of the Nation's first responders. So I think we have the organizational structure there that will allow us to do that on a much more effective basis.

Senator SESSIONS. Well, it is the nature of the beast, and we ought not to be ashamed to admit it, that we are going to have parochial interests and people are going to be quite sincere. But in the overall picture, they may not be correct, and somebody has got to make a decision to bring it all together.

Dr. Hughes, let me ask you, considering the long incubation period of some diseases, what do you think is the most immediately needed things to help our medical technicians at the local level be ready for a potential biological threat?

Dr. HUGHES. Well, I think there are several things that need to be done, and we are beginning to make some progress here. They are the same sorts of things that need to be done to position the Nation to deal with problems of emerging and reemerging infectious diseases, generally.

Senator SESSIONS. You think there would be a substantial overlap, in other words, between just identifying a normal outbreak, a natural outbreak?

Dr. HUGHES. Absolutely, absolutely. It is important to recognize that a biological event will present rather differently than an explosion or an exposure to a chemical agent because of this incubation period that has been mentioned. People may be dispersed when they become ill. Therefore, it requires that health care professionals be alert to the fact that a patient that they are seeing with

an unexplained illness might, in fact, be part of a terrorism episode.

Of course, they might also be part of a naturally-occurring epidemic as well, and a number of the recently recognized outbreaks in this country have been detected first by an alert physician. That was true very dramatically for the episode of what we now call hantavirus pulmonary syndrome that you may remember was recognized on the Navajo Indian reservation back in 1993. It was an alert physician and an alert State medical examiner who recognized that they were dealing with an unexplained illness.

So we must first increase awareness, improve disease surveillance, provide the types of laboratory diagnostic tests that are necessary to rapidly recognize infectious diseases. One of the problems with some of the leading bioterrorism candidate agents, of course, is they are not currently important public health problems in this country. The level of physician awareness of the illnesses is very low. The level of awareness of microbiologists working in clinical or public health laboratories is very well.

There are not significant active research programs going on for these agents, so we don't have the diagnostic tests that we need, and in some cases we don't have the range of therapeutic strategies that we need. We also need to be sure that people are familiar with how to report these episodes when they occur, and that local and State health departments are positioned to be able to rapidly respond and call on assistance from the Federal Government as needed.

One last comment is just the importance of this planning and the need to be sure that law enforcement and public health and emergency responders and infection control practitioners, groups that historically have not always worked closely together—because they all will have critically important roles to play in a bioterrorism event, they all need to be at the table in this planning, as has been emphasized.

Senator SESSIONS. The CDC then, as you see it, would play a primary role in this effort in educating the physicians and medical personnel?

Dr. HUGHES. Yes. That is one of the things that we see as important responsibilities for us. We are going to start with helping local and State public health personnel strengthen their surveillance capacity, improve their laboratory capacity, strengthen their communication capacity so that information can move rapidly among local jurisdictions to States and at the national level. And then the need for training is a recurrent theme, absolutely.

Senator SESSIONS. Well, it strikes me as part of the whole picture you would want to move from sensitizing physicians and medical personnel, to diagnosis, to also immediately help our other first responders, whoever it is that may be dealing with these people, to also not be infected themselves and to move rapidly on that. I think it just takes a unified effort.

Senator KYL.

Senator KYL. Thank you, Mr. Chairman.

Just following up with the comment you made earlier, Dr. Hughes, what are the CDC's plans for researching and developing anti-viral drugs against smallpox or new smallpox vaccine?

Dr. HUGHES. Well, in the President's budget for 2000, there is a request for resources for NIH, who, in the Department of Health and Human Services, as you know, would be the lead for this type of research. Obviously, the pharmaceutical industry is a very important partner in this as well.

We do have a responsibility at CDC for maintaining the smallpox virus, and are involved with the stockpile issues as they relate to smallpox vaccine. The Department of Defense has really been the lead group in the recent past in terms of conducting research looking for anti-viral agents that might be effective against smallpox virus and they have made some progress. But this Institute of Medicine report identified very clearly the high-priority need to develop an improved smallpox vaccine and an improved anthrax vaccine.

Senator KYL. That was the reason for my question. I mean, I am aware of that and I just wondered, does CDC have plans for doing something itself or are you relying on DOD? In other words, I am curious to know whether or not we are going to have an effective anti-viral because of the difficulty of some people who can't be vaccinated with current smallpox vaccines and whether we will have sufficient new smallpox vaccine.

Dr. HUGHES. Well, it is an excellent question and it illustrates one of the many challenges in this arena. You know, you can't develop a new smallpox vaccine overnight, and we are going to need collaborative Federal efforts and we are going to ultimately need to engage the pharmaceutical industry in dealing with this challenge as well. Now, NIH will be in a position, if the resources come to them, to support some of the relevant research in these areas as well.

Senator KYL. I guess what I am hearing is we are going to work on it.

Dr. HUGHES. Well, these things take time, Senator. You can't do this stuff overnight.

Senator KYL. I understand it takes money, it takes time, it takes very talented people. And maybe we shouldn't be talking in an unclassified environment about what we don't have, but I guess I will just summarize it this way. This is one of our significant needs that currently is unmet. Would that be a fair statement?

Dr. HUGHES. That would be a fair statement, yes, absolutely.

Senator KYL. And anything that you become aware of that is needed from the Congress, you will tell us, right?

Senator SESSIONS. Dr. Hughes, do you consider yourself the one that ought to make that request or are you looking to someone else to bear the responsibility of deciding whether we need more vaccine? That is one of the things we are trying to—who is going to make the call?

Dr. HUGHES. The request ultimately comes from the administration, of course. We maintain the stockpile of smallpox vaccine, for example. Now, there are significant problems there, and the committee should be aware there is not a lot of smallpox vaccine itself. There is even less diluent that is needed to dilute the vaccine that exists. There is a shortage of bifurcated needles, the needles that are needed to administer the vaccine, should that need arise.

And then last but not least, there is a relative shortage of vaccinia immunoglobulin which you need to have because of the anticipation that there will be some adverse reactions associated with a large smallpox immunization program. So it is quite complicated. There are shortages in each—

Senator SESSIONS. I guess my only question is that since we don't know everything that is going on in the world, can we look to you to call on us for help if you need it or are we looking to some other agency to make that request?

Dr. HUGHES. Well, we can let you know in terms of the stockpile issues for which we do have lead responsibility, absolutely.

Senator SESSIONS. I am sorry, Jon. I interrupted you.

Senator KYL. No, that is all right, Senator Sessions.

Senator Helms and I sent a letter to the President last month in which we discussed this problem. There was a suggestion that the U.S. smallpox cultures would be destroyed, and I wrote this letter suggesting that the administration, in deciding the fate of the remaining smallpox virus cultures held at CDC, should recognize the needs that we would have. I expressed the view that we believe even more strongly that destruction of the U.S. smallpox cultures would undermine U.S. national security and would serve no public health purpose whatsoever.

First of all, were you aware of this letter?

Dr. HUGHES. I am not aware of the letter, no, sir.

Senator KYL. What can you tell us about the status of the administration's decision with respect to the smallpox virus cultures at CDC?

Dr. HUGHES. Only that there are ongoing discussions at the highest levels of the administration about this very issue.

Senator KYL. Are you involved in those?

Dr. HUGHES. No, I am not personally involved in those.

Senator KYL. Is somebody else at CDC involved?

Dr. HUGHES. We have been involved in discussions within the Department of Health and Human Services, but not above that, to my knowledge, directly in the recent past.

Senator KYL. Well, this is a very serious matter and it doesn't sound to me like you are directly aware of either the President's decision here or the status of the creation of new stocks. And I think we need to find out the answers to those questions. Maybe I can submit them to you and you can help us get them to the right people.

Dr. HUGHES. We would be happy to respond to the record. Certainly, the pros and cons in terms of the destruction of the smallpox virus stocks have been discussed. That is one issue. Now, the smallpox vaccine—some people don't realize that the smallpox vaccine is not smallpox virus. It is a different virus, and so there are two separate issues.

Senator KYL. Before my time is gone, Mr. Mitchell, when you conduct the assessments mentioned on page 4 of your statement, do you anticipate adding or dropping cities to the training program?

Mr. MITCHELL. Well, I think that will help guide us in making that determination. We are committed to completing the initial 120-city target for Nunn-Lugar. We fully intend and we expect to

add additional cities to that, and to address some of the other issues that have been raised with the approach there to address the needs in some 12 States that are outside the current 120-city listing to try to make the program more nationally-based.

Senator KYL. Do you anticipate that the Department will be able to incorporate intelligence estimates into the decision about selecting sites, or will you stick with the original DOD sites?

Mr. MITCHELL. Well, I think we are going to stick with the original 120 DOD sites, based on population, and also some of the other jurisdictions that we have been directed in Congress to provide grants to, the 157 largest cities and counties. We see a need to link the training with the jurisdictions that are receiving Federal resources for specialized equipment, and these are the largest jurisdictions with the paid professional fire services and they are ideally suited for this type of training.

There does need to be a range of training. To be honest with you, Senator, there is no one training model that is going to meet all of the training needs of the various-sized jurisdictions. So, that is one of the areas we are going to have to examine and see how the program can be shaped to address that.

Senator KYL. One of the things I have in mind is the GAO report. One of the issues that they reported on had to do with the identification of the cities. The report said, and I am quoting now.

DOD did no analysis to determine whether all cities on the list actually has a perceptible level of threat and risk of terrorism or whether a small city with high risks factors might have been excluded from the program due to its lower population.

I guess I was suggesting that instead of just taking a list that was prepared that you might take the GAO recommendation to heart and consider whether there might be some exceptions to the rule that would alter your listing.

Mr. MITCHELL. We are certainly willing to consider that.

Senator KYL. There is a lot more we can get into here, but I am not going to have time and I am going to have to leave at 3:00 p.m. Oh, I was supposed to leave at 3:00 p.m. Now, I am really late—so thank you very much for the panel.

Senator SESSIONS. Thank you for your leadership and contribution on this panel.

Mr. Cragin, let me ask a little bit about the National Guard.

Mr. CRAGIN. Yes, sir.

Senator SESSIONS. The National Guard is a tremendous resource and has some very talented people within it, and they are in virtually every community in America, and Army Reserve units, too. What role do you view that they would have in this effort?

Mr. CRAGIN. Mr. Chairman, as I know you recall from Dr. Hamre's testimony before the Senate Armed Services Committee, he made the observation that as far as the Department of Defense is concerned, the National Guard and the reserve components are forward-deployed in America. We think that they collectively are going to play a major role in providing military support to civil authorities.

And as Dr. Hamre mentioned during his testimony, we sought congressional authority in the fiscal year 1999 Defense Authorization Act to establish 10 rapid assessment and initial detection teams, one in each of the 10 FEMA Federal regions, composed of

22 full-time National Guard personnel that would be available within their area of responsibility to assist the first responders in initial detection activities.

Additionally, as part of that reserve component integration program, we will be training about 170 decontamination and reconnaissance units, primarily from the Army Reserve which has about 60 percent of the Army's total capability in that arena.

Senator SESSIONS. Are they already in existence?

Mr. CRAGIN. They are identified. The training doctrine—

Senator SESSIONS. Are we redesignating certain units or will they just be given extra training?

Mr. CRAGIN. They are primarily going to be given extra training. They essentially have the core competencies, they understand the skill set. But this is to deal in an urban environment, in communities working with first responders, and the money has been appropriated in fiscal year 1999 to do that. We will also, as we move forward, be engaging a number of our medical resources in the Guard and Reserve.

With respect to the RAID teams themselves, it was determined that the National Guard was really the best place to embed these units because, as you know, they wear two hats, a State hat and a Federal hat. Therefore, the governors could effectuate their deployment without having to go through the Federal hoops.

Congress last year in the supplemental appropriation also directed us to establish in the 44 States and territories that didn't get an allocation of one of the RAID elements—to establish what we called RAID lights, which utilize drilling National Guard personnel to develop a modicum of planning and assessment capability in each of these jurisdictions. We have requested in the President's budget for 2000 authority for an additional five RAID teams to be fielded that year, and I know that the Senate Armed Services Committee staff has been working with us comprehensively on answering that question.

Senator SESSIONS. It is a tremendous resource and, properly utilized, I think could contribute to the overall effort.

Ms. Martinez, the one-stop shopping is a good endeavor. That is a great goal, and I applaud the Attorney General and all of you that have been working on that. I guess my question as part of this oversight is how close do you think we are to achieving that? What else needs to be done, and can we do anything to help?

Ms. MARTINEZ. Well, I think, Mr. Chairman, that right now we do have a voluntary cooperation by all of the Federal agencies I named, and largely it is the agencies that have been involved from the very beginning of Nunn-Lugar and its rollout, to include now OJP and the National Guard, soon to be Coast Guard and the NRC, as well as the Office of Victims of Crime.

As I mentioned, at the present time everyone is corralled around the need, as cited by the stakeholders, to work this together. I believe that everybody is in it for the right reason, and there is a tremendous spirit of cooperation in terms of we do know what it is meant to be. I was in Oklahoma City yesterday, on the anniversary. I know that there are a number of people on the front lines in State and local levels that will make this work.

I think many of the bugs that will be worked out in the Federal Government will be by the participation of State and local authorities in the office, and that is why we have allowed about a third of the office to be State and locals themselves, to allow them to remind us on a daily basis, to guide our programs. And I really don't think we can look at them and say no. So at the present time, it is just the Federal skeleton, if you will, and I really look forward to the day when we are fully staffed and operational in Crystal City.

Senator SESSIONS. Well, I hope that does proceed apace. Are you taking steps, or would it be Mr. Mitchell's effort to ensure that we have appropriate training standards for people to go through training, that they learn A, B, C and D, the essential things needed for first responders?

Ms. MARTINEZ. Yes, Mr. Chairman. The National Domestic Preparedness Office at this point has formed a working group to develop a set of national standards for training. We have put together a standardized equipment list so that everyone can basically work off an interoperable basis.

The training standards will recognize National Fire Protection Agency standards, as well as those that are being developed by the American College of Emergency Physicians in the health care area. So we are happy to say that the first responders have been very good in guiding us in developing that national standard.

Senator SESSIONS. Well, I think there is an intensity of need to get this done. I know it has been talked about for some time, but I would encourage you to speed it up. Is there anything we can do to help you speed it up that you know of? You think you are making progress?

Ms. MARTINEZ. Well, at the present time, sir, of course, we are only proposed and we are looking forward to the day when we are actually cut loose and named as an office. We have done a great deal, like I say, on a voluntary basis so far and we have really been the horse that is champing at the bit. We haven't been able to get out on the course, if you will, so we are looking forward to that day.

Senator SESSIONS. Mr. Mitchell, do you have any comment on that?

Mr. MITCHELL. I think Barbara has pretty succinctly described it. We are taking our guidance on that from the first response community. We are not interested in developing new standards or Federal standards outside the standards they are currently under, the existing NFPA standards that are fully accepted and utilized at the local level. We will ensure that all training, at a minimum, meets those existing standards.

Senator SESSIONS. On the question of equipment, has there been some consensus reached as to what is essential equipment, what items of equipment are essential for any effective first responder, and what kind of training is necessary for that? Do any one of you want to comment on that?

Ms. MARTINEZ. I would like to comment, Mr. Chairman. If I can say, actually even before NDPO was begun, the HAZMAT commanders across the country, about four of them that I could actually name, saw the need to standardize their equipment. And we have recently built upon that, asked them to come forward and

identify what is different in the way of terrorism. This was the beginning of the standardized equipment list.

We have since gone beyond the HAZMAT arena and asked the medical personnel, through the Department of Health and Human Services, to provide what they thought was necessary for the first responder or the emergency responder, not in the hospital system, but on the scene in immediate response to a terrorist incident involving a chemical or biological or nuclear or radiological material.

So we have gone to the various places. Of course, law enforcement has basically come up with the technology necessary to render safe in a remote capacity; that would be an explosive device. In this case, chemical-biological-nuclear has given them a new twist as well.

It is very exciting what is happening right now. By virtual office, many first responders are working in about six different program areas in this equipment list that they can develop for us and suggest to us the items of equipment that ought to be on the standardized equipment list. We, in turn, February 1, I believe, turned that over to OJP for inclusion in the grant program so that the moneys that are spent for first responders are on the items that are standardized.

Senator SESSIONS. Well, you just don't want, I think, every city or county or metropolitan area having to reinvent the wheel and determine what equipment or what clothing is available. I think that it would be a good role for the Federal Government to have a good handle on that, to give them good options.

Maybe some cities would need something slightly different than another one because of location or otherwise. But I really believe that that is an important role for the Federal Government to keep every city and county from just receiving a grant and going out and trying to buy equipment. Do you agree with that?

Ms. MARTINEZ. Absolutely, sir, and that list is available if you would like to see it. Eventually, what we would like to do is make that into almost a Consumer Reports. The DOD would provide us testing data of different protective, detection, DCON and communications gear; that DOD will basically test protective equipment against different agents under different conditions. And we would like to be able to publish that.

Senator SESSIONS. Just to follow up on that, will there be required a plan, a city plan, disaster crisis plan to be prepared and submitted for approval as part of this process?

Ms. MARTINEZ. This is already in the infancy stages. Right now, of course, the weapons of mass destruction in the FBI field offices have the contingency plan, and we are unveiling the Federal contingency plan so that local jurisdictions can know what to expect from the Federal Government. In addition, the OJP grant application kit does ask them to provide some planning in advance of them actually receiving the grants.

We went through this—the first year was last year, and I helped Frank LePage basically write the application kit. So the two of us are very familiar with that and we have asked them to provide a great deal of background detail and planning before they can actually qualify.

Senator SESSIONS. I think ultimately every city ought to have a plan that meets their own individual needs. What happens if the water system is attacked, what happens if the port is vulnerable, or various different threats that would be unique to that city. I hope we can reach that level. If we are not, I don't think we are at the level we need to be.

Does anybody else want to comment on that briefly? We have got another panel to go to.

[No response.]

Senator SESSIONS. Dr. Hughes, what about equipment for medical personnel, any special needs that you feel may be important for us to consider there?

Dr. HUGHES. Well, this standardization issue generally is an important one from our perspective as well. One of the things that we are doing is working with the hospital infection control community as another group that is clearly an important partner, particularly in a biological terrorist incident, because there are issues related to isolation precautions and appropriate protective equipment in that setting.

I might say, though, in terms of standardization, it is an issue for clinical and public health laboratories, also, in terms of what level of expertise should these laboratories have, what sorts of diagnostic capacity. It is also a big issue in the information system arena, which is a very important piece of all this, and an area in which we are trying this year in this RFA that I mentioned to improve State and local public health communication capacity and urge them to conform to some standards that will give us for the first time a national integrated infectious disease surveillance system. That is the direction that we are trying to head in.

Senator SESSIONS. So to advise you, we will be open for follow-up questions for 1 week. The record will be open until tomorrow if you have any submissions you would like to make for that. And then if you do receive questions, we would ask you if you would respond within 1 week. We would be most appreciative.

Thank you very much. You have made some excellent points, and I hope that things are going along well and we hope that we can help.

Will our next panel step forward? Our first panelist is Chief Richard Dyer. He has been in the fire service for 32 years, and Chief of the Fire Department in Lee's Summit, MO, since 1987. He served on the board of directors of the International Association of Fire Chiefs since 1991 and was elected president of the Association in 1998. We appreciate Chief Dyer coming to Washington.

Sheriff Pat Sullivan, of Arapahoe County, CO, a suburb outside of Denver. I suppose that is your neighborhood that had the shooting. Is that right?

Mr. SULLIVAN. Yes, Mr. Chairman. I will brief you on that when it comes my turn.

Senator SESSIONS. Thank you. We are certainly interested.

You are a member of the board of directors of the National Sheriffs' Association and serve as chairman of the National Sheriffs' Association's Subcommittee on Domestic Preparedness and Domestic Terrorism. Sheriff Sullivan was recently appointed to the Advisory

Committee of the National Domestic Preparedness Office by Attorney General Janet Reno.

Sheriff Ted Sexton, from Alabama, pointed out to me that the sheriffs had not been sufficiently inculcated or brought into this process. I thought that was a good comment and I hope progress is being made.

Mr. SULLIVAN. Yes, Mr. Chairman, just a correction on that. I have met several times with the FBI on forming the National Domestic Preparedness Office. They have not actually formally appointed an advisory board yet.

Senator SESSIONS. I see.

Mr. SULLIVAN. And the National Sheriffs' Association has a subcommittee on terrorism, and Sheriff Sexton is my vice chairman on that committee.

Senator SESSIONS. Well, he is a capable person, as you well know, and very articulate—

Mr. SULLIVAN. Very good.

Senator SESSIONS [continuing]. And has testified before this Congress before.

Dr. Richard Alcorta has been practicing emergency medicine at Suburban Hospital's Shock Trauma Center since 1987. He served as Maryland State EMS Director, and in 1995 was appointed the State EMS Medical Director at the Maryland Institute for Emergency Medical Services Systems. Dr. Alcorta recently testified before the Senate Committee on Health, Education, Labor, and Pensions on the threat of terrorism. We look forward to your testimony today.

We had one of the most striking bits of testimony before the Environment Committee from a Dr. Grande, from Pittsburgh. I don't know if you know him. He is an emergency medical practitioner. He said, well, you are spending billions of dollars on these air standards. He said, if you give me \$100 million in emergency medical care and I will guarantee you that I will save lives. I am not sure you will do that on the billions you are spending on some of these clean air—anyway, it is an area, emergency and shock trauma, where you have to make decisions of life and death instantly. Good decisions, prompt treatment, the right actions can really save people.

Dr. Joseph Waeckerle is Chairman of the Department of Emergency Medicine at Baptist Medical Center and Menorah Medical Center, and clinical professor at the University of Missouri, Kansas City, School of Medicine. His involvement in emergency medicine dates back to the 1970's when he served as Director of EMS in Kansas City, MO. He has instructed physicians and pre-hospital personnel in preparation for mass-casualty events, including the Atlanta Olympic Games. He is the editor-in-chief of the Annals of Emergency Medicine.

Chief Dyer, we are glad to hear your comments.

PANEL CONSISTING OF RICHARD DYER, FIRE CHIEF OF LEE'S SUMMIT, MO, AND PRESIDENT, NATIONAL ASSOCIATION OF FIRE CHIEFS; PATRICK J. SULLIVAN, JR., SHERIFF OF ARAPAHOE COUNTY, CO, AND CHAIRMAN, SUBCOMMITTEE ON DOMESTIC PREPAREDNESS AND DOMESTIC TERRORISM, NATIONAL SHERIFFS' ASSOCIATION; AND RICHARD L. ALCORTA, STATE EMERGENCY MEDICAL SERVICES DIRECTOR FOR THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS, ON BEHALF OF THE COLLEGE OF EMERGENCY PHYSICIANS, AND JOSEPH F. WAECKERLE, CHAIRMAN, WEAPONS OF MASS DESTRUCTION TASK FORCE SUBCOMMITTEE, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

STATEMENT OF RICHARD DYER

Mr. DYER. Good afternoon, Mr. Chairman. The issue of domestic terrorism is one in which America's fire departments have a vital interest. Violence perpetuated against our citizens for political purposes, national, international or otherwise, will be suffered locally.

As the primary provider of emergency life safety services, fire department personnel will be the first on the scene of any act of terrorism, saving lives and mitigating damage. This was true at the 1993 World Trade Center bombing in New York City and at the bombing of the Federal building in Oklahoma City in 1995. It has been so at countless incidents less notorious. Thus, it will be so in the future.

The Nunn-Lugar amendment to the 1996 Defense authorization and the Antiterrorism and Effective Death Penalty Act of 1996 began Federal efforts to help better prepare local fire, emergency medical and police agencies for the possibility of terrorism involving chemical, biological, radiological and conventional weapons.

The Antiterrorism Act authorized a \$5 million appropriation to train metropolitan firefighters in terrorism response. The Office of Justice Programs provided four jurisdictions with demonstration grants and, importantly, worked with the National Fire Academy in the development of awareness level training programs that have been available nationwide for 2 years. A train-the-trainer approach was used as both a cost savings and as an efficient way to reach as many first responders as possible.

In the spring of last year, the IFC, working in cooperation with the OJP, produced a conference that brought fire and law enforcement chiefs from the Nation's 120 metropolitan areas together to discuss the domestic terrorism issue and to conduct a consensus needs assessment in preparing for an incident. Training and equipment were identified as the top priorities by these professionals.

With the chairman's permission, I would like to enter this report on the 1998 National Conference on Strengthening the Public Safety Response to Terrorism into the official hearing record.

Chemical, biological and radiological weapons pose unique challenges for firefighters. Emergency personnel, improperly prepared, will themselves become victims. The lives of the initial survivors of an attack depend upon immediate rescue and emergency medical care from the local emergency response community. These men and

women must be equipped to operate safely in a contaminated environment if lives are to be saved.

Discretionary funds for counterterrorism initiatives provided by the conference report accompanying fiscal year 1998 appropriations for the Departments of Commerce, Justice and State were targeted by the Attorney General for these equipment issues. The OJP distributed \$12 million to 41 jurisdictions across the country to begin addressing these urgent equipment needs.

At the same time, OJP created, at the direction of Congress, a National Domestic Preparedness Consortium. Training programs and facilities offered by the consortium have been well received by chief fire officers with both hazardous materials and training expertise. The IAFC strongly supports expedited access to the consortium's facilities for as many local emergency services personnel as possible.

The IAFC believes that the enhancement of existing local capability is the wisest, most cost-effective course to follow in preparing for weapons of mass destruction terrorism. It is nearly certain that we will be the first responders on the scene, and we will be the largest supplier of personnel and equipment throughout the incident.

Fire department hazardous materials response teams deal with spills and accidental releases of highly toxic chemicals on a regular basis. This is the case throughout America. Additional training in safely containing chemical, biological and radiological agents, especially from terrorism, is a high priority for America's fire services.

Senator SESSIONS. I would just say your people are already highly trained because some of those chemicals are extraordinarily dangerous and must be handled very carefully. Some, you can't put water on; some you can. And it is the kind of training we need to expand to terrorist issues. Would you agree, fundamentally?

Mr. DYER. Yes, sir, absolutely.

Senator SESSIONS. I mean, I think most fire departments have extraordinarily skilled people in these areas, and you are right to believe that they are a resource and, with a little extra training, could be our best contributors to weapons of mass destruction incidents.

Mr. DYER. That is exactly our position, Senator.

Senator SESSIONS. Thank you. I am sorry to interrupt there.

Mr. DYER. No problem. As long as we are agreeing, continue to interrupt. [Laughter.]

The lack of training standards in both the Defense and Justice programs is of concern to some. Others proclaim that no standards exist. The IAFC disagrees. Consensus standards developed and promulgated by the National Fire Protection Association are the standards that should be adopted by all agencies involved in training local fire departments. Funding for additional equipment, training and exercises was provided in last year's Appropriations Act. Congressional conference report language accompanying the law is consistent with the needs assessment report that was created at the OJP-IAFC terrorism conference.

I turn now to the coordination of terrorism programs and to the operational coordination of Federal agencies in response to an actual incident. With multiple Federal agencies currently involved in

training and support programs, there is clearly a need for program coordination. The Attorney General has created a National Domestic Preparedness Office to serve as a contact point for local agencies and to facilitate coordination of planning, training and operations programs.

We are eager to work with the NDPO in an attempt to clarify the Federal response mechanism. Numerous Federal agencies have response capabilities, but it is currently unclear on how these units will be activated and coordinated during a crisis. We feel that the State and local advisory panel of the NDPO is going to be critical in order to address a coordinated response to any incident. I mentioned earlier the need for radio interoperability among and between all responding agencies. The lack of effective communications can significantly hamper the successful management of any incident.

There is a final incident that should be addressed with respect to the successful management of an incident of domestic terrorism. The Incident Management System was developed decades ago in response to the large wild fires then occurring in southern California. The system is now used by the vast majority of America's fire departments and will be in place at the scene of a terrorist attack long before State and Federal agencies arrive.

Senate report language accompanying supplemental fiscal year 1999 appropriations directed the FBI and the NDPO to act in a manner consistent with all hazard planning within the framework of the Standard Incident Management System. The IAFC supports this unconditionally, and applauds the Senate and the Congress for the adoption of this language.

I would like to thank the Chair and the committee for allowing the IAFC the opportunity to be here and to share our views on America's preparation for terrorism.

Senator SESSIONS. Thank you, Chief Dyer. Well said.

[The prepared statement of Mr. Dyer follows:]

PREPARED STATEMENT OF RICHARD DYER

I am Chief Richard "Smokey" Dyer, of the Lee's Summit, MO, Fire Department and President of the International Association of Fire Chiefs (IAFC). The issue of domestic terrorism is one in which America's fire departments have a vital interest. Violence perpetrated against our citizens for political purposes, national, international or otherwise, will be suffered locally. As the primary provider of emergency life safety services, fire fighters will be first on the scene of any act of terrorism, saving lives and mitigating damage. This was true in the minutes following the 1993 World Trade Center bombing and the 1995 bombing of the Alfred P. Murrah federal building in Oklahoma City. It has been so at countless incidents less notorious. Thus it will be so in the future.

There are two distinct areas of federal counterterrorism efforts that should be addressed. First, programs designed to support local emergency services personnel who will be first on the scene and second, the operational role of federal agencies in the wake of an attack. I will address the pre-incident support role first.

The Nunn/Lugar/Domenici amendment to the 1996 Defense Authorization and the Antiterrorism and Effective Death Penalty Act of 1996 began federal efforts to help better prepare local fire, police and emergency services agencies for the possibility of terrorism involving chemical, biological, radiological and conventional weapons. Our association was involved in the development of both these laws and continues to work with the Departments of Defense and Justice in their administration.

The Antiterrorism Act authorized a \$5 million appropriation to train metropolitan fire fighters in terrorism response. Designated by the Attorney General to administer this law, the Office of Justice Programs (OJP) provided four jurisdictions with demonstration grants and, importantly, worked with the National Fire Academy in

the development of awareness-level training curricula that has been available nationwide for two years. A train-the-trainer approach was used as both a cost savings and an efficient way to reach as many fire fighters as possible. Tens of thousands have received training based on these materials. This awareness-level training is excellent and should continue to be provided.

In the spring of last year the IAFC, working in conjunction with OJP, produced a conference that brought both fire and police chiefs from the nation's largest 120 cities to the Washington area to discuss the domestic terrorism issue and to conduct a consensus needs assessment in preparing for an incident. Training and equipment were identified as top priorities by these professionals. The need for improved coordination among federal agencies with operational, post-incident roles was also identified. With the Chairman's permission, I would like to enter this report on the 1998 National Conference on Strengthening the Public Safety Response to Terrorism into the official hearing record.

Personal protective equipment, for all local emergency personnel, decontamination and detection equipment were identified as top equipment needs. Equipment that will allow radio communications among and between responding agencies was also identified as a need. To this I shall return shortly.

Chemical, biological and radiological weapons pose unique challenges for fire fighters. Emergency personnel, improperly prepared, will themselves fall victim to their effects. The lives of the initial survivors of an attack depend upon immediate care and attention from rescue workers. These men and women must be equipped to operate safely in a contaminated environment if lives are to be saved. Thus, personal protective equipment must be the top priority, followed by equipment that will facilitate decontamination of victims. Devices that can detect and monitor the presence of these agents are also very important. They can prevent mistakes that may cost lives.

Discretionary funds for counterterrorism initiatives provided by the Conference Report accompanying fiscal year 1998 appropriations for the Departments of Commerce, Justice and State, were targeted by the Attorney General at these equipment issues. The OJP distributed \$12 million to 41 jurisdictions across the country to begin addressing these urgent equipment needs.

At the same time OJP created, at the direction of Congress, a National Domestic Preparedness Consortium comprised of Louisiana State University, the New Mexico Institute for Mining and Manufacturing, Texas A&M University and the Nevada Test Site's explosive ordinance facilities. The Justice Department also took control of the U.S. Army's chemical weapons training facilities at Ft. McClellan, Alabama and designated this facility as the National Domestic Preparedness Center. Training curricula and facilities offered by the Consortium have been well received by chief fire officers with both hazardous materials and training expertise. Managers at these facilities have actively sought out expertise from the fire service and have shown a willingness and demonstrated ability to respond to constructive criticism of their programs. The IAFC strongly supports expedited access to the Consortium's facilities for as many local emergency services personnel as possible.

The IAFC believes that the enhancement of existing local capabilities is the wisest, most cost effective course to follow in preparing for "weapons of mass destruction" terrorism. It is our belief that not only will we be the first responders on the scene, but we will be the largest supplier of personnel and equipment throughout the incident. Fire department hazardous materials response teams deal with spills and accidental releases of highly toxic chemicals on a regular basis. This is the case across the country. Additional training in safely containing chemical, biological or radiological agents is a high priority for the fire service.

Training conducted by the Department of Defense pursuant to Nunn/Lugar/Domenici seeks to do this, with varying degrees of success. This program has certainly improved since its inception. As the Justice Department assumes responsibility for this program over the next year, we believe now is the time to address some of its shortfalls.

The Defense Department's program initially targeted the largest cities only. It is important to understand that a large incident will trigger mutual aid agreements that exist between fire departments throughout a region. Fire departments from outlying jurisdictions will respond in support of the local incident commander the moment they are called. Personnel surrounding our cities must be included in train-the-trainer courses and in exercises wherever possible.

The lack of training standards in both the Defense and Justice programs is a concern to some. Others proclaim that no standards exist. The IAFC disagrees. Consensus standards developed and promulgated by the National Fire Protection Association (NFPA) are the standards that should be adopted by all agencies involved in training local fire departments. These standards are widely accepted and are al-

ready in use by fire training academies across the country. The awareness-level training developed by OJP in conjunction with the National Fire Academy incorporates NFPA standards. The OJP has indicated a willingness to incorporate these standards into the Consortium's training programs and into the Nunn/Lugar program as it is merged into the Department of Justice. The IAFC urges all federal agencies involved in training fire fighters to incorporate these standards.

Funding for additional equipment, training and exercises was provided in last year's Omnibus Appropriations Act. Congressional conference report language accompanying that law is consistent with the needs assessment as outlined in the report I have submitted on the OJP/IAFC terrorism conference.

The grant application process administered by OJP last year required applying jurisdictions to describe their needs based on current capabilities. Applications were reviewed by professionals with relevant expertise from local law enforcement agencies and fire departments, working with experts from the Department of Defense, Federal Bureau of Investigation, Federal Emergency Management Agency and the U.S. Public Health Service to ensure that equipment requests were consistent with current capabilities. Equipment that was deemed beyond the current ability of an applicant to use safely and effectively was deemed ineligible.

We believe that this is an effective means of providing basic, personal protective equipment to fire fighters that does not require advanced training. We do not support the provision of sophisticated equipment to those who are not competent to use it safely. The OJP's grant process seems to have eliminated the risk that this may occur. Grant applications for the fiscal year 1999 equipment acquisition program should be similarly designed and subject to the same review process.

I turn now to the coordination of these programs and to the operational coordination of federal agencies in response to an actual incident. With four federal agencies currently involved in training and support programs there is clearly a need for program coordination. The Attorney General has created a National Domestic Preparedness Office (NDPO) within the Federal Bureau of Investigation to serve as a contact point for local agencies and to facilitate coordination of planning, training and operational programs. The IAFC has worked with the FBI for several years and applauds its efforts.

An NDPO initiative has made progress towards resolving one area of concern to some. Specifically, the Inter-agency Equipment Board (IAB) was formed to develop a standardized equipment list to be consulted by local agencies in the grant application process. Local, state and federal expertise was included in drafting this list. The IAB's work is ongoing and we look forward to its continued progress.

We are eager to work with the NDPO to attempt to clarify the federal response mechanism. Numerous federal agencies have response capabilities though it is currently unclear how these units may be activated and coordinated in a crisis. Some of these units are: The FBI's Hazardous Materials Response Unit, the Marines' Chem/Bio Incident Response Force, the Army's Chem/Bio Rapid Response Team, the Environmental Protection Agency's Technical Assistance Teams, and the National Guard's Rapid Assessment and Initial Detection teams. We feel that the State and Local Advisory Panel of the NDPO is going to be critical in order to address a coordinated response to any incident.

I mentioned earlier the need for radio interoperability among and between all responding agencies, local, state and federal. This is an important issue. The lack of interoperability can significantly hamper the successful management of an incident. America's public safety agencies need additional radio spectrum. Congress will have to provide it. An additional 2.5 to 3.0 MHz of radio spectrum will allow true radio interoperability. The Justice Department has identified a device that may serve as a partial solution and we look forward to field tests that will determine the device's usefulness; however, the lack of adequate radio frequencies is a perennial issue that can be solved permanently by Congress through the provision of additional radio spectrum to public safety agencies.

There is a final issue that should be addressed with respect to the successful management of an incident of domestic terrorism. The Incident Management System was developed decades ago in the wake of large wildfires in southern California. This system is in use by the vast majority of America's fire departments and will be in place at the scene of a terrorist attack long before state or federal agencies arrive. Senate report language accompanying supplemental fiscal year 1999 appropriations directs the FBI and its NDPO to act in a manner consistent with all-hazard planning within the framework of the standard Incident Management System. The IAFC supports this unconditionally and applauds the Senate and Congress for its adoption of this language.

Thank you for providing the IAFC with the opportunity to share its views. I will be happy to answer any questions you may have.

Senator SESSIONS. Sheriff Sullivan, bring us up to date, too, on the incident there in Colorado.

STATEMENT OF PATRICK J. SULLIVAN, JR.

Mr. SULLIVAN. My comments have been prepared in writing and submitted to the committee and I will turn through those very quickly and then I will give you a briefing on the incident in Jefferson County.

Senator SESSIONS. Very good.

Mr. SULLIVAN. Mr. Chairman, my name is Patrick Sullivan and I am the Sheriff of Arapahoe County, CO, a suburban county of 500,000 residents just outside of Denver. I am a member of both the Executive Committee and the Board of Directors of the National Sheriffs' Association, and I serve as the chairman of the NSA Congressional Affairs Committee and its Subcommittee on Domestic Preparedness and Domestic Terrorism. My vice chair is Sheriff Sexton, from your State.

Additionally, I am the law enforcement sector representative to the National Infrastructure Protection Center, operated by the FBI in conjunction with the National Security Council, and acts as the warning center. I have also, as I mentioned earlier, been in three meetings with the FBI on their planning for the National Domestic Preparedness Office, with Mr. Tom Cukor, and particularly very effectively with Barbara Martinez, who testified before you previously, and Mr. Shapiro. I am also working very closely with Mr. Mitchell on the Office of Justice Programs part of the program.

I appreciate the Committee's interest in domestic terrorism, and I appreciate the opportunity to speak on behalf of elected sheriffs to you today about the very real threat of a domestic terrorist event and how our country needs to be better prepared to meet the unique challenges of an attack within the United States.

Mr. Chairman, as you can see, this issue is of great concern to me. I take terrorism very seriously, and I have had some significant experience in domestic preparedness. Arapahoe County has hosted several major events which also happen to be potential terrorist targets. In August 1993, we hosted Pope John Paul II on his papal visit to Colorado for World Youth Day. The 400,000-person mass was in my jurisdiction, along with 7,000 medical emergencies. My deputies and I had to prepare for any eventuality. Not only did we assist in the papal security, but we also experienced a very large mass-casualty event that has a lot of relationship to what we are discussing here today.

As Mr. Cragin mentioned, in June 1997 Denver hosted the Summit of the Eight. Many of those events occurred in my jurisdiction as well. Again, many of the venues for the summit were in my jurisdiction and I had to develop comprehensive preparedness plans, anticipating all manner of threat. Most recently—in fact, just a week ago—we hosted Chinese Premier Zhu and his entourage. Again, we developed preparedness plans to meet the threat. Believe me, I can commiserate with the emergency planners here in Washington as they prepare for the monumental task of the NATO summit and anniversary event.

Throughout our history, the United States has rarely faced internal threats. Nevertheless, in this age of global communications and

transportation, America faces a new threat from domestic terrorism. Recent bombings in New York City, Oklahoma City and Atlanta have taught us that international and domestic terrorists can strike any target in any country. Terrorism is no longer just a threat for international travelers and workers.

Terrorists today are no longer limited to detonating bombs on board airplanes. They are no longer limited to attacking Americans in foreign cities, and they are no longer limited to attacking American facilities in other countries. They have the means and the will to launch attacks from within the United States on targets in the United States. The World Trade Center bombing demonstrated that all too clearly.

We are no longer only facing known international terrorist threats and their operations; we are beginning to be faced with unknown sources from within. Sheriffs recognize that these threats are from militias, hate groups and others disenchanted with our Government who are willing to communicate their message through violence. As demonstrated with the tragic Oklahoma City bombing, the terrorist was one of our own, an American. That is a new challenge and one that needs to be taken seriously.

While others may be reluctant to say so, I will tell you that America is not ready to meet this challenge because we as a Nation do not have the experience like other people living in the Middle East or in Northern Ireland or in other troubled locales. Americans live carefree and in prosperous times. The strife that is part of the daily life in faraway lands is too remote to be noticed here.

As such, we are not prepared for the crisis and mass casualties that would occur, God forbid, if there should be a chemical or biological release in a major American city. We are not prepared for any significant and concentrated assaults from terrorists. It is easy to stand up and say that Oklahoma City will never happen again, but to make that statement credible America must be fully committed to eliminating the factors that made Oklahoma City possible in the first place.

Congress and the administration have taken many bold steps, and for that we are very grateful. But much, much more needs to be done particularly at the local level. That is why I am here today. In my view, America's decaying civil defense system needs to be overhauled and modernized with today's level of threat. Only a wholesale redesign of that civil defense system will enable public safety workers to be prepared for any unconventional terrorist attack that would include chemical or biological agents.

Now, I am not saying that we need to harken back to the days of the Cold War and live in the fear of nuclear annihilation. And we certainly do not need to go back to building bomb shelters in our basements and teaching our children to climb under their desks in case of attack. What I am saying, however, is that the mechanisms in place to deal with true national emergencies are aging, spotty and unreliable in today's world.

We have a whole generation of Americans whose only knowledge of civil defense is a scrolling message across their television set warning of severe weather. Most Americans do not even possess a basic understanding of what to do in an emergency. Again, it is not my purpose to be Chicken Little and proclaim the sky is falling,

but Americans have a prevailing and reckless attitude that we are immune from any terrorist attack. And that attitude, that complacency, will complicate and jeopardize the public safety response to an attack.

The question we face is not if we are attacked. Rather, when we are attacked, will we be as prepared as we can be and will we be able to mitigate the damage. I believe that the Federal Government has realized this as well. As you know, since the enactment of the Nunn-Lugar legislation, billions of Federal dollars have been spent to shore up our capabilities in times of genuine emergency.

In a sign of further commitment, the President has recently requested, and the Congress is likely to approve, \$10 billion in new funding to meet the emerging threat of domestic terrorism. I am happy to see that \$1.4 billion of that funding is designated for State and Federal preparedness efforts.

While a financial commitment is important, the Federal Government also needs to provide additional assistance to help law enforcement prepare for the attack. We must have Federal training and equipment support through the Office of Justice Programs that Mr. Mitchell described in preparing for the attack, and we must have planning and coordination support from the National Domestic Preparedness Office that Barb Martinez testified about earlier, which is doing a great job of pulling that together. And I know you and I are not satisfied with how fast it goes. We want to see results faster, but they are doing a great job and moving as fast as they practically can.

Each agency has their unique mission and their unique expertise. Law enforcement can draw on both to help them develop their preparedness strategies, and that is the key. It is clear to me that the emphasis needs to be on the State and local response. Contrary to popular belief, a terrorist incident is not just a Federal responsibility. In fact, unless Federal assets are pre-deployed, as they were for the papal visit and the Summit of the Eight, at the site of the attack, Federal agents will not be responding in a timely fashion.

Like you, I have seen the attack scenarios for the anthrax release in Boston and the chemical release in the New York subway system. In both situations, local responders will have to make critical life-and-death decisions according to pre-determined and practiced disaster plans. By the time the Federal Government musters a response, agents board a plane and the plane lands at the event site, the attack is over, casualties are being treated, the criminal investigation has begun.

Outside of a few Federal agents from a local field offices, State and local responders will not be able to rely on a swift Federal response in a genuine attack. That leaves sheriffs as the only elected officials with operational responsibility to control the scene. That is why it is so important that the State and local responders have the support of the Federal Government before an attack occurs.

Contrasted to the anticipated Federal response, law enforcement will arrive on the scene immediately after the emergency calls are received, establish perimeter security command and control, along with the firefighters and the EMS technicians who will be dispatched and respond to care for the sick and the injured. After local assets are exhausted, State and Federal resources will be

brought to the scene. The State, through the National Guard—and Mr. Cragin's testimony about the regional RAID teams—may be prepared to respond quickly, but even essential State assets may be hours away.

Sheriffs have a unique role in a multi-dimensional response to attack. We will have to establish command and control, mobilize the disaster plan that you mentioned earlier, Mr. Chairman, secure the crime scene, protect firefighters and EMS technicians from secondary devices, deal with the media, arrange for care for victims and their families, and coordinate all support efforts.

And while there is great debate among public safety disciplines as to who is the true first responder, I submit that the sheriff, his deputies and other law enforcement officials are indeed the first responders. However, instead of wasting time debating this minor point before your committee, I would suggest that every available public safety official will respond and should yield the term "first responder" to maybe "emergency responder" or "unified incident command."

Mr. Chairman, in conclusion, the response to a domestic terrorist attack will be concentrated at the local level, and it will rapidly exhaust all of our resources. That is why we are here today. I hope that I have helped you understand that emergency responders to a terrorist attack are not prepared and we must make a concerted effort to overcome that problem. Be assured that all the public safety disciplines will respond to an attack, and all of us need substantial training and equipment to minimize the effect of the attack.

Furthermore, it is also my firm belief that without a serious examination of the decaying civil defense system, no amount of preparedness will be adequate. We must move away from an antiquated civil defense system designed to prepare America for Soviet nuclear attack and move toward a dynamic, all-hazard civil defense system that provides us with the ability to respond swiftly to terrorist attack, as well as any other modern public safety situation. I would ask the committee to fully consider authorizing appropriations at the level sufficient to train and equip all local emergency responders, fortify the civil defense system and provide for a comprehensive Federal response.

That concludes what I came prepared to testify to, and just to real quickly give you a briefing on the Columbine High School situation, at 11:10 a.m. this morning the Jefferson County 911 center received a report of shots fired in Columbine High School. This is a high school of probably close to 2,000 students.

Two or three young people, believed to be males, had black ski masks covering their heads and their necks. At this time, we believe that one had a shotgun; one had a 9-millimeter semi-automatic pistol and one probably TEC-9, from the appearance of it right now, a fully automatic weapon.

It started in the cafeteria, with shots being fired in the cafeteria at 11:00 a.m. in the morning with the beginning of lunch hour. The kids scattered out. We had eight kids out on the grass. And there was a great partnership between the fire service and law enforcement. Using engines as cover, the SWAT teams approached the kids down on the grass and loaded them up onto the fire truck and then back out to where they could get to the paramedic units, but

using the large fire truck to absorb shots from the building itself while they rescued the kids from the grass on the school grounds.

The SWAT team made entry into the building and they were fired upon. They were being fired upon and also doing evacuation of more kids. There are a number of kids inside that are wounded. We know of eight that we have at hospitals in Littleton at Swedish Hospital and Littleton Porter Hospital—seriously wounded high school students, no fatalities as of my last briefing. But, again, it looks like students; from the information we are learning from other students there, it is fellow students with the masks on and with weapons and open fire.

Senator SESSIONS. Such a tragedy. I hoped at one time we were just going through a spate of that and maybe we were through it, but it does not appear that we are. I think we ought to take a moment to appreciate the commitment of the fire department personnel who are out there risking their lives and the SWAT team that is in there risking their lives. And I just hope that we don't lose any lives in this process.

Mr. SULLIVAN. We also have explosives involved. They have already encountered two pipe bombs. The kids report either grenades or other explosives going off in the building when the first initial shooting was going on. So we have bomb squads, SWAT teams, over 200 officers and 3 fire departments on the scene. There is lots of paramedic capability.

Senator SESSIONS. Well, thank you for that report.
[The prepared statement of Mr. Sullivan follows:]

PREPARED STATEMENT OF PATRICK J. SULLIVAN, JR.

Mr. Chairman and Members of the Committee: My name is Patrick Sullivan and I am the Sheriff of Arapahoe County, Colorado, a suburban county of a half a million residents just outside of Denver. I am a member of both the Executive Committee and the Board of Directors of the National Sheriffs' Association and I serve as Chairman of NSA's Congressional Affairs Committee and its Subcommittee on Domestic Preparedness and Domestic Terrorism. Additionally, I am the law enforcement sector representative to the National Infrastructure Protection Center (formed to advise the National Security Council and the FBI). And I was recently appointed to the advisory committee of the National Domestic Preparedness Office by the Attorney General. I appreciate the Committee's interest in domestic terrorism and I appreciate the opportunity to speak, on behalf of elected sheriffs, to you today about the very real threat of a domestic terrorism event and how our country needs to be better prepared to meet the unique challenges of an attack within the United States.

Mr. Chairman, as you can see, this issue is of great concern to me. I take terrorism very seriously and I have had some significant experience in domestic preparedness. Arapahoe County has hosted several major events, which also happened to be potential terrorist targets. In August of 1993, we hosted Pope John Paul II on his Papal visit to Colorado for World Youth Day.

Several Papal events occurred in my jurisdiction and my deputies and I had to be prepared for any eventuality. Not only did we assist in Papal security, but we also experienced mass casualties as the outdoor events gathered more than 400,000 people with 7,000 heat victims succumbing to the weather. In June 1997, Arapahoe County co-hosted the G-8 Summit with the City of Denver. Again, many of the venues for the summit were in my jurisdiction and I had to develop a comprehensive preparedness plan anticipating all manner of threat. Most recently, in fact, last week, we hosted Chinese Premier Zhu and his entourage and again, we developed a preparedness plan to meet the threat. Believe me, I can commiserate with emergency planners here in Washington. They have a monumental task as they make the final arrangements for the NATO Summit!

Throughout our history, the United States has rarely faced internal threats. Nevertheless, in this era of global communications and transportation, America faces a new threat from domestic terrorism. Recent bombings in New York City, Atlanta

and Oklahoma City have taught us that international and domestic terrorists can strike any target in any county.

Terrorism is no longer just a threat for international travelers and workers. Terrorists today are no longer limited to detonating bombs on board airliners. They are no longer limited to attacking Americans in foreign cities and they are no longer limited to attacking American facilities in other countries.

They have the means and the will to launch attacks from within the United States on targets in the United States. The World Trade Center bombing demonstrated that all too clearly. And we are no longer facing known international terrorist organizations and their operatives. We are beginning to face threats from unknown sources from within. Sheriffs recognize that these threats are from militias, hate groups and others disenchanted with our government who are willing to communicate their message through violence. As demonstrated with the tragic Oklahoma City bombing, the terrorist was one of our own—an American. That is a new challenge and one that needs to be taken seriously.

And while others may be reluctant to say so, I will tell you that America is not ready to meet this challenge. Because we as a Nation do not have experiences like people living in the Middle East or in Northern Ireland or in other troubled locales.

Americans live carefree and in prosperous times. The strife that is a part of daily life in far away lands is too remote to be noticed here. As such, we are not prepared to handle the crisis and mass casualties that would occur, God forbid if there should be a chemical or biological release in a major American city. We are not prepared for any significant and concentrated assault from terrorists. It is easy to stand up and say that Oklahoma City will never happen again, but to make that statement with credibility, America must be fully committed to eliminating the factors that made Oklahoma City possible in the first place.

Congress and the Administration have taken many bold steps and for that, we are grateful. But much, much more needs to be done. That is why I am here today. In my view, America's decaying civil defense system needs to be overhauled and modernized. Only a wholesale redesign of the civil defense system will enable public safety workers to better prepare for any unconventional terrorist attack that would include chemical or biological agents. Now, I'm not saying that we need to hearken back to the days of the Cold War and live with the fear of nuclear annihilation. And we certainly do not need to go back to building bomb shelters in our basements or teaching children to climb under their desks in case of attack. What I am saying, however, is that the mechanisms in place to deal with true national emergencies are aging, spotty and unreliable in today's world. We have a whole generation of Americans whose only knowledge of civil defense is a scrolling message across their television set warning of severe weather. Most Americans do not even possess a basic understanding of what to do in an emergency. Again, it is not my purpose to be Chicken Little and proclaim the sky is falling, but Americans have a prevailing and reckless attitude that we are immune from any terrorist attack. And that attitude, that complacency, will complicate and jeopardize the public safety response to an attack.

The question we face is not if we are attacked, rather, when we are attacked will we be as prepared as we can be and will we be able to mitigate the damage? I believe that the federal government has realized this as well. As you know, since the enactment of the Nunn/Lugar legislation, billions of federal dollars have been spent to shore up our capability in times of genuine emergency. In a sign of further commitment, the President has recently requested, and the Congress is likely to approve \$10 billion in new funding to meet the emerging threat of domestic terrorism. I am happy to see that \$1.4 billion of that funding is designated for state and local preparedness efforts.

While a financial commitment is important, the federal government also needs to provide additional assistance to help law enforcement prepare for an attack. We must have federal training and equipment support through the Office of Justice Programs (OJP) in preparing for an attack and we must have planning and coordinating support through the National Domestic Preparedness Office (NDPO). Each agency has their unique mission and their unique expertise. Law enforcement can draw on both to help them develop their preparedness strategy.

And that is the key. It is clear to me that the emphasis needs to be on the state and local response. Contrary to popular belief, a terrorist incident, is not just a federal responsibility. In fact, unless federal assets are predeployed at the site of the attack, federal agents will not be responding in a timely fashion. Like you, I have seen the attack scenarios for an anthrax release in Boston and a chemical release in the New York subway system. In both situations, local responders will have to make critical life and death decisions according to a predetermined and practiced disaster plan. By the time federal government musters a response, agents board a

plane and the plane lands at the event site, the attack is over, casualties are being treated and the criminal investigation has begun.

Outside of a few individual federal agents from the local field offices, state and local responders will not be able to rely on a swift federal response in a genuine attack. That leaves sheriffs alone as the only elected officials with operational responsibility to control the scene. And that is why it is so important that state and local responders have the support of the federal government before an attack occurs.

Contrasted to the anticipated federal response, law enforcement will arrive on scene immediately after the emergency calls are received and establish a command center. Second, firefighters and EMS technicians will be dispatched and respond to care for the sick and injured. After local assets are exhausted, state and federal resources will be brought to the scene. The state, through the National Guard, may be prepared to respond quickly, but even essential state assets may be hours away.

Sheriffs' have a unique role and a multidimensional response to an attack. We will have to establish command and control, mobilize the disaster plan, secure the crime scene, protect firefighters and EMS technicians from secondary devices, deal with media and press distractions, arrange care for the victims and their families and coordinate all support efforts. And while there is a great debate among the public safety disciplines as to who is the true first responder, I submit, that the sheriff, his deputies and other local law enforcement officials are indeed the first responders. However, instead of wasting time debating this minor point, before your committee, I would suggest that every available public safety official will respond and we should yield the term first responder to the term emergency responder.

Mr. Chairman, in conclusion, the response to a domestic terrorist attack will be concentrated at the local level and it will rapidly exhaust all of our resources. That is why we are here today. I hope that I have helped you understand that emergency responders to a terrorist attack are not prepared and we must make a concerted effort to overcome that problem. Be assured that all of the public safety disciplines will respond to an attack and all of us need substantial training and equipment to minimize the effect of the attack. Furthermore, it is also my firm belief that without a serious examination of the decaying civil defense system, no amount of preparedness will be adequate.

We must move away from our antiquated civil defense system designed to prepare America for a Soviet nuclear strike and move towards a dynamic civil defense system that provides us with the ability to respond swiftly to a terrorist attack as well as any other modern public safety situation. I would ask the Committee to consider fully authorizing appropriations at a level sufficient to train and equip all local emergency responders, fortify the civil defense system, and provide for a comprehensive federal response.

Thank you for your time this afternoon and I look forward to answering any questions you may have.

Senator SESSIONS. Dr. Alcorta.

STATEMENT OF RICHARD L. ALCORTA

Dr. ALCORTA. Thank you for this opportunity, Chairman Sessions.

Senator SESSIONS. I believe the two of you are reporting together?

Dr. ALCORTA. Yes, sir.

Senator SESSIONS. That will be fine, however you choose to do it.

Dr. ALCORTA. Thank you very much, sir. We have submitted testimony, both Dr. Joseph Waeckerle and myself, as representatives of the American College of Emergency Physicians, where we represent more than 20,000 emergency physicians and nearly 1 million EMS providers and their patients.

Currently, there are multiple Federal funding streams for planning, training, exercise, equipment, information-sharing technologies, and research and development in the area of disaster preparedness. For State and county administrators, this poses a great challenge to keep abreast of what funds and educational programs are available and from what Federal agencies.

We applaud U.S. Attorney General Janet Reno's effort to address this concern by developing a national office that will provide a single Federal point of contact and reduce the duplication of effort in grants, training standards, and Federal support to the emergency medical community.

Maryland is currently looking at this challenge and has developed a Medical Steering Committee for Weapons of Mass Destruction, realizing there is an incredible need for improved coordination at the State level with EMS response and public health service response. To that end, there has been development of four subgroups or focus groups. There is clearly an EMS or pre-hospital, there is the hospital. There is the Public Health Service, which is early detection, surveillance, and then determining the appropriate response, particularly in a biologic event, and then the medical communications.

From those lessons being learned now, we are putting together a strategic plan because we clearly see a void at the State level. There is clearly a response at the first responder level being injected into the communities which is absolutely essential and we support that. But there is also a need for planning and orchestration in the administration at the State level between both health departments and the State EMS lead agencies, and it frequently bleeds over into the emergency management agency because all of them are interrelated and they have to have an orchestrated plan of response. This is the big challenge I keep hearing, is Federal, to the State, to the local, and how do we play nice together.

When we look at the needs, there are clearly natural disasters which involve floods, hurricanes and earthquakes. As you heard from Dr. Hughes, there is also the emerging infectious diseases which have a very unique characteristic, but have similarities in biologic weapons of mass destruction and are man-made in some respects, particularly in their dissemination process.

We look at explosives, chemical, nuclear and biological, and in many respects the chemical and explosives are fairly well-defined. There may be thousands of victims. But when we start moving into the biologic arena, it goes beyond thousands; it becomes entire communities, entire States, our entire Nation, and potentially the international community as a whole.

That is why I wish to focus on the biologic aspects, not overlooking the chemical, explosive or radiologic, but wish to make some very concrete recommendations in the biologic arena because they apply to all. And if we have the infrastructure to address biologics, and keep in mind all those aspects that apply to chemical, radiologic and nuclear, I think we can have a much more robust response system.

Clearly, when we look at biologic agents, there are weapons of mass destruction some of which we have not seen in many generations. Some have theoretically been eradicated, smallpox being a classic example. But they are very real. As a practicing emergency physician, I do not normally keep in my armamentarium smallpox. When I see someone coming in, I start thinking pneumonia, flu, maybe chicken pox. I do not have on my radar smallpox. That is a critical flaw in our system. It has to do with education, and edu-

cation to the right population. And Dr. Waeckerle will be discussing more on that issue.

We need to be able to identify the organisms in a very rapid process and address the special fashion of their routes of infection, containment, and treatment modalities. Moreover, it is an appropriate response to try and mitigate the potential catastrophic event. As a result, not only do health care professionals need a plan and be prepared for special demands in these events, but we also have to consider the very unique challenges presented by these biologic weapons.

If we look at detection, detection today is one of the great difficulties. Most of us think hospitals identify, public health identifies, infection control identifies these diseases. Some of these are not being tested for today. They are not even reported on a routine basis, and it is a big challenge for us.

For example, a patient presents with a constellation of symptoms very much like the flu because most biologic agents present just like the flu. And how do we screen that agent from the seasonal development of the flu? What occurs is an emergency department, once a patient has entered, although they may have been transported by EMS but enters an emergency department—a physician determines that that patient needs to be admitted because of their underlying symptoms, not because they have some unusual disease, but because they are having respiratory distress, for example. That patient then will be admitted to a resource.

Realize there are barriers to admissions now. There are HMO's that require screening information, so there is a barrier process that is currently going up, keeping emergency physicians from admitting patients into a hospital, and limiting some of those test to, "the most appropriate tests."

Well, once that occurs, there may be a consultation. That may be an infectious disease consultant that comes into the emergency department and then admits that patient to the hospital. The patient has a "facinoma," is what we like to call it because we don't know what that disease is. A battery of tests are then conducted, with the identification hopefully of the actual causative organism, which may take days.

During that process, there is not a notification of the infectious disease at the State jurisdictional or State level, which then should trigger a cascaded response. Right now, there is a green card that is currently mailed in for many of our reportable diseases, and only a few have a phone call notification process. This must be improved and standardized.

To improve the response time, there needs to be a real-time, standardized regional, State single point of contact for notification of biologic agents to assist in the sentinel identification of diseases, particularly for clusters and/or the unusual sentinel events, which currently is not in place. The CDC clearly is working on this, working with local and State health departments.

We look at response. Regrettably, our hospitals have become a shrinking resource. We have lost the elasticity to respond to a surge of inpatients. This is a critical flaw and needs to be reversed. We clearly have financial constraints that are driving us in that direction, but hospitals are moving to a just-in-time capability. That

is staffing, that is supplies, that is medical antidotes and antibiotics. If we have a surge right now, I can assure you we cannot manage that surge. We have a real crisis.

For example, in Maryland when we had the viral episode this last fall, our hospitals for pediatric patients were saturated. We had to divert patients out of the State of Maryland. This is not a weapons of mass destruction event. This happens to be our seasonal flu, which happened to be a little more severe, also at a time when we were seeing decreasing resources in our hospitals. This needs to be turned around.

I look at the hospitals as probably being one of our weakest links. It is, to me, an unmet need because clearly there are standards, the Joint Commission on Accreditation of Hospital Organizations, which try and address to some extent weapons of mass destruction and chemical involvement. Those accreditation standards you could drive a Mack truck through as far as the actual requirements for a hospital to be prepared for a weapon of mass destruction, particularly chemical response to a disaster. Those need to be improved. They need to be standardized. They need to have some teeth in them, which the JCAHO has because you could lose Medicaid funding.

Furthermore, the administration of these hospitals have a disincentive to follow these. It is a cost. There are training costs, there are equipment costs, and in some cases restructuring of that physical plant to meet a hazardous material or a biologic event. In the State of Maryland, we have done a review and we have less than 160 isolation beds in our State, 81 of which actually meet biologic requirements. That is insufficient. We need to have a commitment by administration, both Federal administration and the administrators of hospitals, that this is a system-wide need. We cannot respond to a surge. You will hear a little more about anthrax and the biologic necessity from Dr. Joe Waeckerle in just a moment.

The next aspect I think clearly is the medical education, appropriate medical education, to respond to biologic agents. As I mentioned earlier, many of these agents are no longer on our radar. They need to be addressed.

Who are going to be the first casualties? The first casualties are going to be EMS, law enforcement, fire. But it is also, in the biologic arena, going to be the public health care professionals, the emergency department staff and hospitals. They are going to get knocked out and if we cannot protect them through educational means, through standardized programs and appropriate equipment, we are going to lose the infrastructure of our health care within days and we will not have a depth of resource to backfill at this time. It would critically cripple our capability.

In closing, the multiple private and public sector health care resources must be centralized and integrated for processing of surveillance, early detection and notification, with epidemiologic community assessment, rapid containment and critical care treatment pathways for patient management, both from a Federal perspective when integrated into the State and integrated into the local. It has got to go back up as well. The diverse incentives need to be united under a Federal umbrella through established, properly designed

training programs with Federal funding and Federal-mandated standards.

Thank you very much, Chairman Sessions.

Senator SESSIONS. Thank you very much, doctor, for your report. Dr. Waeckerle.

STATEMENT OF JOSEPH F. WAECKERLE

Dr. WAECKERLE. Thank you, sir. Good afternoon, Senator Sessions and all involved. Rather than reiterate the written statements presented by my colleague, Dr. Alcorta, I thought it most apropos to talk about some of the events that have transpired over last year-and-a-half, and to use those to illustrate what my previous expert colleagues on the two panels have presented to you today.

In 1998, there were approximately 181 anthrax scare hoaxes in the United States of America. In 1999—

Senator SESSIONS. How many, 181?

Dr. WAECKERLE. Yes, sir. In 1999, year to date, there are 112 so far perpetrated on America communities. In Kansas City, recently we experienced one of those. Taking that into account, I thought it might be a nice way to illustrate the importance of what you are championing today and that we are discussing with you. So I thought it would be best to summarize some of the lessons learned from these anthrax hoaxes because certainly while none has been credible so far, that does not mean in the future it won't be credible.

I, too, agree, that the greatest weapon of mass destruction that could potentially ruin mankind is a biologic weapon, in the face of genetic reengineering, and the will of certain people with tremendous expertise in other countries to utilize these weapons.

The first is the fact that information-sharing is an essential component of any plan. Due to the sheer number of agencies that we have discussed and you are aware of and the tremendous number of people involved, if we do not share information prior to any event, we will not have better prevention, better deterrence, and a better response to mitigate the event.

The second, in a sine qua non, of all of what we discuss today is surveillance, as my colleagues have pointed out. And not only is it surveillance from public health and epidemiology infrastructures; certainly, those need to be augmented, funded and reestablished. But I propose to you that it needs to be considered that the best form of surveillance is an educated health care community and health care professionals and first responders. To that end, our country's first line of defense is those that are better educated, better aware, and have a higher index of suspicion.

The American College of Emergency Physicians, from the Office of Emergency Preparedness and Dr. Knauss under contract, has currently convened a task force to look at education of all health care professionals that are first responders, and I chair that. We will have our report from the second year of our activities available in the near future and I believe it will be of interest to you.

The next area that we can summarize that was an obvious difficulty in the anthrax responses and continues to be a difficulty as it has plagued all disaster response in the past is communications.

The communication system is essential. I believe Smoky addressed that earlier, my colleague from Lee's Summit. You have two Missourians here today, so it is a "show me" State here.

We need to bring all essential agencies, from the local community to the Federal family, to the table. If we do not have good communications, the local community will be isolated and will be required to fully implement a response which it can't do in the face of a weapon of mass destruction. The Federal family is essential, all of the agencies of the Federal family, including a new concept for all of us in health care, and that is law enforcement involvement to protect us and to bring the perpetrators to justice.

Appropriate response plans which have been tested through realistic drills need to be implemented prior to an event occurring. The best disaster plans need to be done prior to an event. Otherwise, any scenario that occurs during the disaster response is a disaster itself.

The incident management system needs to be implemented, and that is foreign to some sitting at this table, unfortunately. Health care facilities, as Dr. Alcorta just spoke of, need to be incorporated into the Federal response plan and the local response plan, with administrators' buy-in. We need to have caches of treatment facilities and regimens quickly available and current, not out-of-date medicines and vaccines.

We need to protect our health care providers, our regular patients, our victims, and all of the rest of us in the community. We need to protect our environment. I would only point out to you that anthrax will destroy the environment for 50 to 100 years—anthrax spores. And, finally, we need to implement something that we haven't thought of for other disasters, and that is post-event surveillance programs to protect all of the people who are exposed to a chemical or biologic agent.

Keeping those lessons learned in mind, the American College of Emergency Physicians and its 20,000 physicians fully support Attorney General Reno and the Department of Justice's approach to discovering our needs and thoughts through the stakeholders meeting. We fully support the strategies delineated from the stakeholders meeting and the actions taken since, and we would like to congratulate you on your insightful leadership for championing this cause. And we hope it continues in the future with the funding and actual implementation of one office that coordinates all of the Federal agencies to accomplish the goals we have discussed today.

[The prepared statement of Dr. Alcorta and Dr. Waeckerle follows:]

PREPARED STATEMENT OF RICHARD L. ALCORTA, MD, FACEP AND
JOSEPH F. WAECKERLE, MD, FACEP

I am Richard L. Alcorta, MD, FACEP, and I am an American Board of Emergency Medicine certified physician. I started my Emergency Medical Services (EMS) career as an Emergency Medical Technician-Ambulance and went on to become a Paramedic in California. I received a Bachelor of Science degree at San Diego State University and, in 1983, graduated from Howard University School of Medicine. I completed an Emergency Medicine Residency at Harbor-UCLA Medical Center in 1986 and was a faculty member of the Emergency Department at Johns Hopkins Medical Center. Since 1987, I have been practicing Emergency Medicine at Suburban Hospital Shock Trauma Center. From 1992 to 1994, I was the State EMS Director and in 1995 was appointed as the State EMS Medical Director at the Maryland Institute

for Emergency Medical Services Systems (MIEMSS). I am the Chemical Stockpile Emergency Preparedness Program (CSEPP) State Medical Director for Maryland.

Joseph F. Waeckerle, MD, FACEP, is currently the Chairman of the Department of Emergency Medicine at Baptist Medical Center and Menorah Medical Center and Clinical Professor at the University of Missouri—Kansas City School of Medicine. He also is Editor in Chief of *Annals of Emergency Medicine*. He is residency trained and board certified in Emergency Medicine and Sports Medicine with postgraduate work in exercise physiology. He is certified in tactical medicine as well. He has a long history of involvement in Emergency Medical Services and Prehospital Care. He was the Medical Director of Kansas City, Missouri EMS System from 1976 through 1979 and then a Trustee of the Board of Trustees through 1991. He is currently the Medical Director of Leawood, Kansas EMS System and serves on the Johnson County EMS Council and Johnson County Medical Society EMS Committee. He has served as President for the Society of Academic Emergency Medicine and Director, Board of Directors of the American College of Emergency Physicians. He was also a Director of the Board of Directors of the Emergency Medicine Foundation.

We are here today representing nearly 20,000 emergency physicians and nearly 1 million EMS providers and their patients.

We have been asked to express the needs and opinions of the emergency medical community on the issue of "Domestic Preparedness in the next Millennium," focusing on the distribution of Nunn-Lugar-Domenici funds to the local community and how the Administration plans to carry out its mission in training first responders.

Currently, there are multiple federal funding streams for planning, training, exercises, equipment, information sharing technologies, research, and development in the area of disaster preparedness. For state and county administrators, this poses a great challenge to keep abreast of what funds and educational programs are available and from which federal agency. We applaud U.S. Attorney General Janet Reno's effort to address this concern by developing a national office that will provide a single federal point of contact and reduce the duplication of effort for grants, training standards, and federal support to the emergency medical community.

NEEDS

Natural disasters include floods, hurricanes, and earthquakes. Man-made weapons of mass destruction can be explosive, chemical, radiological, and biologic. While both can be disastrous effects, chemical agents have a potentially catastrophic effect to impact thousands, with the impact being relatively finite in the national or international scope. However, a biological event will impact hundreds of thousands of citizens and not be contained within a county, state, or nation. Therefore, we would like to focus on the needs associated with biologic agents that are weapons of mass destruction. Many of the following points apply to some or all of the agents.

Biologic agents classified as weapons of mass destruction do not result in unique or obvious external initial signs or symptoms in people that distinguish them from everyday illnesses such as flu (influenza), pneumonia, or chicken pox. Detection and identification of a biologic release can be complex and most likely will be based on a "sentinel event," such as an unusual fatality, a unique laboratory culture finding, or a cluster of patients with symptoms that are "out of season." Once identified, each kind of organism has to be addressed in a special fashion since each has its own route of infection, containment, and treatment management.

Moreover, an appropriate response that mitigates the potential catastrophic consequences of a bio event requires a different approach from other weapons of mass destruction events. As a result, not only do health care professionals need to plan and prepare for the special demands of an event, but we also need to consider the very unique challenges presented by the use of biological weapons.

DETECTION

Currently, the process for detecting a reportable infectious disease is slow and time-consuming. For example, when an emergency department physician determines an individual is ill enough to warrant admission to the hospital, he/she notifies the primary care or internal medicine physician to admit the patient. In some instances, the insurance carrier may require justification before allowing the admission.

If there is a suspicious presentation (such as a constellation of signs and symptoms), the emergency physician or the admitting physician may request a consultation by an infectious disease specialist to identify and manage a particular illness. If a consultation is called, it may take several days to determine the organism causing the illness, especially if it's a viral agent that does not grow out in cultures and requires specialists serological (antibody) testing.

Only when tests have identified an unusual, deadly, or highly infectious organism does the hospital's infection control staff get notified. Once the disease is determined to be a reportable disease, the hospital (laboratory, infection control officer, or physician) will notify the health department by sending a postcard, which frequently delays notification by 4 to 10 days. For a select few diseases, a phone call is the method of notification.

To improve the response time, there needs to be a real-time, standardized, regional and state, single point of contact for system notification about biological agents associated with sentinel/index diseases and clusters of cases of a particular biologic nature a recommendation that is supported by the Institute of Medicine Report. This needs to be a 24-hours-a-day, 7-days-a-week, contact that can serve as a system trigger, as well as a central repository and analysis center, for unusual disease presentations.

This kind of system is essential to rapidly identifying a potentially significant biological outbreak and to improve the management of patients. Through this process, there will be a horizontal notification of adjacent agencies and medical specialties, as well as a vertical notification of local, state, and federal health agencies, including the Center for Disease Control (CDC).

Local and state health departments, along with the CDC, conduct biological surveillance and develop containment strategies and treatment recommendations within the United States. However, local health departments regrettably have been a source for administrative budget cuts. For example, the average income of a health department practitioner is approximately one-third less than that of the standard practitioner in the private sector. So although a great deal is expected from local health departments, the infrastructure that will be most challenged by a biologic event is being underfunded.

RESPONSE

There is a continuing loss of hospital and public health system "elasticity" or flexibility in responding to a crisis, which can significantly be attributed to administrative cost containment measures related to managed health care. Most hospitals have moved to a "just in time" inventory and personnel management, which means that even minor surges in patient volume can put a tremendous strain on a particular institution, as well as on the medication/supply replenishment system, because supplies and personnel are limited to reduce costs.

For example, when a medication or supply is depleted, a report is issued in the hospital, which then requests a replacement from its off-site retail distributor, who usually provides the replacement in a day or two. However, in a scenario where hundreds of patients need treatment for a chemical or biologic attack, multiple hospitals will have to use the same retail vendor. This means the strain will have a disturbing domino effect and at the very least will delay medication replacements, which could result in significant unnecessary deaths.

In my state of Maryland, for example, there has been an increase in influenza (flu) patients, which had led to congested emergency departments and to an increase in hospital admissions. Because the overall hospital system has been forced to limit inpatient hospital bed availability and because "open" pediatric beds often cannot be found, Maryland hospitals are transferring pediatric patients from Maryland to Richmond, Virginia.

This flu is not a critical outbreak of a deadly disease, but the "just in time" inventory management system means there are only enough resources in anyone particular hospital to manage a finite (frequently very low) number of patients. Isolation beds are even more scarce in Maryland. In addition, our hospital beds are progressively being converted to office space and are not recoverable as patient care space. As cost containment matters escalate, we are also losing qualified nursing and physician staff for patient management.

To improve hospital response time to a disaster involving a weapon of mass destruction, there needs to be an augmentation of the Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards. JCAHO establishes hospital accreditation standards and inspects hospitals to ensure compliance with those standards. New biologic outbreak standards need to address the lack of elasticity in the current health care system, especially in the areas of availability of beds, medication, and equipment. Patient decontamination standards also need to be improved to decrease the exposure risks to the hospital staff. In addition, there needs to be a standard requiring integration of the hospital with the EMS system and the health department in a surveillance, data collection, and patient management mode. There needs to be funding for realistic exercises that truly evaluate the effectiveness of these standards.

Furthermore, administrative personnel and health care providers must commit to the standard biological weapons of mass destruction training and monitoring processes. There must be a centralized data submission process to the health departments and the CDC with centralized analysis and collation of real-time infectious disease monitoring, with immediate triggers for epidemiologic source identification (risk population determination), mitigation for the community at risk, and critical care treatment pathways to minimize casualties. This centralized data process should also be able to trend local, state, and regional baselines and frequencies of disease types on a regular basis so that unusual presentations of a “common disease complex” can be used as a sentinel or cluster event to trigger epidemiologic investigation.

To effectively respond to a biologic event, such as an anthrax release, emergency medical service response personnel must integrate their efforts with health departments. In most states and jurisdictions (counties and cities), a biologic event would be a public health crisis. For example, to prepare for an influenza “shift” that could cause another worldwide outbreak (predicted to occur every 10–30 years and we approach the 30-year mark), mechanisms are being put into place to establish annual vaccinations for the influenza. This process ideally is an annual cycle, but it requires months to vaccinate only a fraction of the United States’s population.

So there must be an integrated response of the EMS systems with the health departments to even begin to address a cascade of issues, such as the distribution of antibiotics or vaccination of the at-risk population, manning of off-site treatment facilities, and scope of practice for EMS providers. Likewise we need to have adequate plans and medical provider education for appropriate response to biologic agents.

This response then needs to be augmented by the U.S. Public Health Service with trained professionals, antibiotic/vaccine (pharmaceutical caches), and out-of-system hospital beds and transportation.

CASUALTIES

Most vulnerable to a biologic release are the paramedics and EMS response personnel, primary health care practitioners, and emergency department physicians and staff. This represents another problem in responding to a biological crisis, because these people are the infrastructure of our national health care safety network. Without a real-time identification of a highly infectious biologic organism, this critical cadre of physicians and health care professionals, as well as the health care system, will be seriously, if not fatally, crippled.

The loss of life and incapacitation of the health care community by an undetected infectious biological organism will be directly proportional to the education of that health care population, how rapidly an organism is detected and identified, the severity of illness, the response and implementation of definitive interventional care, the overall containment of the disease, and post-event surveillance of all involved.

To educate health professionals and reduce the number of casualties in the health care community and the general population, the current curricula for health care providers must be expanded and integrated into the existing medical educational programs for health care professionals, EMS personnel, nurses, and physicians.

In this way, an “augmentation” of the standard of practice will occur on a routine basis, ensuring familiarity and frequent use. This “augmented” standard of practice will then become “the standard of care” for our nation. This curriculum is currently being addressed by the United States Public Health Service by a grant to the American College of Emergency Physicians. An ACEP task force is looking at the knowledge base of health professionals and their population work profile to develop strategies to expand the curricula, which will then be tested for its effectiveness.

In closing, the multiple private and public sector health care resources must have a centralized and integrated process for surveillance, early detection, and notification with epidemiologic community risk assessment, rapid containment, and critical care treatment pathways for patient management. The diverse incentives need to be united under the federal umbrella through established, properly designed, training programs and federally mandated standards.

Senator SESSIONS. Thank you very much. Those are some very good comments, and I think it helps to set the stage properly for where we are today.

Creating a tested response plan, I think, to use your words, is probably the best thing that we can do. I am from Mobile, AL, and was there during the last hurricane. We have a emergency response center and all the chiefs of police and all the fire people

have a desk with their name on it in letters this big. And they can come to the same room and they know all the assets that are available and they can respond to that. It may not be quite the same—I am sure it is—for the biologic event, but it is something similar where everybody realizes they have got to bring what they have got to the table to deal with it.

Let me ask you—also, I believe, Dr. Alcorta, you mentioned that we need Federal funding and Federal uniform training standards. Why do you think a uniform training standard is important?

Dr. ALCORTA. I think it is extremely important to look at the diverse groups we are talking about here. They each have a unique need. A law enforcement officer does not need to know the differential diagnosis of biologic agents. Each of these training standards for each expertise needs to be well-defined to meet the needs and the educational background for that specialty, realizing that one shoe does not fit all.

What we need to have is an integrated backbone of educational response so that we understand what their knowledge base is, what EMS and their paramedics knowledge base is, what the emergency department knowledge is, following on with infection control and public health surveillance models. These can be overlaid in many different states. They can be reproduced at the county level, at the city level, or at the State level.

With that, it needs to take into account the existing curricula that an emergency physician would be trained in from the start, and bring into that the essential components that will improve his recognition capability and detection capability of a biologic event or a chemical event and how he would manage that.

Backfilling with that, there needs to be a process or a plan that everybody understands for a single-point contact, a reporting process, a trigger, if you will. That is currently not in the training process for emergency physicians. You can fudge it if you want to, but most of us don't have that depth of expertise. So there needs to be a program that augments what we currently have and there needs to be an improvement in the existing standard education package to meet that need. That is what Dr. Waeckerle and this committee are attempting to do.

Senator SESSIONS. Well, I think you are exactly correct.

Chief Dyer, would it be fair to say your concern is that when we establish Federal standards that we ought to listen to the fire chiefs and the fire expertise that the fire chiefs have developed and make it consistent with the standards you already have so far as possible, and just make it part of your own ongoing, existing process? Would that be fair to say?

Mr. DYER. Yes, and I think that is also what the physicians are saying. We already have standards for training, operations and equipment for handling hazardous materials incidents. So whether a terrorist releases a railroad car of chlorine in a downtown area or that chlorine release is from a train derailment, responding to that incident is going to be the same. What we don't want to come up with is a separate set of terrorism standards for a criminal hazardous materials release and then having a hazardous materials standard and them being different, because then we are going to be wasting a lot of resources.

I think what all of us are saying is we need in terrorism an overlay to do additional training of what we already have in our varying disciplines. That is the same way with the planning, and I think that is what the sheriff was saying. We need all-hazards planning for emergency response to any emergency or crisis, and then the terrorism part needs to be an annex so that we don't have a terrorism plan that differs from what our HAZMAT plan is.

Senator SESSIONS. You don't want an entirely new terrorism bureaucracy.

Mr. DYER. Exactly.

Senator SESSIONS. Sheriff, do you agree with that?

Mr. SULLIVAN. Yes, very much so, and Chief Dyer's comments on the incident command system need to be adopted not just across the local level here for law enforcement and fire service, but also vertically with the Federal Government.

When we did the G-8 conference in Denver in June 1997, we had to put on incident command training for Federal officials to help that integration of the Federal assets. There were lots of Federal assets pre-deployed for that, but they didn't understand how we worked. So the incident command system provides a system for fire, law enforcement, emergency medical, and we just need to encourage that to involve the Federal agencies as well.

Dr. ALCORTA. Let me make one other point, if I may. If we look at the hospitals, they currently have an administrative hierarchy. They do not have an incident command hierarchy, and most hospitals do not communicate hospital to hospital. So there is not an orchestration of one hospital needing resources from another hospital and how they would get that from an adjoining hospital or a hospital from outside their State.

These are independent, frequently private entities that are competitors and they do not communicate on a routine basis, which needs to occur if they should fall into an incident command or unified command structure where they can send representatives to communicate their needs in a significant event.

The other aspect is, internally, hospitals are not set up currently to have an incident command structure. It isn't the CEO who knows about the disaster plan. It isn't necessarily the head of nursing. It frequently falls to the emergency department to be the lead in any significant incident because that is the portal of entry. And what needs to occur is hospitals need to adopt an incident command structure so that they can interface with other hospitals and the community/State at large and the Federal agencies, let alone control their internal—

Senator SESSIONS. Who could sort of initiate that? I mean, hospitals will blithely go along trying to survive, keep their doors open, handle their patients. Who would be the person that would say, look, we have got to develop a plan in case we have a disaster? Who would work on that, Dr. Waeckerle?

Dr. WAECKERLE. There would be a couple of opportunities to interface with them. First, of course, as Dr. Alcorta pointed out, the Joint Commission on Accreditation of Health Care Organizations could implement more stringent standards. The second is we could work directly with the American Hospital Association. And, third, and probably the most likely successful way to do it would be at

the local level because, you know, all of these things—having unfortunately experienced a lot of this in my lifetime, the most successful responses come when everybody knows everybody and it is a local response and we work together.

So it is sitting down in a local community and saying we need you to be here. We understand there are some cost constraints and some fiscal concerns that you have, but despite that, even though these are low-probability, they are very high-consequence events. If you don't come to the table, the system fails.

Senator SESSIONS. It seems to me that, again, this comes back to a real good community plan where, once you start writing it, you have got to discuss what the hospitals are going to do, what the fire department is going to do, what the sheriffs department is going to do.

Is there such a thing in certain large cities? Would it be worthwhile economically to basically maintain a hospital that is not being utilized that is vacant? Is that financially prudent?

Dr. WAECKERLE. I think there is a system for you, sir, that you all have discussed in the past that I believe is still in operation. That is the National Disaster Medical System, NDMS. And while I am not certainly an expert on that—others in the room may be—we work closely with them, and that had a three-pronged approach in its inception.

One was the creation of disaster medical assistance teams, which there are still about 20-some around the country that are functioning. Second, it allowed the Federal community and agencies to come in and provide transportation. And, third, it enlisted hospitals, both Federal hospitals and private hospitals in the communities around the country to come together so that in the event of a national disaster, whether it be our troops overseas, such as could conceivably occur in the future, or a national difficulty with a large number of casualties, we had access to transportation and beds and facilities for these. So we should certainly make sure that in the terrorism annex plan Health and Human Services proposes—and I believe they have—that NDMS is an integral part of it.

Senator SESSIONS. It should be a part of that.

Dr. WAECKERLE. Yes, sir.

Senator SESSIONS. Sheriff, do you have any comment about that?

Mr. SULLIVAN. No. He is right on the money.

Senator SESSIONS. With regard to medical training, do you think a first-rate Federal center where an emergency room physician could go for a week, 10 days or whatever to have intensive training and hands-on experience with this problem would be an effective way for the Federal Government to contribute?

Dr. WAECKERLE. Yes, sir. What we are looking at—and I would be happy to share it with you, although it is, I guess, technically the Office of Emergency Preparedness. I can't believe that they would refuse your request, if they are smart. I would submit that that certainly is a part of the comprehensive strategy that we are looking at to augment the current educational goals and objectives of all the health care professionals we have in the task force, and that includes emergency physicians, emergency nurses, critical care nurses, EMS personnel, including basic and advanced EMT's, State

managers, fire, police and the AMA all are represented on this task force.

And we believe that we will have a comprehensive plan, as well as curriculum, with a discussion of the barriers and challenges that we face in implementing this or proposing this for you to consider in the near future.

Senator SESSIONS. Sheriff, are you satisfied that the Sheriffs' Association is being involved adequately in this process?

Mr. SULLIVAN. Yes. We are doing catch-up, and I think through the NDPO's work and then the granting and training activities of OJP, it is getting out there, again, as I mentioned earlier, not as fast as you and I would like, but it is getting there. And I think NDPO, when it becomes official—as you heard today, it is not official yet and we have been having meetings, but we are not officially meeting. When that gets going, the plans are great. You heard all kinds of testimony about the one-stop shopping, and the NDPO is it.

Senator SESSIONS. Well, I am just going to tell you that is harder to do than it is to say because it is just so incredibly difficult. It takes a passionate commitment to get everybody to work together and listen to them and deal with the individual problems and realities of each different department. And you have got huge amounts of money in the Centers for Disease Control, the Department of Justice, the Department of Defense. The Department of Energy has a role in it. You have got money in agencies that never met one another in their lives, and in their whole life don't expect to. They just want to get their money and do their little thing and fill out their little blocks and send it back in, I am telling you.

It is going to be a challenge, and I think the best way to have it met is from the grass roots. If it is not happening, you will know and you have got to speak up. And we have to keep pushing because I really do believe Attorney General Reno is personally concerned about this. I mean, she is personally engaged and she wants to see this work. The Office of Justice Programs will be committed to it, but it is not going to be easy for them because they can't order agencies around that are not really a part of—

Mr. SULLIVAN. That don't want to come to the table and play and be part of the exercise or be part of the plan.

Senator SESSIONS. Right. So we have just got to continue to work at it. As I say, the first people who will know it is not working is the first responders.

Do any of you have any other comments or things you would like to be sure that we are aware of that are a part of the record today?

Dr. WAECKERLE. I would only reiterate, Senator Sessions, that as health care professionals and as elected officials of our country, we all have taken a sacred trust on ourselves to protect our community, our country, our society and our way of life. And it is our belief that certainly weapons of mass destruction, and notably biologic weapons, are a foremost threat to our way of life.

And if we don't adequately prepare and respond, as we discussed today, then conceivably when a biologic weapon is engineered by a really bad person—and there are lots of them around—and introduced into our communities, we become vectors of our own deaths. We become sources of the death of all of our loved ones and our

families and our fellow citizens. I believe wholeheartedly that it is our sacred trust and commitment that causes us to be here today and to focus on these issues for the future preservation of our society.

Senator SESSIONS. Well said. I think that is a challenge to all of us, and your fear is that the biologic threat, as bad as it is today, could easily get worse as time goes by with even more deadly disease events?

Dr. WAECKERLE. I absolutely guarantee it, Senator.

Senator SESSIONS. Well, I will just conclude with this. The Armed Services Committee—Senator Warner, who chairs that committee, expressed his great concern over weapons of mass destruction, and he asked the Director of the CIA his opinion on it and he said,

One of my greatest concerns, Mr. Chairman, is the serious prospect that a Bin Laden or another terrorist might use chemical or biological weapons. Bin Laden's organization is just one of a dozen terrorist groups that have expressed an interest in or have sought chemical, biological, radiological or nuclear materials.

And he went on to say that he considered it one of America's greatest threats. I think that is what he is paid to do, is analyze the intelligence necessary to defend our country.

Thank you again for your excellent comments. I do believe the Government is responding. I know the Congress is concerned about this and is prepared to spend a great deal more money than we have in the past years to confront it. The question is will we spend it in a way that maximizes the benefit. We don't want to just throw money at it. We want to get down to that level in your cities and towns and make sure that the money we are putting in there helps you deal with that crisis.

I believe we can achieve it. I think people are listening. The Congress will be exercising our oversight, but I believe Director Freeh and Attorney General Reno and Dick Clarke and the other group that is working on this are committed to it. And I hope that you will contact us if we are missing the mark. Thank you again for your contribution.

This meeting is adjourned.

[Whereupon, at 4:28 p.m., the subcommittees were adjourned.]

