COMBATING TERRORISM: FEDERAL RESPONSE TO A BIOLOGICAL WEAPONS ATTACK

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BEFORE THE

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COMBATING TERRORISM: FEDERAL RESPONSE TO A BIOLOGICAL WEAPONS ATTACK

MONDAY, JULY 23, 2001

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

The subcommittee met, pursuant to notice, at 2:35 p.m., in room 2154, Rayburn House Office Building, Hon. Christopher Shays (chairman of the subcommittee) presiding.

Present: Representatives Shays, Putnam, Gilman, Schrock, Kucinich, and Tierney.

Staff present: Lawrence Halloran, staff director/counsel; R. Nicholas Palarino, senior policy analyst; Robert A. Newman and Thomas Costa, professional staff members; Jason Chung, clerk; David Rapallo, minority counsel; and Ellen Rayner, minority chief clerk.

Mr. SHAYS. I would like to call this hearing to order and welcome our witnesses and guests.

A word of caution: Some of what we are about to see and hear is not for the squeamish, but the frightening little sickening impact of a large scale biological weapons attack on the United States has to be confronted on its own terms. Better to be scared by the improbable possibility than to be unprepared for the catastrophic reality.

The focus of our hearing today is a recent terrorism response exercise ominously named Dark Winter, during which the unimaginable had to be imagined, a multi-site smallpox attack on an unvaccinated American populace.

The scenario called upon those playing the President, the National Security Council, and State officials to deal with the crippling consequences of what quickly became a massive public health and national security crisis.

The lessons of Dark Winter add to the growing body of strategic and tactical information needed to support coordinated counterterrorism policies and programs. Coming to grips with the needs of first responders, the role of the Governors, use of the National Guard, and the thresholds for Federal intervention in realistic exercises vastly increases our chances of responding effectively when the unthinkable but some say inevitable outbreak is upon us. The costs of an uncoordinated, ineffective response will be paid in human lives, civil disorder, loss of civil liberties and economic dis-

ruption that could undermine both national security and even national sovereignty.

If there is a ray of hope shining through Dark Winter, it is sparked by this irony. Improving the public health infrastructure against a man-made biological assault today better prepares us to face natural disease outbreaks every day. Just as biotechnologies can be used to produce both lifesaving therapies and deadly pathogens, public health capabilities are likewise dual use, enhancing our protection against smallpox attacks by a terrorist and an influenza epidemic produced by mother nature.

Let me welcome and thank our most distinguished witnesses this afternoon. Our first panel consists of key partners in the Dark Winter exercise. We look forward to testimony from Oklahoma Governor Frank Keating, former Senator Sam Nunn, and their colleagues describing the critical path of decisionmaking during a spreading public health and public safety crisis.

Witnesses on our second panel will address the important role of the National Guard and public health personnel in a bilateralism response.

Like politics, all disasters are local, at least initially. State military units and public health professionals, among others, man the first line of defense against the consequences of a biological attack. Their perspective is important, and we appreciate the time, talent and dedication they bring to our discussion this afternoon.

I would like to recognize our first panel, the Honorable Frank Keating, Governor of Oklahoma; the Honorable Sam Nunn, chairman and chief executive officer, Nuclear Threat Initiative, and former Senator; Dr. John Hamre, president and chief executive officer, Center for Strategic International Studies; Dr. Margaret Hamburg, vice-president, biological programs for the Nuclear Threat Initiative; and Mr. Jerome Hauer, managing director, Kroll Associates.

I think, as you know, it is our practice to administer the oath in this committee, and I just invite you all to stand and raise your right hands.

[Witnesses sworn.]

Mr. SHAYS. Thank you very much. Now, I was thinking, we have sworn in everyone in my entire 7 years as chairman except one person, Senator Byrd. I chickened out, Senator Nunn, when Senator Byrd came in. But I realize that it is both an honor to testify, I think, on this important issue and others, and I appreciate your being willing to be sworn in.

At this time, we will start with you, Governor Keating, and then—I am sorry, we have—you are in charge.

STATEMENTS OF DR. JOHN HAMRE, PRESIDENT AND CHIEF EXECUTIVE OFFICER, CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES; FRANK KEATING, GOVERNOR OF OKLAHOMA; HON. SAM NUNN, CHAIRMAN AND CHIEF EXECUTIVE OFFICER, NUCLEAR THREAT INITIATIVE, AND FORMER SENATOR; DR. MARGARET HAMBURG, VICE PRESIDENT, BIOLOGICAL PROGRAMS FOR THE NUCLEAR THREAT INITIATIVE; JEROME HAUER, MANAGING DIRECTOR, KROLL ASSOCIATES; AND DR. D.A. HENDERSON, DIRECTOR, JOHNS HOPKINS CENTER FOR BIOTERRORISM PREVENTION

Mr. HAMRE. No, I am not in charge. I am just trying to stay ahead of this bunch. That is all I'm trying to do.

Mr. SHAYS. Well, as far as I am concerned, you have the floor, so you are in charge.

Mr. HAMRE. Thank you. It is a real privilege. And my role here today is really simply to summarize enough of the exercise so that you feel you could sit in today back in the chair—when we met about a month ago and what was going on in everybody's head so you can appreciate the very powerful message, and if I can ask us to go the——

Mr. SHAYS. Now, I understand there may be some graphic display here.

Mr. HAMRE. Sir, there will be graphics as well as some video. This will be shown on these side monitors.

Mr. SHAYS. I'm told that some of it is not pleasant.

Mr. HAMRE. It is not pleasant. Let me also emphasize, sir, this is a simulation. This had frightening qualities of being real, as a matter of fact too real. And because we have television cameras here broadcasting, we want to tell everyone, this did not happen, it was a simulation.

But, it had such realism, and we are going to try to show you the sense of realism that came from that today.

Why don't we go to the next chart, if I may, please.

Well, we are—if I could, while we are waiting. Let me just introduce and say that there were three institutions that collaborated on this project, the Center for Strategic and International Studies, the Johns Hopkins Center for Bioterrorism Prevention that Dr. D.A. Henderson, who is sitting here—Dr. Henderson, you should know as well, is one man that is probably more responsible for eradicating smallpox than any other person in America. And he is now——

Mr. SHAYS. Would you raise your hand, sir? You are the gentleman?

Mr. HAMRE. He is dedicating himself now to the protection of the United States against these terrible diseases.

The other is the ANSER Corp. Dr. Ruth David is the president and CEO, and she was instrumental in bringing together so much of the resources, she and her remarkable staff. And we are ready to go.

Let me say, Dark Winter was meant to be an exercise to see how would the United States cope with a catastrophic event, in this case a bioterrorism event. We thought that we were going to be spending our time with the mechanisms of government. We ended

up spending our time saying, how do we save democracy in America? Because it is that serious, and it is that big.

Let's go to the next chart, please. This is what we will cover today. We will go briefly through just to say who are the participants and the goals of the exercise, and then we also want—quickly want to take you through the exercise itself so that you have a chance to observe it.

We will then pull out some of the key observations, and all of my colleagues here will be speaking to those along the way.

Next chart, please.

Mr. SHAYS. Dr. Hamre, may I just interrupt to welcome Mr. Tierney, who is here.

Mr. TIERNEY. Sorry for the interruption.

Mr. SHAYS. Great to have you here. Would you just make your first point again?

Mr. HAMRE. I said, Mr. Tierney, we were delighted to be invited to be participants here. We thought that we were going to be getting together as a group. Everyone who was participating in this exercise were former government officials. Everybody had—that was the sitting at the National Security Council had really been there before in one role or another.

And of course we had Governor Keating sitting as Governor Keating in the exercise. And we thought that we were really going to get together to talk about the mechanics of government. And what we ended up doing is saying, how do we save democracy in America if we ever have an episode like this that were to occur for real.

Mr. SHAYS. I would also welcome Mr. Gilman as well. And I think what I will do, since they have come before you jumped right in, to give either an opportunity to have an opening statement, and then we will get right to your testimony.

Do you have any statement?

Mr. TIERNEY. No. I am happy to hear the testimony. Thank you.

Mr. SHAYS. Mr. Gilman, do you have any statement?

Mr. GILMAN. Thank you, Mr. Chairman. I want to thank you for conducting this hearing at this time. Today's hearing to examine our overall relationship between the Federal and State governments in trying to form a cohesive and effective response to a biological weapons attack is very timely.

For many years the possibility of a bioterrorist attack occurring in our own Nation seemed absurd, something to be relegated to the realm of science fiction. Sadly, events over the last few years, with bombings occurring in New York, Oklahoma City, have transformed the bioterrorism debate from a question of if, to the seeming inevitably of when.

The task of developing an adequate, effective, overall strategy to successfully counter any domestic act of bioterrorism has proven to be a difficult challenge for Federal and State policymakers.

Our Nation is a highly mobile society with a system of government wherein power and responsibility are diffused between Federal, State and local authorities. Moreover, the American people are accustomed to an unprecedented amount of personal freedom not found in any other nation.

All of these factors make the quick containment of any biological attack and effective subsequent quarantining of any affected individuals highly problematic. Indeed, primary results from the past exercises, including one recently concluded, have not been very encouraging.

I look forward to the testimony that our panelists will be presenting, and particularly those who participated in the recently held Dark Winter exercise. I am certain that their experience and insight will prove useful to this committee as Congress works to try to find a proper role in this emerging and vexing problem.

Once again, Mr. Chairman, thank you for your leadership on this important topic.

Mr. SHAYS. Thank you both, gentlemen, for being here. Dr. Hamre, let me just take care of—a quorum is present. I ask unanimous consent that all members of the subcommittee be permitted to place an opening statement in the record, and without objection, so ordered. And also ask further unanimous consent that all witnesses be permitted to include their written statements in the record. Without objection, so ordered. And 3 days for both.

You now truly have the floor. Do you want us to dim the lights? I am afraid to ask. I don't know if we know how to do that.

Mr. HAMRE. I leave it up to your professional staff that has a better feel. I think that we can see it.

Mr. SHAYS. We'll light it.

Mr. HAMRE. I also forgot to mention that this exercise, because all of us are not-for-profit entities, was funded by two entities. It is very important for me to say this. This was not paid for by a contractor. This was not paid for by the Government. This was paid for by two not-for-profit entities that are dedicating themselves to helping protect America, the McCormick Tribune Foundation and the Memorial Institute for the Prevention of Terrorism in Oklahoma City.

Mr. SHAYS. Not to confuse you, there is a screen in front of the desk. So we are not looking at Governor Keating and Senator Nunn while you are showing your presentation. It is right in front of you.

Mr. HAMRE. Yes, sir. OK. So now we will proceed, if we could, to the next one.

These are the participants, and I won't go through it here. Everybody that we had sitting there has been in the National Security Council for real.

Next chart, please. And we also, to add additional realism to this exercise, we actually brought in sitting journalists. They actually sat there to watch and participate, because a fair amount of this exercise dealt with how we would cope with a public campaign and explain it to the American public.

Next chart, please.

These are the five goals that we had for the exercise. This is what we were trying to do. We were trying to figure out what was going to be the impact on national security of a biological attack.

We especially wanted to look at the implications for Federal and State interactions, and this turned out to be one of the most important elements for us to learn. And we will bring some of this out in the lessons learned later on. But I must tell you that there was a major divide in this National Security Council between those who

are at the national level and those who understood the response at the State level, and we should talk about that later.

We were especially looking at what does it take to make these life or death decisions when we don't have enough money for what it really takes to do it, and coping with a scarcity of assets, and especially vaccines, was a major dimension of the exercise. We tried to deal with the issue of information, how do you communicate to the American public at a time of extreme crisis, and then finally to talking about the very tough ethical and moral issues that came from this exercise.

Let's go to the next chart. And I think this is going to get to you to the beginning of this, the way that we experienced it.

[Video played.]

Mr. HAMRE. So when the National Security Council met this evening, the first night of our exercise, they thought they were getting together to talk about a crisis that was emerging between the United States and Iraq, because we have learned of this breaking news of a potential smallpox attack.

The President called the National Security Council together. Fortunately, Governor Keating, who was in town anyway, joined us for the exercise and of course for explaining his presence, he would normally be at an NSC meeting, but he was there that evening.

Let's go to the next chart, please. This is what happened on the first day. This is what the NSC was learning that night. What we were looking at—this is around December 9th—some two dozen patients were reporting into Oklahoma City hospitals with signs of smallpox. It was quickly spreading around the town, and indeed the Centers for Disease Control quickly confirmed that it was indeed smallpox.

Next chart, please. Smallpox was eradicated in the United States in 1978—we have not had any evidence of it or at least in—in 1949 is when it was last in the United States, but it was eradicated 30 years ago. It is a very contagious disease and highly lethal; 30 percent of the people that get it will die. And once you get it, you simply have to ride it out. There is no real therapy for it. There is a vaccine that you can take, but you must get the vaccine before you have demonstrated symptoms. So it is a very tough problem to work with.

Let's go to the next chart, please. These are historical pictures of smallpox. Smallpox was the leading cause of blindness in the world before its eradication. It is a very ugly disease. This is, of course, in the more advanced stages where smallpox, after the first week or so, starts forming these pox. It is very ugly. It is at this stage where it is highly contagious.

Next chart, please. The United States has approximately 12 million effective doses of vaccine that are available. It is possible to administer the vaccine, but you must administer it before you demonstrate symptoms if it is going to be effective.

In this case, we thought we had 12 million doses, but as you will see shortly, its exposure in this exercise was in communities where there were more than 12 million people living.

The National Security Council, one of its initial challenges was to decide how do we administer or strategically how do we allocate these scarce numbers of doses to the American public?

Next chart, please. Here is what the National Security Council knew at the time. Again it is very—I am trying to compress into 3 minutes what was taking 4 hours in discussion.

We clearly knew that smallpox was now being reported in three States. It was reported in Oklahoma, in Atlanta and in Pennsylvania. It was presumed to be a deliberate release, because smallpox is no longer natural in the environment, and so it was probably caused, but we did not know how.

We did know that vaccination is a source of—is one of the tools, but the other tool is isolation, trying to prevent the spread of the disease. We also knew at the time that Iraqi forces were mobilizing. We did not know if these were related phenomena, if it was at the same time being connected to the deployment in the Persian Gulf.

We also did not have any smoking gun. We did not know who caused it, and we had no idea where it came from. The other thing we did not know, which was very crucial, is we had no idea how extensive the attack was when it was unfolding.

So that first night, and we met on a Friday night, simulating the first day of the exercise, we were really dealing with a lot of scientific information, very little insight into what to do about it, because we did not know where it had been spread and how extensive the illness was already.

Next chart, please. These were the key issues that we were looking at that first night; you know, who controls the release of vaccine, how do you administer vaccine, who should be getting it? How do you protect the first responders, because you need the first responders. Who is on the front line.

I can remember Senator Nunn saying, who is on the front line? We had national security people saying we have to reserve doses for the military, and we had State and local responders saying we are the front line in this war. You have got to save us. You have got to protect us first. So it was a major debate.

So this—let's go to the next chart, please.

Now, we are going to show you a video from that first evening as well.

[Video played.]

Mr. HAMRE. Through the exercise we were introducing videos along the way to give some sense of realism to the evening. Now, let me—OK. Let's go the next chart if we could, please.

Here is what the Council decided on the first night. They decided to try to accelerate the production of vaccines. There is ongoing production, but emergency production would be required, and you would need to waive a fair amount of regulation. If this happened tomorrow, we would have to waive a fair amount of Federal regulation in order to get vaccines available on an expedited basis. That even meant 6 to 8 weeks before we could get it.

We asked the Secretary of State to look for vaccines in other countries. As it turns out, Russia had stocks, but there was a question about the safety and effectiveness of those stocks. So that was an issue that the Council had to deal with.

The National Security Council ordered a ring strategy: Try to find people that have been affected and then inoculate the people that are in, as it were, a circle of acquaintances around the individ-

ual who had been infected, one of the classic strategies for dealing with a contagious disease.

We also directed—they directed that stocks be reserved for first responders. Because if you are expecting to see health delivery and security in infected areas, you have to reassure the people that have to provide that security with a vaccine, or else they probably aren't going to do it, and you wouldn't expect them to.

And finally they did reserve stocks for emergency break-outs, if there were any further break-outs to occur.

Now, let's go to the next chart. Here is what was not understood at the time of that first evening, is that the game participants really never could see the full scope of the initial attack because they didn't know the facts yet. They weren't yet in.

The—that indeed the infection rate was showing up first in the cities where you had—where it was released, and they were released in three locations. Deliberate attack in Oklahoma, where it was successful, and two botched attempts, one in Atlanta and one in Philadelphia.

The participants did not know that at the time of the first evening. So this was the scope of the infection that was not even understood when people were having to make initial decisions. This would be very typical of a bioterrorism incident.

Next chart, please.

The priority was given, you know, for vaccinations and isolation. The stocks were very inadequate given the scope of the initial attack. Again, we didn't realize that until the next day. But it was one of those things that was unavoidable, and very difficult to get situational awareness, to know what is really going on.

If there were one or two people that showed up in another State, was that another source of an attack or was that just a pattern of peoples' normal commerce? Remember, this occurred in the scenario at the start of the shopping season before the Christmas holidays. It occurred in a shopping center. And that is why you don't know if it was a single point event or if was widespread——

Senator NUNN. Let me add a point or emphasize this, a point of emphasis there. If we had known for certain or even speculated with some reasonable basis that there was a certain area we could have isolated, then obviously whatever you needed to do should have been done right at the beginning: Isolating Oklahoma City, isolating parts of Georgia, whatever.

But there was no clarity. We kept asking, do we know that it hasn't already spread all over? And the answer was, it could have spread everywhere, because we didn't know for 10 or 12 days that it had even happened.

And those people that were in those shopping centers had dispersed in all directions. So when you start basically impinging on their civil liberties and telling people they forcefully have to be kept in their homes that may have been exposed, and when you call out the National Guard to do that, and you at gunpoint put your own citizens under, in effect, house arrest, and you don't even know that you are catching the right spot or that you're dealing with the right people, it is a terrible dilemma.

Because you know that your vaccine is going to give out, and you know the only other strategy is isolation, but you don't know who

to isolate. That is the horror of this situation. I just wanted to emphasize that as a point of emphasis.

Mr. GILMAN. Mr. Chairman, would you yield a moment?

How do you learn the extent of that kind of an outbreak? I address that to Senator Nunn.

Senator NUNN. I think that Dr. Hamburg would probably be the best one to answer that. I think an answer that night in our exercise was we really could not.

Dr. HAMBURG. You would immediately begin as you identify cases to put together the pieces that are common in the recent experience of the individuals who are sick and begin to do an outbreak investigation where you can trace back to what was the source of exposure, the common source of exposure.

And in a case like this, although we obviously didn't have the opportunity to play all of the elements fully, that kind of outbreak investigation would have been intensively going forward, requiring a huge investment of trained personnel, epidemiologists to do that medical detective work.

At the same time, since the suspicion was so high that this was a bioterrorist event, we would also be having to have a law enforcement criminal investigation going on at the same time and trying to trace back to the site of exposure, which would also be your best chance of identifying the possible perpetrator as well.

Senator NUNN. One other point on this, right on that point. You have got an inherent conflict between health and law enforcement. And to the extent that they haven't coordinated beforehand and don't know each other beforehand, before this occurrence took place, you would have a horror show, because law enforcement has one set of goals, health officials have another set of goals. The President of the United States, and Governor Keating in this case of Oklahoma, and the other Governors would have to make a threshold decision which was more important.

I made the decision it was health rather than law enforcement. But that drives an awful lot of decisions. If you don't have any advanced coordination between health and law enforcement, you have got a huge problem. And the same thing would be the case with health and National Guard and health and the military. And the same thing between the whole Federal, State, local governments. So that is a real dilemma.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. SHAYS. Thank you.

Mr. HAMRE. Let's go to the next chart there.

[Video played.]

Mr. HAMRE. Let me again, Mr. Chairman, say this, that this was a simulation, for people that may just be joining us. This is not real, but this was something that we were simulating in an exercise.

Mr. SHAYS. Still chilling.

Mr. HAMRE. Here is again what the National Security Council knew. This was the beginning of the next morning. Basically we advanced the clock. We were now at the 6th day in the exercise. Here is what the National Security Council was confronting, that they had—over 2,000 people had been infected. The medical care system had been overwhelmed.

You know, we have cut back medical care so that it is to the least amount of excess capacity in peacetime as possible, because we can't afford it. And of course when you have a catastrophic event like this, it overwhelms the medical care system very quickly for all practical purposes. Vaccine is now gone, because you are trying to contain it in each location. It is now in over 20 States, we are out of vaccine.

Still the Council does not know where it came from or how widespread it is. It is clear that it was probably deliberate, but it is unclear if this was terrorism or really an act of war.

Let's go to the next chart, please.

[Video played.]

Mr. HAMRE. Next chart, please.

Let me emphasize that this was not a game where there was a right answer or a wrong answer. I mean, this is a case where none of us were experiencing anything that we had ever lived through before. So the National Security Council was coping with very stressful situations, so please don't judge them as to the decisions that they made. There is no right answer here, we are all learning.

At the time the participants came to realize that it's now—that vaccine was no longer going to be an effective solution. We were out of it. And we now had to deal with the issues of how do you constrain it by constraining peoples' movement and behavior.

There was a major debate inside the National Security Council at the time between the National Security side and the local response side as to whether or not we should Federalize the National Guard.

Let me ask Governor Keating to jump and speak to the issue from a Governor who is sitting there, what he was confronting when we had the debate in Washington over whether we should Federalize the Guard.

Governor KEATING. Well, I certainly wasn't very happy about what those pesky Texans did to my border. But the problem Senator Nunn said was the level of information that we had, and the expectation of local decisionmaking and local response.

I might say that the one thing that we didn't have, because that is the nature of the beast, was information. The first question that was asked by us was, what is smallpox? And what is the cure? And are there vaccines? And what do we do?

Well, for me as a Governor hearing this information, suggested by the President, that we encourage people to remain in their homes, that we encourage little, if any, transit between population centers, I made a decision to close the airports except for supplies of medical equipment and personnel, also the roads except for supplies of medical equipment, personnel and food and other essential items provided the truckers are vaccinated. That was an ad hoc decision on my part.

One of the generals at the table—this is why there was no script whatsoever, Mr. Chairman, except the first comment that was made right at the outset. Somebody said, what authority do you have to do that? And I said, because I am the Governor of my State. I am going to do it because this is how I think I should respond to a calamity such as this.

The most important thing that we needed was information. And obviously once that information was imparted, provided it is able to be relied upon and it is firm and final, then suggestions from the Federal family as to what assets and resources would be available.

In our Federal system, with such diffuse decisionmaking, that is crucial. What are the facts? What is the answer? What are the resources that should—must be made available to address it?

And obviously the comity, the information that must exist between the Federal family and the State and local family was essential. I was basically the skunk at the garden party. I raised the issues of the need for bottom-up responses as opposed to top-down responses. And sometimes I won, sometimes I lost. But the President did an outstanding job of making sure that I won as many times as I lost.

Senator NUNN. One added note on the Governor's comment. When the Texas Governor—we were told the Texas Governor had nationalized the Texas Guard and blocked the border from Oklahoma. Well, obviously if other States around Oklahoma had done the same thing, they would have been isolated, you couldn't have gotten food, water, whatever they might have needed in emergencies in there.

It had the possible result of being an absolute, total disaster. All of my National Security Advisers, Secretary of the Defense, and the whole team of National Security Advisers sitting around the table advised me as President to nationalize the Texas Guard, thereby overruling the Texas Governor.

That was a hard decision, but I decided not to do it. I decided to get the Governor who happened to be there, but in case if he hadn't been there, I would have gotten someone else, or I might have called myself to try to plead with the Texas Governor not to do that, not to have that kind of force.

But I judged that if I tried to nationalize a Guard force that had been mobilized by their Governor to protect the citizens of their State, in their eyes, and to protect their own families, the worst of all worlds might be that they basically wouldn't respond to Federal authority and then you would have had pure anarchy. And I felt that the threshold decision had to be made that this had to be a partnership, and we had to go to every length to try to convince the Governor of Texas to cooperate.

So that was the way that one was playing out. And of course, Governor Keating, I kept sending him out of the room to go to talk to the Governor of Texas during this whole time.

So that probably wasn't exactly realistic, but I would have been, had he not been there, on the phone with the Governor of Texas myself.

Governor KEATING. Let me postscript what Senator Nunn said. The challenge for me, having survived both a natural as well as a man-made tragedy in my State, was to convince the Federal family around that table that the best response was in fact a local response, that the local people trusted the police chief and the fire chief and the health officials locally. They didn't know who these Federal people were. What we needed from the Federal Government, from FEMA particularly, were the assets and the assistance

and, as Dr. Hamburg noticed, the facts to permit us to respond in an intelligent and in a factual way.

We got into a—I got into somewhat of a—a friendly but firm dialog with the military, who were—whose initial response was, find out who did it and bomb them. Well, I don't have a problem with responding forcefully as an American to anybody who would do this to our States or our country.

But our challenge, and that is why I commend Senator Nunn as President, his challenge, which he accepted, was to focus on rescue and recovery and medical care and quarantine and isolation and the health side, and we will take care of the bad guys later.

And I think that is something that obviously leadership alone will make that decision. That would not happen by accident, and in this case he responded properly.

Senator NUNN. I do believe there are a lot of lessons to be learned. I will just inject here one on this point. But it was apparent to me that we needed a large group of nurses and doctors, and we needed to bring them in from all over the country and indeed perhaps all over the world.

The only way you can do that is probably advanced planning. Also the question in my mind, I am not up to date on everything the National Guard is doing in this area, but it was also apparent to me, and the more I thought about it afterwards the more apparent it has become, that our National Guard forces need to be able to mobilize all of the reserve medical doctors that they can possibly get, whether it is Guard doctors or Reserve doctors, and even active duty officers who have medical knowledge.

And we need to have some advanced planning on that. It wouldn't just be the Guard forces with their, you know, with their guns and with their ability to protect property and so forth. We would need all of the medical expertise that we can possible muster.

And the public health system and the Public Health Service would have to be at the heart of that. I believe you said in the beginning, Mr. Chairman, and I want to strongly underscore your point, because I believe that we really need to pay a lot more attention to our public health system. That is the case even if we don't have a terrorist outbreak. That is the case with just natural infectious disease.

Governor KEATING. And as a response to that need for a coordinated mechanism it was for me, representing the State and local authorities, to say, don't forget the National Guard best responds to local oversight and control. Don't forget the Salvation Army. Don't forget the local health officials. Don't forget the American Red Cross. Don't forget the churches and the social services agencies who must be coordinated into this health care response as well. You can't have any success unless they are integrated fully in it.

Senator NUNN. But one final possibility, we'll get back to the scenario, every one of those people you are trying to mobilize is going to have to be vaccinated. You can't expect them to go in there and expose themselves and their family to smallpox or any other deadly disease without vaccinations.

So that is the front line. That is the front line more than any purely military force. You have got to vaccinate them and you have got to have that right at the beginning, and that kind of supply needs to be set aside.

Mr. HAMRE. Mr. Chairman, we are now at the end of the 6th day. And so let me now go to the next chart.

[Video played.]

Mr. HAMRE. Next chart, please. This is the beginning now of the third phase of our exercise. It was on the 12th day of the scenario. The most important thing is the second bullet. Remember, this is—smallpox is so dangerous, because it is communicable. And every one person who gets it probably is going to infect 10 more.

Now is the first time that we are starting to see the second wave of infections. That is the infections of people that came in that caught from people who were exposed in the very first hour.

As you can see, in the last 48 hours there were 14,000 cases. We now have over 1,000 dead, another 5,000 that we expected to be dead within weeks. There are 200 people who died from the vaccination, because there is a small percentage, and we have administered 12 million doses, but now we have 200 that died from the vaccine. At this stage the medical system is overwhelmed completely.

Next chart, please. This was what the members of the National Security Council saw. They saw this spread. You see the three red zones. Those are where the initial attack took place in Oklahoma, in Atlanta and in Pennsylvania. The Oklahoma attack was successful. But, as you can see, it spreads widely.

Anyway, next chart, please.

These are the cumulative—the results of the cumulative compounding of the people that have been infected. You see the cases per day, and you will see it starting to rise at day 18 and starting to go up sharply. That is the second wave of infections, people that are catching it from the people who were first infected.

Next chart, please. And this unfortunately was what the National Security Council was looking at. For people that may not be able to see that in the back of the room, at the end of the first generation of infections, this is approximately December 17th, there were 3,000 infected, and there were 1,000 expected to be dead.

At the end of the second generation, what we were now looking at, it would be 30,000 infected, and 10,000 dead. We were forecasting within 2 weeks to 3 weeks that we would have 300,000 who would be infected and 100,000 dead. As you can see, it goes off the charts.

It was roughly by the fourth generation that we would expect to be getting vaccine produced in the emergency production.

Next chart, please.

[Video played.]

Mr. HAMRE. It was at this stage that we were confronting the reality that forcible constraint of citizens' behavior was probably going to be required to be able to stop that fourth generation of infections.

Let's go to the next chart, please.

We'll talk very briefly about lessons learned.

Next chart, please. I think we felt that this would cripple the United States if it were to occur. We have a population that is no longer inoculated.

For all practical purposes, 80 percent of the population has been born or is no longer affected by the vaccines when they stopped back in 1978. So the country is now vulnerable. Local attack quickly becomes a national crisis, and we saw that very quickly once it spread.

The government response becomes very problematic when it comes to civil liberties. How do you protect democracy at the same time that you are trying to save the Nation?

Next chart, please.

We found that it was very hard—we are not very well equipped to deal with the consequences. I am going ask Jerry Hauer to comment on that when we get around to comments later on. We lack the stockpiles of vaccine. I'll ask Peggy Hamburg to briefly speak to that, because this is one of the key things.

We had 12 million doses, but it is clear that 12 million doses aren't going to be enough if we get into this kind of crisis. It is very likely that you are going to have to change peoples' behavior. How? That becomes a key question.

Next chart, please.

We didn't have the strategy at the table on how to deal with this, because we have never thought our way through it before, and systematically thinking our way through this kind of a crisis is now going to become a key imperative.

It clearly is going to require many more exercises. The government is going to have to—and we are very pleased that the person who for—Governor Thompson is going to be the Coordinator for Bioterrorism Response. Scott Littlebridge was with us at the exercise.

It is now very clear that public health is a national security imperative. This is not a choice, this is now an imperative.

Next chart, please.

We found that State and local resources were going to be—relations, I should say, are going to be hugely strained at this time. The perception in Washington is so different from the perception in the field. That is something that I hope that Governor Keating and Senator Nunn speak to.

When I say government lacks coherent decisionmaking, this is not a critique of the exercise. I thought it was the finest national security discussion I had ever seen, and I have been through about a dozen of them. It was by far and away the best that I have ever seen. But it still is very hard to cope with something that you have never experienced before ever, and we are going to have to start doing exercises. Hopefully that is as close as we'll ever get to it.

And finally it is going to take an investment. It is going to take an investment in public health, it is going take an investment in research and development. We have got to find some solution to this problem. I think that concludes, Mr. Chairman.

Let me turn it to my colleagues, I think, because they had important observations before we wrap up and turn it to you for questions.

[The prepared statements of Mr. Keating, Hon. Sam Nunn, and Dr. Hamre follow:]

Testimony of Governor Frank Keating (Oklahoma)

House Committee on Government Reform
Subcommittee on National Security, Veterans Affairs, and International Relations

July 23, 2001

I am grateful to the Subcommittee for the opportunity to be with you today, and I look forward to joining you in exploring issues of vital importance to our nation.

As you know, I had the honor of taking the role of a state governor in the recent *Dark Winter* exercise. The scenario of that exercise was different from the real-life crisis we faced in Oklahoma on April 19, 1995, but the fundamental principles were the same. In both instances, our tasks as leaders of local, state and federal agencies were to respond to a terrorist assault in ways that protected and preserved lives and property, assured accountability and justice for those who were responsible for the attack and protected the national security. I was honored to share my own experiences from Oklahoma City with the group, and I am equally honored to bring what perspective I can to today's hearing.

In that respect, I want to review very briefly what happened in Oklahoma City in 1995, and then relate the lessons we learned there to the experiences we shared at the *Dark Winter* exercise, and to the issues before the subcommittee.

You will recall that a massive terror bomb was detonated at 9:02 a.m. on April 19, 1995, in front of the Murrah Federal Office Building in the heart of our community. It killed 168 people, injured hundreds more and severely damaged many dozens of buildings. The rescue and recovery efforts that followed, and the criminal investigation, were both the most massive of their kind in American history. These efforts threw together, literally overnight, more separate agencies from the local, state and federal governments than had ever worked cooperatively on a single task. The outcome could

have been chaotic -- it has been before when far fewer agencies tried to coordinate their efforts on much more discrete and manageable tasks. But the outcome in Oklahoma City was not chaos. Later, observers would coin the label "The Oklahoma Standard" to refer to the way our city, state and nation came together in response to this despicable act.

I think what happened in Oklahoma City in 1995 served as a model for the *Dark Winter* participants, and I believe it should also help guide the subcommittee's deliberations today. Simply put, we did it right in 1995. The principles behind The Oklahoma Standard can help govern our nation's future course in responding to the terrorist threat.

On April 19, 1995, every injured person was cared for promptly and with great skill and compassion -- in fact, at the closest hospital to the blast site, every arriving ambulance was met by an individual physician assigned to a specific victim. Of several dozen victims deemed critically injured on that day, only one who made it to the hospital alive subsequently died.

Every deceased victim was recovered, and all remains were restored to the families for burial, promptly and with great sensitivity.

Key evidence that would lead to the apprehension, conviction and eventual execution of the primary perpetrator of the crime was in law enforcement hands within minutes after the explosion. A local deputy sheriff found and recorded the serial number from the bomber's vehicle at almost the same moment that a state trooper was arresting the suspect some miles away. The criminal case built over the next few weeks was simply overwhelming. It assured our victims, and our society, of justice.

Finally, our national security was protected. As I am sure the subcommittee members know, local and federal authorities in the months and years after the Oklahoma City bombing directed new attention to potentially dangerous domestic insurgent groups, defusing a number of similar terrorist plots before anyone was hurt. Congress also passed stronger anti-terrorism legislation.

The *Dark Winter* scenario involved a foreign source of terrorism, not one of our own citizens. In *Dark Winter*, the weapon was bacterial rather than explosive. But in virtually every other respect, these two scenarios shared these key goals and principles:

-- To protect, preserve and save lives and property;

-- To hold accountable those responsible for terrorism;

-- To protect and advance America's interests and security.

Those are the three fundamental challenges presented by any terrorist attack, from a bomb to biological assault to the nightmare of a clandestine nuclear confrontation. I think it is instructive to compare how we pursued those goals in Oklahoma City with the outcomes of the *Dark Winter* scenario, and to look at how that comparison might reflect on future policy.

The conclusions drawn by a series of after-action analyses from Oklahoma City are remarkably similar. I will consolidate those conclusions into five basic findings, compare them to what we did (or did not do) at *Dark Winter*, and suggest resulting policy implications:

1. Recognize that in virtually every possible terrorism scenario, first responders will be local.

In Oklahoma City, the true heavy lifting of the initial rescue and recovery operations, as well as the key evidence collection that led to a successful criminal prosecution, was the task of local fire, police and emergency medical personnel. In fact, the real first responders were not even public employees; they were bystanders and co-workers of the trapped and injured, who often shrugged off their own injuries and got up out of the rubble to help others. The first Federal Emergency Management Agency Urban Search and Rescue Task Force did not reach Oklahoma City until late on the night of April 19 -- several hours after the last living victim had been extracted from the wrecked building. That Task Force, and the ten that followed it, were absolutely essential to the conduct of the successful recovery operations that followed, but it is important to

note that even those FEMA USAR Task Forces are drawn from local police and fire departments.

As an example, many of the FEMA USAR Task Forces brought structural engineers to Oklahoma. They were able to work closely in planning the search and recovery operation with the local architect who had designed and built the Murrah Building in the 1970s. Who was better prepared and qualified for this crucial task? Neither party was; it was a true cooperative effort, blending federal and local resources to achieve outstanding results that allowed many hundreds of rescue workers to labor around the clock in a devastated and unstable structure without serious injury to any of those involved.

In the *Dark Winter* scenario, as in virtually any real-world terrorist assault, the first responders will also be local. The federal government does not maintain rapid response teams in any area of expertise close enough to any potential terrorist target, save perhaps the White House, to allow them to be first on the scene. In *Dark Winter*, local private physicians and public health officials were the first to detect cases of smallpox. Local government and law enforcement agencies were the ones with the power to impose and enforce quarantines, curfews and states of martial law, to disseminate information through local media and to collate and forward epidemiological data to federal agencies such as the Centers for Disease Control in Atlanta. Local law enforcement would be the ones to discover, preserve and secure any available crime scenes or evidence. As in Oklahoma City, the preponderance of personnel, vehicles, equipment and even the volunteer force of blood donors, Salvation Army canteen operators and the people who showed up to do laundry for the FEMA USAR Task Force members will necessarily be drawn from local resources.

2. Insist that teamwork is not just desirable -- it is possible.

The after action reports from Oklahoma City noted that agencies from various levels and jurisdictions which had not traditionally worked closely in the past did so to a

remarkable extent at the Murrah Building site, and in the ensuing criminal investigation. They even did so in overcoming what was a huge potential initial hurdle -- the conflicting purposes of those who were working through the rubble to extract the dead and those who saw the same rubble pile as a vast crime scene to be processed for evidence.

This is not to say that there were no conflicts. There were, but they were resolved, in virtually every case, to the mutual satisfaction of all of those concerned. We have seen too many cases in the past where an investigative agency or a rescue unit squabbled in private (and sometimes in public) over "my crime scene" or "our rescue mission." That this natural source of conflict did not overwhelm or dissipate the Oklahoma City effort is a tribute to the good sense and reason of those involved.

The one central problem which emerged in Oklahoma City was that of communications. From the initial first response effort through the final body recovery, it was noted that the many different radio frequencies and institutional policies in play all too often left many participants in the effort in the dark concerning vital decisions that should have been shared universally. This was remedied in part -- but only in part -- by the creation of a unified command center which invited key representatives from all of the agencies involved to frequent information briefings and discussions on tactics.

Ironically, local agencies were in some ways better equipped to overcome this "communications gap" than their federal counterparts, thanks to a quirk of geography. Because central Oklahoma is located dead-center in what is called "tornado alley," our public safety and emergency medical agencies had planned and even drilled for a large mass casualty incident in the past. They had on hand mobile command posts with some (though not all) interlocking radio capabilities. They also had the distinct advantages of familiarity with each other's basic operating procedures, local geography, even what local companies might be able to bring a large crane to the site on that first night to begin the search for buried victims. Time after time, I saw federal officials turn to local fire and police personnel and ask for assistance that only they could give.

I want to encourage the Subcommittee to maintain close contact with General Dennis Reimer at the Oklahoma City National Memorial Institute for the Prevention of Terrorism, which was a direct outgrowth of our experiences in Oklahoma City and a co-sponsor of the *Dark Winter* exercise. No one has more information drawn directly from field experience of how to blend the many levels of responders together in an seamless a way as possible to react to a terrorist attack.

3. The rapid and accurate flow of information -- both internally among government agencies and externally to the public -- is absolutely essential.

Because the Murrah Building was located in downtown Oklahoma City, for all to see, we immediately stumbled into the right answer to the eternal question, How much do we tell the public? That answer is simple -- We tell them everything that does not need to be safeguarded for valid reasons of security.

I know you will all recall the steady, 24-hour broadcasts and news dispatches that came from Oklahoma City in the first days after the 1995 bombing. Our policy was to conduct regular media briefings on everything from body counts to alerts involving the composite drawings of the principal suspects in the bombing, and the results were in virtually all cases positive. Certainly many aspects of the criminal investigation were not disclosed in those early days. The Oklahoma City Fire Department and the Office of the Chief Medical Examiner carefully controlled release of information concerning the dead to assure that families were fully notified before victim identities were made public. We did not allow open media access to the interior site itself for reasons of safety and efficiency. But in almost every other instance, our decision was in favor of openness and candor, and the results are very clear. I continue to receive letters, more than six years later, from Americans who have a permanently positive impression of how the bombing was handled.

In the *Dark Winter* exercise, many decisions concerning the release of information went in a different direction. From my own service in Washington, I know

there exists an instinct for secrecy, and urge to classify, that often bears little relation to the realities of the moment. This happened in *Dark Winter* too. I believe that was, and is, a mistake, especially in a situation where bioterrorism was involved. Americans expect and deserve to be told the truth by government at all levels when their safety is at stake. Certainly I do not counsel revealing matters that would endanger national security or ongoing criminal investigations, but when the question is one between candor and secrecy in a matter of enormous public interest, and absent a clear and compelling reason for secrecy, candor should be the chosen option.

Our *Dark Winter* participants too often opted to conceal or obscure where openness would have done no harm -- and where it would have increased public confidence. To cite a clear and compelling example of why this is true, contrast the high public approval of the FBI's successful identification and prosecution of Timothy McVeigh in the Oklahoma City bombing with the Bureau's present image problems related, in large part, to inept handling of documentation in that case. Simply put, the FBI was remarkably open -- and praised -- as it identified, caught and prosecuted McVeigh; it was closed, and justifiably mistrusted, when it misplaced the files.

Government at all levels earns the trust of those it serves every day. It does not merit that trust if it is overly secretive.

4. Experts are called experts for a reason -- rely on them.

In Oklahoma City, the agency best equipped to handle the removal, identification and processing of the 168 people killed in the bombing was the Office of the Chief Medical Examiner, which did an outstanding job. I recall at least one federal official with some experience in mass casualty incidents assuring the staff from the ME's office that they would "never" be able to identify all of the victims. In fact they did so, with vast cooperation from local funeral directors, dentists, physicians and many others who worked countless hours at a most heartrending and often distasteful task. They were the experts, and they did their job well.

That was also true of the crane operators who helped remove the rubble, the federal agents who identified the explosive components, and many others. People work for many years to acquire skills; agencies involved in responding to a terrorist attack should let them do their jobs.

In *Dark Winter*, the obvious agency with the expertise to isolate and identify the smallpox microorganism was the Centers for Disease Control in Atlanta. The experts in potential delivery systems were chemists and physicists. Those best equipped to identify Iraqi origins for the terrorist act were from the intelligence field.

Conversely, those best qualified to assess what (and how) information is to be publicly released are the communications professionals. When a building is badly damaged by a bomb, engineers and architects play a central role; when germs are released on the public, doctors must be involved. In responding to any terrorist attack, supervising agencies should rely on the experts in their respective fields, and not seek to concentrate decision making powers above and removed from the level where those experts can be heard.

5. Resist the urge to federalize everything.

Perhaps the strongest lesson from Oklahoma City -- and perhaps the most worrisome outcome from the Dark Winter exercise -- concerns the almost instinctive urge common to officials of federal agencies and the military to open the federal umbrella over any and all functions or activities. Simply put, the federal government all too often acts like the 500 pound gorilla.

In Dark Winter, we encountered this tendency as soon as state National Guard units were activated in response to the bioterrorist attack. The function of those units -- imposing curfews and quarantines and keeping public peace -- were exclusively local in nature. Still, many of the participants sought to call the Guard into federal service immediately. I want to thank Senator Nunn, who played the role of the President in the exercise, for resisting this temptation and deciding not to federalize the Guard.

Federalizing makes sense when the mission is largely federal in nature -- for example, a combat environment or an overseas deployment -- but not when the mission remains largely local. I noted that I failed to see how a National Guard company, led by a local captain and staffed by local residents who had assembled at the local armory for duty, would perform in any different manner if it were formally inducted into federal service. My experience following the Oklahoma City bombing was that members of the Oklahoma Army and Air National Guards called to service did an excellent job under state control. In fact, the very first makeshift memorial to the dead was created near the Murrah Building site, along a security fenceline, by Air Guard personnel who were mourning the deaths of their neighbors. The Guard blended well with other agencies, both local and federal. Its members took special pride in serving their Oklahoma neighbors as members of the *Oklahoma* Guard.

Certainly if a Guard formation cannot perform well, or if it requires specialized training or equipment to discharge its role in response to a terrorist incident, it should be promptly federalized. Equally surely, many components of the national response to an attack like that proposed in *Dark Winter* must be largely federal in nature -- from the gathering of intelligence that pointed to an Iraqi connection to the formulation for diplomatic and military responses. But that does not mean that every part of the broad response must or should originate at the federal level, or that federal officials should assume supremacy in every aspect of the response, or that the military response should trump the humanitarian response. It was a deputy sheriff who jotted down the number from a mangled truck axle that, ultimately, brought McVeigh to justice. It was a surgeon from a state hospital who crawled into the Murrah rubble to amputate a trapped victim's leg as local police officers and firefighters held lights and moved obstacles. Oklahomans carried the first injured out of the building on April 19, and three weeks later they recovered the last of the dead. They continue to staff mental health and counseling services -- funded in part by federal sources -- to help with the healing.

My experiences in Oklahoma City in 1995, and my participation in *Dark Winter* this year, both taught me some valuable lessons.

Train and equip your first responders, for they are the front line in meeting the terrorist threat.

Search for ways to support teamwork *before* an incident, and emphasize that teamwork after.

Tell the truth, and be candid with the people we are working to protect and serve.

Trust the experts to do what they know best.

And remember that the response to terrorism does not begin and end in Washington. Trust local governments, local agencies and local citizens to do the right thing, because in the end, they are the real targets of terrorism, whether it's a bomb in front of a building filled with ordinary Americans or a germ unleashed on their neighbors.

I thank the Subcommittee for your time and for your kind invitation.

NUCLEAR THREAT INITIATIVE

Former U.S. Senator Sam Nunn
Co-Chairman of the Nuclear Threat Initiative
House Government Reform Committee
Subcommittee on National Security, Veterans Affairs
and International Relations
July 23, 2001

Mr. Chairman and members of the Committee: Thank you for the opportunity to testify today on the threat of biological weapons. Two years ago, Mr. Chairman, presiding over a hearing of this same committee on this same subject, you asked: "Are we prepared?" The answer then was no. Your efforts and the efforts of others since then are forcing us to find a better answer – and I thank you for your persistent emphasis of this issue.

Mr. Chairman and members of the Committee: It was challenging to play the part of the President in the exercise "Dark Winter" described by Secretary Hamre. You often don't know what you don't know until you've been tested. And it's a lucky thing for the United States that – as the emergency broadcast network used to say: "this is just a test." It is not a real emergency. But, Mr. Chairman, our lack of preparation is a real emergency.

During my 24 years on the Senate Armed Services Committee, I've seen scenarios and satellite photos and Pentagon plans for most any category of threat you can imagine. But a biological weapons attack on the United States fits no existing category of security threats. Psychologist Abraham Maslow once wrote: "When all you have is a hammer, everything starts to look like a nail." This is not a nail; it's different from other security threats; and to fight it, we need more tools than the ones we've been using.

Our exercise involved a release of smallpox. Experts today believe that a single case of smallpox anywhere in the world would constitute a global medical emergency. As Members of this committee know, a wave of smallpox was touched off in Yugoslavia in 1972 by a single infected individual. The epidemic was stopped in its fourth wave by quarantines, aggressive police and military measures, and 18 million emergency vaccinations to protect a population of 21 million that was already highly vaccinated.

Mr. Chairman, we have effectively only 12 million doses of vaccine in America to protect a population of 275 million that is not highly vaccinated and is therefore highly vulnerable. The Yugoslavia crisis mushroomed from one case; our situation began with 20 confirmed cases in Oklahoma City, 30 suspected cases spread out in Oklahoma, Georgia, and Pennsylvania, and countless more cases of individuals who were infected but didn't know it. We did not know the time, place or size of the release, so we had no way of judging the magnitude of the crisis. All we knew was that we had a big problem and a small range of responses. One certainty was that it would get worse before it would get better. As you know, Mr. Chairman, effective smallpox containment requires

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isolating those who are sick and vaccinating those who have been exposed. Isolation is difficult when you're not sure who has it; vaccination cannot stop the spread if you don't have enough of it.

Many participants in the exercise would have been much more in their element if we had been dealing with a terrorist bomb attack. The effects of a bomb are bounded in time and place. After the explosion, the nation's leadership knows if you're injured and the extent of the damage. We can begin rebuilding. Smallpox, on the other hand, is a silent, ongoing, invisible attack. It is highly contagious, and spreads in a flash – each smallpox victim can infect ten to twenty others. Because it incubates for two weeks – it comes in waves.

The most insidious effect of a biological weapons attack is that it can turn Americans against Americans. Once smallpox is released, it is not the terrorists anymore who are the threat; your neighbors and family members can become the threat, and can even become the enemy, without strong and effective leadership at every level of government including health officials. The scene could match the horror of the Biblical description in Zechariah (8:10): "Neither was there any peace to him that went out or came in because of the affliction: for I set all men every one against his neighbour."

At the same time, a biological weapons attack cuts across categories and mocks old strategies. For more than two thousand years the first rule of war has been to know your enemy. In military language, this means that when you face a battlefield scenario, you draw up an order of battle – you estimate the number of tanks and planes and troops of the enemy, their intelligence capabilities, other resources. But in this case, the order of battle is our own people, traveling, engaging in commerce, and spreading the disease. And there are few reliable numbers – you don't know who initially released it, how much more they have, or where they are. And the usual responses to an attack are impossible: "Engage the enemy; open fire; stop their advance; bring out the wounded." You can hardly know who is wounded.

For the participants, this exercise was filled with many such unhappy discoveries and unpleasant insights. Number one: We have a fragmented and under-funded public health system – at the local, state, and federal level -- that does not allow us to effectively detect and track disease outbreaks in real time. Two: Since the disease has not been seen in the United States since 1949, very few health care professionals recognize the smallpox virus, so initial cases could be sent back home infectious, even after appearing at doctor's offices and emergency rooms. Three: Lab facilities needed to diagnose the disease are inadequate and out of date. Four: There is insufficient partnership of communication across federal agencies and among local, state, and federal governments. Five: The only way to deal with smallpox is with isolation and vaccination, but we don't have enough vaccines, and we don't have enough room, resources, or information for effective isolation. Six: A biological weapons attack will be a local event with national implications, and that guarantees tension between local, state and national interest. In our exercise, the Governor of Oklahoma asked for vaccine for every one of his citizens – as he had to in the interests of his state. The President said no, as he had to in the interests of the nation. Naturally, this will demand a high degree of coordination, because of the

diverging interests, and because key players and partners are answerable to different leaders. Seven: Hospitals run at capacity all the time: a surge in patients from smallpox, combined with the inevitable infections of hospital personnel, and the flight of some fearful health care professionals, would create a catastrophic overload. Eight: There will be a dearth of information on this kind of event. My staff and cabinet could not tell me ten percent of what I wanted to know: "How many cases are there right now? How many more are coming? When and where did the first infections take place? Who released it? What's the worst case scenario?"

And there are many tradeoffs. One of the biggest: We have 12 million vaccines; that's enough for one out of every 23 Americans. Who do we decide to vaccinate?

Other tradeoffs are: Do you take power from the Governors and federalize the National Guard? Do you seize hotels to convert them to hospitals? Do you close borders and block all travel? What level of force do you use to keep someone sick with smallpox in isolation? Do you keep people known or thought to be exposed quarantined in their homes? Do you guarantee 2.5 million doses of vaccine to the military; or do you first cover all health care providers? Do you take strong measures that may protect health, but could undermine public support or destroy the economy?

And finally: How do you talk to the public in a way that is candid, yet prevents panic – knowing that panic itself can be a weapon of mass destruction?"

My staff had two responses: "We don't know," and "You're late for your press conference." I told people in the exercise: "I would never go before the press with this little information, and Governor Keating – who knows about dealing with disaster, said: "You have no choice." And I went, even though I did not have answers for the questions I knew I would face: "How bad is it?" "What's the plan?" And "Why, after all this time, isn't there enough smallpox vaccine?"

Naturally, there are some skeptics anytime you describe a dire threat to the United States. I want to tell the Committee: I am convinced the threat of a biological weapons attack on the United States is very real. As Secretary Rumsfeld said in his confirmation hearings: "I would rank bioterrorism quite high in terms of threats … It does not take a genius to create agents that are enormously powerful, and they can be done in mobile facilities, in small facilities." An experiment some years ago, showed that a scientist whose specialty was in another field was able to weaponize anthrax on his first attempt for less than $250,000.

Hundreds of labs and repositories around the world sell biological agents for legitimate research – and the same substances used in legitimate research can be turned into weapons research. In addition, the massive biological weapons program of the former Soviet Union remains a threat, to the extent that materials and know-how could flow to hostile forces. At its peak, the program employed 70,000 scientists and technicians, and made twenty tons of smallpox. One Russian official was quoted some years ago in the New Yorker saying: "There were plenty of opportunities for staff members to walk away with an ampule."

According to a very prominent press report, former Soviet biological weapons scientists have been aggressively – and in some cases successfully – recruited by Iran. And Ambassador Rolf Ekeus, who headed the United Nations special commission that investigated Iraq's arsenal after the Gulf War, and who we are lucky to have on the Board of Directors of NTI, had testified before Congress that in 1991 Iraq had 300 biological bombs.

So the ability of people to acquire or create biological weapons should be clear beyond any doubt. And no one should doubt how lethal biological weapons can be. In 1979, a small amount of anthrax escaped from a Soviet biological weapons lab in Sverdlovsk. Seventy-seven cases were identified. Sixty-six died, and new cases were appearing as late as 47 days after the leak, long beyond what was believed to be the incubation period for anthrax. Anthrax is not contagious. The 66 who died all had direct exposure. If the agent had been smallpox instead of anthrax, it could have been catastrophic.

I have no interest in setting off panic; it is important not to overstate this threat. But it is not necessary to overstate the threat to make the point that it is real, it is dangerous, and if it came today it would catch us unprepared.

Michael Osterholm and John Schwartz, in their book Living Terrors, told about the experience of one doctor who knew his state was one of the best-trained areas of the country for a biological weapons attack. One day he conducted some unscientific research. He discovered that the total city stockpile for dealing with an anthrax attack would not cover even 600 patients. He found that a doctor trained in biological weapons failed to diagnose anthrax when the classic symptoms were described; a doctor in the radiology department failed to recognize inhalation anthrax when shown an X-ray; and a voice mail message describing a bioterrorism concern went unreturned by the state health department for three days.

In fairness, we are making progress. The Clinton Administration deserves credit for recognizing that a biological weapons attack is different from warfare or other terrorist threats and targeting funds to address it. That initiative includes strengthening the public health infrastructure, creating a pharmaceutical stockpile for civilian use, a contract to produce new smallpox vaccine, research to develop new and improved diagnostics, drugs and vaccines, helping to train first responders (police and fire departments as well as public health and medical professionals) across the United States, and investing in new technologies to help with biological agent detection.

Under the Bush Administration, these efforts are continuing and in some cases, funding is increasing. It is also heartening that last week, Secretary Thompson named a senior advisor on bioterrorism who has directed the program on bioterrorism at the Centers for Disease Control. These are positive steps. Still, we have to do more – and quickly.

Number one: We need to focus more attention, concern and resources on the specific threat of bioterrorism – understanding that it is different in kind from other

threats we face. We have to recognize that we have reached a new realm in the dialectic of new weapons and new defenses. In the evolution of warfare, arrows were countered by shields; swords with armor; guns with tanks; and now biological weapons must be countered with medicines, vaccines and surveillance systems.

Two: This means that we need to recognize the central role of public health and medicine in this effort, and engage them as true partners. We must act on the understanding that public health is an important pillar in our national security framework. In the event of a biological weapons attack – millions of lives will depend on how quickly doctors diagnose the illness, report their findings, and bring forth a fast and effective response at the local and federal level. This means, clearly, that public health and medical professionals must be part of the national security team. This is now no longer a matter just for DoD, NSC, CIA and DoE; it must include FDA, HHS, NIH, and CDC.

This may seem obvious enough. But several years ago, when Administration officials were meeting to discuss supplemental funding legislation for defense against biological weapons – the presiding official from the Office of Management and Budget greeted the officials from the NSC, and FBI and CIA and DoD, then saw the Assistant Secretary from Health and Human Services at the table, did a double-take and said: "What are you doing here?" Health officials should not need to be given directions to the White House Situation Room.

Three: We need to engage all levels of government and a broad set of agencies in our efforts to understand and prepare for the threat of bioterrorism. It is critical that we understand our differing roles, responsibilities, capabilities, and authorities, and plan on how we will work together before a crisis. As our NTI bio-defense expert Margaret Hamburg has said: "People should not be exchanging business cards on the first day of a crisis."

Four: We can manage this type of crisis successfully only with a clear strategy for working with the media – not as antagonists, but as key partners in communicating life-saving information and managing public apprehension and panic.

Five: The national pharmaceutical stockpile should be built to capacity as soon as possible – and then dispersed to different sites which must be secured. We don't want to fall victim to a twin attack that releases a bio-agent and simultaneously blows up all our drugs and vaccines.

Six: We need to develop plans for a surge of patients in the nation's hospitals. We've already seen the degree to which hospitals are strained during routine outbreaks of the flu. Most hospitals are operating near, or above, capacity right now.

Seven: Officials at the highest level of the federal government – and at state and local levels – need to participate in exercises like Dark Winter to understand the importance of advance preparation. Theatre professionals on Broadway rehearse for months before the real thing. This is one case where life had better imitate art – for the sake of life itself.

Eight: We need to increase the core capacities of our public health system to detect, track and contain epidemics, by providing resources for effective surveillance systems, diagnostic laboratory facilities, and communication links to other elements of the response effort.

Nine: We need to increase funding for biomedical research to develop new vaccines, new therapeutic drugs, and new rapid diagnostic tests for the most threatening bioweapon agents.

Ten: We need to increase our efforts to prevent the proliferation of biological weapons, in part by providing peaceful research options to scientists in the former Soviet Union, who represent the single greatest concentration of expertise in biological warfare in world.

Eleven: We need to encourage the scientific community to confront the sinister potential of modern biological research, and help them devise systems and best practices to prevent dangerous materials and information from falling into the wrong hands.

Twelve: We need to reexamine and modernize the legal framework for epidemic control measures and the appropriate balance with civil liberties – the laws that would apply if we were to find ourselves managing the crisis that would come with a biological weapons attack. These laws vary from state to state and many are antiquated. We need to make sure that they are up-to-date, consistent with our current social values and priorities, and we need to reacquaint high-level officials in all areas of response with the specific authorities these laws provide and how to implement them.

Mr. Chairman: we know how difficult it is to find funding for new initiatives, and public health is often left behind. We need to think about supporting public health activities in the same way we think about our national defense. Congress and the public should understand that funds for disease surveillance, building the pharmaceutical stockpile, and improving the capacity of our health care system will benefit the United States not only in responding to a biological weapons attack, but also by improving our responses to other disease outbreaks. It is rare indeed to have a chance to defend the nation against its adversaries and improve the public health system with the same steps; it is a chance we should take.

Mr. Chairman: helping prepare the United States to deter and defend against a biological weapons attack is a central part of our mission at NTI – the organization founded by Ted Turner, and guided by a distinguished board that Ted and I co-chair. We are dedicated to reducing the global threat from nuclear, biological and chemical weapons by increasing public awareness, encouraging dialogue, catalyzing action, and promoting new thinking about these dangers in this country and abroad.

Specifically, NTI is seeking ways to reduce the threat from biological weapons. We are exploring ways to increase education, awareness and communication among public health experts, medical professionals, and scientists, as well as among policy makers and elected officials – to make sure more and more people understand the nature

and scope of the biological weapons threat. We are considering ways to improve infectious disease surveillance around the globe – including rapid detection, investigation, and a fast and effective response. This is a fundamental defense against any infectious disease threat, whether it occurs naturally or is caused deliberately. We are also hoping to support the scientific community in their efforts to limit inappropriate access to dangerous pathogens and establish standards that will help prevent the development and the spread of biological agents as weapons. Finally: we are looking for ways to facilitate the conversion of Russian bio-weapons facilities and know-how to peaceful purposes, secure biomaterials for legitimate use, and improve security for dangerous pathogens.

Mr. Chairman: Enemies don't attack you where you're strong; they target you where you're weak. Enemies of the United States are not eager to engage us militarily; they saw what happened in Desert Storm. They will attack us where they believe we are vulnerable. Today, we are vulnerable to a biological weapons attack. And it is crucial that we prepare with all possible speed, because if an attack comes, and succeeds, there will be others. Preparing is deterring.

Whether the enemy achieves its objectives in the first attack depends to a large extent on how the American people respond. Panic is as great a danger as disease. Some will respond like saints – doing whatever they can, in a spirit of cheerful patriotism, to meet the needs of family and community. Others will respond with panic, perhaps even using guns and violence to get vaccines. Between those two, there will be a broad middle. How they respond will depend largely on what they hear from the President and see from their government.

According to some historical accounts, what pulled America back from financial panic in March of 1933 were three things President Roosevelt did immediately on taking office: he ordered the banks to close temporarily, he proposed emergency banking legislation, and he explained his plan to the public in the first of his regular national radio broadcasts.

If he had not talked reassuringly to the American people, his plan might not have worked. But if he had talked, but had no plan, his talk would not have been reassuring. In the event of a biological weapons attack, no President, no matter how great his natural gifts, will be able to reassure the public and prevent panic unless we are better prepared than we are right now. If we are well prepared – with the ability to detect the disease quickly, report it swiftly, and isolate and vaccinate all those who came in contact with it – then the President of the United States will address the American people with courage and confidence, and the people will respond in kind. How the President is able to address the public on that day will depend in large part on how we all address this issue today. Thank you.

TESTIMONY OF

JOHN J. HAMRE
PRESIDENT AND CEO
CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES

ON BEHALF OF

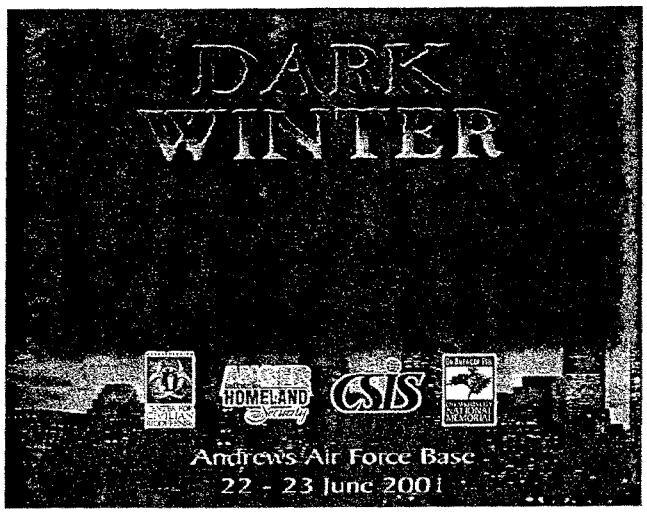
THE ANSER INSTITUTE FOR HOMELAND SECURITY,
THE JOHNS HOPKINS INSTITUTE FOR CIVILIAN BIODEFENSE STUDIES
AND
THE CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES

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

HEARING ON

COMBATING TERRORISM:
FEDERAL RESPONSE TO
A BIOLOGICAL WEAPONS ATTACK

23 JULY 2001



DARK WINTER

Smallpox Strikes America

- "DARK WINTER" was an exercise designed to simulate possible US reaction to the deliberate introduction of smallpox in three states during the winter of 2002.
  - ✓ *The exercise was sponsored by the McCormick Tribune Foundation and the Oklahoma City National Memorial Institute for the Prevention of Terrorism (MIPT)*
- "DARK WINTER" was developed and produced by:
  - ✓ *Center for Strategic and International Studies, Washington, DC*
  - ✓ *Johns Hopkins Center for Civilian Biodefense Studies*
  - ✓ *ANSER Institute for Homeland Security*

HOMELAND CSIS

DARK WINTER

Agenda

Above: "President" Nunn delivers a statement to the Press (*NBC, CBS, BBC, New York Times Freelance*); "National Security Advisor" David Gergen (left) assists.

- Key Participants
- Goals of the Exercise
- Introduction to DARK WINTER
- Scenario Overview
- Key Observations and Conclusions
- Next Steps

DARK WINTER

Key Players

- President
  - ✓ *The Hon. Sam Nunn*
- Governor of Oklahoma
  - ✓ *The Hon. Frank Keating*
- National Security Advisor
  - ✓ *The Hon. David Gergen*
- CIA Director
  - ✓ *The Hon. James Woolsey*
- Secretary of Defense
  - ✓ *The Hon. John White*
- Chairman, JCS
  - ✓ *General John Tilelli (USA, Ret.)*
- Secretary of State
  - ✓ *The Hon. Frank Wisner*
- Secretary of Health & Human Services
  - ✓ *The Hon. Margaret Hamburg*
- Attorney General
  - ✓ *The Hon. George Terwilliger*
- Director, FEMA
  - ✓ *Mr. Jerry Haver*
- Director, FBI
  - ✓ *The Hon. William Sessions*

DARK WINTER

Members of the Press

- Correspondent, *NBC News*
  - ✓ *Mr. Jim Miklaszewski*
- Pentagon Producer, *CBS News*
  - ✓ *Ms. Mary Walsh*
- Television Producer, *British Broadcasting Corporation*
  - ✓ *Ms. Sian Edwards*
- Reporter, *Freelance*
  - ✓ *Mr. Lester Reingold*
- Senior Writer, *The New York Times*
  - ✓ *Ms. Judith Miller*

DARK WINTER

Exercise Goals & Objectives

- Consider impact of a biological attack on US national security
- Examine State and Federal reaction to a crisis that is simultaneously local and national in scope
- Evaluate life and death decisions in a resource constrained environment
- Address information management needs and the role of the media
- Handle ethical, political, cultural, operational and legal challenge

Video Clip 1 - Transcript

Sheila Kast - Anchor
We interrupt our regular programming to return to Southwest Medical Center and our continuing coverage of an outbreak of a mystery sickness.

Earlier today, hospital officials said they were admitting patients with symptoms that seemed to be severe adult chicken pox. But now we have new information and go to Andy Field is outside Southwest Medical Center

FIELD REPORTER SEEN ON TELEVISION SCREEN STAGE LEFT

Andy what can you tell us?

CUT TO REPORTER IN FIELD

Andy Field, Reporter
Sheila, off the record, doctors suspect at least five patients hospitalized at Southwest may have smallpox. Now, that's a deadly virus, not seen in this country for at least twenty years – so if it proves true we could have a serious health emergency on our hands. But officially, the hospital will neither confirm nor deny any diagnosis.

Sheila Kast
Do you know the status of the patients? Are they critical? Is any comment on the possible cause of this outbreak?

Andy Field
Sheila, we don't know how these people got sick. I do hear that lab samples from some patients were rushed for the Centers for Disease Control for testing

CUT TO STUDIO WITH TELEVISION SCREEN STAGE LEFT

Sheila Kast
Andy, I just learned that Southwest Medical Center will issue a statement to the press within the hour.

Andy Field
That could put to rest a lot of speculation out here. Including the rumor that terrorists might have unleashed smallpox in some sort of biological attack on Oklahoma City. But for now, all we have is questions. Sheila, back to you.

CUT TO STUDIO FULL SCREEN

Sheila Kast
Thank you Andy, we'll come back to you in a few minutes. We expect that statement any time now, including a diagnosis of what is making Oklahomans sick. (FADE TO BLACK) Local schools may be closed. . .

DARK WINTER

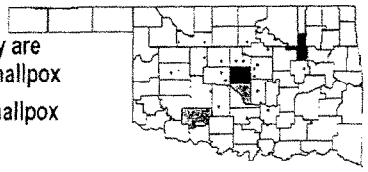
Introduction

- National Security Council meeting to address
  - ✓ *Tensions rising in Taiwan Straits*
  - ✓ *Iraq is deploying forces on border with Kuwait*
- Secretary of Health and Human Services informs the President of a confirmed case of smallpox in Oklahoma City.
  - ✓ *Governor Keating of Oklahoma, coincidentally in Washington, joins the NSC meeting*
- NSC opens with briefing on the situation

DARK WINTER

Day 1: The Crisis Unfolds

- On 9 December 2002, some two dozen patients report to Oklahoma City hospitals with a strange illness
- Rumors quickly circulate that they are suffering from smallpox
- CDC confirms smallpox



DARK WINTER

About Smallpox

- Last case on earth in 1978, last in US in 1949
- Historical scourge & highly contagious
  - ✓ *30% fatality rate, spreads via inhalation, each case expected to infect at least 10 additional people (conservative estimate)*
- Soviet Union weaponized smallpox during the Cold War (Others? Iraq?)
- Vaccine is effective only before symptoms manifest
  - ✓ *Vaccination ceased in US in 1972, and vaccination immunity acquired before that time has undoubtedly waned*
  - ✓ *Entire US population therefore susceptible*

DARK WINTER

Smallpox Victims

DARK WINTER

Smallpox Vaccine

- United States has effectively only 12 million doses of vaccine
  - ✓ *Must be given no later than 3-5 days after exposure (before symptoms are visible)*
  - ✓ *Possible serious or lethal complications in 1/5000*
- Metropolitan population in attack areas exceed national vaccine stocks
- New, emergency production
  - ✓ *4 million doses/month in 6 weeks – must waive FDA regulations (including safety); assure indemnity for producers*
- NSC must choose a vaccine strategy

DARK WINTER

NSC Situational Awareness

- **What They Know**
  - ✓ *Smallpox reported in three states*
  - ✓ *Presumably deliberate release*
  - ✓ *Vaccination of contacts and isolation of cases required*
  - ✓ *Iraqi forces continuing deployment*
  - ✓ *No one has claimed credit, no smoking gun*
- **What They Don't Know**
  - ✓ *How wide-spread was the initial attack?*
  - ✓ *Terrorism or War?*

DARK WINTER

Key Issues

- Who controls release of the vaccine?
- What vaccination strategy should be implemented: ring vaccination or mass immunization?
- How much vaccine should be reserved for military personnel? (SECDEF wants 2.5 million)
- How much vaccine should be reserved for first responders? (Who are the first responders?)

Video Clip 2 - Transcript

"NATIONAL CABLE NEWS" (NCN) NETWORK

Dr. Robert Kadlec
...The problem is, we do not have enough vaccine.

Angie Miles
Enough for what: .. the US population?

Dr. Kadlec
We don't have sufficient stocks to protect the people of Oklahoma, Pennsylvania and Georgia, much less the entire U.S. population.

Angie miles
What does that mean?

Dr. Kadlec
It means this could be a very dark winter in America.

CUT TO FULL OF ANCHOR

Angie Miles
Thank you Dr. Kadlec. We continue to wait for official reaction to this developing situation. (FADE TO BLACK) For more on that story....

VIDEO OF SEVERE CASES OF SMALLPOX INFECTION

DARK WINTER

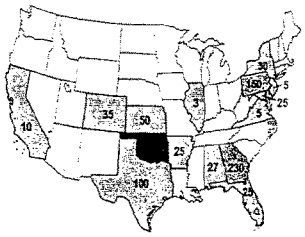
Vaccine Strategy on Day 1

- President orders accelerated, emergency production of new vaccine in the United States
- Secretary of State to determine if stocks are available in other countries (Russian offer?)
- Initial supply issued to vaccinate "ring" of associates around initial victims; 1.25 million doses for warfighters and support; 500K for National Guard
  - ✓ *Doses required increase rapidly to approx. 9 million across three states. Priority given to medical and public health first responders who must administer vaccine*
- Stock of 1.25 million doses remains for continuing epidemic management

DARK WINTER

The Unseen Reality

- Game participants don't understand the scope of the initial infection
- Initial inoculation strategy was intrinsically unsustainable before the first infection showed up in the hospital
- Response to a bio attack is far more challenging than response to a natural outbreak



DARK WINTER

Decisions/Realities of Day 1

- Priority given to vaccinations and isolation
  - ✓ *Value of forcible restrictions unclear at this time*
- Vaccine stocks vastly inadequate, with no immediate remedy
- Grossly inadequate situational awareness
  - ✓ *Public health*
  - ✓ *Attribution*
- Existing response plans inadequate for BW event

Video Clip 3 - Transcript

GRAPHIC "DARK WINTER IN AMERICA" WITH DRAMATIC MUSIC STING

DISSOLVE TO CLOSE UP OF ANCHOR AT NCN DESK

Angie Miles
On day six of the smallpox epidemic, the White House confirmed that high-level federal government officials and military personnel are being vaccinated.

Three hundred people have died and at least 2000 are infected with smallpox. Smallpox symptoms are being seen in fifteen states, Canada, Mexico and England.

The U.S. smallpox vaccine supply continues to shrink as officials try to stretch limited stocks to cover the entire nation. An official announcement regarding the remaining vaccine inventory is expected later today. Struggles to get vaccinated led to violence in some cities.

Profound economic loses are crippling the nation. In Oklahoma alone, economic experts project severe loses in the state's multi-billion dollar agricultural commodities market.

Still, no group claims responsibility for unleashing the deadly smallpox virus, but NCN has learned that Iraq may have provoked the technology behind the attack to terrorist groups based in Afghanistan. (FADE TO BLACK) For more on this we go to Pentagon reporter.....

DARK WINTER

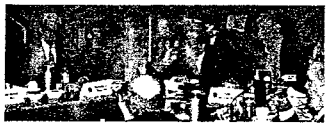
NSC Situational Awareness

What They Know

- 2000 infected in US (300 fatalities), and isolated cases appear in Mexico, UK, and Canada
- Medical care system overwhelmed
- Schools closed nationwide; public gatherings limited in affected states
- Vaccine effectively gone; NSC considers major travel restrictions

What They Don't Know

- How wide-spread was the initial attack?
- Terrorism or War?



Video Clip 4 - Transcript

GRAPHIC "DARK WINTER IN AMERICA" WITH DRAMATIC MUSIC STING

DISSOLVE TO CLOSE UP OF ANCHOR AT NCN DESK

Angie Miles
We have a breaking story from Oklahoma, let's go straight to Andy Field of Oklahoma City's KMSA.

(TO TELEVISION SCREEN ON STAGE LEFT)

Andy, are you there?

CUT TO FIELD REPORTER

Andy Field
Angie Texas Governor Rick Parsons announced the suspension of all surface and air contact between Texas and Oklahoma and ordered his state police and National Guard to seal the border between the two states. We are a mile from the Oklahoma Texas border, just off Interstate 35 and the Red River Bridge which joins the two states. Oklahoma state troopers have forced all media to this so-called safe area. As reported earlier today, carloads of Oklahomans are leaving the state in every direction to escape the deadly smallpox outbreak.

We have unconfirmed reports of vigilantes along the Texas border trying to stop people from entering their state. I hear gun-fire, I repeat, shots are being fired from the direction of the border. We're too far away to see who is doing the shooting. This is the second time in the past hour we have heard shots. The National Guard and Oklahoma state troopers are here. It is unclear who is shooting and whether we are hearing return fire

There, in the distance, more shots. This sounds like a war-zone. I'm Andy Field reporting

DARK WINTER

Decisions/Realities of Day 6

- Game participants now realize that current vaccine reserves cannot contain the epidemic
  - ✓ *Few proactive recommendations available to limit spread*
- National Security Council is divided
  - ✓ *Governor Keating demands local flexibility and responsibility*
  - ✓ *Some on National Security team advocate federalization of National Guard*
- "President" Nunn decides to keep control at the local level through the Governors

Video Clip 5 - Transcript

OUTRO: AIRLINE FLIGHTS CANCELLED (TBD B-ROLL)

Angie Miles
...and even if one could find a flight, there is no where to go. No other country in the world is accepting flights originating or transiting the U.S.

CUT TO GRAPHIC "DARK WINTER IN AMERICA" WITH DRAMATIC MUSIC STING

DISSOLVE TO CLOSE UP OF ANCHOR AT NCN DESK

Angie Miles
On day twelve of the worst public health crisis in America's history, demonstrations for more vaccine in hard-hit communities disintegrated into riots and looting around the nation. Interstate commerce has stopped in several regions of the nation. A national suspension of trading on America's stock exchanges takes effect tomorrow. International commerce with the U.S. has virtually ceased.

The Centers for Disease Control report that efforts to stem the smallpox epidemic have depleted America's inventory of smallpox vaccine. While the C.D.C. may be out of vaccine, at least 45 Internet websites are offering
what they claim are safe, effective vaccines from previously forgotten stocks. These claims have not – repeat not – been independently verified, and authorities urge caution.

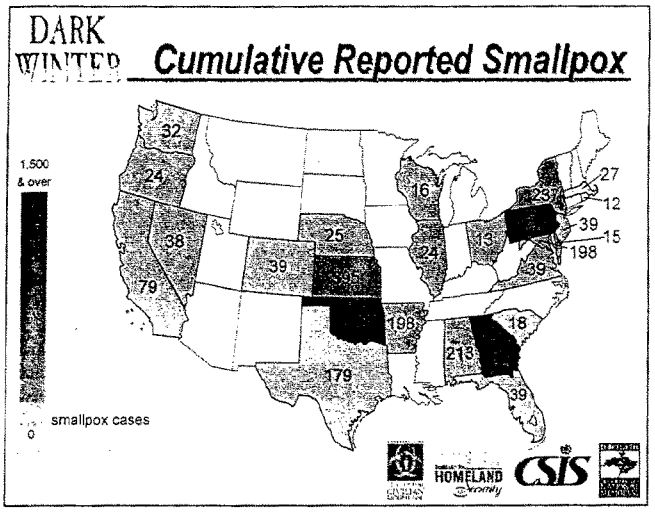
At least twenty-five more states and 10 foreign countries are reporting smallpox infections. At the United Nations, temporarily meeting in Geneva, China has sponsored a resolution to censure the U.S., blaming
America for reintroducing smallpox to the world. It is demanding the U.S. supply the world with vaccine.

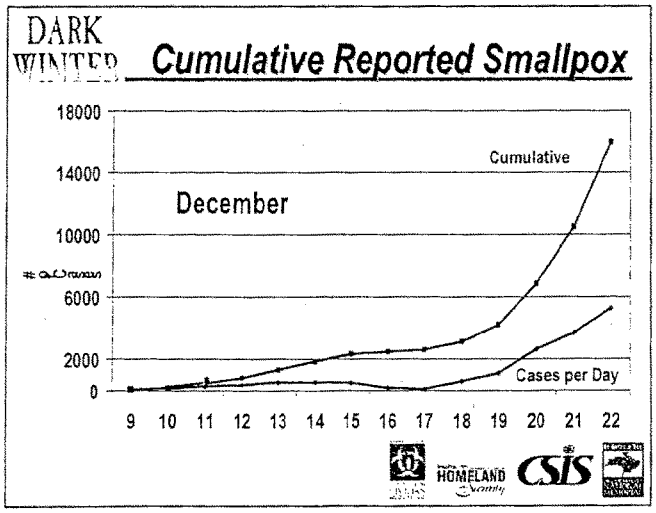
Since the diagnosis of twenty smallpox cases in Oklahoma City twelve days ago, hundreds have died and thousands have been infected. The latest figures show more than fifteen thousand new cases in the past week.
Officials now question whether a single attack could be responsible for the outbreak pattern developing in the U.S. But they project that each two to three week period will see a minimum tenfold increase in new
cases. (FADE TO BLACK) #####

DARK WINTER

Six Days Later - 22 December

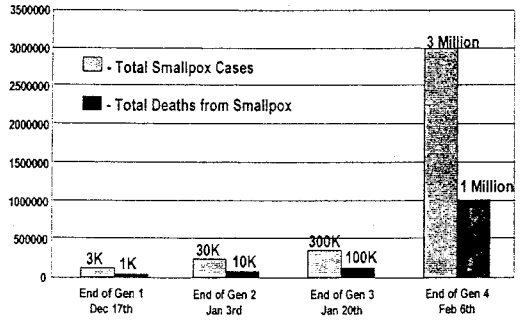
- Episode 3 advances the scenario another 6 days (12 days into the crisis)
- The epidemic explodes as the beginning of a second generation of victims begins to emerge
  - ✓ *Past 48 hours: 14,000 cases in 25 states reported to CDC*
  - ✓ *1,000 dead, estimated 5,000 more deaths over 2 weeks*
  - ✓ *200 dead from vaccination (out of millions vaccinated)*
  - ✓ *Overseas cases (10 countries) likely due to travel from U.S.*
- Medical system is completely overwhelmed at this point


DARK WINTER
Cumulative Reported Smallpox
1,500 & over
0
smallpox cases
32
24
38
79
39
25
16
24
13
23
27
12
39
15
198
39
198
18
213
179
39
HOMELAND
CSIS


DARK WINTER
Cumulative Reported Smallpox
18000
14000
10000
6000
2000
0
December
Cumulative
Cases per Day
9 10 11 12 13 14 15 16 17 18 19 20 21 22
HOMELAND
CSIS

DARK WINTER

Projected Smallpox Cases

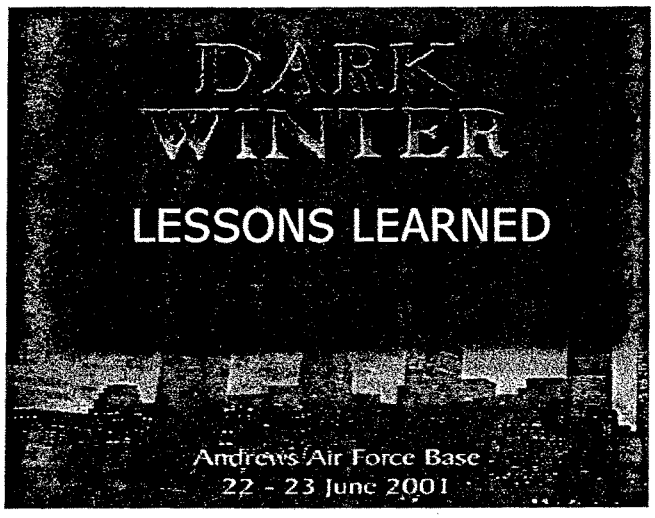


DARK WINTER

Desperate Measures?

- All vaccine stocks are depleted
- Forcible restrictions on citizens now unavoidable
- Interstate commerce has collapsed
- National Security Council discusses need for martial law

Video of rioting crowd and police in gas masks



DARK WINTER

Lessons Learned

1) **A BW attack on America with a contagious pathogen could potentially cripple the country.**
   - ✓ *Non-contagious pathogens similarly crippling.*
2) **A "local" BW attack quickly becomes a national and global crisis.**
3) **Government responses will pose enormous challenges to civil liberties.**
   - ✓ *The less prepared we are, the more threats there will be to civil liberties.*

DARK WINTER

Lessons Learned (Cont.)

4) Today we are ill-equipped to prevent the dire consequences of a BW attack.
5) America lacks the resource stockpiles required for appropriate response.
   - ✓ *This includes vaccines and antibiotics, and a means of effective distribution.*
6) Forcible constraints on citizens may likely be the only tools available when vaccine stocks are depleted.

DARK WINTER

Lessons Learned (Cont.)

7) Government currently lacks adequate strategies, plans, and information systems to manage such a crisis.
   - ✓ *Today, senior leaders would not receive the information they require to make informed decisions*
   - ✓ *Constructive media relations become critical*
8) Extensive exercises and analytic efforts will be required over coming years.
9) Public Health is now a major national security issue
   - ✓ *Requiring new partnerships*

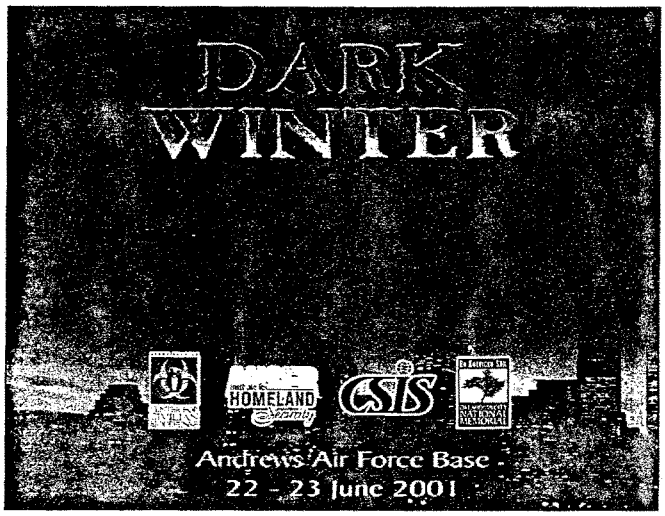
DARK WINTER

Lessons Learned (Cont.)

10) State and federal relations will be greatly strained.
   - ✓ *Legal and jurisdictional issues must be clarified*

11) Government lacks coherent decision-making processes and protocols

12) Substantial investments required
   - ✓ *Public health expertise and infrastructure*
   - ✓ *Vaccines and drug stockpiles*
   - ✓ *R&D to facilitate rapid and effective disease control*



Mr. SHAYS. Do you all—since I have already lost control of this—do you all have a sense of how you want to proceed?

Mr. HAMRE. I think we can just work down the table.

Mr. SHAYS. Senator Nunn, you look like you're ready.

Governor KEATING. He is the President, so outranks a mere Governor.

Mr. SHAYS. Mr. President, you have the floor.

Senator NUNN. I lost control of the National Security Council during this whole exercise, too.

It was two or three real frustrations. One is there was no intelligence, couldn't find any intelligence. We had no way to link these attacks with any foreign country. You know, your urge is to retaliate, but you have no idea who to retaliate against. That is the point that Governor Keating made.

Second, you really know from the beginning, when you first hear about smallpox, the credibility of the U.S. Government is absolutely essential. And yet, when you are faced with your first news conference and you turn to your colleagues around the table and give me the information base, give me the basis on which I am going to speak to the American people, you know you need to be candid.

You know you need to be as reasonably accurate, you know you need not to be reversed from what you said in 3 days. You have no information base, and yet you have got to reassure people and you have got to calm them down.

That was one of the most frustrating things, and from that came the acute awareness that dealing with the media in one of these, if it becomes a reality in one of these real terrorist attacks or outbreaks of infectious disease which got out of control, dealing with the U.S. news media would be essential. They would have to be partners, because if you lost credibility and they basically started attacking the government you would have nothing but chaos.

And so you certainly couldn't co-opt the media, and that means that you have got to have a lot of advanced preparation, you have got to know what you are talking about. You have got to have the best spokespeople that you can possibly have at the Federal, State and local level, and there has to be some coordination in advance.

I think your most credible people would be your health officials. And I believe that the more I thought about this afterwards, the more essential it became, in my own mind, to have a whole group of health officials at every level who work together and who could speak to this subject with credibility, because I think if you tried to get law enforcement people out there talking about apprehending someone when people are faced with smallpox right next door, they really would say, that is not what I am worried about. I am worried about my family and my children.

So those are a few things. But, we really need to be prepared. The government is not organized for this. We need to be structured for it. We need to think about it in advance. We need to do the best we can in terms of detection. I think we need a global health system that can detect at an early stage any infectious disease, because in the period of globalization when people are moving all over the world, if we don't have that early warning, whether it is from Africa or Asia, or whether it is Oklahoma City to the world,

then we are not going to be able to get in front of this kind of episode.

We need a whole lot more vaccine. We need to have an analysis from our people in the government what the threats really are and which threats are greatest.

You can't prepare for every threat. But we have to have an array of threats as to which threat is greatest in terms of biological, then we have to weigh chemical and we have to weigh nuclear, we have to weigh missile defense, we have to weigh all of those threats in an analytical way, and I don't think we have done that yet.

Because there is going to have to be some real money spent here if we are going to get a public health system. The market forces—and this is the other thing that the Governor and I were talking about earlier. The market forces in this country for health care are striving for more efficiency. That is what Congress has really tried to set up, and rightly so. But the more efficient you get, the less excess capacity you have. And when you get one of these outbreaks or an infectious disease outbreak, you have got to have excess capacity, you have got to have vaccine that may never be used. The marketplace is not going to provide that.

The marketplace simply can't provide it. You can't ask the pharmaceutical company to go out and for free develop smallpox vaccine by the millions of doses when the likelihood of that happening is certainly not very great.

And yet if you are not prepared, you are in real bad shape. So it is clearly a governmental area. And I think we need to use market forces wherever we can. But there are a lot of areas there that are going to work against efficiency, but toward the protection of public health. Most of all, I would underscore preparing and paying real attention to the public health system of the country.

Mr. SHAYS. Mr. President, who do you want to recognize next?

Senator NUNN. Well, during our scenario, the Governor never needed to be recognized. He really was just very assertive the whole time, and we really did enjoy having him there. I am not sure I would advise any President to have a Governor in the room, because they would find out how ill-prepared we are up here.

Governor KEATING. But I was respectful, Mr. Chairman.

Mr. SHAYS. I am sure you were.

Governor KEATING. I think the natural result of this should be a debate, a discussion, of how to respond to both man-made and natural disasters. What are the likely natural or man-made disasters that you will confront? Those that influence the middle of the country and are anticipated, tornadoes on the coast, hurricanes, obviously earthquakes. Every fire department, police department, civil emergency management agency worth its salt has murder-boarded the issue of response to a national calamity that happened and frequently happened on more than several occasions.

You know, in—when something like that happens, you need so many hospital beds, you need so much water, you need so much extra power. You need so much quantity of medical supplies. And you have murder-boarded, you have debated it. You have discussed it with your National Guard commander, with the civil emergency management people. The leader of every State has to anticipate and respond.

This is the kind of thing that the States, individual States, are not in a position to anticipate and respond, because they have no knowledge.

What stunned me, and Dr. Hamburg during the scenario made a very excellent statement to the effect that medical doctors, many medical doctors, health care professionals, because smallpox has been eradicated from the United States and from the world for several generations, that there is no knowledge, no experience. So when something like this happens, as Senator Nunn said, to have health care professionals probably coordinated at the State Department of Health level, trained at the State level to recognize plague, to recognize contagious diseases, and then to be able to access perhaps through FEMA the body of knowledge necessary to respond quickly. I must confess that obviously I carried the torch of State and local responsibility, but I was rather surprised at the level of ignorance, if not prejudice, toward—against, I should say, State and local responders.

The truth is the first information that people receive locally about a contagious event or a terrorist act will be from the local television, radio, local media. It needs to be accurate to the extent that the information can be provided, that it is accurate. The initial responders always will be the local police, local fire, Red Cross, the social service agencies below. They need to have accurate information. They need to be able to access, as—again, as I said, perhaps through FEMA, I think most respected at the State level to provide that information, the knowledge base to respond intelligently and quickly to a calamity to make sure that there is not a greater swath of tragedy than can be controlled.

For example, in my case I mentioned I closed the airports and the roads. All of this was spontaneous after I was told as a Governor this is highly contagious, frequently fatal. Well, obviously I don't want people coming in and then going out and affecting other areas if this was an attack on a city in my State. Was that a right or wrong decision? Well, it was made, and I could only make it based on the information given to me. The information given at the scene, because I just happened, as a friend of President Nunn, to be there, was that quarantined isolation is essential, especially because there is no treatment and because death can occur.

Well, the need to be able to have that information fully available, quickly available, accurately available to be able to send in the medical personnel, to be able to be assured of food and water supplies and other health care essentials, particularly vaccines, these are the kinds of things that we can't produce locally, we have to access.

Now, I think when we got into the argument over the nationalization of the Guard, I pointed out if I had to go through 15 different people to get a decision to be made, that's not good. On the other hand, if one person, my adjutant, can make the decision or I can, people that know me, know the Governor, know the mayor, know the police chief, know the anchor on television, the local officials with excellent information from Washington can make wise judgments and decisions that will be embraced by the generality of the populace. But this discussion must take place within the context of State and local first responders. They are the ones, for bet-

ter or for ill, that will either do it well or muck it up, and if the information provided us is inadequate or inaccurate, then the response may be quite different, and the—and the concentric circles of tragedy may be much wider if the information early on is not accurate and fully available to those of us at the State and local level who must make the decision to respond.

Mr. SHAYS. Mr. President, who's next? Who would you like next? Dr. Hamburg or Dr. Hauer? Mr. Hauer?

Mr. HAUER. Mr. Chairman, thank you. I'll be brief. I want to emphasize a number of points that this exercise brought out, and I think you've heard some of them already: One, that the country is woefully prepared to deal with an incident of bioterrorism. More importantly, an incident of bioterrorism with a contagious agent would absolutely devastate this Nation at this point in time.

Some of the issues we had to deal with and struggle with throughout this exercise are issues that need attention. I must say that Secretary Thompson, whom I've been working with for several months now, has made this a high priority and is a—as part of the reorganization of the agency in putting Scott Lilbridge in as special attention—special assistant is—he wants to ensure that as we move forward, we address some of the issues that came out of Dark Winter.

I think one of the things that both the Governor and Senator Nunn emphasized that we had to deal with was this whole issue of augmenting medical care at the local level, something that would be an enormous challenge. I think that the approach that we've taken so far as a Nation is we've looked at various little stovepipes in getting the country prepared. We've got a vaccine in place. We've put some teams around the country, the Metropolitan Medical Strike Teams, but we have not looked at a comprehensive system. An incident like this is going to take a number of things coming together, or we are not going to be able to respond.

Let me give you one example. You keep hearing about vaccines. We clearly at this point in time don't have enough vaccines in the United States to deal, one, with an incident. Having the vaccine is great, but having the ability to vaccinate people is going to be a challenge in any jurisdiction, particularly larger cities where you have to vaccinate millions of people in a very short period of time. The logistical infrastructure necessary to vaccinate the people of New York City, Los Angeles, Chicago is just—would be mind-boggling. At the same time you're dealing with the logistical infrastructure necessary to deal with vaccination, you've also got to augment the local medical care because, as Senator Nunn said, we're in an environment where hospitals are scaling down. We don't have residual medical capacity. I don't know where at this point in time we would get that augmentation of medical care. We would have to rely on the DOD, we would have to rely on the National Disaster Medical System, but if, in fact, you had more than one State, more than one city, multiple large cities, we would rapidly exhaust that capacity very quickly.

Then, I think there's a couple of other important points, and then I'll let Dr. Hamburg make her comments. We need to address some of the issues of isolation and quarantine and the legal authorities necessary. We struggled with that throughout the exercise. Who

has the authority to do what? How do we enforce it? At what point in time do we use force on the citizens of this country? And who makes that decision?

And then finally I think it's very important that we look at the psychological impact of one of these incidents and how psychologically it will impact both the people that are involved and the responders, something that I don't think we've planned for. I know that there is some work going on right now, but the psychological impact of one of these incidents would be absolutely devastating both on the people that are impacted by the incident and those people that have to respond just by the sheer nature of the stress of one of these incidents.

I think back when I was a director of emergency management for New York City, my worst nightmare was one case of smallpox, not dozens, but if I had gotten a call saying that we had one case of smallpox, that would be a major, major public health incident in the city of New York, and at this point in time, as well prepared as I think we were in New York City, no city, no State is capable of dealing with an incident like this.

One final point. Smallpox is somewhat unique because unlike anthrax where you have to disseminate the agent here in the country, where you have to go into the subways, you have to go into an environment like a building like this and spread it, they could actually infect these people just—you know, we have people who are suicide bombers who want to die for the cause, and with smallpox you can infect these people overseas, send them into the country. They never have to be carrying the agent with them, so there's nothing to search, and as they become infected somewhere between the 9th to 12th day after they've been exposed, they then start riding the subways, come into buildings like this. They might have pox on them, but in the early stages it would probably not raise a lot of concern, and they could actually be the carriers, the Typhoid Mary's, so that speak, and spread this thing throughout the country, and we'd never know what hit us.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Hauer follows:]

Testimony Of Jerome M. Hauer
Before the House Subcommittee on Government Operations

Mr. Chairman and members of the committee, thank you for inviting me here today to testify before you about the recent Dark Winter exercise. Dark Winter was designed to challenge a group of people with extensive backgrounds in the highest level of government with a series of issues that the United States would face in the event of an intentional use of smallpox as a biological weapon on domestic soil. The scenario was designed to force those people playing the roles of cabinet members to make decisions we hope we will never confront, but which are all too likely because this country so woefully unprepared to deal with bioterrrorism.

At the outset I must say that while at this point in time our readiness posture is nowhere near where it should be, Secretary Tommy Thompson has made this issue a priority for the agency and has tasked his new Special Assistant with moving these programs forward at an accelerated rate. One of the highest priorities for the Special Assistant will be to address the types of issues that emerged from Dark Winter.

As I mentioned, Dark Winter had a set of specific learning objectives. I believe that the exercise achieved these objectives. There were a number of issues that we struggled with during the exercise that should be mentioned here today, including the recognition of an event, deploying the modest stockpile of smallpox vaccine that currently exists in the United States, determining how to use military assets and in what capacity these assets should be used, managing communication with the public during the crisis, ferreting out the issues of legal authority pertaining to state versus federal government rights regarding quarantine, shutting airports and interstate roads and generally restricting travel, and augmenting medical care at the local level when hospitals are overwhelmed.

A biological attack involving a contagious agent poses daunting challenges. Most state and local governments have not begun to address the issues that Dark Winter presented. Much of the focus of the Domestic Preparedness Program has been on chemical terrorism because these are tangible events that are easily recognized and can be managed much the same as a hazardous materials incident. An incident using biological agents will likely go unnoticed for days, and

the typical response of first responders will have little impact. It is not a "lights and sirens" type of incident.

Recognition - Recognizing that an incident has occurred as early as possible affords us more time to mobilize the resources necessary to treat the sick and further limit the spread of disease. Recognition involves training primary care providers to include diseases such as smallpox and anthrax, diseases that they likely have never seen, in their differential diagnosis. This training has been difficult as most primary care providers have competing demand for their time and studying an issue they are likely never to deal with is not high on their list of priorities.

The second component of recognition is reporting. When one of these diseases is suspected, it is critical that the primary care provider knows who to report it to (almost always the local department of health), and that the department of health is prepared to respond to such a notification. Most health departments are not staffed for this and do not have systems in place to deal with evolving emergencies such as this.

The third component of recognition is surveillance. Systems must be in place to pick up unusual patterns of disease as early as possible. The Centers for Disease Control has been working with state and local health departments to develop these surveillance systems but it will be some time before automated systems are in place and linked to statewide and a national system. There is debate about the value of these systems in recognizing an evolving crisis as a result of a bioterrorist event. Dark Winter demonstrated that the earlier the disease is recognized and reported, the sooner response plans can be implemented.

Smallpox Vaccine Stockpiles - The two most important strategies for managing an outbreak of smallpox are containment and vaccination. Early on in Dark Winter, it became clear that we did not have enough smallpox vaccine to manage much beyond the early stages of the incident. Decisions had to be made about vaccinating health care providers, National Guard units in the affected area and those responding to assist, local emergency responders and their families, government officials, and troops to be deployed overseas. Emergency procurement and manufacturing of vaccine presented it's own set of challenges, particularly when issues of the safety of the vaccine were presented.

With vaccine rapidly running out, containment became the challenge. Clearly isolation of patients with the disease was necessary. However, with thousands of patients, decisions had to be made about whether to isolate patients at home or in facilities through out the city. Questions arose about whether people would comply with isolation requests and what enforcement would be necessary. Then the issue of quarantine emerged, and significant discussion ensued, centering on who has the legal authority to impose quarantine and how it would be enforced. This led us to the issue of the role of the military in such an event.

Infrastructure/Quarantine - The difficulties in managing of one of these incidents was reflected in trying to maintain a city's infrastructure were a quarantine to be enforced. If we tell people that they must remain in their house or within a certain area of the city, we then have an obligation to support those people. In an environment where local and state responders are already taxed to the limit, how do you integrate Federal assets into the local response? Furthermore, are adequate Federal assets available to provide to cities and states?

Enforcement - Naturally the National Guard would support the Governor's efforts, but what role would active duty and reserve forces play? How would they be used to enforce quarantine and what level of force would they use? Should Guard forces be federalized and if so, what would their role then be?

The debate surrounding many of these questions was long and sometimes heated but it highlighted a fundamental issue; clearly we have work to do to prepare all levels of government to manage an incident of this nature.

The Media - Finally, Dark Winter demonstrated that we have not done enough to bring the media into our planning efforts for these events. Under the guise of security, we have treated the media as though they were irresponsible and could not be part of the planning. My experience in New York City shows just the opposite. The media will play a critical role in relaying information to the public. Ensuring that the media have an understanding of the difficult issues that government will face during an event like this will assist in the process rather than hurt it.

While there will always be a reporter who takes advantage of the event for their own benefit, we can say the same of government officials who use events like this to enhance their political stature. In both cases the effort usually backfires. We must develop a working

relationship with the media and understand how and what to communicate to the public during an incident. We must also work with the media and with psychologists who have studied crowd behavior in order to learn how to avoid creating panic during what will be extremely tense times.

In summary, I think it is clear that Dark Winter demonstrated how unprepared the nation is to manage an act of bioterrorism involving a contagious agent like smallpox. Several areas require attention, including the following:

- Addressing the issue of legal authorities for enforcing isolation and quarantine as well as the use of military assets to assist in this process.
- Defining the legal authorities for limiting movement of the people from one city or state to another as well as limiting ingress and egress by air.
- Addressing communications with the media and the public. While work has begun on this issue, further attention is required.
- Addressing the issue of communities and their ability to provide medical care during a terrorist event. We must better define how we plan to augment local medical care with federal medical assets. Two questions need to be answered now: Where are these assets going to come from? And how long will it take to get them in place?
- Assisting state and local governments with massive logistical support.
- Managing the psychological aspects of an incident of this nature, including incident-related stress affecting those involved in the incident.

I believe one final point needs to be addressed and that is the concern by some that much of the effort going into preparing the nation to manage one of these events is based on hysteria. I think that near turn the greatest threat is still from bombs and guns but as time goes on the threat from biological agents will grow. That is not hysteria. Many of the programs need to address these events like the development of Smallpox Vaccine takes years. We need to use this time to get our nation ready. As the threat grows so must our resolve to have public health and medical infrastructure in place to recognize and manage an act of bioterrorism involving a contagious agent.

Mr. SHAYS. Dr. Hamburg.

Dr. HAMBURG. Thank you. I'll try to be brief so we can get to your questions.

I should say at the outset that I came to this exercise and come to the discussion today with both a local and Federal perspective. I served 6 years as New York City's Health Commissioner, was Health Commissioner during the bombing of the World Trade Center, and also in that capacity clearly managed a wide range of infectious disease and epidemics, and also began a program to deal with the threat of bioterrorism. I then spent close to 4 years at HHS helping to shape a still fledgling bioterrorism initiative there. So for me, addressing these kinds of issues could not be of greater importance, and the importance of the partnership and planning that has to occur today in order to address the different levels of government and the cross-cutting nature of the response required is absolutely essential.

I think that the most important point, and why in some ways this exercise, I think, was somewhat unique, was that it really demonstrated how a bioterrorist event would be different from the other kinds of conventional terrorist attacks that we are more familiar with, sadly; or even an event using another weapon of mass destruction, that it would really unfold much more slowly over time as a disease epidemic; and that the traditional first responders from a lights-and-sirens kind of response would be police and fire, but would be Public Health in the medical care system, and that we really need to make sure that we invest adequately in a robust public health system and support our medical care system so that we can provide the response that will be needed to contain and control an event like this.

That means that we need to really invest in our public health system. We need to improve our disease surveillance systems, our outbreak investigation capacity so that we can rapidly detect an event if it occurs, because rapid mobilization of response is what's going to be key to saving lives and containing the disease. We have to make sure that we have a medical care capacity, as others have said, that has enough flexibility in it that we can respond. This will be key for both naturally occurring and intentionally caused events. We do need to develop new drugs, vaccines, and diagnostics to make our Nation better prepared. We need to invest in research so that not only are we developing the drugs and vaccines that we know today might be effective against agents used in a potential bioterrorist event, but we have to think about new ways and new approaches that might give us greater capacity in the years to come.

For example, not just thinking about one drug, one disease, but thinking about the possibility that in the future we might see genetically engineered threats or agents that we hadn't previously dealt with, or even as we speak today there are many diseases that exist in the world, many microbial agents that threaten the human population for which we have no drugs or vaccines. So we need to really develop an appropriate research agenda and invest in that.

And I think critically Dark Winter underscored for all of us the importance of planning, preparing, and exercising. We have a very complicated challenge before us that will require many different

agencies and levels of government to come together. We cannot afford to be learning things for the first time in the midst of a crisis. We must think about the types of challenges before us, and we must think about the kinds of strategies that would be effective in addressing them and put in place the necessary systems.

And as I think, as others have mentioned, the good news here is that many of those investments will have immediate payoffs in our ability as a Nation to deal with naturally occurring infectious disease threats. So we appreciate what you're doing to help make our Nation stronger against the threat of infectious disease.

[The prepared statement of Dr. Hamburg follows:]

Testimony of Margaret A. Hamburg, M.D.

Subcommittee on National Security, Veterans Affairs
And International Relations
Committee on Government Reform
July 23, 2001

Mr Chairman and members of the Committee, thank you for the invitation to discuss the need to enhance our nation's capacity to respond to the threat of bioweapons. Your leadership and commitment in addressing this challenge have been impressive.

I am sure that most would agree that the intentional use of a biological agent to cause widespread panic, disease and death is a frightening prospect. The recent exercise "Dark Winter," just described by Dr. Hamre, certainly made this vivid for all who participated. As you have heard, there were many lessons to be learned from this exercise which so powerfully conveyed the distinctive–and sobering–features of a potential bioterrorist attack.

For each of us around the table, the lessons learned were somewhat different, depending on our various backgrounds, experience and expectations. It was fascinating to see the differing perspectives that were brought to bear on the same fundamental sets of data and decision-points. At times, the old adage "what you see depends on where you sit" came to mind. Yet I think we all agreed that the exercise was indeed plausible-- even conservative-- in the framing of the scenario and the assumptions made about disease exposure, transmission and treatment. Certainly, we all left the room humbled by what we did not know and could not do, and convinced of the urgent need to better prepare our nation against this gruesome threat.

I participated in the exercise as the Secretary of Health and Human Services. The perspective I brought to the table was that of someone who served first as a local health officer (New York City Health Commissioner) and then as a federal public health official (Assistant Secretary for Planning and Evaluation, Department of Health and Human Services). In addition, as New York City's Health Commissioner when the World Trade Center was bombed, the threat of terrorism has a grim reality for me. However, having witnessed the devastation caused by that event, I can only imagine how much worse that situation –and the associated panic, disruption, disease and death-- would have been, had it involved the covert release of a biological weapon.

In that context, I should also state that my bias is to approach the bioweapons issue in the broader context of infectious disease threats, both naturally occurring and intentionally caused. There is a continuum. A bioterrorist attack such as that depicted in "Dark Winter" would certainly represent the extreme end of that continuum, both in terms of its potentially catastrophic consequences for health and because of the disruption and

panic that it would cause.

ISSUES RAISED BY DARK WINTER EXERCISE

"Dark Winter" raised many important issues and provided an opportunity to enhance awareness about the complexities of a bioterrorist attack. It served as a compelling illustration of just how much an attack caused by biological weapons would differ from conventional terrorism, military strikes or even attacks caused by other weapons of mass destruction.

It demonstrated how such an attack would unfold slowly-- over days, weeks, months– as an infectious disease epidemic, with the potential to cause enormous suffering and death, as well as panic, destabilization and quite possibly civil disorder. There was little doubt that this would be a true public health emergency, for which our nation is ill-prepared to respond. Moreover, it showed how a bioterrorist attack would represent a national security crisis of enormous proportions, yet many of the traditional strategies to manage such an event would not apply. For example, identification of the perpetrator, as well as avenues for possible retaliation, might not be feasible. "Dark Winter" also underscored the interwined legal, ethical, political and logistical difficulties that attend contagious disease containment and control.

"Dark Winter" further demonstrated how poorly current organizational structures and capabilities fit with the management needs and operational requirements of an effective bioterrorism response. Responding to a bioterrorist attack will require new levels of partnership between public health and medicine, law enforcement and intelligence. However, these communities have little past experience working together and vast differences in their professional cultures, missions and needs. The "Dark Winter" scenario also underscored the pivotal role of the media, and how a productive partnership with media will be paramount in communicating important information to the public and reducing the potential for panic.

Another clear lesson that emerged from "Dark Winter" was that effective response will also require stronger working relationships across levels of government. For while national leadership, guidance and support will be essential, it must be recognized that much of the initial crisis response and subsequent consequence management will unfold on the local level. " On-the-ground" local providers--public health and medical professionals, emergency response personnel, law enforcement officials and government and community leaders--will provide the foundation of the response and will deal with the problem from the moment the first cases emerge until the crisis is over.

The "Dark Winter" scenario also brought into bold relief the fact that management of such a crisis would almost certainly occur in the context of an already strained health care

system and severe limitations on certain critical resources, including shortages of vaccine, hospital beds and isolation capacity.

CHALLENGES FOR THE FUTURE

As an exercise, "Dark Winter" was not designed to provide answers, but rather to raise critical questions and issues about our current preparedness to address the bioterrorist threat. Certainly it achieved that goal, but how do we begin to address these critical concerns? Building on lessons learned from "Dark Winter" from the perspective of public health and medicine, let me emphasize several key challenges as we move forward.

(1) Focus on the real threat/strengthen public health. I believe that a major challenge remains the need to get policymakers, legislators, and program planners to understand that the threat of bioterrorism is both real and different. Meaningful progress against this threat depends on understanding it in the context of epidemic disease. The paradigm is different than that for conventional terrorism or a chemical or nuclear attack. It requires different investments and different partners. Until bioterrorism's true nature as an epidemic disease event is fully recognized, our nation's preparedness programs will continue to be inadequately designed: the wrong first responders will be trained and equipped; we will fail to fully build the critical infrastructure we need to detect and respond; the wrong research agendas will be developed; and we will never effectively grapple with the long-term consequence management needs that such an event would entail.

Frankly, if we look at our current preparedness efforts, necessary public health and medical care activities are underdeveloped and underfunded. Of the roughly $10 billion budget for counterterrorism efforts in FY 2001, only a very small percentage supports activities that truly can be considered as core elements of a coherent program to address the bioterrorist threat.

(2) Build on existing strategies. Effective strategies must build on existing systems where possible, but build in flexibility. We do not want to develop an entire ancillary system for responding to the bioterrorist threat. Rather, we should strive to integrate our thinking and planning into the continuum of infectious disease threats and potential disasters that public health agencies are already charged to respond to. The last thing we want is to find ourselves trying out a plan for the very first time in the midst of a crisis. Instead, we want to find the systems that work in routine activities and then identify what we need to do to amplify or modify them to be appropriately responsive for these more acute and catastrophic situations.

(3) Support the health care system's capacity for mass casualty care. Controlling disease

and caring for the sick will require a deep engagement of the public health and medical community. There are currently many pressures on health care providers and the hospital community that limit their ability to prepare in some of the critical ways necessary for effective planning in the face of the bioterrorist threat. The enormous downsizing that has occurred, the competitive pressures to cut costs, the just-in-time pharmaceutical supplies and staffing approaches, and the limited capacity for certain specialty services such as respiratory isolation beds and burn units that may become critical in a biological or chemical terrorist attack all need to be recognized and addressed.

We must be realistic about the potential costs that would be incurred by these institutions and individuals, as well as the enormous up front investments needed if they are truly to prepare. And in many ways, if you are a health care institution today, making those preparatory investments is a high-risk undertaking. By preparing, you are also almost setting yourself up to incur a series of costs that may not be reimbursed after the crisis is over.

We know that we must find better ways to strategically support our health care institutions, both because of the implications of a bioterrorist attack but also because of the existing demands on the system, as evidenced this past year when a routine flu season overwhelmed hospital capacity in several cities.

There is an urgent need to develop programs that target dollars for health care disaster planning and relief, including training, templates for preparedness, and efforts to develop strategies in collaboration with other critical partners for providing ancillary hospital support in the event of a crisis, whether it's through the army field hospital model or going back to what was done in the 1918 pandemic flu, where armories, school gymnasiums and the like were taken over to provide medical care. In doing this, we need to support local and state planning efforts to assess community assets and capabilities, and we need to look at what federal supports can be brought to bear locally in a crisis.

(4) Invest in research. Today's investment in research and development will be the foundation of tomorrow's preparedness. A comprehensive research agenda should be developed and pursued that extends across many important research domains. For example, our capability to detect and respond to a bioterrorist attack depends largely on the state of the relevant medical science and technology. Without rapid techniques for accurate identification of pathogens and assessment of their antibiotic sensitivities, planning for the medical and public health response will be significantly compromised. Without efficacious prophylactic and treatment agents, even the best planned responses are likely to fail. Biomedical research is needed to develop new tools for rapid diagnostics, as well as improved drugs and vaccines. At an even more basic level, we must invest in research to enhance the fundamental study of genomics, disease pathogenesis and the human immune response.

In addition to biomedical research, further research into such diverse concerns as defining appropriate personal protective gear or decontamination procedures under different circumstances will be important to our overall preparedness for a bioterrorist attack. Research to support deeper understanding of the behavioral issues and psychosocial consequences of a catastrophic event of this kind is currently very limited but should be made a high priority.

5) Understanding the public response. Another major gap in current preparedness and planning efforts involves how to engage the public, and importantly, how to most effectively work with the public in the event of a crisis. We must begin now, with investments in research to better understand how the public will react in the event of a bioterrorist attack. As a nation, we have little experience with this kind of disaster. By examining the response to natural disasters, such as fires and floods, as well as to terrorist bombings or attacks, we can glean some important insights. Yet we must also recognize that the fear of a silent, invisible killer such as an infectious agent will likely evoke a level of fear and panic substantially greater than what has occurred in response to those more "conventional" disaster scenarios. Certainly response to previous major disease epidemics—such as the outbreak of pneumonic plague in Seurat, India in 1994—suggests a level of panic and civil disruption on a far greater scale.

Anyone who has ever dealt with disaster response knows that how the needs of the public are handled from the very beginning is critical to the overall response. In the context of a biological event, this will no doubt be even more crucial. Managing the worried well may interfere with the ability to manage those truly sick or exposed. In fact, implementation of disease control measures may well depend on the constructive recruitment of the public to behave in certain ways, such as avoiding congregate settings or following isolation orders. In the final analysis, clear communication and appropriate engagement of the public will be the key to preventing mass chaos and enabling disease control as well as critical infrastructure operations to move forward. Correspondingly, the needs and concerns of response personnel, including health care workers, must also be addressed. Again, prior experience with serious infectious disease outbreaks tells us that when this does not occur, essential frontline responders and key workers are just as likely as the public to panic, if not flee. The mass exodus of health care workers following onset of the Ebola epidemic in Kikwit, Zaire in the mid 1990s serves witness to this point.

(7). Engage the media. The media represents a critical partner, key to our efforts in a crisis to communicate important information and reduce the potential for panic. Working with them in a crisis means working with them now in a process of ongoing and continuing mutual communication and education. We must strive for the development of a set of working relationships grounded in trust—trust that we will provide them with information in a timely and appropriate manner, and in turn they will use that information

in a responsible, professional way. No doubt there will always be tensions between the desire to get out a good story and an appreciation of the complexities, sensitivities and uncertainties inherent in such a crisis. But stonewalling the press or viewing them as the enemy is virtually guaranteed to make the situation worse. They will be an absolutely essential partner in getting out information to protect health and control disease.

(8) Clarify legal authorities. In planning for an effective response, an array of legal concerns need to be addressed. Issues include such basic ones as the declaration of emergency -- what are the existing authorities? Are they public health, or do they rest in other domains that will be relevant? What are the criteria for such a declaration? What are the authorities that still need to be established?

Other outstanding legal questions concern the ability to isolate, quarantine, or detain groups or individuals; the ability to mandate treatment or mandate work; restrictions on travel and trade; the authority to seize community or private property such as hospitals, utilities, medicines, or vehicles; or the ability to compel production of certain goods. Also, questions concerning emergency use of pharmaceuticals or diagnostics that are not yet approved or labeled for certain uses needs to be answered.

These questions involve many different levels of government, many different laws and authorities, and raise many complex and intertwined ethical, political and economic issues. In a systematic and coherent way, we must address this array of pressing issues and concerns. And not just what laws are in place or could be put in place, but then also what policies and procedures would be necessary to actually implement them.

(9) Plan, prepare and practice. Perhaps most fundamentally, "Dark Winter" signaled the need for more planning and preparation—across all the domains mentioned above and more. Planning can make a difference, but we cannot begin to prepare in the midst of a crisis. As "Dark Winter" unfolded, it was evident that a sense of desperation about what needed to be done arose, at least in part, because the country had not produced sufficient vaccine; had not prepared top officials to cope with this new type of security crisis; had not invested adequately in the planning and exercises needed to implement a coordinated response; and had not educated the American people or developed strategies to constructively engage the media to educate people about what was happening and how to protect themselves.

Prior planning and preparation can greatly mitigate the death and suffering that would result from a bioweapons attack. As a nation, we need comprehensive, integrated planning for how we will address the threat of bioterrorism, focusing both on prevention and response. We need to define the relative roles and responsibilities of the different agencies involved, and identify the mechanisms by which the varying levels of government will interact and work together. We need true national leadership to address

the bioweapons threat to our homeland. Planning efforts must be backed by the necessary resources and authority to translate planning into action. Moreover, we must practice what we plan. Preparations must be exercised, evaluated and understood by decision-makers if they are to prove useful in a time of crisis.

(10) The importance of prevention. The many intrinsic challenges involved in mounting an effective response to a bioterrorism attack--and the many casualties that will inevitably occur--should compel us to make a greater commitment to what can be accomplished to reduce the fundamental threat of their use. Clearly, measures that will deter or prevent bioterrorism will be the most cost effective means to counter such threats to public health and social order– both in human and economic terms. Are there strategies to limit or prevent these often frightening microbes from getting into the hands of those who might misuse them, and how do we reduce the likelihood that they would be misused?

On a policy level, such prevention efforts require a global approach, including the need to find ways to meaningfully strengthen and enforce the Biological Weapons Convention, as well as international scientific cooperation to create opportunities for scientists formerly engaged in bioweapons research to redirect their often considerable talents and energy into more constructive and open research arenas. For example, a number of scientific collaborations have begun in Russia in an attempt to address this goal.

We must also strengthen and expand efforts to control access to and handling of certain dangerous pathogens, including proactive measures by the scientific community to monitor more closely the facilities and procedures involved in the use of such biological agents.

CONCLUSION

In conclusion, let me re-emphasize that a sound strategy for addressing bioterrorism will need to be quite different from those that target other types of terrorist acts. While still a relatively low probability event, the high consequence implications of bioterrorism place it in a special category that requires immediate and comprehensive action. Yet as we move forward to address this disturbing new threat, it is heartening to recognize that the investments we make to strengthen the public health infrastructure, to improve medical consequence management and to support fundamental and applied research, will also benefit our efforts to protect the health and safety of the public from naturally occurring disease.

To be effective, we will need to define new priorities, forge new partnerships, make new investments to build capacity and expertise, and support planning. We may never be truly prepared for some of the most catastrophic scenarios, but there is a great deal that can and should be done.

I look forward to working with you on these important issues and would be happy to answer any questions you may have.

Mr. SHAYS. Before I recognize Mr. Gilman for the first questions, I just want to make a few observations as chairman. One is I found myself getting very uptight. I thought, what are you, nervous? I found myself feeling very uneasy, and then thinking you can't laugh when you're talking about something so serious because, you know, that's kind of absurd.

And I was thinking that you—the two unrealistic things for me, the only two that I really heard, is, one, that you would have been in Washington, and, two, that you would have stayed in Washington because, knowing you, you would have gone back home with your constituents and your family.

But then I found myself saying now, do you get the vaccine? And then if you get the vaccine, are you going to get the vaccine and not allow your wife to or any other family member? And then if you get the vaccine, and then you order people that they have to stay in Oklahoma, the outcry is, yeah, it's easy for you to do, you know, and just the implications in the talk shows and the—it was a chilling, chilling thing to see this news broadcast and knowing that was less stated than CNN. I mean, I can imagine what some would have said and how it would have been said.

So I just find myself in one sense grateful as hell, frankly, that you all have been able to dramatize this, because there have been a number of people who have been trying to say to people in the United States and to our government, wake up, and not to steal something from Mr. Tierney, but to give him credit for this question, he said, which is more likely, an errant missile from North Korea or this kind of experience, a terrorist attack? Not that they are mutually exclusive, but if you told me I only had the dollars for one, there's no question that I would put my dollars here.

Then just two other points. Senator Nunn, your comment about the World Health Organization, I chaired the Human Resource Subcommittee of Government Reform. We oversaw HHS, FDA, CDC, VA, a whole host of others related to health care, and I am in awe of the World Health Organization. I mean, the attack I fear most is the pathogen. It's not the soldier with the weapon. And some of these individuals in the World Health Organization go around the world unarmed trying to determine what is this outbreak.

And I conclude by just saying to you I have so many questions. I mean, I couldn't keep up with the questions that you all generated by your presentations. So I know you—like you wanted to just make a point since I mentioned your comment to me, but I would——

Mr. TIERNEY. No. I'll wait.

Mr. SHAYS. OK. You'll have plenty of time.

Mr. Gilman, you have the floor.

Mr. GILMAN. Thank you very much, Mr. Chairman.

It's certainly startling to hear all of these observations by this panel. Let me ask—I think it's Mr. Hamre—you've been the sort of the guide to putting it together; am I right?

Mr. HAMRE. Sir, I was—I head up one of the three organizations that cosponsored it. We did coordinate it at CSIS. Sue Reingold behind me was the coordinator. Randy Larson was for Answer Corp., Tom Inglesby for the Johns Hopkins Center, and he's——

Mr. GILMAN. Was it Mr. Larson's idea, this initial thinking about all of this?

Mr. HAMRE. Well, I think Colonel Larson and Sue Reingold first started together, but the three were the teammates, and Tara O'Toole, who's not with us today——

Mr. GILMAN. Did any government agency participate, any of our Federal agencies participate in your Dark Winter?

Mr. HAMRE. We had observers that were at the exercise from the Federal Government, from the various offices that I said. Scott Lilbridge, who is going to the coordinator for Governor Thompson, Secretary Thompson, he was there; very important that he could participate. We had, I think, six committees, congressional committees, had representatives there.

Mr. GILMAN. Six of our committees? Which ones?

Mr. HAMRE. Your committee was there, and we had representatives from two committees in the Senate, and then we had individual offices.

Mr. GILMAN. When did you conduct your seminar?

Mr. HAMRE. We did it on June 22nd and 23rd, sir.

Mr. GILMAN. In 2 days?

Mr. HAMRE. Yes, sir. It was on Friday and——

Mr. GILMAN. I want to commend you all as panelists. You certainly put together some information that we ought to make good use of. Now, what are you going to do? You've got lessons learned, and I see you have about nine recommendations. No, I'm sorry, you've got 12, 12 significant recommendations. What are you going to do with all of these?

Mr. HAMRE. We ran out of computer disks or we would have probably had about 40. But, sir, we're in the process right now of producing a report that's part of the grant that we were given the McCormick Tribune Foundation and by the Memorial Institute for the Prevention of Terrorism——

Mr. GILMAN. And what are you going to do with that report?

Mr. HAMRE. That is going to be circulated and made available to the Congress and the executive branch. It really highlights the things that have to be done. We've signaled some of them here. The most important is that the government needs to start exercising itself, it needs to start going through this process to find out what we would do when we're confronted with that sort of a dilemma.

Mr. GILMAN. Where would you focus that attention? Who should be the implementer now of all of this? Should there be a central office, for example, to implement your recommendations?

Mr. HAMRE. Sir, I think that President Bush has decided that he's going to put the focal point with FEMA, and the Director of FEMA is going to be taking the lead. The Vice President's office is coordinating an interagency review process right now.

Mr. GILMAN. Of this report?

Mr. HAMRE. No, sir, of the issues in general, and we'll be sharing it with FEMA's Director, Mr. Lacy Suiter. We'll be getting together with him later this week, and I'm meeting tomorrow with the Vice President's Chief of Staff.

Mr. GILMAN. Now, what would your panel feel is the appropriate central authority for instituting your comprehensive plan?

Mr. HAMRE. Well, I will let others speak, but, sir, I think that it has to be—President Bush needs to decide how he wants to organize his government. I think he's decided that. I think he wants to put the focal point on FEMA and then have the Vice President be the coordinator of the interagency review that's required to support that. So I feel that decision's been made. I think we ought to be doing what we can to help him make that decision work.

Mr. GILMAN. Let me ask our other panelists, what do you recommend for proper and effective implementation of your findings?

Governor Keating.

Governor KEATING. Well, let me analogize, if I may, Mr. Gilman, to the Oklahoma City bombing. We had a criminal investigation going on simultaneously with a rescue and recovery operation. It would be a similar event if this were to occur, a criminal investigation in companionship with a rescue and recovery and health care response. Obviously local police and the FBI would be in charge of the criminal investigation, but they are not health care providers. And the rescue and recovery people, the local civil emergency management people are not criminal investigators.

The resources that are needed for the purpose of responding to the health care challenge, not the criminal investigation—those resources are already fully available in the FBI—have to be directed through an entity that the State and local governments trust and frequently work with. In my judgment, that is FEMA. During the tornadoes that we had 2 years ago, the most severe ever to strike the United States, and, of course, the Oklahoma City tragedy of April 19, 1995, under then Director James Lee Witt, the sources that were provided were provided promptly and fully, the advice and counsel promptly and fully in companionship with State and local authorities.

It's a mistake to have someone say, I'm in charge here. There has to be a sense of comity and goodwill and joint sharing of responsibility, and that can be, is done, all over America all the time. In this kind of situation, you need the medical and the health care fast, and, in my judgment, only FEMA should be able to provide because we work with FEMA always.

Mr. GILMAN. You think FEMA, then, is the appropriate agency——

Governor KEATING. In my judgment, yes, Mr. Gilman.

Mr. GILMAN. Senator Nunn.

Senator NUNN. I think the Governor's last point is what I'd like to underscore. This cuts across agency lines. I've heard John Hamre say a number of times that government's involved and structured as stovepipes, and yet vertically, but the problem here is horizontal. So it goes across a lot of different agencies.

I commend Secretary Thompson for stepping out and having real emphasis on this, as we heard from Jerry Hauer. I also believe that someone from the National Security Council is going to have to have this portfolio, and I would have someone have this portfolio who's not spread too thin so that they can look across governmental agencies. I think the State and Federal has got to be given a lot of attention from the National Security Council and the HHS point of view. I believe it's essential that HHS officials be able to coordinate and have the President's blessing in advance clearly

made—made clear to the other Cabinet officials, with Department of Defense, with the CIA.

I've been told that there are some HHS officials in key spots that deal with this overall subject that don't have clearances. We are going to have to have coordination between health and security. I believe that is one of the fundamental underlying principles here is health is security, and an attack on the public health in this country is a security threat, and we have to join those. So I think that's the way I would approach it.

I also believe——

Mr. GILMAN. Well, Senator, if I might interrupt then, are you disagreeing that FEMA should have the ultimate authority?

Senator NUNN. I think FEMA is going to have to play a big role, but FEMA does not have the health kind of capability that they are going to need. They're going to have to go into the local communities and deal with doctors, and they're going to have to do it up here in Washington.

Mr. GILMAN. What I'm seeking is who should be the—have the primary authority here?

Governor KEATING. Mr. Gilman, let me postscript what I said, and I'm afraid I didn't fully develop my thought. What happens here is very relevant to what happens in Philadelphia or Atlanta or Oklahoma City. The coordinating mechanism here, for example, as Senator Nunn has indicated, if—within the National Security Council there's a portfolio for this. If there is a coordinative group put together in Washington under the Vice President's direction or under the FEMA Director's direction, it doesn't matter as long as HHS, everybody's around the table, Department of Defense, developing the book, how do you respond to this, smallpox or a hurricane or tornado? Then you take the book and give it to FEMA to share it with State and local officials who'll have to implement the results of the book.

What I'm saying is to have a whole panoply of Federal agencies descending on a city won't work because the local health commissioner, the local mayor, the local police chief, the local National Guard commander, those are the ones that will actually implement the book, the reaction to whatever this tragedy may be.

Mr. GILMAN. Governor——

Governor KEATING. How it's coordinated here is not as important as having some kind of product that is shared with FEMA that we deal with daily in response to man-made and natural calamities.

Mr. GILMAN. Governor, that's why we recommend a specific agency or a specific comprehensive coordinator. We just went through a hearing on fragmentation by so many agencies on proper supplies for our defense forces—we found was fragmented through a number of agencies, and there was really no central controller, and that's why I'm seeking——

Senator NUNN. Well, the key here is it's got to come under the President. He's got to direct it because unless his authority's behind it, my experience is you can pass a piece of legislation and say somebody's czar of something, and yet if the czar doesn't have any troops out, and if he doesn't have an agency, and if he doesn't have a large budget, and if he doesn't have power in the bureaucracy, nothing happens.

I remember when we appointed a drug czar, Mr. Chairman, many years ago.

Mr. GILMAN. We worked together on that.

Senator NUNN. Yeah, we did, and I supported that. But after he'd been in office about a year, year and a half, he came to see me, and I was shocked to find what he wanted me to do was get him an appointment with people at the Department of Defense. He hadn't been able to get an appointment at that stage. Now, we had the drug czar up here, but he didn't have anybody under him. He didn't have any power——

Mr. GILMAN. We finally got him into the Cabinet.

I have a moment or two left. Dr. Hamburg.

Dr. HAMBURG. I think it is key that we have a national plan and one that involves a true cross-cutting approach. Preferably I think, and it's my personal opinion, there needs to be some mechanism of coordination that's central that has real accountability for both programs and to some degree budgets so that we really know across this wide array of agencies——

Mr. GILMAN. I think we recognize that. What I'm looking for is do you—have do you folks have some specific recommendation of who could do that most effectively?

Dr. HAMBURG. Your question in a way was who on the ground should be the lead also, though; right?

Mr. GILMAN. Who nationally should take control of all of this?

Dr. HAMBURG. You know, I think it actually could be a number of different players, but the key is that it be clearly defined and that we build around that. I think, as Dr. Hamre said, the President has made the decision that it should be FEMA, and I think operating on that assumption, that there are very natural partnerships that can then unfold. We want to build systems to respond to this threat that complement the kinds of activities that we do every day either in public health, disease control, or in emergency response so that we are not creating——

Mr. GILMAN. I'm exceeding my time, and the chairman is getting a little antsy on his gavel. Mr. Hauer, could you just answer——

Mr. HAUER. Yeah. Very simply, FEMA needs to be the overarching agency that does the coordination of this at the Federal level and then rely on agencies like HHS for the expertise to deal with the unique parts of the bioterrorists——

Mr. GILMAN. Thank you very much. Thank you, Mr. Chairman.

Mr. SHAYS. I thank the gentleman.

Just another observation. I felt like I've been in the middle of a movie, and maybe that's why I was anxious. I wanted to know how it turned out. And so I asked my staff how did we finally get a handle on it, you know, 12 million vaccines out, the disease spreading? And the response was we did not get a handle on it. They stopped the exercise before resolution. Kind of scary, huh?

Senator NUNN. One thing, we were faced with a dilemma of having received very graciously from Russia a very large supply of vaccines, and we were then trying to decide whether to use them, and, of course, one of my national security people popped up and said, what if it's sabotage? Can we test them? And we were still waiting on the other emergency vaccines to come in, and we were in panic, as you saw on television. So we can't contend that we solved this

problem, but I do think that no policy person, Congress or the White House, could sit through this and not say, we'd better get off the dime, we'd better do something about it.

There's one other thought I'd like to inject that I don't think has been covered. We basically need to have the people who deal with biology understand the sensitivity of the materials they are dealing with if they got in the wrong hands. There needs to be an ethical best practices safeguarding system in this country to begin with, but throughout the world, in dealing with these materials, most of which are local, legal and legitimate. It's not like nuclear materials, which they are hopefully safeguarded except in certain spots, and we're trying to work on that in the Soviet Union, but the biological materials are part of our everyday commerce.

Mr. SHAYS. Thank you.

Mr. Tierney, you have the chair as long as you want it, give or take.

Mr. TIERNEY. Thank you.

Thank you all for your testimony and for going through that exercise. I didn't make an opening statement, so I'm going to take the liberty of just making at least an opening comment here.

Senator, you talked very briefly about prioritizing the threats on this country, and I couldn't agree with you more. I'd be remiss for my own personal reasons in not just saying here that I think it's abominable that we are spending so much time on reinventing Star Wars and all this other silliness that's going on here without attending to a real prioritization of what real threats are and making a determination as to what really needs our attention first and how deeply that attention is needed.

I note also that this administration just pulled out of the protocol for the biological weapons convention, so at least in the short term we won't be getting any real notice for any situation like this, nor the opportunity to inspect or to move in that direction, both of which I find a little disturbing.

Let me ask, I would assume, Mr. Hauer, that we don't have the hospital capacity right now if we were to get involved in an incident like this with all the hospitals downsizing. I would assume that if we're really going to be ready for this type of an incident, we would try to think of some system, statewide at least, Governor, if not nationally, to determine how many hospitals we ought to have, where they ought to be placed with ready access to people.

Mr. HAUER. You're absolutely right. I think, though, it's unrealistic to think that hospitals are going to develop a surplus capacity and just have it on standby for an incident like this just because of the cost. I think the issue at this point in time is trying to figure out how, when we have an incident like this, whether it's anthrax, smallpox, or some other agent, we can rapidly increase capacity both in existing facilities by augmenting staff and then finding alternate care facilities or casualty collection points where we can triage people who are sick with either smallpox or anthrax or something along those lines, and we take them and put them in a facility, and we augment the local medical care either with State resources, or more than likely, particularly with the contagious agent like smallpox, we'll have to augment them with Federal medical assets.

Mr. TIERNEY. Thank you. For anybody who wants to answer this question, I assume that there was some determination made or at least some thought given to the fact whether or not we would want to have enough vaccine for forseeable types of incidents for our population, or was it that we were thinking of having an infrastructure in place that could readily produce the kinds of vaccines and antibiotics that we would need?

Dr. HAMBURG. Well, with respect to the smallpox situation, there was a remaining stockpile from the days when we actually were addressing smallpox as a disease, and the smallpox vaccine luckily is fairly durable. There was a decision made a few years ago that we needed more smallpox vaccine as a Nation to protect against this potential threat. Obviously it remains a low-probability threat, but a very high consequence as Dark Winter, I think, so compellingly illustrated. And so the Department of Health and Human Services does now have a contract with a private manufacturer to produce 40 million new doses of smallpox vaccine.

That is a research and development task, though, and the current plan, which is somewhat accelerated compared to some vaccine development, is that those doses would be available in 2005. In the exercise we simulated the possibility that we might try to mobilize those more quickly. At a stage that we're at now, one could produce millions of vaccine doses potentially, but it would be untested vaccine, which, of course, raises a whole set of other issues in terms of what does it mean to in an emergency use drugs or vaccines that haven't yet been licensed? And we made the decision early on that given the gravity of the situation, we would certainly move forward.

But smallpox vaccine is one critical need that I think as a Nation we need to continue to address, make sure that we do develop that additional vaccine supply, and I think that we need to make sure that we think about the investment in developing new smallpox vaccine and other vaccines against the bioterrorist threat as a security concern, and make sure that we're not taking dollars from other existing medical problems to support that vaccine development, but that we see it as part of our national security investment.

Mr. TIERNEY. Just for the additional doses of this smallpox vaccine you're talking about, it's about $350 million, and that is for smallpox, but I guess I'd like to also ask you do we look at the other anticipated things that might happen, anthrax or whatever, and also decide what a fair amount is to set aside on those?

Dr. HAMBURG. Absolutely. I think we need to really step back, and I wanted to make the comment earlier, in addition to thinking about what do we need to do in order to improve on the ground response, we also need to ask the bigger question about what do we need to prepare, overall preparedness. And part of that is really defining the set of threats as we see them today in looking at what do we have to respond to them and making sure that we develop new drugs, vaccines, and diagnostics for rapid detection to address those, and that we also think into the future about what we may need, given what we know about the new understandings of biotechnology capacity, the revolution in genomics, etc. We can't just

assume that the diseases we know today are the threats of the future.

So I think we really do need to think very carefully about developing a research and development agenda, and there is no doubt, as Senator Nunn indicated earlier, that we cannot rely on the marketplace to serve our country's needs in terms of some of the new pharmaceutical tools that we really will require to be truly prepared.

Mr. TIERNEY. But the shelf life—I guess the shelf life of these things, if you make that vaccine, how long is it going to be good for?

Dr. HAMBURG. It depends on the particular vaccine. The smallpox vaccine stockpile that we have today is really very old. In the best of all possible worlds, I think we wouldn't choose to keep that vaccine on the shelf that long, but it's tested periodically, and it has been determined and FDA approved as good to go in a crisis.

But, you know, depending on the drug or the vaccine, there are shelf lives that come into being. When there's a drug or vaccine that's used routinely in medical care, you can create a stockpile mechanism that allows you to recycle those drugs or vaccines so that you don't have to just put them in a warehouse and throw them away, but that you could have the capacity to surge if you needed it in a crisis, but use those in routine care. Something like smallpox, we don't use it routinely, so it will be stockpiled in the traditional sense of the word.

Mr. HAUER. I want to allude to a point you had made, and I think it's one of the disconnects that we've got at the Federal level. As you look at vaccine development, trying to look at research and development activities on new vaccines, you have to really look at the intelligence that we're getting and try and figure out what the intelligence is and where you've got to put your money. And there is a disconnect between the Intelligence Community and the community in Health and Human Services in trying to understand what the real threats are.

Mr. TIERNEY. I suppose some of that comes from the CDC and the sort of assessments of what's going on in other countries and what's showing up, but I—it also brings me back to the biological weapons convention. It's important that we get some sort of a protocol on this if we're going to have any type of advanced notice or any—the Center's going to just keep making these things forever. The idea is to try to get some negotiated concept of how we're going to stall the development, or to the extent we can't do that, at least try to put something in place that gives us some ability to have some notice, if I'm not mistaken on that.

Mr. HAUER. That's correct.

Mr. TIERNEY. Governor, I would assume that you're—it sounds like you're very familiar with all the local things of training and equipment, coordination, communication, structure, everything that would be needed. It would be expected reasonably that the Federal Government would pick up some of the resources for that—local communities, I would guess; right?

Governor KEATING. Well, yes, Congressman. And let me postscript what Dr. Hamburg said because—and Mr. Hauer said because it's very important that you vacuum intelligence sources to

determine what is out there and what's needed to respond to whatever the calamity—anticipated calamity might be. We do that all the time at the State and local level for man-made disasters, and everyone, as I noted, prepares for these disasters, and we know pretty well the kind of things we need in order to respond.

This is a situation where we don't know because we've never seen anything like this. Remember, FEMA is State and local—FEMA consists of State and local firefighters, rescue workers and the like. The FEMA people that came to Oklahoma City, for example, came from Fairfax County, VA; from Prince George's County, MD; from Sacramento and from Los Angeles; and from Puget Sound; and from Miami-Dade and the like, Phoenix. All of them are local people who have been thoroughly trained to respond to, for example, building collapses in this particular case.

That's all we're saying is that once the Federal Government figures out what's the problem, then the book that results from that analysis of what is the problem is distributed to the local and—the people at the local level, the State level in every State, an individual and an entity that's responsible for disaster preparedness and response, and we implement the book.

Mr. TIERNEY. To the extent that the book may require that you have certain equipment in local police or fire departments or other agencies, that you have certain training exercises that go on, certain ability to have people that can communicate and coordinate those activities or whatever, is it your understanding that the local communities would be able to absorb those costs?

Governor KEATING. No, not necessarily. Some yes and some no, and some, for example, already anticipating certain types of natural disasters, have equipment and assets in place. But it depends on the nature of the beast. If there's a huge run on hospitals, there aren't sufficient resources to build new hospitals, and you wouldn't anyway. You'd use college dormitories, for example, remote college campuses, as we did in the scenario here. But you have to know what it is that you're dealing with, and then you determine whether or not you have the assets in place or if you need to import the assets. Obviously it's a lot cheaper to distribute the assets on a need basis as opposed to having them in a warehouse someplace, but it depends on the nature of the beast, the nature of the extent, how large and how expensive the response would be.

Mr. TIERNEY. Senator Nunn, let me just close—I think you're an individual known for having probably spent a great deal of time thinking about and weighing threats to this country in an analytical way. On a scale of 1 to 10, with 1 being a very likely scenario and 10 being least likely, what would be—assess this type of a threat to this Nation.

Senator NUNN. It's really hard to assess the smallpox part of it as to whether it's smallpox——

Mr. TIERNEY. As to——

Senator NUNN. But some type of biological attack against the United States, I'd say the probability of it happening in the next few years is very high. I think that's probably a greater threat than the nuclear, although we've got to be very zealous in trying to safeguard nuclear materials in the former Soviet Union. As you know, I spent a lot of time on that, and I think that is a real danger, but

I also believe the dissemination of biological would be something a terrorist group could carry out much easier than nuclear, in my opinion. It wouldn't be easy. It's not as easy as some might say, but it's doable, and I think the nuclear part would be much greater because the nuclear material would be harder to get access to.

So I always have feared attack by a group that doesn't have a return address more than I have a country. That way we would know, for instance, if a missile were launched, and we would know where it came from, and they would in effect be committing suicide as a nation. So I fear this kind of scenario. I would not exclude chemical also as more likely.

I might just add as one footnote, I've now spent a third to a half of my time on an organization called NTI, Nuclear Threat Initiative, but we're including the biological and the chemical. We're fortunate to have Dr. Hamburg, who's heading up the biological, and we're going to be determining what a private foundation can do in this area. Ted Turner is funding it. We don't have unlimited funds. The Federal Government is going to have to do most of the heavy lifting, but we're looking at this early warning surveillance system, whether we can help the World Health Organization and others beef up that.

We're looking at the question of best practices, safeguarding materials, whether we can inspire the scientific community in this country and around the globe to organize themselves as the nuclear industry has done.

The electric utility industry, after Chernobyl and after Three Mile Island, organized, and they have their own peer reviews. They have their own safety mechanisms not funded by the government.

I think the pharmaceutical companies of this country and the world have a real opportunity here to step up to the plate and help safeguard a lot of this with their own resources. So the scientific community is going to have to be much more aware.

And finally, we're looking at the possibility of really trying to help get jobs, meaningful jobs, for the former Soviet Union scientists that know how to make these biological weapons and spent a whole lifetime doing so, but don't know how they're going to feed their families. That is one of the most crucial other aspects of proliferation in the biological arena, in my view. So we're going to be active in this area, but we know that the big picture has to be dealt with by the governments of the world.

Mr. HAMRE. Mr. Tierney, may I just say——

Mr. TIERNEY. Sure.

Mr. HAMRE. We had a biological terrorist incident in this country. People forgot about it. It was 10 years ago. There was a kooky little outfit out in the Pacific Northwest that sprayed salmonella on a salad bar and infected, you know, hundreds of people. We've had it in this country. Now, fortunately, it was, I guess you'd say, more on a scale of a nuisance, but, you know, there are enough nuts out there that would want to make a point, and this is not in the realm of the theoretical. This is——

Senator NUNN. The Aum Shinrikyo, I had a set of hearings in 1995 where I sent investigators to Japan and looked at the whole Aum Shinrikyo attack over there, which was chemical, but they were working on biological, and this was a group that had hun-

dreds of millions of assets. They had tried to develop biological weapons. They developed chemical weapons. They'd had other attacks, and they were even doing some experimentation in Australia on sheep with biological and chemical weapons, and all of that was going on with substantial assets in Russia, and they never had appeared on the radar screen of either our intelligence or our law enforcement agencies. We never heard of them until this attack. So it shows the need for coordination, too, with other nations in the world.

Mr. HAUER. Yeah. The Aum on eight different occasions tried to use biological weapons and did not overcome some of the technical problems encountered with these types of agents. But as the Senator said, this was very high on the radar screen. They tried using it. They tried killing a judge with anthrax in Japan and were not able to use the agent successfully, but it's only a matter of time between—before some of the technical issues are overcome by some group somewhere.

Mr. TIERNEY. Well, I thank all of you for the work you've done on this, and, Senator Nunn, you in particular for the work you've done in the nuclear area in the past also.

Senator NUNN. Thank you very much.

Mr. SHAYS. Senator, I notice you're looking at the clock. It's getting a little late, I realize——

Senator NUNN. I'm thinking of you because you've got another panel. I've been in your spot.

Mr. SHAYS. I'll tell you, this is so fascinating that sometimes you get antsy to ask the questions. I wanted to hear you all share what you know before we even got to the questions. I'm going to kind of jump around the board here.

I'm interested, Mr. President, when you had the thought that Iran might have been responsible, did the military step in and advocate a response, and then did they get in any question about the soldiers being vaccinated and taking up some of those valuable——

Senator NUNN. Good questions, Mr. Chairman. Two points. One is right at the very beginning of this scenario, the Secretary of Defense demanded we set aside something like 3 million doses of vaccine for the U.S. military. Of course, my first instinct is to protect the military, but after 10 seconds reflection, the local health officials in Oklahoma City and Georgia and Pennsylvania were the ones we had to take care of first and foremost.

The scenario that we had in terms of foreign was the Iraqi mobilization of tanks toward the Kuwaiti border, and the news media speculation on Iraq being involved in this was not backed up by anybody that had any intelligence. We got no intelligence. I told my good friend Jim Woolsey, who was then the Director of CIA, that he gave me one hell of a lot of policy advice sitting around the table and not one ounce of intelligence.

Mr. SHAYS. You know, knowing him as little as I do, I have a feeling he didn't react kindly to that comment.

This is the 20th hearing we've had on this issue, or briefing, and I keep learning more things. Now, obviously we've had 40 government agencies on the Federal level. We have 3,000 plus State, county, local governments, and they have all their departments and agencies. So we're talking about a lot of people. I'm fascinated by

this concept of ultimately, you know, we don't write a playbook, so we don't know exactly what a President is going to do and what authority he's going to take and what authority the Governor is going to take. But it just strikes me that what ultimately will happen is that the President will decide whatever the heck he or she wants, and that's what a Governor is going to do. I mean, you're not going to—you're not going to question your counsel to say, you know, do you have the authority?

Maybe, Governor Keating, you could tell me how you would respond. Let me say you might question them, you just might not listen to them.

Governor KEATING. Of course. Mr. Chairman, I think everyone in a public position will try to do the best job he or she can with the information at his or her disposal, and that is the problem. In this case there simply wasn't the information—the level of ignorance at least at the local level was very high, and the willingness to respond intelligently and forthrightly and quickly was limited by the intelligence, the knowledge at hand.

So what I'm saying is that the President with the Governors, there is a relationship, I think, generally of comity and goodwill. If something like this were to happen in a multi-State environment, the President will look to the Governors to provide the execution, and the Governors will look to the mayors and community leaders to provide for the execution of whatever the plan is to respond, and that plan has to be federally developed. There's simply no way that the Governor of Florida, the Governor of Oregon, the Governor of New York, whatever, would anticipate nor prepare for, either with assets or with intelligence, a response to a smallpox or an anthrax attack.

But what struck me, and I made this comment at our session, was if you're preparing for war, you anticipate types of wounds that your troops will receive, and puncture wounds are what bullets create. So your people are trained, medical people, to respond to puncture wounds. If this kind of scenario is what the Government of the United States feels could happen to our people, then to have doctors at the local level have no knowledge of it, no knowledge of how to respond to a puncture wound is potentially grossly negligent.

Mr. SHAYS. Could you just touch as briefly as you can on this issue: Did the power vacuum get filled by a President and Governor who just said, I've got to run with this? Do you think it's possible to try to anticipate the powers that would be needed, or do we just kind of let it unfold with people logically responding to a President, logically responding to a Governor?

Governor KEATING. Well, there's a combination of both really.

Mr. SHAYS. And then I'd like Senator Nunn——

Governor KEATING. I mean, there's a combination of both. I think in the case of most States, our civil emergency management people train for scenarios that they anticipate will happen to their State, whether it's a hurricane or a string of traffic fatalities, the shutdown of a subway by——

Mr. SHAYS. I hear that part.

Governor KEATING. So I'm saying, so they're training, and if an event occurs, the media, everybody comes to us for a response, and

in the case, for example, of the Oklahoma City bombing, President Clinton called me. We talked about what I needed, what he was willing to provide. Everything worked like clockwork because we had highly professional people on the ground. But if he had no idea what to do because he had no idea what happened, if I didn't know what to do because all of a sudden people were falling over dying and we don't have a clue as to what is causing this, we have a problem. It's intelligence information that's most in need.

Mr. SHAYS. Right. I don't mean to be disrespectful. I'm still pursuing this one question. It seems to me, Senator Nunn, that in the course of your exercise of responsibility as President, that you basically decided to make some decisions without necessarily knowing whether you had the authority or not, because you knew somebody had to make them.

Senator NUNN. You have to make them, and you have to just step up to the plate and take the best swing you can, because at that State you don't have time for a legal research job. You have to swing, and you have to have a partnership with the State and local, and I think that's going to depend in the future about whether FEMA can take this ball and really roll with it.

I think FEMA has dramatically improved during the last few years, but they are going to basically have a lot of support from the White House because they're going to have to cut across agencies, and they're going to have to do a lot of groundwork with our counterparts at the State level. If I'm dealing with Governor Keating in this crisis, and he's back home and not in the National Security Council, which would be probably a more natural event, then the question of how well FEMA's prepared with his people in advance for this or other type scenarios would be important in terms of how well he and I would be communicating or we'd be getting feeds from our own people.

Mr. SHAYS. Obviously, Governor Keating, there's not a person in this room that doesn't know the experience you went through, so you bring tremendous expertise. In that case, though, it was—which is true in a chemical attack or explosive or conventional or even nuclear, it's pretty much there. What a President is wrestling with—what you wrestled with is in the event it goes outside the city, it goes everywhere. So it introduces so many gigantic question marks.

But maybe I can ask this of the other panelists as well. If Congress were to decide the power of a President, or the power of a Governor in this case, my concern would be that we would start to get into an issue of, my gosh, we have civil liberties here, which is obviously important, but then we would try to write a scenario that would respond to both sides; in the end, we might lock a President in. Is the ambiguity almost better—and then I'm going to get to another question. I'm still on this question. Is the ambiguity almost better because it would be hard to write—maybe, Dr. Hamre, you could respond first—it would be hard to write a scenario without getting in gigantic debates about civil liberties and so on and so forth?

Mr. HAMRE. Sure. I tell you what, I walked away from one conclusion that was overwhelming in my mind, and that is why we have elected politicians who are national decisionmakers at a time

like this. This is now where all of the issues that are so central to how we love and want our country, freedom, liberty, opportunity, security, they all collided together, and we don't entrust the ultimate authority to make those decisions to anybody else except politicians, politicians who are accountable to the electorate, and that's who—the people who are making the decisions at this exercise were the two people who had faced the electorate, had worked with the electorate and felt accountable to the electorate, and that was the Governor of Oklahoma and the President of the United States. That's where it really belongs.

I think trying to overly engineer in isolation the solution to how you're going to handling a crisis when you're in a wartime environment, this is a wartime environment, any other way would be a mistake. Leave it to the people who we've empowered to be making decisions for all of us. I felt in good company having them make the decisions, personally.

Mr. SHAYS. Mr. Nunn.

Senator NUNN. I would just add one other thing. I do think it's important for this subcommittee and the full committee and the Congress to anticipate some of these broad scenarios in determining how much authority you want to give to the President of the United States and Secretary of Defense and others. We did that when we passed the Nunn-Lugar legislation in 1991 on the question of bioterrorism and chemical. We gave more authority and had some waivers of the posse comatitus statutes back then, and I'm sure that needs updating. It was done years ago, I believe, under the Reagan administration in terms of posse comitatus waivers, use of military in nuclear scenarios.

But I think some of that really needs to be fundamentally thought through here, because if you don't have any authority, and the first day the President has to breach what some may perceive to be the existing law, then where's the line after that? As hard as it is, I think you need to try to tackle it, because when you get into that sort of situation, any President of the United States or any Governor is going to be asking questions; what is the law, what is my authority? They're going to ask those questions, and they must, but if they get an ambiguous answer back and they don't know, they're going to seize the authority when the lives of millions of people are at stake.

Mr. SHAYS. But I'll even say something more. Even if the law were in contradiction to what a President's instinct was, if the end result was a very good decision ultimately for the survival of our Nation, I hope to God that President makes that decision.

Senator NUNN. I think he would. I think he would need to explain it to the American people very carefully, though, and I believe that the question of how far you were into the scenario would be all important. The hardest thing for a President would be to take that kind of action before the people knew there was a serious problem.

Mr. SHAYS. I am struck in all of the work that we have done on terrorist issues, that terrorists want to disrupt almost more than they necessarily want to kill. I mean, the potential terrorist attack on the tunnels in New York where you would have flames coming out both ends, the question is, would people ever go into those tun-

nels again? And what would that do to the commerce of New York? Those kind of things have such long-lasting impact.

The Gilmore Commission, getting to Mr. Gilman's comments about reorganization and lines of authority and so on, advocated a central office to coordinate a domestic response to terrorist attack, with clear budget authority and intelligence capability.

The Hart-Rudman Commission advocates a centralized office called the home office. Frankly, it is a term—actually the more I thought about it, there is so much logic to it. The Coast Guard and FEMA and so on. But it still raised a question as to what authority—still have to come to grips with what authority, budget authority, you know what kind of line authority do you have and so on.

And, Dr. Hamre, your organization has also called for centralized coordination. In the end, would all of the panelists, if there is a disagreement here, agree that we have to have a much more centralized control with budget authority, with some line responsibilities, with a clear—more than a drug czar, with some clear ability to dictate budgets on other departments if it relates to this issue?

Dr. Hauer.

Mr. HAUER. Yes, I think that is essential. I think that the fragmentation that we have seen at the Federal level has really hurt the country's preparedness. The majority of the money over the last 4 or 5 years has gone into buying toys for local governments for chemical response, and for the lights and sirens response.

CDC and HHS in the last several years has worked hard to try and begin to rebuild the Nation's public health infrastructure, but that is going to take some time.

The issues that we confront in preparing for biological terrorism are completely different than the issues we deal with in preparing for chemical terrorism.

I think it is very important that we have a central focus at the Federal level that can have this overarching approach that looks at chemical, biological, nuclear, the use of dirty bombs is a very big concern at the local level; not nuclear bombs, but dirty bombs.

We need to have one point of contact. We get mixed messages from various Federal agencies and have gotten mixed messages. When I was still in my capacity in New York City, we could call three or four different Federal agencies, the Justice Department, FEMA, HHS, and DOD and get different training. The training was not necessarily consistent. Different programs, different recommendations, different recommendations on equipment. And we found it to be very inefficient and very ineffective. A lot of that is changing. A lot of the program in DOD has moved over to the Justice Department.

But realistically this should be housed in a central location, in my opinion, and should be in FEMA, with strong support from the White House. And then at—the other agencies should be working through FEMA, so that there is one voice at the Federal level, one coordinated plan at the Federal level, and that money flows in a coordinated fashion to the State and local governments.

Mr. SHAYS. Let me conclude just with an observation and not to—Mr. Tierney and I agree on many things, and we sometimes view it slightly differently.

I have met with Ambassador Mehle on more than one occasion in Geneva and here during the Clinton administration, and he had tremendous reservations about the protocol, not the convention on biological weapons.

In other words, we have a convention that we are not going to make biological weapons. The protocol is the challenge. How do you determine whether countries are doing it? And my observation and my view is that the protocol would provide minimal inconvenience to the bad guys and ladies and cause tremendous problems for those who wanted to abide by the system in an honest way.

So I would have probably predicted that this former administration would have had gigantic questions about T. Board Post, the Ambassador who has done the protocol. And I sense that—at least my observation is that the policy isn't all that inconsistent.

But time remains, and I could be wrong about it, but that is my sense.

Mr. Kucinich, would you like us to go to the next panel? Is that all right?

Mr. KUCINICH. Yes.

Mr. SHAYS. I don't know, there was probably a question or two that we should have asked that some of you may have prepared for. Is there a question that you wished we had asked you that you thought important enough——

Mr. HAMRE. We have a wonderful panel that is coming next. I am not trying to get us off the stage, but you need to hear from them too, because they are actually the first responders. If there are questions that come to you that you would like us to answer, please route them to us and we'll make sure that everybody gets them and we can answer them.

Mr. SHAYS. Any other comments? I am very grateful for you, all of you for being here. And we'll go to the second panel.

Senator NUNN. I would like to thank you and the subcommittee for your leadership on this issue, not just today but going back in the past. I think that you have really been the voice of asking the right questions, you and the subcommittee. And I congratulate all of you, and hope that you continue it.

Mr. SHAYS. Thank you. Very kind of you, Senator.

Our second panel is comprised of those who respond on the line. Major General William Cugno, Adjutant General of Connecticut, accompanied by Major General Fred Reese, vice chief, National Guard Bureau in Connecticut; Major General Ronald Harrison, Adjutant General of Florida; Dr. James M. Hughes, Director, National Center for Infectious Diseases, Centers for Disease Control and Prevention, accompanied by Dr. James LeDuc, Acting Director, Division of Viral and Rickettsial Disease—sorry about that—National Center for Infectious Disease, Centers for Disease Control and Prevention.

If I had the disease, believe me, I would learn the name.

Dr. Patricia Quinlisk, medical director and State epidemiologist, Iowa Department of Health, and former president, Council of State and Territorial Epidemiologists; Dr. Jeffrey S. Duchin, chief, Communicable Disease Control Epidemiology and Immunization Section, Public Health, Seattle and King County, WA.

Do we have all of our witnesses here? And I would like to say to my second panel, thank you for listening to the first panel. Sometimes we have some so-called name figures. But you need to know that this panel considers this panel of equal distinction, and we have the expectation that we will learn as much, if not more, from all of you as well.

So with that, I would ask you to stand and raise your right hands, please.

[Witnesses sworn.]

Mr. SHAYS. Note for the record all of the witnesses and potential witnesses have responded in the affirmative. And I—at this time I thank my colleague, Mr. Kucinich, for allowing us to go to the second panel, because we do need to get on. I don't know if the gentleman would like to make a comment, and if not, OK.

We are going to begin with you, General Harrison. And then, may I ask the line—right down the line this way. This is the first time that I have ever gone that way. OK, General, you are on.

STATEMENTS OF MAJOR GENERAL RONALD O. HARRISON, THE ADJUTANT GENERAL OF FLORIDA; MAJOR GENERAL WILLIAM A. CUGNO, THE ADJUTANT GENERAL OF CONNECTICUT, ACCOMPANIED BY MAJOR GENERAL FRED REESE; DR. JAMES HUGHES, DIRECTOR, NATIONAL CENTER FOR INFECTIOUS DISEASES, CENTERS FOR DISEASE CONTROL AND PREVENTION, ACCOMPANIED BY DR. JAMES LeDUC, ACTING DIRECTOR, DIVISION OF VIRAL AND RICKETTSIAL DISEASES, DIRECTOR, NATIONAL CENTER FOR INFECTIOUS DISEASES; DR. PATRICIA QUINLISK, MEDICAL DIRECTOR AND STATE EPIDEMIOLOGIST, IOWA DEPARTMENT OF PUBLIC HEALTH AND FORMER PRESIDENT, COUNCIL AND TERRITORIAL EPIDEMIOLOGISTS; AND DR. JEFFREY DUCHIN, CHIEF, COMMUNICABLE DISEASE CONTROL, EPIDEMIOLOGY AND IMMUNIZATION SECTION, PUBLIC HEALTH, SEATTLE AND KING COUNTY, WA

General HARRISON. Mr. Chairman, thank you, and distinguished members of the subcommittee. I appreciate the opportunity to address you today and your continued support of the National Guard.

The United States faces a variety of global security challenges and concurrent to these global challenges homeland security contingencies are expected to grow in significance. For the first time, defense of the American homeland has been incorporated into the guidelines for the American military strategy.

The threat of asymmetric attack on critical U.S. infrastructure and on the Nation's ability to execute war plans is credible. All components of the United States military must prepare and be ready for the challenge of the homeland security mission.

The great strength of the National Guard is its proven dual-mission capability. As part of the total force, the Florida Guard—excuse me, the National Guard is fully integrated and engaged in the joint operational support contingency operations, military-to-military contact, and deterrence missions.

The training, organization, equipment and discipline developed for the Federal mission allows the National Guard to perform mis-

sions throughout the spectrum of conflict, ranging from the domestic response to the full major theater war.

Homeland security has been a vital role for the National Guard since the Guard's inceptions over three centuries ago, and the National Guard recognizes the importance of its homeland security role, as evidenced by the Chief, National Guard Bureau's congressional testimony that the Guard must grant the same stature to the defense of the homeland as the support we provide to the combat commanders.

The National Guard currently plays a significant role in the traditional homeland security missions involving response to natural disasters and civil emergencies. In over 20 States the State Adjutant General acts not only as the commander of the Army and Air National Guard units within the State, but also as the director of State emergency management.

In other States the Adjutant General serves as the Governor's advisor for military emergency response. Regardless of the arrangement, the National Guard staffs operate in close coordination with State and local agencies to prepare for such incidents and mitigate their effects.

As the National Guard looks to strengthen America's homeland, the Guard is prepared for homeland security missions in the areas of air-land defense, crisis consequence management. Examples of these missions include air sovereignty, assistance to Customs authorities, Border Patrol and other agencies, identification and protection of critical assets, force protection, information operations, military support to civilian authorities, National Guard weapons of mass destruction, civil support team programs, facilitation of the local, State, regional planning incident assessment and reconnaissance.

The Dark Winter exercise provided a dynamic scenario to test the emergency response system. Although I was not a participant in this exercise, my experience as the Adjutant General of Florida has provided me opportunity to face crisis and consequence management involving man-made and natural disasters.

As the Adjutant General, I am the primary military advisor to the Governor. I do not have emergency management under my responsibility. In Florida I command 10,000 Army National Guard soldiers and 2,000 Air National Guard airmen. My soldiers and airmen provide a unique asset to the State during times of disaster.

While I cannot comment on the interplay of this exercise, I can provide a viewpoint that reflects the challenges faced by the National Guard during a time of crisis such as this.

The National Guard is currently involved in response planning for weapons of mass incidents such as that posed in Dark Winter. The Guard constantly reviews its plans and the Federal response plan regarding weapons of mass destruction or any similar incident.

At the national planning level, the National Guard Bureau is fully involved with the Department of Defense weapons of mass destruction initiatives, and then at the State level each National Guard is integrated fully into their State's emergency response plan.

The National Guard is involved in regional planning through the Emergency Management Assistance Compact [EMAC], a mutual aid agreement between States that was developed to allow for the rapid deployment and allocation of National Guard personnel and equipment to help disaster relief efforts in other States.

Such agreements enable the National Guard to provide support assets across State boundaries. Thus, the National Guard is structured at the national and State level to provide significant military support to civilian authorities.

If a scenario outlined in Dark Winter occurred in Florida, the Adjutant General would coordinate, deploy and control National Guard forces and resources to provide military support to civil authorities.

Unity of effort is crucial in these operations to ensure that the citizens of the affected area are provided the most effective support as there may be a requirement. For Federal military assets, the issue of command and control of these assets must be addressed.

There have been initiatives to have the Defense Department broaden and strengthen the existing Joint Forces Command—Joint Task Force civil support to coordinate military planning, doctrine and command and control for military support for all hazards and disasters.

Deployment of such a task force may clarify the command and control issue. There are alternatives to the deployment of this task force to manage Federal military assets. In the instance that the Governor has requested Federal troops without Federalizing the National Guard, the Adjutant General can provide reception, staging, onward movement and integration, RSOI, and have tactical control of Federal troops deployed to the State for the emergency.

This mission relationship would allow the Governors to obtain Federal military assistance while maintaining the unique status and capability they have through control of the National Guard military assets responding to emergencies, a capability they would lose if the State's National Guard forces were Federalized.

Regardless of the ultimate command and control structure used to employ Federal assets, all Federal, State and local assets must support the Governor's plan to address this disaster.

State and local officials normally have the experience, critical information and local knowledge to ensure Federal assets are properly employed.

The National Guard will continue to be the Governor's primary military asset to address emergencies. To improve the military support process, the National Guard supports the continued development of enhanced homeland security planning.

Given the Guard's current missions and experience in homeland security, the Guard should be involved in homeland security, joint doctrinal development, joint regional exercises, tests and experimental efforts and expanded liaison and coordination with Federal agencies.

It is our duty to meet the needs of our fellow citizens throughout the United States. Homeland security is the fundamental mission of our military. The National Guard will be prepared for its role in this mission.

Mr. Chairman, I appreciate the opportunity to address this prestigious subcommittee, and I look forward to your questions.

[The prepared statement of General Harrison follows:]

FOR OFFICIAL USE UNTIL RELEASED BY COMMITTEE ON GOVERNMENT REFORM

STATEMENT OF
MAJOR GENERAL RONALD O. HARRISON
THE ADJUTANT GENERAL OF FLORIDA
BEFORE THE HOUSE COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS
AND INTERNATIONAL RELATIONS
JULY 23, 2001

FOR OFFICIAL USE UNTIL RELEASED BY COMMITTEE ON GOVERNMENT REFORM

STATEMENT BY THE ADJUTANT GENERAL OF FLORIDA
FOR THE
HOUSE COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS AND INTERNATIONAL RELATIONS

Since the end of the Cold War, the national security environment has seen great change while the organizations that comprise the Nation's security have remained relatively constant. The United States faces a variety of global challenges, such as cross-border conflict, internal conflict, proliferation of dangerous military technologies, transnational threats, and humanitarian disasters. Concurrent to these global challenges, homeland security contingencies are expected to grow in significance. For the first time, defense of the American homeland has been incorporated into guidelines for American military strategy. The threat of asymmetric attack on critical U.S. infrastructure and on the nation's ability to execute its war plans is credible. Those who oppose the United States will increasingly rely on unconventional strategies and tactics to offset the U.S. superiority in conventional forces. The United States' ability to adapt effectively to adversaries' asymmetric threats – such as information operations; nuclear, biological, or chemical weapons use; ballistic missiles; and terrorism – is critical to maintaining U.S. military preeminence into the 21st century.

The great strength of the National Guard is its proven dual mission capability. As part of the Total Force, the National Guard is fully engaged in joint operational support, contingency operations, military-to-military contact, and deterrence missions. These elements provide rapid augmentation, reinforcement, and expansion in time of call-up or mobilization. In times of international crises National Guard units play a critical role overseas. Training and equipping for the federal mission allows the National Guard to perform missions throughout the spectrum of conflict; ranging from domestic response to full Major Theater of War. The close and historic association with active forces, shared military assignments, common structure, parallel training, and like equipment, play a significant role in the National Guard's record of achievement in peace and war. In Fiscal Year 2000, the Army and Air National Guard provided 38,168 soldiers, 22,263 airmen in 64 countries for 1,368,354 man-days in support of the regional Commanders-in-Chief.

Defining the military's role in homeland security is complicated by the broad spectrum of potential threats. It is also complicated by an unresolved tension between those who assume the Department of Defense will generally play a supporting role to civilian lead agencies and others who see the real possibility of a large-scale military or terrorist incident on U.S. soil which will require Department of Defense primacy. There may be some temptation to look to the Department of Defense first at the exclusion of other agencies or activities, inside and outside of government, who may be better suited to perform a key role in defense of the nation. Keeping the nation's homeland secure cannot be accomplished solely by military forces. Homeland security requires an extraordinary level of civil-military cooperation as well as unity of purpose, clear lines of responsibility, and close coordination at federal, state and local levels.

The National Guard currently plays a significant role in traditional homeland security missions involving response to natural disasters and civil emergencies. In 21 states, the state Adjutant General, a two star general officer, acts not only as the commander of Army and Air National Guard units within the state but also as the director of state emergency management. In other states the Adjutant General serves as the Governor's advisor for military emergency response. Regardless of the arrangement, National Guard staffs operate in close coordination with state and local agencies to prepare for such incidents and mitigate their effects.

As a new appreciation of today's threat environment takes hold, new strategic concepts, force structure, and resources will be committed to homeland security. Homeland security encompasses the prevention, deterrence, preemption of, and defense against, potential destructive acts or events targeted at U.S. territory, sovereignty, population, and infrastructure. The National Guard recognizes the importance of its homeland security role, as evidenced by the Chief, National Guard Bureau's congressional testimony that the Guard "must grant the same stature to the defense of the homeland, as the support we provide to combat commanders." Between 1997 and 2000, the National Guard conducted a total of 1,161 homeland security missions: 598 of those in response to natural disasters, 133 in support of law enforcement agencies, and 174 in response to civil emergencies. Approximately 1,146,333 man-days were devoted to homeland security missions. As the National Guard looks to strengthen America's homeland, the Guard is prepared for these homeland security missions:

Air/Land Defense.

- **Defense of the territorial United States.** The National Guard's fundamental mission under Air/Land Defense is to be prepared to participate as part of the joint force in the defense of the United States and its territories.

- **Air Sovereignty.** The Air National Guard will continue the mission of safeguarding the sovereign skies of the United States through tactical warning and attack assessment; peacetime air sovereignty to include detection and monitoring of suspected drug aircraft; and air defense of the United States during all phases of conflict.

- **Assistance to Customs Authorities, Border Patrol, and other agencies.** The National Guard is uniquely positioned to aid United States Custom Service, the Border Patrol and other agencies in securing the nation's air and seaports of entry. The Customs Service does not have sufficient staffing levels to thoroughly inspect import and export cargo for contraband and illegal drug proceeds. Guardsmen currently enhance Federal law enforcement efforts at entry points on a small scale by providing trained personnel and high-tech equipment in order to interdict contraband importation. With additional resources, National Guard support could be expanded.

- **National Missile Defense.** If the United States deploys a national missile defense system, the Reserve Component can substantially participate in this mission. As elements of this system will likely be ground-based and have regularly programmed activities, staffing such a system with a significant number of Reserve Component

personnel appears feasible. The Army and Air National Guard have developed a working group to determine relevant roles and initiatives within this mission area.

- **Space operations, aerospace control, and strategic response.** A draft Concept of Operations (CONOPS) for North American Homeland Defense Command and Control is currently being circulated. The CONOPS, which will require the approval of the Air Combat Command Commander will synchronize six operational functions – space operations, aerospace control, North American ballistic missile defense, information operations, strategic response, and consequence operations into a "homeland defense" framework. The Air National Guard will be a key player in the final Air Force space operations, aerospace control and strategic response plan.

- **Identification of critical assets.** Working closely with state and local officials, the National Guard can provide identification of key assets in their home state. The Department of Defense's Critical Asset Assurance Program is evolving and may ultimately direct the National Guard to undertake this mission.

- **Protection of critical assets.** Enemy forces may attack facilities that are essential to the operation of society, the government, and the military. These assaults can disrupt civilian commerce, government operations, and military capabilities. National Guard equipment and forces may be used to prevent their loss or to restore lost capability.

- **Force protection.** During national emergencies, the additional protection of military installations, with their personnel, equipment, facilities, civilian employees, and family members, may be required.

- **Information Operations.** Assist in the defense of key information, communications, and decision systems. The National Guard can provide personnel, training and equipment in this key communications mission.

- **Staff Support/Staff Integration.** The National Guard should be integrated into the staffs of appropriate federal, state and local agencies with homeland security responsibilities. As the National Guard has unique capabilities in homeland security, the Guard should provide qualified personnel to serve on the staffs of those organizations that could deploy/involve National Guard forces. This will increase coordination, improve efficiency, and significantly enhance the Guard's ability to effectively complete its homeland security missions.

Crisis/Consequence Management.

- **Military Support to Civilian Authorities.** The National Guard's unique federal-state status enables the Guard to be the United States armed forces' primary provider of Military Support to Civilian Authorities (MSCA) for natural and man-made disasters, civil disturbances, and other events requiring military assistance. These events have the capacity to inflict damage equal to or greater than those caused by devices normally termed "weapons of mass destruction". The National Guard may be

employed in support of the lead agency after a hostile event to save lives, to prevent human suffering, and to mitigate property loss. In unusual circumstances, the National Guard may assist with civil order in conjunction with state and local law-enforcement authorities. A partial listing of the National Guard's MSCA support is outlined below:

National Guard Support to Local Authorities	
Food delivery	**Air and ground transportation**
Recovery of contaminated areas	**Construction of temporary shelters**
Testing and water purification	**Demolition**
Heavy construction	**Communications**
Shelter management	**Security**
Medical	**Evacuation**
Search and Rescue	**Emergency power**
Linguist support	**Law enforcement support**

- **National Guard Weapons of Mass Destruction-Civil Support Team (WMD-CST) Program.** The Civil Support Teams are trained to work with civilian responders; conduct reconnaissance at suspected sites; decontaminate; treat and transport contaminated victims; and provide site security to ensure contamination is contained. These teams can provide technical expertise and training to other agencies involved in homeland security. The primary focus of the WMD-CSTs is to assist the incident commander and local first responders in managing the effects of a WMD incident.

- **Reception, Staging, Onward movement and Integration (RSOI) support to forces deploying for homeland security operations.** When National Guard resources are inadequate to effectively respond to an emergency or major disaster. Public Law 100-707 allows for federal assistance through a Presidential Disaster Declaration. The Adjutant General, as the senior military representative to the Governor, has an implied responsibility to provide RSOI for disaster relief resources requested through Emergency Management Assistance Compacts (EMAC) or by the Governor for Department of Defense assets. The RSOI process provides critical information and guidance that incoming units will require to be successful, leading to unity of effort throughout the affected area. RSOI need not be limited to incoming military units, as non-military responders will have similar information and logistics requirements. This concept is being developed in Florida, through a joint effort of the Florida Division of Emergency Management and the Florida National Guard.

- **Facilitate local, state and regional planning:** Planning and decision making skills provided by military personnel can be used to facilitate planning and coordination at all levels of emergency operations.

- **Provide Incident Assessment/Reconnaissance.** Military personnel proficiency and equipment availability enable the National Guard to support state and local agencies

making their initial assessment after a disaster. The two most notable Guard elements for this are the Rapid Impact Assessment Teams (RIAT) and Reconnaissance (RECON) Teams employed after such disasters. The RIAT and RECON teams use military resources and skills to transport personnel into devastated areas and transmit critical information back to command and control elements to make essential decisions.

- **Manage special inventories and stores, and provide these materials to incident site.** The National Guard can provide and support pre-positioned sites for the storage and maintenance of material and equipment necessary for responses to homeland security threats. Additional resources would be required.

- **Counterterrorism Support.** The National Guard can support this mission through its role in the Federal Response Plan and by providing appropriate military related skills training to law enforcement agencies.

The National Guard could assume new homeland security missions that may require unique units, capabilities and equipment, if properly resourced. As future unique capabilities are identified for homeland security requirements, the National Guard can build additional structure to respond to evolving needs. These new missions may require units that do not mirror active component units, as was the case with the WMD-CST program.

Dark Winter Exercise

The *Dark Winter* exercise conducted in June 2001 provided a dynamic scenario to test the emergency response system. Although I was not a participant in this exercise, my experience as The Adjutant General of Florida has provided me the opportunity to face crisis and consequence management missions involving man-made and natural disasters. As the Adjutant General, I am the primary military advisor to the Governor. In Florida, I command 10,000 Army National Guard soldiers and 2,000 Air National Guard airmen. My soldiers and airmen provide a unique asset to the state during times of disaster. While I cannot comment on the interplay of this exercise, I can provide a viewpoint that reflects the challenges faced by the National Guard during a time of crisis.

The National Guard is currently involved in response planning for WMD incidents such as that posed in *Dark Winter*. The Guard constantly reviews its role in the Federal Response Plan regarding WMD or any similar incident. At the national planning level, the National Guard Bureau is fully involved with the Department of Defense WMD initiatives. At the state level, each National Guard is integrated into their state's emergency response plan. National Guard State Area Commands have the responsibility for consequence management preparations as part of the state's emergency response plan. These staffs are responsible for supporting community readiness exercises designed to test local planning and preparation. In the fielding of the National Guard Weapons of Mass Destruction Civil Support Teams (WMD-CSTs), significant national, state and local planning is underway.

The National Guard is involved in regional planning through the Emergency Management Assistance Compact (EMAC), a mutual aid agreement between states that was developed to allow for the rapid deployment and allocation of National Guard personnel and equipment to help disaster relief efforts in other states. Such agreements enable the National Guard to provide support assets across state boundaries. The decision to request and ultimately provide National Guard support is made by the individual states. National Guard personnel provided through an EMAC are commanded by the Adjutant General of the receiving state.

Thus the National Guard is structured at the national and state level to provide significant military support to civilian authorities. If the scenario outlined in *Dark Winter* occurred in Florida, The Adjutant General would coordinate, employ, and control National Guard forces and resources, through appropriate commanders, to provide military support to civil authorities. The protection of life, property, and the maintenance of law and order within the State of Florida are the primary responsibility of civil authorities. The Florida National Guard will normally be employed only after local and state resources have been fully utilized, or when the situation is beyond or is likely to exceed the capabilities of the local and state civil authorities. Deployed Florida National Guard forces are normally in a State Active Duty status, with the Governor retaining his role as the Commander in Chief of these forces.

In Florida, the Florida Division of Emergency Management (DEM) provides direction and overall policy coordination of state disaster mitigation, response, and recovery activities and coordinates the activities of all state agencies providing disaster assistance. The majority of National Guard tasks would come through DEM to ensure unity of effort. In special situations, a local Emergency Management Director may coordinate directly with a Florida National Guard Area Command to provide; however, all security missions must be tasked through the DEM unless an imminent serious situation exists that the local FLNG commander must address. Due to the sensitivity and safety of security missions, The Adjutant General approves the concept of the operations for any security missions.

The Florida National Guard normally provides support through its area commands, based on geographic boundaries. Upon impact, or high probability of an impact, of a catastrophic disaster, the Florida National Guard establishes a Joint Task Force-Military Support to Civil Authorities (FLNG JTF-MSCA). The FLNG JTF-MSCA, headed by the Assistant Adjutant General Army, has the capacity to command National Guard assets; and provide Reception, Staging Onward Integration, and tactical control of active duty military units sent to the affected area.

When the Governor requires federal assistance, the Federal Emergency Management Agency provides direction and overall policy coordination of federal disaster assistance activities and coordinates the activities of all federal agencies providing disaster assistance. The Defense Coordinating Officer (DCO) serves as the liaison between the Department of Defense and the state. The Adjutant General continues to serve as the Governor's primary military advisor, although the DCO ensures the Governor is provided current information on available federal military assets.

Unity of effort is crucial in these operations to ensure the citizens of the affected area are provided the most effective support. As there may be a requirement for federal military assets, the issue of command and control of these assets must be addressed. The United States Commission on National Security/21st Century (Hart-Rudman Commission) report recommended *that the Defense Department broaden and strengthen the existing Joint Forces Command/Joint Task Force-Civil Support (JTF-CS) to coordinate military planning, doctrine, and command and control for military support for all hazards and disasters. This task force should be directed by a senior National Guard general with additional headquarters personnel. JTF-CS should contain several rapid reaction task forces, composed largely of rapidly mobilizable National Guard units. The task force should have command and control capabilities for multiple incidents.* This recommendation appears to strengthen the case for Joint Forces Command to have primacy over military assets in a homeland security event; however, this would not give any power to Joint Forces Command outside military channels.

Strengthening JTF-CS with additional National Guard resources leverages the Guard's unique experience and capabilities. The National Guard has developed leaders and personnel with the experience and expertise to lead the JTF-CS. Implementation of this recommendation would provide significant manpower resources for homeland security missions. There are, however, several issues that must be addressed:

- Although a National Guard general would direct JTF-CS, this officer would almost certainly be in a Title 10 status, similar to that of active duty personnel. Thus the ability of this officer or JTF-CS (as a Title 10 organization) to command and control National Guard troops in any status other than presidential federalization (such as State Active Duty, Title 32, etc.) is questionable.

- Command and control of the proposed National Guard rapid reaction task forces in a homeland security event may be complicated. If these rapid reaction forces remain in a non-federal status, the states would have to pay for them (with some federal reimbursement), and command and control by JTF-CS as a Title 10 entity would be questionable. If the rapid reaction forces are federalized, JTF-CS would have clear command and control of these forces; however, the Governors and Adjutants General of the affected states would lose their authority to direct and control these National Guard forces.

- While the National Guard is an excellent source of manpower and equipment during emergency events, the ability to meet "rapid reaction" criteria may prove difficult. Upon activation for emergency events, National Guard units are normally given 12-36 hours to contact their personnel, report to their units, check equipment, conduct briefings and prepare for movement to the affected area. This time can be reduced if the magnitude and timing of an event can be predicted with some certainty. (for example, the time, place, landfall and expected damage of hurricanes can normally be foreseen) However, the types of homeland security events envisioned by the Commission would come with minimal or no warning. National Guard rapid reaction units could be placed on a ready status to reduce the activation time; however, any

standard that would call for less than 24 hours from the initial notification to deployment may be unrealistic.

As these issues are addressed, the deployment of the JTF-CS to an affected area may clarify the command and control issue. There are alternatives to the deployment of JTF-CS to manage federal military assets. In instances that the Governor has requested federal troops without federalizing the National Guard, The Adjutant General can provide Reception, Staging, Onward movement and Integration (RSOI) support and have tactical control of federal troops deployed to the state for the domestic emergency. [As defined in Army Field Manual 100-8, tactical command is defined as the authority delegated to a commander to assign tasks to forces under his command to accomplish the mission assigned by higher authority; and to establish maneuver control measures.] This mission relationship would allow the Governors to obtain federal military assistance without relinquishing control of the military assets responding to the emergency, as would occur if the state's National Guard forces were federalized. The Adjutants General can provide the critical information, guidance and logistics support units will require to be successful. While the concept of tactical command of active forces by the National Guard is new in domestic emergency response, the closer relationship and continued integration of active and reserve forces can ensure this concept is successful. The 49th Armored Division's (Texas Army National Guard) successful Bosnia rotation providing command and control for active Army forces and an 11-nation multinational force is evidence Guard commanders can fill this command role. Active Army units have been deployed to work for the United States Department of Forestry to fight wild fires. Although I have not been personally involved with this type of operations, I am sure that the Active Army units receive their instructions from the Department of Forestry on their units' mission and area of responsibility, while the units maintain their traditional chain of command.

Regardless of the ultimate command and control structure used to employ federal assets, all federal, state and local assets must support the Governor's plan to address the disaster. State and local officials normally have the experience, critical information, and local knowledge to ensure federal assets are properly employed. The National Guard will continue to be the Governor's primary military asset to address emergencies. To improve the military support process, the National Guard supports the continued development of enhanced homeland security planning. Given the National Guard's current missions and experience in homeland security, the Guard should be involved in homeland security joint doctrinal development; joint regional exercises, tests and experimental efforts; and expanded liaison and coordination with federal agencies. It is our duty to meet the needs of our fellow citizens throughout the United States. Homeland security is the fundamental mission for our military; the National Guard will be prepared for its role in this mission.

Mr. SHAYS. Thank you, General Harrison. I appreciate your testimony. Major Cugno—General. Why did I say Major?

General CUGNO. Is there a message there, sir?

Mr. SHAYS. No message. It is insubordination on my part.

General CUGNO. Good afternoon, Mr. Chairman and distinguished members. On behalf of the nearly 6,000 men and women who comprise the Connecticut National Guard in the State Military Department and the over 400,000 men and women of the National Guard, I want to begin by thanking you for the opportunity to testify and participate in these hearings on combating terrorism.

I'll focus my remarks today on the role of the National Guard during State emergencies, specifically Connecticut, with my experiences in Connecticut. And I'll include biological weapons attacks similar to the exercise Dark Winter.

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

I serve as the principal advisor to the Governor on military matters, emergency operations, and civil support.

As the Adjutant General, I have two main responsibilities. My Federal responsibility is to serve as the custodian of the CICs, or the Commander in Chiefs' forces on the Federal side, and I must be ready to deploy combat-ready soldiers and airmen when the President Federalizes units.

In my State capacity as the Adjutant General, I am the senior emergency management official for Connecticut. I exercise this authority through our Connecticut Office of Emergency Management.

Further, in May 2000 the Governor directed the Military Department to be the lead State coordinating agency in Connecticut for counterterrorism, domestic preparedness. This, incidently, was in response to the Justice Department's request for such information.

Connecticut, as recently mentioned a moment ago by my colleague, along with 22 other States, has this Office of Emergency Management organized within its State Military Department and under the control of the Adjutant General. The OEM serves as the principal liaison and/or coordinator to the Federal office of FEMA, the Federal Emergency Management Agency, and our State law enforcement officials.

Further, we divided the State into five emergency management regions. Each regional office maintains regional specific emergency plans and serves as principal liaison and coordinator to the 169 towns located throughout the State. In order to maintain an appropriate level of preparedness, my department develops and regularly exercises unified emergency operations plans for a number of potential State emergencies.

We maintain and implement plans for nuclear preparedness, safety, natural and manmade disasters and civil disturbance. Next month we will conduct our third hurricane exercise in the last 2 years in preparing to implement our second WMD exercise this fall.

In recognition of the uniqueness of each State, I offer my comments as specific to the State of Connecticut. However, you will find the roles, relationships and responsibilities that I described consistent throughout the 50 States. In Connecticut emergency re-

sponse contingencies mirror the Federal response plan and most States' agencies have a role during State emergencies.

The Governor's role is clearly outlined in both the U.S. Constitution and the General Statutes of Connecticut. Though the Governor expects and appreciates the effort of the Federal Government in preserving the welfare of our citizens and the infrastructure of our communities, ultimately during emergencies it is the Governor who is responsible for restoring normalcy to the citizens of the States.

Politically, and I think most of my Adjutant General colleagues will agree, Governors consider the emergency response aspect of their overall duties paramount to maintaining public confidence and trust.

The National Guard is a unique asset to this country and we are ideally situated and positioned to play an essential role in a Dark Winter type scenario. Reliance on the National Guard has been a cornerstone of American foreign and domestic policy for over 360 years. I submit to you that the National Guard has played a vital part in executing homeland security throughout our rich country's history.

When missioned and properly resourced, the Guard has proven to play a significant national asset. Accordingly, homeland security should be seen as an additional mission, not the mission of the National Guard. As we develop our Nation's comprehensive plan, the Guard forces who span nationwide nearly 3,300 locations and 2,700 communities should be recognized as the existent forward deployed military force to this country.

Additionally, the majority of States that have interstate compacts and regional compacts will provide Governors access to additional resources. The compacts place responding assets under the operational control of requesting Governors, thus preserving the existing incident command structure and allowing a seamless transition into already existing emergency management structure within the States. These relationships make the National Guard uniquely qualified to perform a fusion role on behalf of the Department of Defense in domestic assurances.

Though I did not participate in the exercise Dark Winter, I received detailed and candid feedback from some of my colleagues who observed it. In their eyes, though the exercise was useful and beneficial, it strayed from reality.

Although Governor Keating played himself as the Governor, there was no person playing the role of the Adjutant General, who again in 23 States commands the State Office of Emergency Management and in the majority of States is not only a key participant during emergencies, but also keenly aware of the role of FEMA, and will often participate through exercises and routinely practices the State emergency plans.

During State emergencies, the Adjutant General is a key official for the Governor, and he or she is used as a central and visible role.

My colleagues remarked that the exercise was federally centric in nature, and it was their belief that the scenario facilitators intentionally moved quickly beyond the State capabilities to meet the demands of the President.

They further indicated that it was evident from the comments of the Federal players very early in the exercise of their desire for the President to Federalize the Guard, and a general lack of understanding of the capability of the Guard to execute the mission.

Finally, my colleagues informed me that in defense of the scenario drivers the Federal role players found it difficult and frustrating to deal with all of the different States, their capabilities and the various powers granted in these State statutes regarding civil emergencies.

I can't emphasize enough the realities of what occurs in a State during emergencies. I know those who advocate a strong Federal role often underestimate these realities. The Governor has the ultimate responsibility to decide to restore normalcy to his or her citizens, and should to the greatest extent resist relinquishing control.

Dark Winter proponents of a strong Federal role clearly demonstrate a lack of understanding of statehood and political realities. I am concerned that Dark Winter is an example of an exercise developed by respected institutions which have an important influence on our government's response plans yet fail to incorporate the most basic realities of State emergency response and State public policy.

I would suggest for future exercises that we include a full spectrum of core emergency response officials on all levels. This would allow participants to exercise their plans and gain realistic experience of integrating plans at all levels.

To recap, sir, I would like to leave you with the following. The Governor in my eyes is in charge. We must challenge adequate resources, Federal resources, to our State and local first responders through existing emergency management centers consistent with the Federal response plan.

State agencies possess unique skills and assets which must be integrated and included in the response plans, and further exercises to be credible should also include existing State emergency plans and the National Guard.

Mr. Chairman, thank you once again for inviting me to testify before your committee and allowing a forum for candid discussion. I am prepared to answer your questions. Thank you.

[The prepared statement of General Cugno follows:]

STATEMENT OF

MAJOR GENERAL WILLIAM A. CUGNO
ADJUTANT GENERAL, CONNECTICUT

BEFORE

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

UNITED STATES HOUSE OF REPRESENTATIVES
FIRST SESSION, 107TH CONGRESS

ON

COMBATING TERRORISM:
FEDERAL RESPONSE TO A BIOLOGICAL WEAPONS ATTACK

JULY 23, 2001

Not For Publication
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Good afternoon Mr. Chairman and distinguished members. On behalf of the nearly 6,000 men and women who comprise the Connecticut National Guard and State Military Department and the over 400,000 men and women of the National Guard, I want to begin by thanking you for inviting me to testify and participate in this very important hearing on combating terrorism. I will focus my remarks today on the role of the National Guard during state emergencies, which include biological weapon attacks similar to Dark Winter. In doing so, I will address the following areas:

1. My responsibility as The Adjutant General of Connecticut and the relationship I have with the Governor, state and federal officials during state emergencies;
2. How Connecticut, typical of any state, is organized to respond to emergencies;
3. The Governor's role, responsibilities and authority;
4. The National Guard's unique role as a forward-deployed force to respond to scenarios similar to Dark Winter;
5. Observations from the Dark Winter exercise.

As the Adjutant General of Connecticut, I am entrusted by the Governor with the authority necessary to carry out all provisions of our state statutes regarding the Militia, the Connecticut National Guard and the Office of Emergency Management. I serve as the principal advisor to the Governor on military matters, emergency operations, and civil support. As Adjutant General I have two main responsibilities. My federal responsibility is to serve as the custodian of the Commander in Chief's (CINC's) forces. I must provide combat-ready soldiers and airmen when the President federalizes units. In my state capacity as Adjutant General, I am the senior emergency management official for Connecticut. I exercise this authority through our Connecticut Office of Emergency Management. Additionally, in May of 2000, the Governor directed the Military Department to be the coordinating agency in Connecticut for counter terrorism domestic preparedness.

Connecticut, along with 22 other states, has the Office of Emergency Management (OEM) organized within the State Military Department and under the control of the Adjutant General. The OEM serves as the principle liaison and coordinator to the Federal Emergency Management Agency (FEMA) and law enforcement officials. We divide Connecticut into five emergency-management regions. Each regional office maintains region-specific emergency plans and serves as the principal liaison and coordinator to all 169 cities and towns throughout Connecticut. In order to maintain an appropriate level of preparedness, the Connecticut Military Department develops and regularly exercises unified emergency operation plans for a number of potential state emergencies. We maintain and implement plans for nuclear-preparedness safety, natural and manmade disasters, and civil disturbance. Next month, we will conduct our third hurricane exercise in two years and we are planning a second weapons-of-mass-destruction (WMD) exercise this fall.

In recognition of the uniqueness of each state, I offer my comments as specific to the state of Connecticut, however you will find the roles, relationships and responsibilities that I describe

consistent throughout the 50 States. In Connecticut, emergency response contingencies mirror the Federal Response Plan, and most state agencies have a role during state emergencies.

Our Governor's role is clearly outlined in both the United States Constitution and General Statutes of Connecticut. Though the Governor expects and appreciates the efforts of the federal government in preserving the welfare of our citizens and the infrastructure of our communities, ultimately, during emergencies, it is the Governor who is responsible for restoring normalcy to the citizens of his state. Politically, and I think most of my Adjutant General colleagues will agree, Governors consider the emergency response aspect of their overall duties paramount to maintaining public confidence and trust. Its my experience that during state emergencies, my Governor, Governor John G. Rowland, is very involved in the decision making; he leads from the front and is sensitive and protective of his emergency powers and authority.

The National Guard is a unique asset to this country and we are ideally suited and positioned to play an essential role in a Dark-Winter scenario. Reliance on the National Guard has been a cornerstone of American foreign and domestic policy for over 360 years. I submit that the National Guard has played a vital part in executing homeland security throughout our rich history. When missioned and properly resourced, the National Guard has proven to be a significant national asset. Accordingly, homeland security becomes an additional mission, but not the only mission of the National Guard. As we develop our nation's comprehensive plan, National Guard forces, with nationwide span of nearly 3300 locations in 2700 communities, should be recognized as the "existing" forward-deployed military force in this country.

As the forward-deployed military force, the National Guard is part of the full spectrum of resources available to Governors in their response to intrastate and interstate domestic security needs. This forward-deployed presence of the National Guard provides easily accessible resources, key infrastructure and power projection to communities, in addition to serving as deterrence to dissuade would-be adversaries from engaging in acts of terrorism. National Guard forces are already fully integrated into existing local, state and regional emergency response networks.

Additionally, the majority of states have interstate and regional compacts that provide Governors easy access for additional resources. The compacts place responding assets under the operational control of the requesting Governor, thus preserving the incident command structure and allowing a seamless transition to the existing state emergency management structure. These relationships make the National Guard uniquely qualified to perform a fusion role on behalf of the Department of Defense, in domestic security assurance. Reliance on the National Guard preserves the constitutional balance between state and federal sovereign interests, rights and responsibilities.

Though I did not participate in Dark Winter, I received extensive and candid feedback from some of my colleagues who observed it. In their eyes, although the exercise was useful and beneficial, it strayed from reality. Governor Keating played himself as Governor, but there was no person playing the Adjutant General, who, again in 23 states commands the State Office of Emergency Management and in the majority of states is a key participant who is familiar with

FEMA and the Federal Response Plan. Furthermore, all Adjutants General participate in exercises in their states regardless of whether they control their state's emergency management office. During state emergencies, The Adjutant General is a key official for the Governor and he or she has a central, visible role.

My colleagues remarked that the exercise was federally centric in nature. They believed that the scenario drivers intentionally moved quickly beyond state capabilities to meet the demands of the President. They indicated that the scenario developed for Dark Winter lack an overall understanding of state emergency management structure and the responsibilities of the Governor, Adjutant General and local emergency officials. Were a Dark-Winter exercise conducted in Connecticut, state and municipal officials, and especially our first-responder community, would be very involved in order for the exercise to be credible. I submit that such involvement is not unique to Connecticut but reflects normal operating procedures throughout the states. The first-responder community is often overlooked but is essential to any planned exercise or real crisis.

My colleagues also stated that in defense of the scenario drivers, the federal players found it difficult and frustrating to deal with all the different states, with their differing capabilities and the various powers granted in state statutes regarding civil emergencies. The federal players wanted to operate as they always operate -- with one authority and uniform rules of engagement across the nation.

I can't emphasize enough the realities of what occurs in a state during emergencies. I know those who advocate a strong federal role often underestimate these realities. The Governor has the ultimate responsibility to restore normalcy to his or her citizens and should to the greatest extent resist relinquishing control. Dark-Winter proponents of a strong federal role clearly demonstrated a lack of understanding of statehood and political realities. Federal agencies must understand that the victims of Dark Winter, and the victims of any state emergency for that matter, trust their local and state governments for relief -- relief delivered by trusted neighbors, first responders and state Guardsmen -- as they have in past emergencies. When a strong state chain of command and control is maintained and federal assets are integrated as needed, unnecessary federalization of the National Guard is avoided. The Governor maintains control.

Federalizing the National Guard would raise legal issues in respect to the Dark-Winter operation. The ability of the federal government to use the National Guard is limited by the Militia Clause of the Constitution Clause.[1] The Militia Clause provides for the calling forth of the Militia to execute the Laws of the Union, suppress insurrections and repel invasions. Congress empowered the President, as the Commander in Chief, to call forth the Militia.[2] The law, however, constrains the President in the federal use of the National Guard, limiting the use to when the President is unable to execute the federal law with regular forces.[3]

The Posse Comitatus Act prohibits the use of any part of the Army, Air Force, Navy, or Marines, including their reserve components, as a posse comitatus ("armed force") or otherwise

[1] United States Constitution, Article 1, Section 8, Clause 15
[2] 10 USC 121, 12304
[3] 10 USC 12406

to execute the laws, except as authorized by the Constitution or Act of Congress. Congress has created a number of statutory exceptions to the Posse Comitatus Act, which fall into four major categories: (1) insurrections and civil disturbances, [4] (2) counterdrug operations, [5] (3) disaster relief, [6] (4) counter-terrorism and weapons of mass destruction.[7] It is important to note that the legal authority to use federal forces in the context of a Dark-Winter operation does exist. Federal officials, however, would first be required to jointly make numerous determinations before using federal soldiers.[8]

After the making of numerous time-consuming legal and factual determinations, little, if anything other than direct access to federal supplies, is gained by federalizing the National Guard for Dark-Winter operations. Federalization would effectively restructure the chain of command. While under state control, the chain of command remains exclusively with the state, ends with the Governor, and The Adjutant General, regardless of service component, is the commander of the state's entire Army and Air National Guard. Federalization would replace the Governor, The Adjutant General and the State Area Command with a federal Army chain of command. This changing of command would create additional logistics and communications problems, as well as consume valuable time.

The major effect of federalizing is the removal of state control. State control is vital to operations within a state. The vitality arises from the trust, a unique aspect of mission efficiency, developed between state officials through their regular governmental functions, activities and exercises. Moreover, the Governor has more flexibility in the use of National Guard forces in emergency situations than federal commanders, who are constrained by federal law while conducting military/civil operations within the United States.

In Connecticut, the Governor, in a Dark-Winter scenario, may "proclaim that a state of civil preparedness emergency exists, in which event he may take direct operational control of any or all parts of the civil preparedness forces and functions in the state.[9] Under law, the Governor possesses emergency powers and is able to conduct operations necessary to cordon the infected areas, as well as evacuate and house the stricken population. As Commander in Chief of the Connecticut National Guard, the Governor may use the Guard to accomplish emergency-operation missions.[10] Additionally, our interstate compact enables the Governor to utilize National Guard resources in surrounding states, vastly increasing the amount of personnel and equipment available for the operation.[11]

If control is taken from the state, trusted local officials are no longer delivering relief and enforcing the laws. Rather, the federal government is in control of determining and delivering the relief. I am concerned that Dark Winter is an example of an exercise, developed by an

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[4] 10 USC 331, et. seq.
[5] 10 USC 124, and 371, et. seq.
[6] 42 USC 5121, et. seq.
[7] 10 USC 374
[8] See specifically 10 USC 382
[9] passim, General Statutes of Connecticut §§ 27-9, 9a
[10] General Statute of Connecticut § 27-14
[11] General Statutes of Connecticut § 28-23a

institution having an important influence on our government's response plans, which fails to incorporate the most basic realities of state emergency response and state public policy. I would suggest for future exercises that we include a full spectrum of core emergency response officials at all levels. This would allow participants to exercise their plans and gain the realistic experience of integrating plans at all levels.

When dealing with and training for domestic emergencies a few points must be kept in mind.

- The Governor is in charge.
- We must channel adequate federal resources to our state and local first responders.
- State agencies possess unique skills and assets, which must be included the response plans.
- Future exercises, to be credible, should always include the National Guard, State and municipal agencies.

As a nation, much work still needs to be done in developing our plans to combat terrorism in our homeland. I suggest that the leadership of the National Guard is summoned to meet with this committee. The National Guard Bureau, in coordination with the Adjutants General Association, is prepared to provide a conceptual plan that describes the National Guard's integration into homeland security using as its guide the counterdrug model, which Congress has previously authorized.

In conclusion, as we continue to discuss and debate the role the National Guard can play during emergencies in facilitating the myriad of communication, coordination, command and control issues, I'd like to leave you with a thought from my good friend and colleague, Major General Tim Lowenberg, the Adjutant General of Washington and the Chairman of the Adjutants General Association Homeland Security Committee, of which I am also a member, "The National Guard ties every firehouse to the Pentagon and every State House to the White House."

Mr. Chairman, thank you once again for inviting me to testify before your committee and allowing a forum for candid discussion. I am prepared to answer any questions you or your distinguished colleagues may have.

Mr. SHAYS. Thank you, General.

Dr. Hughes, it is nice to have you back, accompanied by Dr. LeDuc. Doctor, thank you.

Mr. HUGHES. Thank you, Mr. Chairman. And good afternoon. I am accompanied by Dr. James LeDuc, who is our Acting Director of our Division of Viral and Rickettsial Diseases. Thank you for the invitation to update you on CDC's public health response to the threat of bioterrorism.

I will also briefly address specific activities aimed at improving national preparedness for a deliberate release of smallpox virus as simulated in Dark Winter.

In 1998, CDC issued Preventing Emerging Infectious Diseases: A Strategy for the 21st Century, which emphasizes the need to be prepared for the unexpected, including antibiotic-resistant infections, vector-borne diseases such as West Nile encephalitis, a naturally occurring influenza pandemic, or the deliberate release of smallpox virus by a terrorist.

Building upon these efforts, last year CDC issued a strategy outlining steps for strengthening capacities to protect the Nation against threats of biological and chemical terrorism. This strategy identified five priority areas for planning efforts.

The first priority area is preparedness and prevention. CDC is working to ensure that Federal, State and local public health communities are prepared to work in coordination with the medical and emergency response communities to address the public health consequences of biological and chemical terrorism.

We are developing performance standards and are helping States conduct exercises to assess local readiness for bioterrorism. In addition, CDC with other agencies is supporting research to address scientific priorities related to bioterrorism.

CDC, NIH and DOD are pursuing a collaborative research agenda on smallpox to improve diagnostic capabilities, identify effective antiviral drugs and identify how the virus causes illness.

The second priority area is the critically important one of disease surveillance. Because the initial detection of a biological terrorist attack will most likely occur at the local level, it is essential to train members of the health care community who may be the first to identify and treat victims.

It is also necessary to upgrade the surveillance systems of State and local health departments and strengthen their linkages with health care providers so that unusual patterns of disease can be properly detected. CDC is working with partners to provide educational materials regarding potential bioterrorism agents to the medical and public health communities, including a video on smallpox vaccination techniques.

Third, to ensure that control strategies and treatment measures can be implemented promptly, rapid diagnosis will be critical.

Fourth, a timely response to a biological terrorist event involves a well-rehearsed plan for detection, epidemiologic investigation and medical treatment. CDC is addressing this priority by assisting State and local health agencies in developing their plans for responding to unusual events, and by bolstering CDC's capacities within the overall Federal bioterrorism response effort.

The fifth priority area addresses communication system needs. In the event of an intentional release of a biological agent, rapid and secure communications within the public health system will be especially crucial to ensure a prompt and coordinated response. CDC is building the Nation's public health communications infrastructure through the Health Alert Network. CDC has been addressing these priorities as part of its bioterrorism preparedness efforts.

The issues that emerged from the recent Dark Winter exercise reflected similar themes that need to be addressed. For example, the exercise highlighted the importance of working with and through the Governors' offices as part of planning and response efforts. It was also clear that preexisting guidance regarding strategic use of limited smallpox vaccine stocks in high risk persons would have accelerated the response.

It was evident that effective communications with the media and the public during such an emergency will be crucial. CDC will continue to work with partners to address challenges in public health preparedness, including those raised at Dark Winter. For example, work done by CDC staff to model the effects of control measures such as quarantine and vaccination in a smallpox outbreak have indicated that both public health measures are important.

In summary, the best public health strategy to protect the health of civilians against biological terrorism is the development, organization and strengthening of public health surveillance and prevention systems and tools. Not only will this approach ensure that we are prepared for deliberate bioterrorist attacks, but it will also improve our national capacity to promptly detect and control naturally occurring new or reemerging infectious diseases. A strong and flexible public health system is the best defense against any disease outbreak.

Thank you very much for your attention. Dr. LeDuc and I will be happy to answer any questions later.

[The prepared statement of Mr. Hughes follows:]

TESTIMONY OF

JAMES M. HUGHES, M.D.

DIRECTOR

NATIONAL CENTER FOR INFECTIOUS DISEASES

CENTERS FOR DISEASE CONTROL AND PREVENTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, VETERANS AFFAIRS,

AND INTERNATIONAL RELATIONS

COMMITTEE ON GOVERNMENT REFORM

U.S. HOUSE OF REPRESENTATIVES

July 23, 2001

Good afternoon, Mr. Chairman and Members of the Subcommittee. I am Dr. James M. Hughes, Director, National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). I am accompanied by Dr. James W. LeDuc, Acting Director of NCID's Division of Viral and Rickettsial Diseases. Thank you for the invitation to update you on CDC's public health response to the threat of bioterrorism. I will discuss the overall goals of our bioterrorism preparedness program, and I will briefly address specific activities aimed at preparedness for a deliberate release of variola virus, the pathogen responsible for smallpox.

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. Unlike an explosion or a tornado, in a biological event, it is unlikely that a single localized place or cluster of people will be identified for traditional first responder activity. The initial responders to such a biological attack will include emergency department and hospital staff, members of the outpatient medical community, and a wide range of response personnel in the public health system, in conjunction with county and city health officers. Increased vigilance and preparedness for unexplained illnesses and injuries are an essential part of the public health effort to protect the American people against bioterrorism.

Public Health Leadership

The Department of Health and Human Services (DHHS) anti-bioterrorism efforts are focused on improving the nation's public health surveillance network to quickly detect and identify the

biological agent that has been released; strengthening the capacities for medical response, especially at the local level; expanding the stockpile of pharmaceuticals for use if needed; expanding research on disease agents that might be released, rapid methods for identifying biological agents, and improved treatments and vaccines; and preventing bioterrorism by regulation of the shipment of hazardous biological agents or toxins. On July 10, 2001, Secretary Thompson named CDC's Dr. Scott Lillibridge as his special advisor to lead the Department's coordinated bioterrorism initiative.

As the Nation's disease prevention and control agency, it is CDC's responsibility on behalf of DHHS 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 agents. This task is an integral part of CDC's overall mission to monitor and protect 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, each of 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 is a naturally occurring influenza pandemic or the deliberate release of smallpox by a terrorist. It is within the context of these overall goals that CDC has begun to address preparing our Nation's

public health infrastructure to respond to acts of biological terrorism. Copies of this CDC plan have been provided previously to the Subcommittee. In addition, CDC presented in March a report to the Senate entitled "Public Health's Infrastructure: A Status Report." Recommendations in this report complement the strategies outlined for emerging infectious diseases and preparedness and response to bioterrorism. These recommendations include training of the public health workforce, strengthening of data and communications systems, and improving the public health systems at the state and local level.

CDC's Strategic Plan for Bioterrorism

On April 21, 2000, CDC issued a Morbidity and Mortality Weekly Report (MMWR), *Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response - Recommendations of the CDC Strategic Planning Workgroup*, which outlines steps for strengthening public health and healthcare capacity to protect the nation against these threats. This report reinforces the work CDC has been contributing to this effort since 1998 and lays a framework from which to enhance public health infrastructure. In keeping with the message of this report, five key focus areas have been identified which provide the foundation for local, state, and federal planning efforts: Preparedness and Prevention, Detection and Surveillance, Diagnosis and Characterization of Biological and Chemical Agents, Response, and Communication. These areas capture the goals of CDC's Bioterrorism Preparedness and Response Program for general bioterrorism preparedness, as well as the more specific goals targeted towards preparing for the potential intentional reintroduction of smallpox. As was highlighted in the recent *Dark Winter* exercise, smallpox virus is of particular concern.

- ***Preparedness and Prevention***

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 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, the National Institutes of Health (NIH), the Department of Defense (DOD), and other agencies are supporting and encouraging research to address scientific issues related to bioterrorism. In some cases, new vaccines, antitoxins, or innovative drug treatments need to be developed or stocked. Moreover, we need to learn more about the pathogenesis and epidemiology of the infectious diseases which do not affect the U.S. population currently. We have only limited knowledge about how artificial methods of dispersion may affect the infection rate, virulence, or impact of these biological agents.

In 1999, the Institute of Medicine released its *Assessment of Future Scientific Needs for Live Variola Virus*, which formed the basis for a phased research agenda to address several scientific issues related to smallpox. This research agenda is a collaboration between CDC, NIH, and DOD and is being undertaken in the high-containment laboratory at CDC with the concurrence of WHO. The research addresses: 1) the use of modern serologic and molecular diagnostic techniques to improve diagnostic capabilities for smallpox, 2) the evaluation of antiviral compounds for activity against the smallpox virus, and 3) further study of the pathogenesis of

smallpox by the development of an animal model that mimics human smallpox infection. To date, genetic material from 45 different strains of smallpox virus has been extracted and is being evaluated to determine the genetic diversity of different strains of the virus. The NIH, with CDC and DOD collaborators, has funded a Poxvirus Bioinformatics Resource Center (www.poxvirus.org) to facilitate the analysis of sequence data to aid the development of rapid and specific diagnostic assays, antiviral medicines and vaccines. A dedicated sequencing and bio-informatics laboratory also is being developed at CDC to help further these efforts. This laboratory will also be used to help characterize other potential bioterrorism pathogens. In addition, a team of collaborating scientists has screened over 270 antiviral compounds for activity against smallpox virus and other related poxviruses and have found several compounds which merit further evaluation in animal models. These compounds were evaluated initially in cell cultures, and 27 promising candidates are being further evaluated for efficacy. The identification of one currently licensed compound with in vitro and in vivo efficacy against the smallpox virus has led to the development of an Investigational New Drug (IND) application by NIH and CDC to the FDA for use of this drug, cidofovir, in an emergency situation for treating persons who are diagnosed with smallpox. Researchers also have been funded by NIH to design new anti-smallpox medicines and to create human monoclonal antibodies to replace the limited supply of vaccinia immune globulin that is needed to treat vaccine complications that arise during immunization campaigns.

The Advisory Committee for Immunization Practices (ACIP) worked with CDC to develop updated guidelines for the use of smallpox vaccine. These guidelines were published in the

MMWR in June 2001 and serve to educate the medical and public health community regarding the recommended routine and emergency uses and medical aspects of the vaccine as well as, the medical aspects of smallpox itself. Several infection control and worker safety issues were also addressed by the ACIP within the updated guidelines.

While we are pursuing the development of additional smallpox vaccine to improve our readiness to respond to a smallpox outbreak, we are also working to ensure that the stores of vaccine that we have in the United States currently are ready for use, including protocols for emergency release and transportation of the vaccine.

- ***Detection and Surveillance***

Because the initial detection of a biological 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, as well as within healthcare facilities such as hospitals, which will be relied upon to spot unusual patterns of disease occurrence and to identify any additional cases of illness. CDC will provide terrorism-related training to epidemiologists and laboratorians, emergency responders, emergency department personnel and other front-line health-care providers, and health and safety personnel. CDC is working to provide educational materials regarding potential bioterrorism agents to the medical and public health communities on its bioterrorism website at www.bt.cdc.gov. For example, we are preparing a video on smallpox vaccination techniques for public health personnel and

healthcare providers who may administer vaccine in an emergency situation. CDC is planning to work with partners such as the Johns Hopkins Center for Civilian Biodefense Studies and the Infectious Diseases Society of America to develop training and educational materials for incorporation into medical and public health graduate and post-graduate curricula. With public health partners, CDC is spearheading the development of the National Electronic Disease Surveillance System, which will facilitate automated, timely electronic capture of data from the healthcare system. CDC has also worked with organizations such as the Council of State and Territorial Epidemiologists to ensure that suspected cases of smallpox are immediately reportable in their jurisdictions and that clear lines of communication are in place.

- ***Diagnosis and Characterization of Biological and Chemical Agents***

To ensure that prevention and treatment measures can be implemented quickly in the event of a biological or chemical terrorist attack, rapid diagnosis will be critical. CDC is developing guidelines and quality assurance standards for the safe and secure collection, storage, transport, and processing of biologic and environmental samples. In collaboration with other federal and non-federal partners, CDC is co-sponsoring a series of training exercises for state public health laboratory personnel on requirements for the safe use, containment, and transport of dangerous biological agents and toxins. CDC is also enhancing its efforts to foster the safe design and operation of Biosafety Level 3 laboratories, which are required for handling many highly dangerous pathogens. In addition, CDC is helping to limit access to potential terrorist agents by continuing to administer the Select Agent Rule, *Additional Requirements for Facilities Transferring or Receiving Select Agents* (42 CFR Section 72.6), which regulates shipments of

certain hazardous biological organisms and toxins. Furthermore, CDC is developing a Rapid Toxic Screen to detect people's exposure to 150 chemical agents using blood or urine samples.

- ***Response***

A decisive and timely response to a biological terrorist event involves a fully documented and well rehearsed plan of detection, epidemiologic investigation, and medical treatment for affected persons, and the initiation of disease prevention measures to minimize illness, injury and death. CDC is addressing this by (1) assisting state and local health agencies in developing their plans for investigating and responding to unusual events and unexplained illnesses and (2) bolstering CDC's capacities within the overall federal bioterrorism response effort. CDC is working to formalize current draft plans for the notification and mobilization of personnel and laboratory resources in response to a bioterrorism emergency, as well as overall strategies for vaccination, and development and implementation of other potential outbreak control measures such as quarantine measures. In addition, CDC is working to develop national standards to ensure that respirators used by first responders to terrorist acts provide adequate protection against weapons of terrorism.

- ***Communication Systems***

In the event of an intentional release of a 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. To this end,

CDC is making a significant investment in building the nation's public health communications infrastructure through the Health Alert Network, a nationwide program designed to ensure communications capacity at all local and state health departments (full Internet connectivity and training), ensure capacity to receive distance learning offerings from CDC and others, and ensure capacity to broadcast and receive health alerts at every level. CDC has also established the *Epidemic Information Exchange (EPI-X)*, a secure, Web-based communications system to enhance bioterrorism preparedness efforts by facilitating the sharing of preliminary information about disease outbreaks and other health events among public health officials across jurisdictions and provide experience in the use of secure communications.

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. To assure the most effective response to an attack, CDC is working closely with other federal agencies, including the Food and Drug Administration, NIH, DOD, Department of Justice (DOJ), and the Federal Emergency Management Agency (FEMA).

The National Pharmaceutical Stockpile

As CDC recently reported to this Subcommittee, another integral component of public health preparedness at CDC has been the development of a National Pharmaceutical Stockpile (NPS), which can be mobilized in response to an episode caused by a biological or chemical agent. The role of the CDC's NPS program is to maintain a national repository of life-saving pharmaceuticals and medical material that can be delivered to the site or sites of a biological or

chemical terrorism event in order to reduce morbidity and mortality in a civilian population. The NPS is a backup and means of support to state and local first responders, healthcare providers, and public health officials. The NPS program consists of a two-tier response: (1) 12-hour push packages, which are pre-assembled arrays of pharmaceuticals and medical supplies that can be delivered to the scene of a terrorism event within 12 hours of the federal decision to deploy the assets and that will make possible the treatment or prophylaxis of disease caused by a variety of threat agents; and (2) a Vendor-Managed Inventory (VMI) that can be tailored to a specific threat agent. Components of the VMI will arrive at the scene 24 to 36 hours after activation. CDC has developed this program in collaboration with federal and private sector partners and with input from the states.

Challenges Highlighted in *Dark Winter* Exercise

CDC has been addressing issues of detection, epidemiologic investigation, diagnostics, and enhanced infrastructure and communications as part of its overall bioterrorism preparedness strategies. The issues that emerged from the recent *Dark Winter* exercise reflected similar themes that need to be addressed.

- The importance of rapid diagnosis– Rapid and accurate diagnosis of biological agents will require strong linkages between clinical and public health laboratories. In addition, diagnostic specimens will need to be delivered promptly to CDC, where laboratorians will provide diagnostic confirmatory and reference support.

- The importance of working through the governors' offices as part of our planning and

response efforts– During the exercise this was demonstrated by Governor Keating. During state-wide emergencies the federal government will need to work with a partner in the state who can galvanize the multiple response communities and government sectors that will be needed, such as the National Guard, the state health department, and the state law enforcement communities. These in turn will need to coordinate with their local counterparts. CDC is refining its planning efforts through grants, policy forums such as the National Governors Association and the National Emergency Management Association, and training activities. CDC also participates with partners such as DOJ and FEMA in planning and implementing national drills such as the recent TOPOFF exercise.

- Better targeting of limited smallpox vaccine stocks to ensure strategic use of vaccine in persons at highest risk of infection– It was clear that pre-existing guidance regarding strategic use would have been beneficial and would have accelerated the response at *Dark Winter*. As I mentioned earlier, CDC is working on this issue and is developing guidance for vaccination programs and planning activities.

- Federal control of the smallpox vaccine at the inception of a national crisis– Currently, the smallpox vaccine is held by the manufacturer. CDC has worked with the U.S. Marshals Service to conduct an initial security assessment related to a future emergency deployment of vaccine to states. CDC is currently addressing the results of this assessment, along with other issues related to security, movement, and initial distribution of smallpox vaccine.

- The importance of early technical information on the progress of such an epidemic for consideration by decision makers– In *Dark Winter*, this required the implementation of various steps at the local, state, and federal levels to control the spread of disease. This is a complex endeavor and may involve measures ranging from directly observed therapy to quarantine, along with consideration as to who would enforce such measures. Because wide-scale federal quarantine measures have not been implemented in the United States in over 50 years, operational protocols to implement a quarantine of significant scope are needed. CDC hosted a forum on state emergency public health legal authorities to encourage state and local public health officers and their attorneys to examine what legal authorities would be needed in a bioterrorism event. In addition, CDC is reviewing foreign and interstate quarantine regulations to update them in light of modern infectious disease and bioterrorism concerns. CDC will continue this preparation to ensure that such measures will be implemented early in the response to an event.

- Maintaining effective communications with the media and press during such an emergency– The need for accurate and timely information during a crisis is paramount to maintaining the trust of the community. Those responsible for leadership in such emergencies will need to enhance their capabilities to deal with the media and get their message to the public. It was clear from *Dark Winter* that large-scale epidemics will generate intense media interest and information needs. CDC has refined its media plan and expanded its communications staff. These personnel will continue to be intimately involved in our planning and response efforts to epidemics.

- Expanded local clinical services for victims– DHHS's Office of Emergency Preparedness is working with the other members of the National Disaster Medical System to expand and refine the delivery of medical services for epidemic stricken populations.

CDC will continue to work with partners to address challenges in public health preparedness, such as those raised at *Dark Winter*. For example, work done by CDC staff to model the effects of control measures such as quarantine and vaccination in a smallpox outbreak have highlighted the importance of both public health measures in controlling such an outbreak. The importance of both quarantine and vaccination as outbreak control measures is also supported by historical experience with smallpox epidemics during the eradication era. These issues, as well as overall preparedness planning at the federal level, are currently being addressed and require additional action to ensure that the nation is fully prepared to respond to all acts of biological terrorism, including those involving smallpox.

Conclusion

In conclusion, CDC has made substantial progress to date in enhancing the nation's capability to prepare for and, if need be, respond to a bioterrorist event. The best public health strategy to protect the health of civilians against biological terrorism is the development, organization, and enhancement of public health prevention systems and tools. Priorities include strengthened public health laboratory capacity, increased surveillance and outbreak investigation capacity, and health communications, education, and training at the federal, state, and local levels. Not only will this approach ensure that we are prepared for deliberate bioterrorist threats, but it will also

ensure that we will be able to recognize and control naturally occurring new or re-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. I will be happy to answer any questions you may have.

Mr. SHAYS. Dr. LeDuc, I think I sometimes rename you every time I say your name. I am sorry.

Dr. Quinlisk.

Dr. QUINLISK. Thank you.

Mr. SHAYS. I hate to tell you, but the only way that I am going remember that name—never mind.

Dr. QUINLISK. Don't feel bad, almost everyone has trouble with it.

I am very honored to appear before the subcommittee today. The comments I will be providing are from the perspective of a State public health official. I would like to begin with the concluding points of my written statement.

No. 1, public health needs to be seen as a major player and as having expertise and as needing therefore to control some aspects of bioterrorism preparedness response. Thus, public health needs to be at the table.

Two, the detection of disease, laboratory identification, investigation of outbreaks, response and rapid secure communications are all critical but underresourced. These systems are all multi-use and once installed will be used daily for more common situations as well as preparing us to respond to deliberate acts.

Allied fields such as a laboratory, veterinary, medical and mental health fields need to be assessed and their appropriate involvement addressed. Communications are critical between public health entities with other emergency response agencies and with the public.

I have been asked to address some of the public health issued identified during the Dark Winter exercise. Even though I was not part of Dark Winter, I have talked with people who were and have been part of similar exercises in the past.

Public health issues that have become apparent during these events include issues surrounding legal authorities and abilities, communication with other public health entities, emergency officials and the public and coordination with the others who are involved in the emergency response.

Legal issues include those surrounding quarantine, both at the individual and at the community level. Under what authority is it instituted? If different States implement quarantine differently, does the Federal Government arbitrate such issues as who is allowed to break the quarantine?

Also in these days of foot-and-mouth disease, we need to consider animal and agricultural quarantine.

Communications and coordination concerns arise because, in part, public health has only been a minor player in the past. For example, I understand that during Dark Winter there was an early request for the number of people who had been exposed to smallpox when public health officials were just beginning their investigation and had not yet determined this.

I have also found that during these exercises when medical and scientific information is requested, it is often delivered in a context not easily understood or used by those nonmedical people in command. Coordination and communication between these groups is improving, but I believe we have a long way to go.

With regard to State-Federal interaction, those of us who are working in bioterrorism in the States, our main Federal partner is

the Centers for Disease Control and Prevention, the CDC. Almost all Federal funding to the State public health preparedness comes through the Centers for Disease Control. Also the CDC provides guidelines, training, communication and laboratory support.

Very little contact or support comes from any other Federal agency. Within the last few years, great progress has been made to create State-to-Federal secure communications and alert systems such as EPIX and the Health Alert Network. Electronic reporting of cases of disease from States to CDC is also improving through the recent and ongoing implementation of the National Electronic Disease Surveillance System, but these systems need to be expanded to ensure the communications can be timely, effective and secure.

Even with rapid electronic reporting and analysis of disease occurrence, public health still relies heavily on the medical community to tell us what they are seeing. However, this means public health must become more visible and better linked to the medical community. I believe the communications between all responders and with the public will be a major issue in any terrorist event.

As stated by CDC's guidelines, effective communications with the public through the news media will be essential to limit the terrorist's ability to induce panic and disrupt daily life.

Many of us in public health are concerned not only about the health impact of these diseases themselves, but of the psychological impacts, both during and after an event. In my opinion, mental health experts need to be at the table during exercises and incorporated into State and Federal emergency plans.

Within the public health system, the laboratory is critical. Public health laboratories must be able to quickly identify or rule out any organisms potentially involved and to communicate those results to the appropriate medical and public health authorities.

Federal funding being distributed by CDC is helping to address these issues, but again more needs to be done. Also veterinary laboratories need to be integrated into the bioterrorism surveillance system.

As a member of the Gilmore Commission, I have been asked to comment on its findings and recommendations. One of its major recommendations is the need to focus more on the higher-probability, lower-consequence situations rather than the lower-probability, higher-consequence ones. This results in more focus at the State and local preparedness level.

Finally, I would like to state that continuing to build toward a robust, comprehensive public health system, we will be building a multi-use system that will be used for more common diseases and situations every day. Thus, when a terrorist event occurs the system will be well-tested, effective and familiar to those who are involved.

Thank you for the opportunity to provide testimony to you on this very important matter. I will be pleased to answer any questions.

[The prepared statement of Dr. Quinlisk follows:]

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

TESTIMONY BEFORE THE
SUBCOMMITTEE ON
NATIONAL SECURITY, VETERANS AFFAIRS, AND INTERNATIONAL RELATIONS

COMMITTEE ON GOVERNMENT REFORM

U.S. HOUSE OF REPRESENTATIVES

COMBATING TERRORISM: FEDERAL RESPONSE TO A BIOLOGICAL WEAPONS ATTACK

WITNESS: PATRICIA QUINLISK, MD, MPH

JULY 23, 2001

Mr. Chairman, Members of the Subcommittee, I am Patricia Quinlisk, MD, MPH, Medical Director and State Epidemiologist for the Iowa Department of Health. I am here today representing the Council of State and Territorial Epidemiologists as a former Council President and as one of its primary consultants on bioterrorism preparedness. I am also a member of the Gilmore Commission, formally known as the Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction and include some of their conclusions and recommendations in my testimony.

I am very honored to appear before the Subcommittee today to provide testimony on one of the most critical issues facing our nation: bioterrorism preparedness. The comments I will provide are from the perspective of a state health department as it interacts with federal agencies and with local medical, emergency, and health department partners.

Comments on "Dark Winter":

I have been asked to address some of the public health issues identified during the "Dark Winter" exercise. Even though I was not part of "Dark Winter," I have talked to several people who were, and have been part of similar exercises in the past. Public health issues that become apparent during these events include: 1) legal authority and abilities; 2) communication with other public health entities, emergency officials and the public; and 3) coordination with others involved in the emergency response.

Legal issues include those surrounding quarantine: under what legal authority is it instituted? If different states implement quarantine differently, does the federal government arbitrate? Issues such as who is allowed to break quarantine would need

to be addressed; for example, do you allow trucks with food through quarantine lines? During the "TOP-OFF" exercise, I understand that the airport was closed, resulting in a major barrier to the air delivery of the medical stockpile.

There are public health laws at the state level regarding individual quarantine, but their actual use varies by state. In Oklahoma, where I worked for several years, we involuntarily quarantined recalcitrant tuberculosis patients several times per year, however, in the six years I have been in Iowa, nobody has been involuntarily confined under communicable disease laws. Also, in these days of foot and mouth disease, we need to consider animal and agricultural product quarantine issues. Many states, including Iowa, are in the process of developing emergency plans to address animal and agricultural issues. Continued federal support is needed to ensure plans are compatible across state lines, fully encompass the complex nature of agricultural issues, and that economic issues of state and national importance are addressed.

We need to resolve not only what the law will allow, but also what is actually doable given the resources present during an event, and human nature. For example, If a parent believes his child is ill and needs medical help, it is unlikely he will obey a command to stay home, unless he has access to acceptable medical help via the phone or similar system.

Communication and coordination concerns arise, in large part because, in the past, public health has been only a minor player in state emergency plans. But with terrorists potentially using biologic agents, public health has become a major component. Previously, little understanding existed between traditional first responders, and public health officials on the scope of their practice, and how these two areas need to be integrated. I understand that during "Dark Winter," there was an early request for the number of people exposed to smallpox, when the health official had not yet been able to determine this. I have also found that during these exercises, when medical and scientific information was requested, it is delivered in a context not easily understood or useable by the non-medical people in command. Coordination and communication between these groups is improving but I believe we still have a long way to go. The federal role in providing resources and support for these exercises and training is critical.

At many of these exercises, I hear about the incident command-type structure and that, at the "site" of an event, the incident commander is in charge. This obviously works well for more traditional types of emergencies; however, it is more than likely that there will not be a "site" during a biologic event, unless it is announced by the perpetrator. Thus, whether the modification of this type of command structure or its replacement with another type of structure is most appropriate during a biologic event is unclear, but continuing exercise scenarios will be important to determine this.

The Role of Public Health During Bioterrorism Events: State-Federal Interaction

For those of us working in Bioterrorism in the states, our main federal partner is the Centers for Disease Control and Prevention (CDC). Almost all federal funding for states' preparedness comes through CDC. Also, CDC provides guidelines, training, and laboratory and communications support. Very little contact or support comes from other federal agencies.

Examples of CDC Bioterrorism guidelines include, *Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response*, and *Vaccine (Smallpox): Recommendations of the Advisory Committee on Immunization Practices*. Both of these were written with collaboration with state public health officials, and are posted on CDC's web site.

Many training events have been sponsored by CDC and have occurred (some via satellite to insure countrywide availability) on the medical and public health aspects of terrorism. CDC has also developed and provided fact sheets, for the public and for medical professionals, on organisms that might be used in terrorism.

Within the last few years, great progress has been made to create state to federal secure communications and alert systems, primarily Epi-X. An illustration of this is an investigation several months ago of an outbreak of diarrhea. CDC was consulted concerning the possibility that a nationwide fast food chain, might have received contaminated food, and might be serving this to the public. CDC put out an alert over the Epi X system with this information and requesting that any similar cases to be reported immediately; within several minutes I was sent an e-mail message, phoned at my office and at home, and paged. All of this was done confidentially since it would not have been appropriate at this point to have this hypothetical concern made public with the probable consequences of severe economic damage to this industry.

Another example of coordination between state health departments and CDC with respect to foodborne illness is the creation of the "wise persons" system. Since associating a food with disease can have significant economic impact on the food industry, a system of "wise persons" from both state and federal agencies, was set up to act as independent reviewers of the epidemiologic and laboratory findings. This system provided front line investigators immediate access, via conference calls, to federal and state experts for consultation, and allowed for "best scientific decisions" to be made regarding interventions and appropriate public health actions. Though this type of system requires no additional funding or resources, it may play an important role in providing support during health crises. The federal government should continue to facilitate and promote these type of creative approaches, "thinking outside the box", in their employees.

Electronic reporting of cases of disease from states to CDC is also improving through both very recent innovations and on-going implementation of the National Electronic Disease Surveillance System (NEDSS). But more resources and much progress is still needed to integrate all reportable diseases into one reporting system.

Both of these systems, Epi-X and NEDSS, address state to federal reporting, however these systems are often not available for local to state reporting. In Iowa for example, reporting of disease identified by the public health lab to the state health department which is 100 miles away, is still done on paper sent through the U.S. mail. And although in Iowa every local health department has a computer, and is linked to the state health department via the Internet, this is not the case in every state. Federal funds distributed by CDC for the Health Alert Network (HAN) are beginning to address some of these issues, but much more need to be done before all levels of public health will be able to communicate effectively and securely.

An important policy bonus of federal resource investment in these public health communications systems is that they are used every day for more common diseases, and events. Thus, if bioterrorism ever occurs, many of the systems and processes used by public health will be well used and exercised. Meanwhile, these systems will help us address new and emerging diseases, like West Nile Virus.

The Role of Public Health During Bioterrorism Events: Communication and Coordination Issues Among All Relevant Partners

Public Health and the Medical Community – Although the public health and medical communities coexist, we need to have a better understanding of each other's roles and abilities, allowing better coordination. For example, public health needs to know the number of isolation rooms available, in the event that quarantine of individuals is necessary, and conversely, medical professionals need to understand the critical nature of reporting patients with certain syndromes. Also, those outside the health community, often lump medical and public health together, yet very different roles will be played by these entities during a terrorist event.

Public health relies heavily on the medical community to tell us what they are seeing, even with rapid electronic reporting and analysis of disease occurrence. A good example of this is West Nile Virus. New York City probably has one of the best tracking systems for diseases, and yet it was a single physician, who had attended a seminar by a member of the health department, who, when she saw two cases of encephalitis with unusual presentations, thought to pick up the phone and call the health department. Thus the outbreak was identified. Medical and public health professionals have traditionally relied on these types of informal connections for information, and they, I believe, will continue to be important in the future. However, this means public health must become more visible to the medical community, must conduct more educational events to increase medical professionals' awareness of public health, and must impress upon those in the medical community about the critical role they will play in identifying, reporting and responding to a terrorist event. This task must be accomplished in an environment of increasing time pressure on health care professionals.

Public Health and Enforcement -- Another issue is coordination and communication between law enforcement investigation and public health investigations -- both of which will occur during a bioterrorist event. At present because of differing laws and regulations, barriers exist to communication and coordination. Several years ago in Iowa, an outbreak was reported of a sexually transmitted disease among residents of a state facility for the mentally and physically handicapped. The local and state health departments began investigating to determine the mode of transmission and to control the outbreak. Since these residents were not able to give consent for sexual contact, abuse was suspected, and law enforcement was notified. These two investigations progressed side-by-side with little interchange. Since residents' medical information had to remain confidential unless informed consent was given, public health was not able to tell law enforcement who was infected. Conversely, law enforcement could not tell public health of the results of their interviews and investigation of staff. Obviously both investigations could have benefited by an exchange of information.

Not only is clarification needed for the exchange of information between public health and law enforcement officials during actual terrorist events, but also in the case of threats. Several years ago in a rural area of Iowa, residents received a warning in their mailboxes that anthrax and botulism were going to be put into the water supply. Residents immediately called the local health department, who then consulted the state health department, who then called the local FBI office. Unfortunately, the response was that they had known about this for days, and were investigating, but no information had been shared with the health department. I am pleased to say that communications between the health department and the local FBI have since improved. (In the letter, the sender made it clear that it was another group that was threatening to contaminate the water, the letter sender was just offering to send anyone with about $25 a medicine that would prevent them from becoming ill.)

Public Health and Communication to the Public -- I believe that communications between; federal, state and local responders; responders at the same level; and between the responders and the public, will be a major issue in a terrorist event. As stated in CDC's guidelines, "effective communication with the public through the news media will.. be essential to limit terrorists' ability to induce public panic and disrupt daily life. "

An example of the importance of the media role in communicating health messages, is the recent episode of meningitis in Ohio. Let me quote the print media, "One false rumor circulated among the crowd (waiting for antibiotics) that the Ohio National Guard had been called out to quarantine the area," *The Beacon Journal, June 4, 2001.* A mother said they, "were fearful to leave home with their 8-year-old son, to eat out or even rent a movie.... I didn't want him eating the school lunch," *The Beacon Journal, June 4. 2001.* "School officials canceled the rest of the school year," *The Beacon Journal, June 6, 2001.*

I know from personal experience, that during health crises such as this, the immediate demand for information, in the context of a continually evolving situation, creates great

difficulty in communicating clear, consistent and concise messages to the public via the media. My impression from afar of this incident is: 1) the publicly perceived risk was out of proportion to the actual disease risk, 2) conflicting and confusing information was published, 3) initially there did not appear to be "one voice of authority", 4) the worried well had trouble judging the risk to themselves and to their children, and 5) initially public statements were made about "rather be safe than sorry", leaving the public unsure of the scientific and medical basis for action. This is in the context of a well-known disease, and frequently used federal guidelines. It raises concerns about the media and governmental responses when and if we end up dealing with unknown diseases with unpracticed guidelines. The federal government should continue to work with state and local health departments, and through national public health professional organizations to develop response plans, guidelines, and exercises for addressing public communication in health emergencies.

Inclusion of Mental Health in Bioterrorism Preparedness --Many of us in public health are concerned not only about the health impact of the diseases themselves but also of the psychological impacts, both during the event and after. It is my understanding that the Oklahoma City bombing victims and their families are still experiencing the impact of that event. Yet mental health experts are seldom at the table when discussing response to terrorist events. In my opinion, they need to be at the table during all exercises, and incorporated into state and federal emergency plans. Most medical bioterrorism experts expect that the "worried well" will be one of the major issues that the medical and public health entities will be dealing with during and after a terrorist event, yet strategies to deal with this issue are few and far between. This is the type of issue that mental health experts can help to address.

Laboratories Are a Key Component in Bioterrorism Preparedness -- Within the public health system, the laboratory is critical. The public health laboratory must be able to quickly identify any organism potentially involved, and communicate that to the appropriate medical and public health officials. Just as important is the ability to determine that no pathogenic organism is involved, for example, being able to quickly determine that no anthrax is in a hoax letter. False positive results can be devastating for the people and institutions involved. Federal funding being distributed by CDC is helping to address the issues of having appropriate testing and identification available at the local and state levels, but more needs to be done. With federal help, we need to establish the highest appropriate level of laboratory capacity within hospital labs, local public health labs, state public health labs, and CDC

Also, veterinary laboratories need to be integrated into the bioterrorism surveillance system, since animals may become ill prior to human illness, and animals may act like the "canary in the mine" to forewarn of impending human disease. Alternatively, livestock and plant diseases may be deliberately introduced in a "agro-terrorist" event and have major state, national and international economic effect.

In the past several years, a network called PulseNet has been in place that compares fingerprints of organisms across the U.S. and Europe. As we meet here today, an

outbreak of Salmonella is occurring, first identified in Illinois. Using the Epi-X system, and CDC's PulseNet, state and local health departments were alerted. Iowa is presently actively searching for similar cases, by case reporting, and laboratory fingerprinting of Salmonella.

Laboratories also need surge capacity, i.e. the ability to deal with large numbers of specimens being sent during an event. With CDC's help, state public health labs are collaborating with each other to address this issue, and to provide back-up when one lab is overwhelmed.

Remember, these organisms will not come into the lab with signs on them saying I may be a bioterrorist agent. The clinical and hospital laboratory personnel need to be trained on procedures to identify the possibility of a potential bioterrorist agent, how to process and forward the organisms to the public health labs, and how to ensure that laboratory personnel are protected from harm. When a potential organism or event is identified, an appropriate system needs to be quickly accessible to package, transport, and deliver the organism to an appropriate public health lab, to insure that proper documentation is accomplished, and that the condition of the specimen on arrival will allow for further study.

An example of the importance of this training for laboratory personnel was demonstrated a few years ago in my state of Iowa. A young man sought care from a rural doctor in Iowa, concerned that he might have brucellosis, as he had recently been around animals with this disease. The doctor agreed that his symptoms were consistent with brucellosis, but to confirm the diagnosis, sent some blood to the local hospital laboratory. On the specimen he attached a note stating he was concerned about brucellosis, because he knew that not only was brucellosis easily spread from animal to human, but that brucellosis often spread in the laboratory setting. When it arrived in the lab, the five laboratory personnel did not take any precautions, but did send it on to a reference laboratory. They also included a note that brucellosis was suspected. Again in the reference lab, appropriate precautions were not taken and 3 people were exposed. In the end, the young man did have brucellosis, and his blood specimen did contain the organism, thus eight people had to take prophylactic antibiotics for several weeks. This organism did have a sign on it, but it was still ignored for reasons that I still do not understand.

Gilmore Commission Issues and Recommendations:

As elucidated by the Gilmore Commission, as a nation we need to focus more attention on the "higher probability, lower consequence" situations, rather than those of "lower probability, higher consequences". Since lower consequence events will rely most heavily on local and state abilities to identify, investigate, and respond to potential terrorist events, higher priority needs to be given to state and local preparedness. Based on that conclusion by the Gilmore Commission, it made several specific recommendations in the public health arena, including:

- Better coordination with public health agencies in planning, training, and exercise
- Establishing national standards and protocols for surveillance, identification, palliation, and follow-up; and for reporting critical information, including mandatory reporting procedures
- Clarifying the authorities and procedures for public health involvement in terrorist event, especially biological terrorism

Federal support and guidance will be critical in ensuring that state and local entities are prepared.

Concluding Points:

1. Public Health has to be seen by all as a major player and having expertise, and a need, therefore, to control some aspects of bioterrorism preparedness and response. Public Health need to be at the table and not treated as an after-thought.

2. Detection of disease, laboratory identification, investigation and response, and rapid, secure communications, are all critical, but under resourced. These systems are all multi-use and once installed, will be used daily for more common situations as well as preparing to respond to deliberate acts.

3. Allied fields, such as laboratory, veterinary and medical need to be assessed and their appropriate involvement addressed. Also, the coordination between public health and law enforcement investigations need to be addressed both from a legal point of view, and from a day to day interactions necessary to quickly intervene and resolve an event.

4. Communications are critical, between public health entities, between public health and other emergency response agencies, and with the public.

By continuing to build toward a robust comprehensive public health system, we will be building a multi-use system that will be used fro more common diseases and situations everyday. Thus, when a terrorist event occurs, the system will be familiar to those involved, and will work without barrier.

Thank you for this opportunity to provide testimony on this important matter before the Subcommittee. I am pleased to answer any questions you may have.

Mr. SHAYS. Thank you, Dr. Quinlisk.

Dr. Duchin.

Dr. DUCHIN. Good afternoon, Mr. Chairman, members of the committee. Thank you for this opportunity to speak on the role of public health professionals in responding to a biological weapons attack. Because the initial detection of a biological weapons attack will occur at the local level, a primary role for public health is the detection and investigation of illnesses compatible with a biological weapons attack.

Once a potential biological attack is detected, a public health investigation would follow to confirm the event. In a suspected or confirmed biological attack, public health professionals must determine the location and magnitude of the problem, identify the exposed population in order to target prevention and treatment, and monitor the extent of the outbreak.

In order to limit the spread of disease in the population, public health investigators must identify for treatment or quarantine persons exposed to biological agent.

Currently, many public health agencies are functioning with the minimum amount of staff required to perform routine day-to-day operations with little reserve capacity to respond to naturally occurring communicable disease outbreaks of modest scope.

An effective response to a biological weapons attack requires a strong public health capacity at the local and State level, including advanced surveillance system architecture and information management technology. Improvements in surveillance and information systems are necessary to improve communications between health departments and hospitals, laboratories, emergency management and emergency medical systems.

For example, local public health professionals were concerned that our usual surveillance system would not rapidly detect a biological weapons attack during the 1999 World Trade Organization Ministerial Conference in Seattle.

Current disease surveillance relies on reports of laboratory confirmed diseases submitted from health care providers and laboratories, with a time delay associated with both the identification of the agent of disease and the processing of reports.

To enhance our ability to detect a potential biological weapons attack, assistance was requested from the Centers for Disease Control and Prevention for design and staffing of a special syndromic surveillance system that once implemented the enhanced surveillance system allowed us to monitor clinical visits to area emergency departments on an around-the-clock basis.

After the conference, the enhanced surveillance system was dismantled. Ongoing optimal detection of potential biological weapons attacks will require sustainable improvements in surveillance systems architecture and methods.

The second major role for local public health professionals is to facilitate the medical response to a biological weapons attack. This includes assuring evaluation, treatment, and preventive measures for the exposed population, including possible mass vaccination and delivery of appropriate resources to local health care facilities.

The first responders in the event of a biological weapons attack will be health care professionals in hospitals and emergency de-

partments and public health departments, not the traditional first responders such as firefighters and law enforcement.

Local medical systems will be rapidly overwhelmed with the response to a biological weapons attack. The ability of health care institutions to respond to unanticipated increases in the numbers of patients with communicable diseases associated with even a relatively small naturally occurring outbreak is limited.

Prioritization of the delivery of Federal resources is needed to effectively engage health care facilities and medical professionals with public health departments in planning and response activities for a biological weapons attack.

A third key role of public health is to provide accurate, reliable information to local, State and Federal agencies, medical professionals and political leaders and the public.

In summary, public health professionals, along with local health care institutions and medical professionals are the front line responders to a biological weapons attack. Key roles for public health include detecting, describing and monitoring the course of a biological weapons attack, assuring an adequate community-wide medical response and providing needed information and effective communication to all parties involved in response activities and the public.

Improvements in our ability to effectively respond to a biological weapons attack are needed and can be achieved by strengthening public health surveillance and epidemiological capacity and through enhancing information and communication systems at the local and State level. Effectively engaging the medical community in biological weapons response planning should be given high priority.

Thank you for the opportunity to testify today.

[The prepared statement of Dr. Duchin follows:]

Testimony of
Jeffrey S. Duchin, M.D.
Chief, Communicable Disease Control, Epidemiology and Immunization Section
Public Health – Seattle & King County, Washington

Thank you for this opportunity to speak on the role of public health professionals in responding to a biological weapons attack. I am the Chief of the Communicable Disease Control Section for Public Health – Seattle & King County, a large metropolitan health department in Washington State. I am an infectious disease physician trained as a medical epidemiologist and I have a background in emergency medicine. Public Health – Seattle & King County has been involved in bioterrorism preparedness activities since the November 1999 World Trade Organization (WTO) Ministerial conference in Seattle.

Early detection of a biological weapons attack at the local level is a critical first step in an effective response strategy. Because the initial detection of a biological weapons attack will occur at the local level, a primary role for public health professionals is timely detection and investigation of unusual clusters of illnesses that are compatible with a biological weapons attack. Once a potential biological weapons attack is detected, local public health professionals would be required to rapidly investigate to confirm the event. Ultimately, confirmation would require local health jurisdictions have ready access to appropriate laboratory support with the diagnostic capabilities to definitively identify agents of biological warfare.

When a biological weapons attack is suspected or confirmed, public health professionals must employ ongoing surveillance and epidemiological analyses to determine the location and magnitude of the problem, identify the exposed population in order to target prevention and treatment, and monitor the extent of the outbreak. In order to limit the spread of a communicable agent in the population, public health professionals must carry out labor intensive epidemiological investigations to identify for treatment or quarantine persons exposed to the biological agent. For certain biological agents, the contacts of persons who become ill should also be identified for preventive measures.

Public health professionals must be able to provide ongoing, accurate information related to the current status and progress of the situation and the impact on local resources. This information is necessary to anticipate what additional resources may be needed and must be communicated efficiently to all appropriate entities involved in response activities at the local, state and federal level.

The ability to determine and provide the information critical for an effective response to a biological weapons attack requires a robust surveillance and epidemiology capacity at the local and state level. A strong local surveillance and epidemiological capacity requires adequate numbers of trained public health professionals as well advanced surveillance system architecture and information transfer technology. Improvements in surveillance system and information transfer capabilities and networks are necessary to allow rapid communication of surveillance data and other information between health departments and hospitals, laboratories, emergency management and emergency medical systems.

Once an unusual cluster of illness is detected in the community, adequate numbers of trained public health personnel must be available locally to investigate. Local and state health departments must have adequate resources to conduct high quality outbreak investigations. Currently, many public health agencies are functioning with the minimum amount of staff required to perform routine day-to-day operations with little 'surge capacity" to respond to naturally occurring communicable disease outbreaks of modest scope.

For example, in the weeks before the November1999 WTO Ministerial conference in Seattle, increasing media coverage led public health professionals at Public Health – Seattle & King County to the conclusion that the meeting was a potential venue for a biological weapons attack. Concerned that our existing routine surveillance system would not rapidly detect a biological weapons attack, planning was initiated to evaluate what local preparedness and response resources would be needed in case of such an event. Current procedures for communicable disease surveillance rely on submission of reports of laboratory-confirmed diseases from health care providers and laboratories. There is a time delay associated both with the identification of the agent of disease and the traditional communication channels used for disease reporting. In order to detect a biological attack rapidly, it would be desirable to be aware of any unusual increase in the number of ill persons in the community as quickly as possible, before such an increase would be reported through current routine surveillance mechanisms.

To enhance our ability to detect a potential biological weapons attack, assistance was requested from the Centers for Disease Control and Prevention (CDC) for the design and staffing of a special "syndromic" surveillance system that could be rapidly implemented for the WTO conference. The enhanced surveillance system was put in place one week before the conference and operated through December 11, 1999 in collaboration with eight medical centers in Seattle and King County.

Once implemented, the enhanced surveillance system allowed us to monitor on an around-the-clock basis over 10,500 clinical visits to area emergency departments during the surveillance period. We were able to detect and rapidly investigate "critical" clinical syndromes such as sudden death and botulism-like illness as well as identify clusters of other illnesses compatible with potential exposure to agents of biological warfare or with naturally-occurring communicable disease outbreaks. We were also able to monitor the selected clinical syndromes specifically among persons associated with the WTO conference. Daily surveillance reports were provided to local, state and federal agencies as well as area medical facilities. After the conference the enhanced surveillance system was dismantled. Ongoing optimal detection of potential biological weapons attacks will require sustainable improvements in surveillance system architecture and methods.

The second major role for local public health professionals is to facilitate the medical response to a biological weapons attack. This includes assuring evaluation, treatment and preventive measures for the exposed population including possible mass vaccination

and/or chemoprophylaxis treatment and delivery of appropriate resources to local health care facilities.

Prioritization of the delivery of federal resources is needed to effectively engage health care facilities and medical professionals with public health departments in planning and response activities for a biological weapons attack. The first responders in the event of a biological weapons attack will be health care professionals in hospitals and emergency departments and public health professionals, not the traditional first responders such as firefighters and law enforcement. It is likely that the local medical infrastructure will be rapidly overwhelmed with the response to a biological weapons attack. Shortages of medical equipment and supplies and inadequate numbers of available medical professionals would be anticipated.

Experience in Seattle-King County, both during the 1999 WTO conference and with naturally occurring communicable disease outbreaks indicates that medical institutions and practitioners look to local public health agencies for information, guidance and resources when an outbreak exceeds the capacity of the local medical care system. The ability of health care institutions to respond to unanticipated increases in the numbers of patients with communicable diseases associated with even relatively small, naturally-occurring outbreaks, is limited. Local public health professionals need to anticipate what resources will be needed for the medical response to a biological weapons attack and must be able to assure the efficient delivery and distribution of needed supplies, equipment, and other material and human resources from local, state and federal agencies.

Local public health professionals in collaboration with emergency management agencies will need to facilitate the appropriate utilization of available health care resources to assure the availability and delivery of medical supplies and equipment as well as coordinate activities related to the delivery of medical care to the exposed population. Public health professionals should develop procedures for providing expanded access to the health care system in collaboration with local and state medical professionals, hospitals, response agencies and political leaders.

Guidelines are needed to define how medical, pharmaceutical and other health-related resources will be accessed, managed, prioritized and distributed. Agreements must be established to define and coordinate the roles and responsibilities of the multiple local, state, federal and private sector agencies involved in assuring an efficient medical response.

A third key role of local public health professionals is to provide accurate and clear information for decision making and communication. The timely dissemination of information to authorities and agencies involved in the response to a biological weapons attack, the medical community and the public is an essential component of an effective response. Under our current local protocols, preliminary evidence of a biological weapons attack will be communicated to local and state agencies involved in response activities through activation of departmental, city, county, and state emergency

operations centers. Subsequent communications would be made according to protocols established by the emergency operations centers.

Up to date surveillance, epidemiological and clinical data necessary to monitor the outbreak must be provided to local, state and federal agencies as well as political leaders and the public in order to ensure an appropriate ongoing response. To achieve this, improvements in surveillance and communication systems are needed to allow more efficient transfer of surveillance data and to facilitate information exchange among local, state and federal public health agencies. In addition, a biological weapons attack would require effective communication between public health and law enforcement agencies, particularly local law enforcement and FBI officials.

Public health professionals will be expected to provide technical information to the medical community related to the medical management of exposed populations including evaluation, treatment, and infection control recommendations. Effective communication to the public through the news media is critical to reduce panic in the community and provide appropriate guidance to both exposed and non-exposed persons. The availability of disease appropriate, targeted informational materials for health care providers, the public and the media will be needed to meet the demand for information during a biological weapons attack. Public health departments must have adequate human and technical resources available to effectively disseminate critical information. Communication procedures and information transfer protocols must be established for the various types of communications that will be needed during the response to a biological weapons attack.

In summary, public health professionals along with the local health care institutions and medical professionals are the front line responders to a biological weapons attack. Key roles for public health professionals include detecting, describing and monitoring the course of a biological weapons attack, assuring an adequate community-wide medical response, and providing needed information and effective communication to all parties involved in response activities and the public.

Improvements in our ability to effectively respond to a biological weapons attack are needed and can be achieved by strengthening basic surveillance and epidemiological capacity and through enhancing information and communication systems at the local and state level. Effectively engaging the medical community in biological weapons response planning should be given high priority.

Mr. GILMAN. Mr. Chairman.

Mr. SHAYS. First, let me just thank Dr. Duchin and all of the panelists.

Yes, Mr. Gilman.

Mr. GILMAN. If I might just interrupt. I regret the interruption, but I did want to introduce a group that you and I have both met with earlier today. These are graduate students from NYU Wagner School, Graduate School of Public Service. They are in our back row here. They are from Japan, Taiwan, Peru, Mozambique, and they are here studying public administration,and I would like to welcome them to our committee.

Mr. SHAYS. Thanks. I would like to welcome them. Some of them smiled when you said I addressed them. I hope to have the opportunity after this hearing to visit with them.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. SHAYS. Mr. Tierney.

Mr. TIERNEY. Thank you. Well, in keeping with the desire to be able to spend some time and get this over, I only have a couple of brief questions.

Dr. Duchin or Dr. Quinlisk, perhaps you can answer that. What would you assess the current training level of medical personnel, local medical personnel for identifying these types of incidents and for what they are, recognizing what they are and for setting a course of action immediately at the local level?

Dr. Duchin. I'll take a crack at that. I am in addition to the communicable disease officer a physician on the faculty of the University of Washington in the Infectious Disease Department, and I can tell you that there is no formalized training currently for health care professionals in the medical field to recognize agents of biowarfare. We have tried to raise the awareness of health care providers, physicians and nurses in our community using public information, Intranet, newsletters and so on. But the key I think is that this needs to be institutionalized so that trainees receive this information as part of their formal medical education.

Mr. TIERNEY. Would you focus that on training medical students as they come through school and on other medical personnel as they get retraining or take courses at that time, or would you separately, alternatively or in addition train health agents in different communities?

Dr. DUCHIN. Did you say health agents?

Mr. TIERNEY. Health agents.

Dr. DUCHIN. I think it is all. You can't start too early. It is important to raise the awareness at the medical student level and to reinforce the message throughout the training period, as well as reach those who are out of training and currently in practice in the community with continuing education.

Dr. QUINLISK. I would like to make another point there. We talk about identification of it, but the identification will do no good if it has not been reported to somebody, and one of the biggest problems that I see is not that somebody recognizes a disease but they remember to pick up the phone and tell someone about it. So I think there is two things there that we need to do training on.

Mr. TIERNEY. To train them who to contact. That would be somebody at the CDC or something like that?

Dr. QUINLISK. Usually the local health department would be the appropriate person to respond and then it goes up the ladder, and that communication works quite well. It is the getting from the health care practitioner into the public health system where I think the biggest barrier is.

Mr. TIERNEY. How important do you think it is that people within the health profession, probably the health departments of these areas, learn to deal with the media in a situation like this? I can see where a situation gets totally out of hand because somebody is inexperienced dealing with the media, because they are going to come down like locusts once there is any hint of this type of information. And how would you recommend that we deal with that issue?

Dr. QUINLISK. I can speak a little bit about—the scenario that I think would be best when dealing with any kind of either potential bioterrorist or outbreak of any kind is do whatever you need to do to make sure that all of the messages are consistent, that they are very clear and they are presented to the public in language that they can understand.

What I would envision in something like this would be the Governor standing in front of the microphones with the appropriate people behind him or her to then step up to the microphone when appropriate questions were asked.

That way everybody in that room, every message going out to the media is consistent and clear. I think you do great damage to public confidence if you start giving conflicting information that is not clear.

Mr. TIERNEY. Thank you very much.

Mr. SHAYS. I thank the gentleman. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman. I regret that I was with our graduate students in the outer room, and I just have one major question.

We addressed the last panel with this question. Since it is a troubling issue, and since we have done very little in preparation for it, let me ask this panel. Who do you think would be the best comprehensive agency to handle this matter in our Federal Government structure, and to be effective? I ask that to the whole panel. General.

General HARRISON. Yes, sir. I would be glad to take that one on. I heard the other panel. And I believe that FEMA, in the configuration that has been proposed, certainly has a lot to offer there, and I would say that for a couple of reasons.

One, the operation of FEMA in the last 8 or 10 years, particularly since Hurricane Andrew, where we had a lot of difficulty of coordination of State agencies and Federal agencies, has come a long way.

I think that the fact that they are organized already into emergency support functions at the Federal level to coordinate agencies of the Federal Government, and that most States are now organized in a like manner, emergency support functions in the State that will track what FEMA does, as they coordinate Federal and State agencies together, really lends a lot of credibility to FEMA having this kind of organization that is already in play.

Perhaps there are better models. But for right now, to start today, I would envision, because of the emergency support functions, this would be the best.

Mr. GILMAN. They would need a lot of training on this issue, I take it?

General HARRISON. They would, sir. But I believe that there is a model that is still good for this. The catastrophic emergencies that have been had, where the coordination is still required, it may not be the same requirements in terms of chemical or biological warfare, or chemical or biological incident. But the model is still the same and the coordination is going to be the same, and things are in place today to do that.

Mr. GILMAN. General, did you have something further to add?

General CUGNO. Yes, sir, I do. I, too, would agree with FEMA. Recently with the establishment of the Office of National Preparedness I think it is a move in the right track within FEMA.

Second, I think there is a proven track record of the Federal response plan. I think we have organizations like the Adjutant Generals Association, the National Guard Association, the National Emergency Management Association that would support that, with a central organization to deal with the consequences.

And I am not suggesting the law enforcement crisis side of this, but simply the consequence side of it. It is a familiar program, practice, programmed and resourced.

To answer the second part of your question, with the training, I think part of the requirements of the future deal with the training aspects and resources necessary for training.

On the previous panel there was a gentleman here that mentioned the sirens and whistles and bells at the first responder's portion. I think that there is some truth to that. We are talking about the strategic level of planning at the national level. It has got great impact on what States could expect and how they would report. So FEMA is the answer as far as we are concerned.

Mr. GILMAN. Before leaving our two Generals, has the military engaged in preparation for biological warfare and chemical warfare, in preparation for our national defense?

General HARRISON. Yes, sir. I speak for the military as from the National Guard perspective. We are, and I know that you know the civil support teams are engaged in this, in most States. Not most States yet, but 10 States, I think there are now more than 20, that are engaged in this with civil support teams and are in training for this.

In addition to that, I think the majority of the States would like to or are doing planning for their contingencies in case something were to happen in their major metropolitan areas, and certainly we are in Florida, and I think that most of them are anticipating a contingency.

Mr. GILMAN. How about Connecticut, General Cugno?

General CUGNO. Yes. I think from the basic standpoint of soldiering skills, you would also find that chemical, biological and radiological training remains a basic core part of every soldier that jumps into uniform. That is not unique in Connecticut, that is part of the Department of Defense requirements for the basics of soldiering skills.

Mr. GILMAN. Dr. Hughes.

Mr. HUGHES. Yes, I agree also with FEMA in the leadership role. We in public health have a long history of working with FEMA in the context of their response to natural disasters to help them deal with infectious disease issues that inevitably arise, And I would see us continuing to do that in this area of bioterrorism by providing expertise and advice and diagnostic patient management and treatment.

Mr. GILMAN. Dr. LeDuc.

Dr. LEDUC. Yes, sir. I agree with Dr. Hughes.

Mr. SHAYS. Good thing.

Mr. GILMAN. Dr. Quinlisk.

Dr. QUINLISK. I think what I would rather do is address whoever it is that is put into authority over this issue. One of the things that I would want to make sure that they are very aware of is it not going to be business as usual. Biological attacks act very, very differently than a hurricane, an explosion, a chemical spill. And whoever it is that deals with it has got to understand that and not think, oh, I can rely on my old methods, the usual way of doing things, and that is going to be good enough, because it is not.

Mr. GILMAN. Thank you. Dr. Duchin.

Dr. DUCHIN. I agree with the previous panelists that if FEMA does take over this role, they will need to work closely with HHS and others who have expertise in the management of biological issues.

Mr. GILMAN. I thank our panelists. Thank you, Mr. Chairman.

Mr. SHAYS. I thank the gentleman.

When I was listening to you, General Harrison, it seemed to me that you were making a strong statement for the role of the Guard in homeland defense. And, General Cugno, I heard from you that joint exercises to, quote-unquote, fight as we train are absolutely essential. That was one of the key points I heard from you.

And, Dr. Hughes, that surveillance and communication are absolutely vital.

Dr. Quinlisk, I heard from you something that surprises me in a way because it seems like we wouldn't have to say it, but it is the sad fact that you were saying that public health is a key player and should be at the table. And it is like, you know, what does it take? Do we need to slap ourselves around here? You are clearly an essential role here. You are going to hopefully make the bomb harmless ultimately.

And Dr. Duchin, the message I heard from you is that State health care needs help, money and training, and that was kind of the message that I was hearing from all of you.

I then said, you know, well, you all are first line defenders. But I thought, where are the police, the fire, and so on? When I was asking the staff why both of you, you know, the military and the health care, why not all of the others, they may want to jump in because I may not have heard them correctly, but basically that your roles are still unclear to some, and that they need to be. Obviously, you know, the police are just going to respond. I mean they are going to respond.

And so the reason, at least from my staff's standpoint, is that central roles of both the military and health, but truly trying to see

how you fit in when you have to take charge over local activities and so on, and so in that perspective is a little clearer to me why this panel is comprised the way that we are.

General Harrison, your office recently produced what my staff says is a very—they don't pass this out lightly—a very thoughtful analysis of national security roles for the National Guard, and I would like you to describe the issues you raised and the recommendations that were made in here. I want to give you an opportunity to just briefly talk about this if you would like. And if I could, I would just ask unanimous consent that this white paper, National Security Roles for the National Guard, by Colonel Michael Flemming and Chief Warrant Officer Candace L. Graves be introduced into the record.

[The information referred to follows:]

NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

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FOREWORD

Concern about the nation's vulnerability to weapons of mass destruction on United States soil has been building among political and military leaders for a number of years. The recent publication of the third and final report of the U.S. Commission on National Security/21st Century (the Hart-Rudman Commission) has brought new attention to threats posed by mass-casualty terrorism and the need to clearly address homeland security.

Defense of our homeland is not new to the National Guard, but dramatic changes in our security environment demand fresh attention and new approaches. This paper, prepared by the Florida National Guard staff, grew out of an interest in developing a better understanding of the National Guard's role in homeland security. It examines the Army and Air National Guard's concurrent commitment to war fighting missions abroad and security requirements at home. I hope that this study generates not only a new appreciation of the Guard's role in homeland security, but adds attention and thoughtful discussion to this important issue.

My special thanks to Colonel Michael P. Fleming who led the staff effort.

Ronald O. Harrison

Ronald O. Harrison
Major General, Line, FLARNG
The Adjutant General of Florida

April 27, 2001

NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

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NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

INTRODUCTION

Since the founding of the Republic, the United States has embraced the fundamental and enduring goals of maintaining the sovereignty, political freedom, and independence of the United States, with its values, institutions, and territory intact. Achieving these essential goals requires fostering a stable international environment. Exerting leadership abroad can make America safer and more prosperous – by deterring aggression, fostering the peaceful resolution of dangerous conflicts, underpinning stable foreign markets, encouraging democracy, and working with others to create a safer world. In striving toward this international environment, the United States plays a leadership role by working closely and cooperatively with nations that share our values and goals, and influencing those that can affect U.S. national interests.[1]

Amidst great uncertainty about the future security environment, the United States faces a variety of significant challenges, such as cross-border conflict; internal conflict (civil wars, armed uprisings); proliferation of dangerous military technologies; transnational threats; humanitarian disasters; and wild-card scenarios. International crime syndicates, terrorist networks, and drug cartels could grow in strength and influence, presenting security problems that are significantly different from those of the past in terms of scope and quality. As the sole superpower with global reach, the United States will maintain its current mantle of leadership, but that leadership will become increasingly complex and more difficult to execute.[2]

To be a truly full-spectrum force, the United States military must be able to defeat even the most innovative adversaries. Those who oppose the United States will increasingly rely on unconventional strategies and tactics to offset the U.S. superiority in conventional forces. The United States' ability to adapt effectively to adversaries' asymmetric threats – such as information operations; nuclear, biological, or chemical weapons use; ballistic missiles; and terrorism – is critical to maintaining U.S. military preeminence into the 21st century.

Given this security environment, the United States will remain globally engaged for the foreseeable future. As a result, the national security strategy of "Engagement" and the national military strategy of "Shape, Prepare, Respond" will remain unchanged in principle, even if the terms and priorities are changed.[3] The principles of peacetime engagement as presented in the current United States National Security Strategy have long-term relevance. United States interests in the future will be served through a wide variety of actions intended to contribute to deterrence and conflict prevention. Accordingly, United States involvement in peacetime engagement activities and participation in international contingency operations could expand even further beyond the current scope.

At the same time, domestic contingencies – operations in support of civil authorities – are also expected to grow in significance. Indications are that United States military forces will play important roles in the future within the United States to combat terrorism, to provide disaster relief, to defend against attacks against the environment or national infrastructure, and to control borders. This trend points to a broadening concept within the United States regarding the

fundamental nature of national security and to the need to integrate Department of Defense (DoD) and non-DoD agencies more effectively in the future.[4]

Within the context of this fluid security environment, the new administration, the Congress, the American public, and other influential forces are examining the roles and missions of our nation's military. The cumulative effect of these forces will substantially impact future funding, structure and technology of the military. Those forces with the power to shape the debate through sound analysis and clear vision will have significant influence on the process.

While homeland security has been an important mission since the Guard's inception, there are calls for an increased emphasis on homeland security with a concurrent de-emphasis of the warfight mission. The dual mission status of the National Guard can be a mixed blessing, as some cannot envision the National Guard increasing their homeland security mission without restructuring forces away from the warfight.

This evolving national security debate will have a profound impact on the National Guard. While becoming integrated much more deeply with their active services, the Army and Air National Guard may be asked to assume a larger role in homeland security. While homeland security has been an important mission since the Guard's inception, there are calls for an increased emphasis on homeland security with a concurrent de-emphasis of the warfight mission. The dual mission status of the National Guard can be a mixed blessing, as some cannot envision the National Guard increasing their homeland security mission without restructuring forces away from the warfight. Such a viewpoint may be correct; however, to date there has been no comprehensive analysis that would justify such a restructuring.

The debate over future roles of the National Guard is often conducted through an examination of either the federal or state mission while excluding the impact of one on the other. This approach does not acknowledge the synergy and dynamics of these two simultaneous National Guard missions. This paper first examines the ongoing Army and Air National Guard warfight mission, framed within the context of the Guard's role in the Total Force, and the effect of a restructuring of the National Guard for homeland security. The examination of the Guard's federal mission will provide a context in which to explore the current role of the National Guard in homeland security, followed by an analysis of the United States Commission on National Security/21st Century's (Hart-Rudman Commission) recommendations in regard to the National Guard. The paper concludes with a strategy that enables the National Guard to meet its federal, state and community missions while providing the flexibility to adapt to a fluid security environment.

References:

[1] Department of Defense Annual Defense Report 2001
[2] Knowledge and Speed: Battle Force and the U.S. Army of 2025; the 1998 Annual Report on The Army After Next Project to the Chief of Staff of the Army
[3] Public pronouncements by key members of the new administration imply that the United States will remain internationally engaged. Examples of this view are contained in the speech of Dr. Condoleeza Rice, the Bush administration's National Security Advisor, at the Fletcher Conference, November 15, 2000; and Condoleeza Rice, "Promoting the National Interest," and Robert B. Zoellick, "A Republican Foreign Policy," Foreign Affairs, January/February 2000. Sourced from "*The Army and Homeland Security: A Strategic Perspective*", Antulio J. Echevarria II, March 2001, Strategic Studies Institute. Lieutenant Colonel Echevarria's article provided an excellent foundation on this issue from an Army perspective, particularly in regard to the national security assumptions.
[4] Knowledge and Speed: Battle Force and the U.S. Army of 2025; the 1998 Annual Report on The Army After Next Project to the Chief of Staff of the Army

NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

PART I – THE NATIONAL GUARD IN THE WARFIGHT

> ***We cannot undertake sustained operations anywhere in the world today without calling on reserve assets to get the job done.***
>
> ***Honorable Charles L. Cragin***
> ***Principal Deputy Assistant Secretary of Defense for Reserve Affairs***

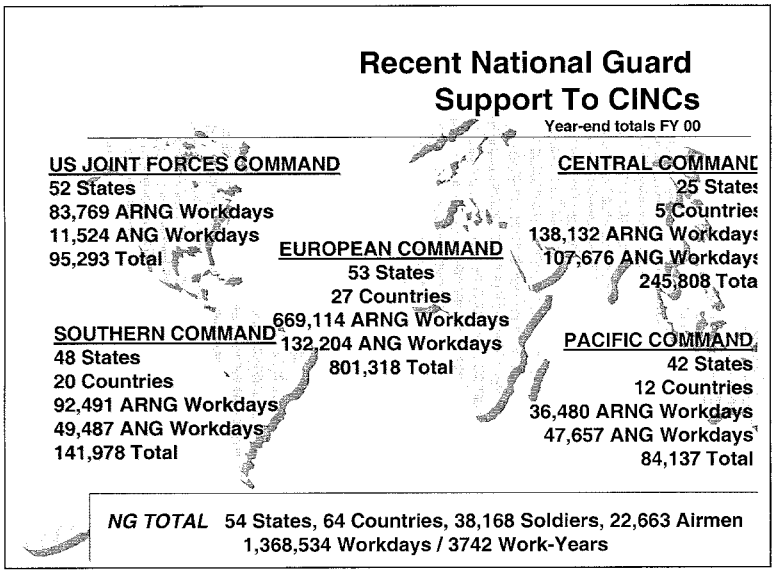
The Reserve Forces of the United States military have evolved from a force in reserve to a true partner with the active services. During the Cold War, National Guard and Reserve forces numbered over one million personnel but contributed support to the Active Forces at a rate of fewer than one million man-days per year. As the Cold War concluded, there was a need for a new national military strategy and a restructured military force. Embracing this strategy, America's National Guard and Reserve are moving to the forefront of efforts to secure peace, engender democracy, and nurture market economies on a global scale. Today's 866,000 reserve component forces provide roughly 13 million man-days of support per year.[1]

Since 1989 there have been seven Presidential Reserve Call-Ups, including Operation Just Cause, Operations Desert Shield/Storm and Haiti. For the first time in our nation's history, reservists are being called to active duty under three separate Presidential Reserve Call-Ups (PRCs), in Bosnia, Kosovo and Southwest Asia. As of the year 2000, the personnel contribution to these last three PRCs has been significant: 32,000 reservists have served in Bosnia, 10,000 reservists have served in Southwest Asia, and 10,000 have served in Kosovo. More than 23,000 members of the Guard and Reserve deployed in the summer of 1999 to Central America, where they helped five of our southern neighbors recover from the devastating impact of Hurricane Mitch.

> ***Reserve personnel have been integrated across all functional lines including systems, counterterrorism, analysis, imagery, targeting, and battle damage assessment. We would be unable to accomplish our missions and meet emerging requirements without this Reserve Component contribution.***
>
> ***General Tommy R. Franks***
> ***Commander in Chief***
> ***United States Central Command***

The Committee on Reserve Forces for 2010 and Beyond believes that reserve component tasking "will range from very small missions, such as small peacekeeping operations, to major missions, such as augmenting active components in major wars. ... Although the requirements for small-scale operations, such as peacekeeping, may develop gradually allowing time for preparation, the reserve components will be asked to respond rapidly for future combat missions

involving major elements."[2] The regional Commanders-in-Chief (CINCs) now depend on the Reserve Component to meet their mission requirements. In recent years the reserve forces' contribution to United States European Command's (EUCOM) mission has become a critical enabler and force multiplier for success in contingency operations and engagement programs. During Fiscal Year 1999, the Reserve Components provided over 1.1 million man-days to EUCOM missions helping to offset the strain on forward deployed and rotationally deployed units.[3] General Thomas Schwartz, Commander, United States Forces Korea, recently launched a major Reserve Component initiative, which includes the objectives of developing specific wartime tasks and accompanying mission guidance for each enhanced Army National Guard Separate Brigade in his command's war plans.[4]



ARMY NATIONAL GUARD

> ***Today, I declare that we are THE Army, totally integrated with a unity of purpose – no longer the Total Army, no longer One Army. We are THE Army, and we will march into the 21st century as THE Army.***
>
> ***General Eric K. Shinseki***
> ***Chief of Staff, United States Army***

The primary mission of the Army National Guard is to provide combat ready units and soldiers to fight and win our nation's wars. The Army National Guard (ARNG) has over the years increased its responsibilities toward its Federal mission requirements, developing a force that comprises over 54% of The Army's combat power. The National Military Strategy and the Department of Defense have identified the requirement for highly trained and equipped combat-ready forces to ensure our nation's ability to meet our security objectives. Ten active component divisions, along with eight Army National Guard divisions and 15 enhanced Separate Brigades comprise that combat force. The Army Guard's enhanced Separate Brigades are organized and resourced to mobilize, train and be ready to deploy within 90 days of a Presidential call-up.

ARMY NATIONAL GUARD CONTRIBUTION TO THE ARMY

Separate Brigades	**100%**	**Infantry Scout Troops**	**100%**
Field Artillery Battalions	**64%**	**Cavalry Squadrons**	**60%**
Mechanized Infantry Battalions	**58%**	**Armor Battalions**	**56%**
Combat Units	**54%**	**Infantry Battalions**	**52%**
Air Defense Artillery Battalions	**52%**	**Armored Cavalry Regiments**	**50%**
Medium Helicopter Companies	**50%**	**Maintenance Units**	**48%**
Combat Support Units	**45%**	**Corps Attack Helicopter Battalions**	**45%**
Combat Divisions	**44%**	**Combat Service Support Units**	**33%**
Special Forces Groups	**30%**	**Medical Units**	**15%**

Since 1989 the Army has been cut by more than 34 percent while undergoing a 300 percent increase in missions rates. Indeed, the Army has provided most of the forces used in the 35 major deployments in which it has participated since then. The average frequency of Army contingency deployments has increased from one every four years to one every 14 weeks. During the same period that the Army lost a third of its force structure, it also lost 21 percent of its infrastructure and 37 percent of its budget authority. The Army currently has more than 140,000 soldiers deployed or forward-stationed in 101 foreign countries.[5] This high operations tempo has increased the active Army's reliance on the Army National Guard. With the increasing involvement of Army forces in a changed world, integration of the Active and

Reserve Components takes on greater importance. No mission belongs exclusively to any single component – each and every mission is a total Army team effort.[6]

The 49th Armored Division, Texas Army National Guard, provided command and control of Regular Army forces and an 11-nation multinational force in the American sector of Bosnia-Herzegovina from March 7, 2000 through October 4, 2000. The deployment marked the first time since the Korean War that an Army National Guard division provided command and control of Regular Army forces participating in operations overseas. Fiscal Year 2000 saw the first contingency operation mobilizations of ARNG enhanced Separate Brigades (eSB) with two companies each from the 30th eSB, North Carolina ARNG, and 45th eSB, Oklahoma ARNG. As of 2000, 9,294 ARNG soldiers have deployed in support of Operations Joint Forge, Joint Guardian, and Southern Watch. Additionally, more than 32,700 Army Guard soldiers deployed overseas last year to support Active Component training missions. Ongoing Army National Guard missions include Joint Forge, Affirmative Alert, Cornerstone (European Command); Nuevos Horizons, Operation Amigos (Southern Command); and Northwind, Balance Kayak, Balance Torch, Balance Passion, Balance Tiger (Pacific Command).

The Guard is integral to our national defense across the full spectrum of operations.

General Jack Keane
Vice Chief of Staff, United States Army

The Army recently announced the rotation plan for Army units in Bosnia and Kosovo through 2005. Units for the Stabilization Force (SFOR) Rotations 9 to 16 in Bosnia will be drawn from active Army divisions, Army National Guard divisions and the Army Reserve. Army National Guard divisions will command six of the next eight SFOR rotations.[7] Army National Guard enhanced Brigades will backfill active Army divisional brigades on the Major Theater of War deployment plan during the Army transformation process. These brigades will be selected from a ready pool of eSBs currently scheduled for a Combat Training Center (CTC) rotation. Selected brigades will remain in the ready pool one-year before and one-year after the eSB's CTC rotation schedule. The "ready pool" will be comprised of two heavy and two light Army National Guard brigades overlapping during each two-year period.[8]

To further integrate the Army National Guard with the active Army, all Army National Guard combat elements are now part of Guard and Active Component Teaming. The units of corps, both active and National Guard, are expected to respond as a team. This includes missions and operational requirements spanning the entire spectrum of Army operations. The Army is also working with the warfighting Commanders-in-Chief to address specific missions and ensure the Reserve component is an integral part of the overall picture. These alignments will enhance the readiness, training and combat lethality of ARNG combat units. (See chart on page 9).

The Army is transforming based upon the emerging security challenges of the 21st century and the need to respond more rapidly across the full spectrum of operations. As an integral part of The Army, the ARNG will transform as well. One ARNG brigade is expected to begin transformation in Fiscal Year 2008. In the current plan the entire ARNG will transform to the objective (final) force by Fiscal Year 2032. Before transformation is complete, the portion of the ARNG not yet transformed will remain part of the Legacy Force. The Legacy Force is the strategic hedge that provides essential capability to support the National Command Authority and warfighting CINCs throughout the transformation activities.

The Army has developed multi-component units that blend personnel from more than one component (active Army, ARNG, and/or Army Reserve) into a single documented unit. The objectives of this initiative are to enhance Active Component/Reserve Component integration while optimizing the unique capabilities of each component, thus improving the readiness and resource posture. Total Army Analysis (TAA-05) selected 12 initial units with which to develop and test procedural options in Fiscal Years 1999/2000, with 33 additional units planned for conversion to multi-component.

The sustained high operations tempo has caused a reevaluation of the recent Army personnel reductions. Any restructuring for homeland security that reduces the combat ability of the Army National Guard will have a significant negative impact on an already reduced Army.

The sustained high operations tempo has caused a reevaluation of the recent Army personnel reductions. Then Defense Secretary William S. Cohen decided against any reductions of Army National Guard troop strength resulting from the last Quadrennial Defense Review due to the growing reliance of the active service on reserve forces for active duty assignments.[9] A recent RAND report states that The Army may need as much as one-third more personnel by 2015 to staff a transformed force.[10] Some leaders in Congress have been on record that the Army is too small.[11] Even General Shinseki has articulated this as a possible issue.[12] Thus any restructuring for homeland security that reduces the combat ability of the Army National Guard will have a significant negative impact on an already reduced Army.

The Army National Guard of today and tomorrow fulfills a vital national defense role. Strategic planning integrates ARNG units into crucial combat, combat support, and combat service support elements of our nation's military forces. These elements provide rapid augmentation, reinforcement, and expansion in time of call-up or mobilization. The Army National Guard is a fully trained, ready, disciplined force prepared to meet the challenges of the 21st century.

GUARD AND ACTIVE COMPONENT TEAMING

Active Components	Guard Components
I Corps – 2nd Infantry Division, Korea	40th Infantry Division, California ARNG 29th Infantry Brigade, Hawaii ARNG 81st Brigade, Washington ARNG 116th Cavalry Brigade, Idaho ARNG
III Corps – Fort Hood, Texas 7th Infantry Division, Colorado	39th Infantry Brigade, Arkansas ARNG 41st Infantry Brigade, Oregon ARNG 45th Infantry Brigade, Oklahoma ARNG 155th Armored Brigade, Mississippi ARNG
4th Infantry Division, Texas Fort Carson, Colorado 1st Cavalry Division, Texas	34th Infantry Division, Minnesota ARNG 38th Infantry Division, Indiana ARNG 49th Armored Division, Texas ARNG
V Corps – Heidleberg, Germany Fort Leavenworth & Fort Riley, Kansas	35th Infantry Division, Kansas ARNG 256th Infantry Brigade, Louisiana ARNG 278th Armored Cavalry Regiment, Tennessee ARNG
XVIII Airborne Corps – Fort Bragg, North Carolina	
3rd Infantry Division, Georgia	28th Infantry Division, Pennsylvania ARNG
10th Mountain Division, New York	29th Infantry Division, Virginia ARNG
101st Airborne Division, Kentucky	42nd Infantry Division, New York ARNG
24th Infantry Division, Kansas	27th Infantry Brigade, New York ARNG 30th Infantry Brigade, North Carolina ARNG 48th Infantry Brigade, Georgia ARNG 53rd Infantry Brigade, Florida ARNG 76th Infantry Brigade, Indiana ARNG 218th Infantry Brigade, South Carolina ARNG

AIR NATIONAL GUARD

> ***We are an integrated Total Force and rely on the critical contributions of our Guardsmen and Reservists.***
>
> ***F. Whitten Peters***
> ***Secretary of the Air Force***

The basic mission of the Air National Guard is to provide combat-ready units and individuals, as required by the Constitution and the National Security Strategy. The Air National Guard (ANG) is comprised of 105,000 citizen airmen. The ANG has 88 flying units and 239 mission support units in all states and territories. In the year 2000, these flying units participated in operations that encompassed 41 countries. Air National Guard air crews averaged 85 operational days and 45 days away from station; flew 355 deployments; which involved a total of 20,000 people and more than 1,100 aircraft in operations worldwide.

This high operations tempo continues a trend of greater dependence by the Air Force on the Air Guard. In addition to providing 100 percent of the air defense interceptor force to the active Air Force, the Air National Guard provides:

AIR NATIONAL GUARD CONTRIBUTION TO THE TOTAL AIR FORCE

Aircraft Control & Warning Forces	**100%**	**Combat Communications**	**80%**
Installation Engineering Capability	**74%**	**Air Control Support Forces**	**68%**
Air Traffic Control	**64%**	**Tactical Airlift**	**49%**
Security	**38%**	**Air Refueling KC-135 Tankers**	**43%**
General Purpose Fighter Force	**32%**	**Rescue and Recovery Capability**	**23%**
Tactical Air Support	**16%**	**Weather Flights**	**15%**
Bomber Force	**11%**	**Strategic Airlift Forces**	**9%**
Special Operations Capability	**5%**		

Airlift squadrons, flying C-130 Hercules aircraft, transport personnel, equipment and supplies. Eleven aeromedical evacuation units augment the Air Force. The Air National Guard's airlift capability includes one C-5 Galaxy and two C-141 Starlifter units. Air refueling units, flying KC-135 Stratotankers, provide air-to-air refueling for strategic and tactical aircraft.

The Air Guard's general-purpose fighter force is equipped with F-15, F-16, A-10 and OA-10 aircraft. The ANG has three rescue and recovery squadrons that fly HH-60 helicopters and HC-130 aircraft. These units provide important lifesaving capabilities and services to

civilian and military agencies. Two heavy bomber units fly B-1 aircraft and provide strategic strike and deterrence capabilities for the nation's defense. Air support units that fly OA-10s provide forward air control support of close-air support missions.

Support units are essential to the Air Force mission. The Air National Guard has air control units, combat communications squadrons, civil engineering units, weather flights, aircraft control and warning squadrons, a range control squadron and an electronic security unit. Air National Guard weather flights support Air Force, Army National Guard and Army Reserve units. Civil engineering squadrons provide engineer and firefighter forces trained and equipped to deploy on short notice. Air Guard Aerial Port units provide trained personnel to support Air Mobility Command's Two Major Theater War commitments.

The Air National Guard provides instructor pilot and tactical weather operations training for the Total Air Force. The Air Guard is in the developmental phase of information-warfare capabilities, which will include an Information Warfare Branch, Space Intelligence Division, and an Operations Directorate.

The baseline of operations for the Air Force starts with the Expeditionary Aerospace Force (EAF). This is the foundation for the Air Force to organize, train, equip, and sustain aerospace forces to meet the requirements of national military strategy and the challenges of the global security environment. From this baseline comes the Air Force's ten Aerospace Expeditionary Forces (AEF) teams. AEFs have deployed units to Prince Sultan Air Base (AB) in Saudi Arabia, Al Jaber AB in Kuwait, Al Dhafra AB in the United Arab Emirates, and to Seeb in Oman. Further deployments have gone to Incirlik Air Base in Turkey for Operation Northern Watch, numerous sites in the Balkans, to Iceland for air defense operations and the Caribbean and South America areas for counterdrug operations.

AIR NATIONAL GUARD DEPLOYED OPERATIONS	
1953-1990	***10***
1991-1998	***32***

By accepting ten percent of the total AEF tasking, the ANG will contribute close to 25 percent of its complete force structure every 15 months. After two complete AEF cycles, approximately half the Air National Guard will have served as part of the AEF. The shortage of trained active-duty aircrews and current operations tempo have increased the Air Force's reliance on the Air National Guard and Air Force Reserve to help accomplish the mission and make the transition to an expeditionary aerospace force.[13]

The Air National Guard will continue to play a pivotal role in the Total Force. There will be expanded roles in the Air Force's space, intelligence, and training missions. In addition, the Air National Guard is a full partner in the EAF, deploying operational and support forces. Based

on these important new roles, the Air National Guard will bring new meaning and effectiveness to the concept of the Total Force.

SUMMARY

The Army and Air National Guard remain an indispensable part of our National Military Strategy. As part of the Total Force, the National Guard is fully engaged in joint operational support, contingency operations, military-to-military contact, and deterrence missions. In times of international crises National Guard units will play a critical role overseas. As missions and structure are developed for homeland security, any restructuring for homeland security that reduces the combat ability of the Army or Air National Guard will have a significant negative impact on an already reduced United States military.

References:

[1] United States Department of Defense; Annual Defense Report 2001
[2] National Defense website: http://nationaldefense.ndia.org/article. "Reservists Need More High-Tech Training - Remote Logistics Support Could Assist Both Active and Reserve Troops" by Robert H. Williams
[3] General Wesley K. Clark. Statement made before 106th Congress, February 17, 2000
[4] General Thomas A. Schwartz, Commander in Chief, United States Forces Korea. Statement before House Armed Services Committee, March 15, 2000
[5] General Eric K. Shinseki, Chief of Staff, United States Army. Testimony before Congress on September 27, 2000 as reported in Defense Report from AUSA's Institute of Land Warfare, January 2000
[6] Lieutenant General Thomas N. Burnette, Jr., Deputy Chief of Staff for Operations and Plans, United States Army. Statement made before the House National Security Committee, March 11, 1998
[7] The Association of the United States Army News, January 2001
[8] Forces Command Regulation 350-13 dated January 9, 2001
[9] National Defense website: http://nationaldefense.ndia.org/article."National Guard Modernization Pegged to Emerging Missions" by Stephen Willingham
[10] Inside the Army; Vol. 13, No. 9. March 5, 2001
[11] Representative Ike Skelton. Extended Remarks, Congressional Record, July 1, 1999
[12] General Eric K. Shinseki, Chief of Staff, United States Army. Statement made before 106th Congress, September 27, 2000
[13] F. Whitten Peters, Secretary of the Air Force. Air Force News, April 19, 2000

NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

PART II – CURRENT ROLES OF THE NATIONAL GUARD IN HOMELAND SECURITY

Homeland security is not a new concept for America, nor is it new to the National Guard. Maintaining the security of America's homeland is a vital national interest and acknowledged as one of our government's basic responsibilities. As outlined in America's National Security Strategy, U.S. vital interests include, *"the physical security of our territory... the safety of our citizens... the economic well-being of our society, and the protection of our critical infrastructures..."*[1] There is continuing debate whether the protection of these vital interests should be termed "*homeland defense*," "*homeland security,*" or "*domestic security*." To achieve cohesion within this document, the term *homeland security* will be used to identify efforts to secure the physical security of our territory, the safety of our citizens, the economic well being of our society, and the protection of our critical infrastructures.

The term "homeland security" is not listed in the Department of Defense Dictionary of Military and Associated Terms.[2] For the purpose of this discussion, homeland security is defined as: "*The prevention, deterrence, preemption of, and defense against, potential destructive acts or events, targeted at U.S. territory, sovereignty, population, and infrastructure as well as the management of the consequences of such acts or events creating domestic emergencies.*" This definition is broad in scope and includes the nation's response to a wide range of domestic threats, including natural and man-made disasters, illegal drug use, and civil disturbance.

The current homeland security missions of the National Guard include air/land defense; crisis/consequence management; and counterdrug and drug demand reduction support. The National Guard can perform a number of homeland security missions because of a unique combination of strengths. The National Guard is trained, equipped, and organized to function in chaotic and challenging environments as part of its federal war-fighting mission. Transportation, communication, and security assets, as well as tactical and administrative skills provided as part of the federal mission infrastructure, are critical elements that enable the National Guard to effectively accomplish its homeland security missions. The National Guard is forward deployed throughout the United States with a presence in 2,700 communities, enabling the Guard to establish long-term relationships with state and local officials. The National Guard is so well suited for this mission that if it did not exist, the United States would have to create an organization like it to assume this mission.[3]

Air/Land Defense

Our military's first mission is the defense of the territorial United States. Americans expect a domestic environment in which their homeland is secure. The National Guard's mission under Air/Land Defense is to be prepared to participate as part of the joint force in the defense of the United States and its territories.

The Air National Guard has the ongoing mission of safeguarding the sovereign skies of the United States. This mission, assumed from the Active Air Force, includes:

- Tactical warning and attack assessment
- Peacetime air sovereignty to include detection and monitoring of suspected drug aircraft
- Air defense of the United States during all phases of conflict

An emerging mission within air sovereignty is the defense against air threats with weapons of mass destruction potential such as cruise missiles and unmanned aerial vehicles. 1st Air Force, the only ANG numbered Air Force, has recently been given the increased responsibility of providing Air Force forces to the Joint Task Force-Civil Support (part of Joint Forces Command) as required.

In the unlikely event of an armed invasion of the territorial United States, the National Guard would fight within the plans of the Army and Air Force. The National Guard role in land defense, either in conjunction with or to supplement active forces, may encompass:

- **Protection of critical assets**. Enemy forces may attack facilities that are essential to the operation of society, the government, and the military. These assaults can disrupt civilian commerce, government operations, and military capabilities. Critical assets include telecommunications, electric power, gas and oil, banking and finance, transportation, water, emergency services, and government continuity. Military equipment and forces may be used to prevent their loss or to restore lost capability.

- **Force protection**. During national emergencies, the additional protection of military installations, with their personnel, equipment, facilities, civilian employees, and family members, may be required.

- **Support to crisis management**. Selected military units in support of the lead agency may operate with the Department of Justice to eliminate identified threats. Assistance may be provided in the areas of transportation, equipment, training, and personnel.

- **Support to counterterrorism**. When terrorists pose an imminent threat to U.S. territory, its people, and critical assets, the U.S. military may be used to conduct operations to counter these threats, using ground, air, space, special operations or maritime forces. Such use will be a political decision, often made in conjunction with allies, particularly when the threat is from a transnational group.

- **Information Operations (IO).** The objective under IO is to provide information operations in support of homeland security efforts. Information operations are defined as defensive and offensive operations taken to affect adversary information and information systems while defending one's own systems.[4] The Army National Guard has dedicated 682 IO positions to support tactical commander's campaign goals, defend Army and National Guard IO systems against compromise, and provide training. These positions include National Guard Bureau Computer Emergency Response Teams; Division and

Enhanced Brigade IO sections; Field Support Teams; and Vulnerability Assessment Teams.

Crisis/Consequence Management

> ***Thousands of North Carolina residents were aided by the efforts of Army and Air National Guard soldiers. The flood brought difficult situations and the National Guard was there when people needed them.***
>
> ***James Lee Witt***
> ***Director, Federal Emergency Management Agency, 1999***

The National Guard's unique federal-state status enables the Guard to be the United States armed forces' primary provider of Military Support to Civilian Authorities for natural and man-made disasters, civil disturbances, and other events requiring military assistance. These events have the capacity to inflict damage equal to or greater than those caused by devices normally termed "weapons of mass destruction". Out of the 100 most expensive worldwide natural disasters, the United States has experienced one quarter of them.[5] These disasters cover the entire spectrum from hurricanes to earthquakes to flooding, snow storms, heat waves and wildfires. The total expense of these disasters have cost the United States over $117 billion.[6] Of greater importance is the number of lives lost and emotional distress that a huge portion of the population endures due to these events. These disasters will only become more costly and deadly as the world population grows and urban bases expand. Dennis Engi from the U.S. Department of Energy in New Mexico published a study which estimated that between 1995 and 2010, the U.S. alone would incur damage costs due to natural disasters at approximately $90 billion and suffer 5,000 lives lost.[7] Natural disasters have been and can be considered as a future "threat" to the United States.

The role of the National Guard in support of civilian federal agencies in homeland security is identified in The Federal Response Plan.[8] Under the Stafford Act and Executive Orders 12148, Federal Emergency Management, and 12656, Assignment of Emergency Preparedness Responsibilities, the Federal Emergency Management Agency has been delegated primary responsibility for coordinating Federal emergency preparedness. Although "first responders" will take the lead (assuming they are still viable) in the vast majority of cases, the Department of Defense must be prepared to assist.[9] In the area of critical infrastructure protection, especially cyber-security, this partnership extends to the business community and perhaps even to individual workers and citizens who are often the first lines of defense.[10]

Homeland security missions currently conducted by the National Guard include response to natural disasters, civil emergencies, and support to law enforcement agencies. A partial listing of this support is outlined below:

National Guard Support to Local Authorities	
Food delivery	**Air and ground transportation**
Recovery of contaminated areas	**Construction of temporary shelters**
Testing and water purification	**Demolition**
Heavy construction	**Communications**
Shelter management	**Security**
Medical	**Evacuation**
Search and Rescue	**Emergency power**
Linguist support	**Law enforcement support**

The National Guard may be employed in support of the lead agency after a hostile event to save lives, to prevent human suffering, and to mitigate property loss. In unusual circumstances, the National Guard may assist with civil order in conjunction with state and local law-enforcement authorities. This is done under approved rules of engagement and appropriate laws. While the National Guard normally serves solely in a support role during emergency events, in 21 states the state Adjutant General, a two star general officer, acts not only as the commander of the Army and Air National Guard units within the state but also as the director of state emergency management.

Between 1997 and 2000, the National Guard conducted a total of 1,161 "Homeland Security" missions; 598 of those in response to natural disasters, 133 in support of law enforcement agencies, and 174 in response to civil emergencies. [11] ***Approximately 1,146,333 man-days were devoted to Homeland Security missions during this period.***

The National Guard can provide a regional response through the Emergency Management Assistance Compact (EMAC), a mutual aid agreement between states that was developed to allow for the rapid deployment and allocation of personnel and equipment to help disaster relief efforts in other states. The EMAC is a legal document signed by 37 State Governors and is used primarily when state and local resources are overwhelmed and federal assistance is inadequate or unavailable. Such agreements enable the National Guard to provide support assets across state boundaries.[12]

Response to Weapons of Mass Destruction Events

The National Guard Weapons of Mass Destruction-Civil Support Team (WMD-CST) Program is intended to enhance the United States and Department of Defense's domestic preparedness and response to terrorist attacks involving weapons of mass destruction. This program began in Fiscal Year 1999 with the creation of 10 WMD-CSTs; Congress has subsequently authorized an additional 22 WMD-CSTs. These teams will play an important role in reducing exposure to, and consequences of Chemical, Biological, Radiological, Nuclear and High-Yield Explosive (CBRNE) attacks on the homeland. The WMD-CST is designed to leverage National Guard resources and relationships to enhance the overall preparedness of

civilian emergency responders and managers, and to respond to and mitigate the consequences of domestic WMD events. The WMD-CST maintains a partnership between military WMD experts, civilian responders and emergency managers at the local, state and federal levels.

The Civil Support Teams are being trained to work closely with civilian responders, conduct reconnaissance at suspected sites, decontaminate, treat and transport contaminated victims, and provide site security to ensure contamination is contained. These teams can also provide technical expertise and training to other agencies involved in homeland security. The primary focus of the WMD-CSTs is to assist the incident commander and local first responders in managing the effects of a WMD incident. Twenty-two full time personnel from the Army and Air National Guard staff each team.

The WMD-CSTs are but one aspect of the Department of Defense's contribution to the complex mosaic of local, state and federal resources that are available to accomplish the homeland security mission. These teams are unique in the federal-state relationship because they are federally resourced, federally trained, with federal doctrine developed for them. They are primarily under the command and control of the governors of the states in which they are located, and under the operational command and control of the Adjutants General of those states. This enables them to immediately respond to an incident as part of a state response, rather than having to go through the process of requesting federal assistance through the federal response plan.

Counterdrug and Drug Demand Reduction Support

> ***Drugs are a weapon of mass destruction and a major threat to the American homeland.***
>
> ***General Peter Pace***
> ***Commander-in-Chief***
> ***United States Southern Command***

Illegal drugs continue to have a devastating effect on the fabric of American society. Unfortunately, the United States leads the world in the consumption of illicit drugs by virtue of its size, economic status and culture. Between 1989 and 2000, the Office for National Drug Control Policy (ONDCP) estimated that Americans spent approximately $689 billion on cocaine, $176 billion on heroin and $143 billion on marijuana. The consumption and abuse of drugs destroys Americans physically, financially and emotionally. In 1998, according to the U.S. Department of Health and Human Services, 233,493 people were admitted to hospitals nation wide for cocaine overdoses. In terms of defending America's borders against foreign invaders who cause concentrated mass destruction, our single greatest challenge with the highest annual mortality rate of any weapon of mass destruction is stopping foreign and domestic importers of illegal drugs.

The National Guard provides invaluable assistance to federal, state and local law enforcement agencies, as well as Community Based Organizations to curb the supply of and demand for illegal drugs in the United States. Protecting our children and our neighbors' children from the dangers of illegal drugs is sacred duty. The skills that the National Guard has developed in the preparation for its warfight mission have proven invaluable in reducing the demand for and stopping the supply of addictive substances.

National Guard support falls into two categories – providing support to help law enforcement stop illegal drugs from being imported, manufactured and distributed; and supporting drug demand reduction programs. This support covers a wide array of tasks, such as:

National Guard Counterdrug and Drug Demand Reduction Support

Linguist/Translator	**Cargo and Mail Inspection**
Intelligence Analyst	**Law Enforcement Training**
Investigative Case Support	**Ground Reconnaissance**
Communications	**Aerial Reconnaissance**
Engineer Support	**Community Demand Reduction Support**
Subsurface Diver	**Anti-Drug Coalition Development**
Transportation, by air or ground	**Demand Reduction Education**
Maintenance and Logistics	**Leadership Development**

Examples of this support include:

- Law enforcement officers use Army National Guard helicopters in marijuana eradication efforts.
- Soldiers and airmen of the National Guard assist United States Customs agents inspecting cargo at airports, seaports and on waterways. They also work with the United States Postal Service inspecting mail for illegal drugs.
- National Guard military intelligence analysts help federal, state and local narcotics investigators link together case evidence.
- National Guard linguists interpret documents and recordings for law enforcement agency use in obtaining search warrants and in successfully prosecuting drug criminals.
- Under the Drug Demand Reduction program, the National Guard helps organize local community anti-drug coalitions and teach Guardsmen, their families and local community groups about the harmful effects of illegal drugs.[13]

During Fiscal Year 2000, the National Guard performed 11,766 counterdrug missions. Since 1989, these counterdrug programs, supported by the National Guard, resulted in the seizure of $2.4 billion dollars in cash, 1.8 million pounds of cocaine and 10 million pounds of marijuana. In addition, 148,000 weapons were seized and 743,000 arrests were made during this same

period.[14] On any given day the National Guard has approximately 3,000 soldiers and airmen on full-time counterdrug duty in every state and territory in the nation.[15] National Guard Drug Demand Reduction programs educate and motivate youth and adults to reject illegal drugs. The Guard conducted 2,470 missions in support of parents, community coalitions, and law enforcement agencies serving over 5.7 million people, and 6,180 missions, which directly supported youth prevention programs serving over 7.7 million youth between the ages of 5-18. 16]

> ***It has come to our attention that the best-kept secret in the law enforcement community is the support of the Florida National Guard. ... The Guard currently provides exceptional, comprehensive, professional military support to law enforcement agencies and community based organizations to assist them in their fight to reduce the supply and demand for illegal drugs in this State. ... The support and training they offer is unparalleled by anything we have seen in our inquiry.***
>
> ***State of Florida's 15th Statewide Grand Jury Findings, 2000***

Summary

The National Guard mission of homeland security continues and will continue to evolve. Parts III and IV of this paper will examine various proposals and provide a path for the National Guard to continue to serve its nation in homeland security. The National Guard is extremely effective at performing the dual federal-state mission it is currently tasked to accomplish. By using those skills and resources provided for its federal mission, the Guard has been able to assist state and local agencies exponentially during disasters. The National Guard will continue to work closely with federal, state and local organizations in the continuing fight against illegal drugs. As the Congress, the Department of Defense, State Governors and legislatures, and our community leaders develop new methods to combat this threat, the National Guard is prepared to expand its support.

References:

[1] The White House, *A National Security Strategy for a Global Age* (Washington, D.C.: U.S. Government Printing Office, December 2000), p. 4.
[2] Department of Defense *Dictionary of Military and Associated Terms*, Joint Publication 1-02, June 10, 1998 (amended June 14, 2000)
[3] "*The National Guard's Enhanced Role in Homeland Security,*" Major General (Retired) Don Edwards and Colonel (Retired) Richard Dunn. Center for Strategic and International Studies. February 2001

[4] "*The Army and Homeland Security: A Strategic Perspective*", Antulio J. Echevarria II, March 2001, Strategic Studies Institute.
[5] http://www.disastercenter.com
[6] http://www.disastercenter.com
[7] Engi, Dennis, Albuquerque, New Mexico, U.S. Department of Energy, Sandia National Laboratories, 1995, SAND94-2686, p. 58
[8] Federal Response Plan, April 1999
[9] "*Transforming Defense-National Security in the 21st Century*" - Report of the National Defense Panel December 1997
[10] *"Homeland Security: New Challenges for an Old Responsibility,"* Commander Michael Dobbs, USN "Strategic Review" Fall 2000.
[11] National Guard Bureau Website http://www.ngb.dtic.mil/
[12] National Emergency Management Association (NEMA) website: http://www.nemaweb.org
[13] National Guard website: http://www.ngb.dtic.mil
[14] NGB – Counter Drug Management Information System (CMIS)
[15] "2000 National Guard Counterdrug Coordinator Conference Presentation"
[16] Excerpts DDR Information Paper-Major Wilbanks/NGB-CDS/11 March 1999

NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

PART III – REVIEW OF THE UNITED STATES COMMISSION ON NATIONAL SECURITY/21ST CENTURY PHASE III REPORT

The Hart-Rudman Commission's recommendation that homeland security become a primary mission of the National Guard was implemented over three centuries ago and remains a vital mission for the Guard.

Concern about the nation's vulnerability to the use of weapons of mass destruction on United States soil has been building among military and political leaders for some time. Over the past two years, the United States Commission on National Security/21st Century has brought new attention and much needed study to this unmet national priority. The Commission's Phase I Report stressed that mass-casualty terrorism directed against the United States homeland represents a growing national threat. The Phase II Report proposed a strategy that prioritizes deterrence, defense against, and response to such dangers. The Commission's third and final report, released in January 2001, forcefully argues that the security of the American homeland should become the primary national security mission of the United States government. The report indicates that a new strategic emphasis, a number of governmental realignments, and a series of initiatives to increase executive and legislative branch coordination will be required. Within the Phase III Report, the Commission provides its vision for the National Guard role in homeland security.

The Commission's Phase III Report recommends that, "*the Secretary of Defense, at the President's direction, should make homeland security a primary mission of the National Guard, and the Guard should be reorganized, properly trained, and adequately equipped to undertake that mission.*"[1] In this context, the National Guard would redirect "*resources that are currently allocated predominantly to preparing for conventional wars overseas to provide greater support to civil authorities in preparing for and responding to disasters, especially emergencies involving weapons of mass destruction.*"[2]

Taken literally, this Report could be interpreted as a call for homeland security to become the *primary mission* of the Guard. However, in testimony before the House Government Reform Subcommittee on National Security, Veterans' Affairs, and International Relations, Commission Co-Chair Warren Rudman stated:

> One of our recommendations that has been vastly misunderstood is, we talk about forward deployment of U.S. forces, the United States National Guard is forward deployed in this country, and in the event of the kind of holocaust we're talking about, they are the best people to aid local authorities in their states as they do now. Some of them have thought we were recommending, who didn't read the report, that that be their primary mission.

> We say it should be a secondary mission. Their primary mission is the one to support the regular forces in time of national emergency, particularly in times of war.[3]

Senior National Guard leaders support Senator Rudman's position. Lieutenant General Russell C. Davis, Chief, National Guard Bureau, recently testified to the Senate Committee on Armed Services Subcommittee on Emerging Threats that "while the National Guard may lead on certain homeland security mission areas, we must not separate the National Guard from our traditional war-fighting missions."[4] The Air National Guard QDR 2001 White Paper on Homeland Security has as one of its objectives "to ensure that decision-makers recognize that ANG [Air National Guard] capabilities for the Homeland Security mission derive from its wartime tasking as well as the Guard's position with the local communities and that future Homeland Security force structure deliberations account for this dual-mission role for the ANG."[5] The Adjutants General Association of the United States, representing the 54 National Guard Adjutants General, adopted resolutions reflective of this position.[6]

Thus while recognizing the importance of the National Guard's warfighting mission, the Commission sees an enhanced role for the Guard in homeland security. The Phase III Report recommended a number of specific actions to be undertaken by the National Guard. These recommendations with analysis are presented below.

National Guard units should:

Participate in and initiate, where necessary, state, local, and regional planning for responding to a WMD [Weapons of Mass Destruction] incident.

The National Guard is currently involved in response planning for WMD incidents. The Guard constantly reviews its role in the Federal Response Plan regarding WMD or any similar incident. At the national planning level, the National Guard Bureau is fully involved with the Department of Defense WMD initiatives. At the state level, each National Guard is integrated into their state's emergency response plan. National Guard State Area Commands have the responsibility for consequence management preparations as part of the state's emergency response plan. These staffs are responsible for supporting community readiness exercises designed to test local planning and preparation. In the fielding of the National Guard Weapons of Mass Destruction Civil Support Teams (WMD-CSTs), significant national, state and local planning is underway. (additional detail on the WMD-CST program is provided later in this paper) The National Guard is involved in regional planning through the Emergency Management Assistance Compact (EMAC), a mutual aid agreement between states that was developed to allow for the rapid deployment and allocation of personnel and equipment to help disaster relief efforts in other states. Such agreements enable the National Guard to provide support assets across state boundaries.

Train and help organize first responders.

This recommendation must be viewed at the technical and planning levels. The National Guard has a limited role in training first responders in their technical skills. Accrediting organizations, educational institutions, and internal training professionals are better equipped to train first responders. The National Guard should only be the trainer in unique situations that

require military training, specialized training that the Guard can best provide or by specific request of the first responders.[7] National Guard training facilities and the Guard's Distance Learning network should be available to state and local first responders for their use, as appropriate. At the planning level, the National Guard participates with the Department of Defense; and federal, state and local organizations in the emergency response planning process, as outlined in the previous paragraph.

Maintain inventories of military resources and equipment available in the area on short notice.

If properly resourced, the National Guard can maintain an inventory of the military resources within its state to provide state and federal officials a comprehensive list of such resources. As each state National Guard maintains a current listing of its own resources, this inventory would entail surveying other military services to determine the resources that would or could be used in emergency situations. Department of Defense guidance would be required to designate the National Guard as the lead agency on such a project.

Plan for rapid inter-state support and reinforcement.

Each National Guard has a rapid response contingency plan for emergency operations. Such a response capability can be reoriented toward inter-state support and reinforcement, as currently exists through the Emergency Management Assistance Compact system and other agreements. The key aspect of this response, however, is that the decision to request and ultimately provide National Guard support is made by the individual states. The National Guard should support regional councils that coordinate plans for inter-state support and reinforcement.

Develop an overseas capability for international disaster relief and humanitarian assistance.

The National Guard has a long tradition of supporting international disaster relief and humanitarian assistance operations. The same capabilities the National Guard provides to the individual states are available for such operations. With appropriate funding and changes in statutes, the National Guard could take a more active role in this mission. For example, the Denton Amendment, passed by Congress in 1985, currently restricts humanitarian aid from being transported on military aircraft not already scheduled to destinations in the affected area(s). The National Guard possesses the type of equipment needed for disaster relief operations, the personnel to operate this equipment and the assets to transport them.

This initiative must be staffed through the Regional Commanders-in-Chief (CINC), as they dictate (within the bounds of national policy and political guidance) the amount and type of military resources required to respond to international crises in their area of responsibility. Most CINCs have significant experience with reserve forces in their theater and this initiative has the capacity to increase the use of reserves. CINCs would need to define specific Reserve Component missions and provide the resources for these missions, as the National Guard receives no funding for international humanitarian assistance.

Other Recommendations

The Commission provides other recommendations that would affect the National Guard during homeland security operations, most notably involving the issue of command and control during such operations. This issue will be addressed in Part IV of this paper.

Summary

As evidenced by Senator Rudman's remarks, the Commission does not seek to change the National Guard's mission emphasis but to leverage the Guard's unique capabilities to improve our nation's security here and abroad. While the Commission has provided a broad vision of the National Guard's future role in homeland security, there remains a requirement for a strategy that provides specific National Guard roles and missions in homeland security. This paper provides such a strategy in Part V.

References:

[1] The Phase III Report of the United States Commission on National Security/21st Century, "Road Map for National Security: Imperative for Change," p. 25.
[2] Ibid.
[3] Testimony before the House Government Reform Subcommittee on National Security, Veterans' Affairs, and International Relations, by Commission Co-Chair Warren Rudman on March 27, 2001.
[4] Lieutenant General Russell C. Davis; Chief, National Guard Bureau testimony before the Subcommittee on Emerging Threats and Capabilities, Senate Armed Services Committee on May 1, 2001.
[5] Air National Guard QDR 2001 White Paper on Homeland Security, April 2001.
[6] The Adjutants General Association adopted these resolutions on May 5, 2001 at their meeting in Orange Beach, Alabama. A complete list of these resolutions is available at http://www.ngaus.org/adjutants/principlesfornatsecurity.asp.
[7] Specialized training could include the WMD-CSTs training first responders in preventative measures and operational techniques related to Chemical, Biological, Radiological, Nuclear and High-yield Explosive (CBRNE) incidents.

NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

PART IV - FUTURE ROLE OF THE NATIONAL GUARD IN HOMELAND SECURITY

> ***The National Guard and Reservists will be more involved in homeland security, confronting acts of terror and the disorder our enemies may try to create.***
>
> ***President George W. Bush***
> ***United States of America***
> ***Speech, February 14, 2001***

Defining the military's role in homeland security is complicated by the broad spectrum of potential threats. It is also complicated by an unresolved tension between those who assume the Department of Defense will generally play a supporting role to civilian lead agencies and others who see the real possibility of a large-scale military or terrorist incident on U.S. soil which will require Department of Defense primacy. There may be some temptation to look to the Department of Defense first at the exclusion of other agencies or activities, inside and outside of government, who may be better suited to perform a key role in defense of the nation. Unfortunately, keeping the nation's homeland secure cannot be accomplished solely by military forces. Homeland security requires an extraordinary level of civil-military cooperation as well as unity of purpose, clear lines of responsibility, and close coordination at federal, state and local levels. The issue of identifying the lead agency for homeland security is discussed later in this section.

The National Guard currently plays a significant role in traditional homeland security missions involving response to natural disasters and civil emergencies. In 21 states, the state Adjutant General, a two star general officer, acts not only as the commander of Army and Air National Guard units within the state but also as the director of state emergency management. In other states the Adjutant General serves as the Governor's advisor for military emergency response. Regardless of the arrangement, National Guard staffs operate in close coordination with state and local agencies to prepare for such incidents and mitigate their effects. In the event of an emergency involving weapons of mass destruction, the Guard will play a central role in supporting civil authorities in crisis and consequence management.

As a new appreciation for today's threat environment takes hold, new strategic concepts, force structure, and resources will be committed to homeland security. It is likely that the National Guard's responsibility for preemption and deterrence as well as consequence management will expand. Such an expansion should not come at the expense of the National Guard's warfighting capabilities. Restructuring (if required) and new homeland security missions will require additional resources. The National Guard can continue its warfight role and assume the homeland security missions outlined below:

Air/Land Defense

- **Defense of the territorial United States.** The National Guard's fundamental mission under Air/Land Defense is to be prepared to participate as part of the joint force in the defense of the United States and its territories.

- **Air Sovereignty.** The Air National Guard will continue the mission of safeguarding the sovereign skies of the United States through tactical warning and attack assessment, peacetime air sovereignty to include detection and monitoring of suspected drug aircraft, and air defense of the United States during all phases of conflict.

- **Space operations, aerospace control, and strategic response.** A draft Concept of Operations (CONOPS) for North American Homeland Defense Command and Control is currently being circulated. The CONOPS, which will require the approval of the Air Combat Command Commander will synchronize six operational functions – space operations, aerospace control, North American ballistic missile defense, information operations, strategic response, and consequence operations into a "homeland defense" framework. The Air National Guard will be a key player in the final Air Force space operations, aerospace control and strategic response plan.

- **National Missile Defense.** If the United States deploys a national missile defense system, the Reserve Component may be able to participate significantly in this mission. While there is not yet a final program decision outlining the precise design of a national missile defense system architecture, the final Department of Defense concept is likely to include deployment in the United States of ground-based interceptors, X-band radars, and upgraded early warning radars. Because these elements would be ground-based and would have regularly programmed activities, staffing such a system with a significant number of Reserve Component personnel appears feasible. As part of its Total Army Analysis 2007 (TAA-07) process, the Army is examining how it might use Reserve Component personnel in implementing the national missile defense mission.[1] The Army and Air National Guard have developed a working group to determine relevant roles and initiatives within this mission area.

- **Identification of critical assets.** Working closely with state and local officials, the National Guard can provide identification of key assets in their home state. The Department of Defense's Critical Asset Assurance Program is evolving and may ultimately direct the National Guard to undertake this mission.

- **Protection of critical assets.** Enemy forces may attack facilities that are essential to the operation of society, the government, and the military. These assaults can disrupt civilian commerce, government operations, and military capabilities. Critical assets include telecommunications, electric power, gas and oil, banking and finance, transportation, water, emergency services, and government continuity. National Guard equipment and forces may be used to prevent their loss or to restore lost capability.

- **Force protection.** During national emergencies, the additional protection of military installations, with their personnel, equipment, facilities, civilian employees, and family members, may be required.

- **Support to crisis management.** Selected military units in support of the lead agency may operate with the Department of Justice to eliminate identified threats. Assistance may be provided in the areas of transportation, equipment, training, and personnel.

- **Support to counterterrorism.** When terrorists pose an imminent threat to U.S. territory, its people, and critical assets, the U.S. military may be used to conduct operations to counter these threats, using ground, air, space, special operations or maritime forces. Such use will be a political decision, often made in conjunction with allies, particularly when the threat is from a transnational group.

- **Information Operations.** Assist in the defense of key information, communications, and decision systems. Information operations are defined as defensive and offensive operations taken to affect adversary information and information systems while defending one's systems.

- **Assistance to Customs Authorities, Border Patrol, and other agencies.** The National Guard is uniquely positioned to aid United States Custom Service, the Border Patrol and other agencies in securing the nation's air and seaports of entry. The United States Customs Service does not have staffing levels sufficient to thoroughly inspect import and export cargo for contraband and illegal drug proceeds. For example, the Port of Miami in Florida only has staffing sufficient to inspect less than 12% of incoming cargo. Guardsmen currently enhance Federal law enforcement efforts at entry points on a small scale by providing trained personnel and high-tech equipment in order to interdict contraband importation. With additional resources, National Guard support could be expanded.

Crisis/Consequence Management

- **Military Support to Civilian Authorities.** The National Guard's unique federal-state status enables the Guard to be the United States armed forces' primary provider of Military Support to Civilian Authorities for natural and man-made disasters, civil

disturbances, and other events requiring military assistance. An in-depth review of this mission is provided in Part II.

- **Reception, Staging, Onward movement and Integration (RSOI) support to forces deploying for homeland security operations.** When National Guard resources are inadequate to effectively respond to an emergency or major disaster, Public Law 100-707 allows for federal assistance through a Presidential Disaster Declaration. The governor requests this assistance, if the situation meets the criteria for a declaration. The Adjutant General, as the senior military representative to the Governor, has an implied responsibility to provide Reception, Staging of resources, Onward movement to the impacted area, and Integration (RSOI) of disaster relief resources requested through Emergency Management Assistance Compacts (EMAC) or from the Governor for Department of Defense assets. Further detail is outlined below:

  Reception: The process of receiving unit resources (personnel, equipment and supplies) into the Area of Operation (AO). Reception begins with the arrival of the first personnel or equipment into the AO and ends when personnel and equipment are staged.

  Staging: The process of assembling, holding, and organizing arriving personnel and equipment. Staging begins when the first equipment or personnel arrive at the staging area and ends when equipment is rejoined for onward movement.

  Onward movement: The process of moving units and accompanying materials from reception/staging areas to a designated assembly area.

  Integration: The process of integrating military resources into an operation. It allows for coordination and synchronization for the operation and minimizes the risk of overlooking a critical aspect of the overall operation.

  The RSOI plan process provides critical information and guidance that incoming units will require to be successful, leading to unity of effort throughout the affected area. RSOI need not be limited to incoming military units, as non-military responders will have similar information and logistics requirements. This concept is being developed in Florida, through a joint effort of the Florida Division of Emergency Management and the Florida National Guard. The National Guard, in conjunction with appropriate state and federal officials, has the organization, skills and relationships to effectively implement RSOI operations.

- **Facilitate local, state and regional planning:** Planning and decision making skills provided by military personnel can be used to facilitate planning and coordination at all levels of emergency operations. Those abilities are evident when Guard personnel are brought in at the conceptual stage of planning. Guard members assist local and state emergency managers in developing plans by using inherent skills of military operations. Regional planning is facilitated by Guard elements working as an integral

part of the Emergency Management Assistance Compact. The Guard helps locate and employ other state National Guard resources. As Guard staffs work with neighboring states, they increase the resources available to their own state.

- **Provide Incident Assessment/Reconnaissance.** An inherent mission in any military organization is the collection and dissemination of information. Military personnel proficiency and equipment availability enable the National Guard to support state and local agencies making their initial assessment after a disaster. The two most notable Guard elements for this are the Rapid Impact Assessment Teams (RIAT) and Reconnaissance (RECON) Teams employed after such disasters. The RIAT and RECON teams use military resources and skills to transport personnel into devastated areas and transmit critical information back to command and control elements to make essential decisions.

- **Manage special inventories and stores, and provide these materials to incident site.** The National Guard could provide and support pre-positioned sites for the storage and maintenance of material and equipment necessary for combined responses to homeland security threats, whether in the form of CBRNE or conventional terrorist acts. Additional resources would be required.

- **National Guard Weapons of Mass Destruction-Civil Support Team (WMD-CST) Program.** The Civil Support Teams are being trained to work with civilian responders, conduct reconnaissance at suspected sites, decontaminate, treat and transport contaminated victims, and provide site security to ensure contamination is contained. These teams can also provide technical expertise and training to other agencies involved in homeland security. The primary focus of the WMD-CSTs is to assist the incident commander and local first responders in managing the effects of a WMD incident. An in-depth review of this mission is provided in Part II.

- **Combating Terrorism.** The National Guard can support this mission through its role in the Federal Response Plan and by providing appropriate military related skills training to law enforcement agencies.

- **New Missions.** The National Guard could assume new homeland security missions that may require unique units, capabilities and equipment, if properly resourced. These new missions may require units that do not mirror active component units, as was the case with the WMD-CST program.

Counterdrug and Drug Demand Reduction. The National Guard will continue to provide assistance to Federal, state and local law enforcement agencies, as well as Community Based Organizations to curb the supply of and demand for illegal drugs in the United States. An in-depth review of this mission is provided in Part II.

Homeland Security – Who's in Charge?

> ***The owners and operators of electric power grids, pipelines, banks and railroads, they're the ones who have to defend our infrastructure. The government doesn't own it. The government doesn't operate it. This is the first time we've had a potential foreign threat to the United States where the military can't save us.***
>
> ***Sandy Berger, former National Security Advisor***
> ***60 Minutes Interview, April 9, 2000***

The Hart-Rudman Commission, the Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction (Gilmore Commission) and other reports have prescribed solutions to the vexing question of who is in charge of homeland security. The Hart-Rudman Commission recommends *the creation of a National Homeland Defense Agency (NHDA), a Cabinet level agency with responsibility for planning, coordinating, and integrating various U.S. government activities involved in homeland security.*[2] The Gilmore Commission advocates *the establishment of a National Office for Combating Terrorism (NOCT) in the Executive Office of the President with responsibility for the full range of deterring, preventing, preparing for and responding to international as well as domestic terrorism.*[3] The *United States Government Interagency Domestic Terrorism Concept of Operations* determined that no "single Federal, state or local governmental agency has the capability or requisite authority to respond independently and mitigate the consequences" of a terrorist threat or incident.[4] Currently the Stafford Act and Executive Orders 12148, Federal Emergency Management, and 12656, Assignment of Emergency Preparedness Responsibilities, give the Federal Emergency Management Agency the primary responsibility for coordinating Federal emergency preparedness. The only thing clear is that there is considerable confusion as to who is in charge of homeland security.

While determining the lead agency in homeland security is significant, does the National Guard have a stake in the outcome? In the Guard's traditional homeland security roles of crisis/consequence management and counterdrug/drug demand reduction support, the National Guard is clearly a supporting agency. Yet in the evolving nature of homeland security, there are advocates for a much stronger leadership role for the National Guard.

The Hart-Rudman report recommends *that the Defense Department broaden and strengthen the existing Joint Forces Command/Joint Task Force-Civil Support (JTF-CS) to coordinate military planning, doctrine, and command and control for military support for all hazards and disasters. This task force should be directed by a senior National Guard general with additional headquarters personnel. JTF-CS should contain several rapid reaction task forces, composed largely of rapidly mobilizable National Guard units. The task force should have command and control capabilities for multiple incidents.* This recommendation appears to strengthen the case for Joint Forces Command to have primacy over military assets in a homeland security event; however, this would not give any power to Joint Forces Command outside military channels.

Several issues arise from this recommendation:

- Although a National Guard general would direct JTF-CS, this officer would almost certainly be in a Title 10 status, similar to that of active duty personnel. Thus the ability of this officer or JTF-CS (as a Title 10 organization) to command and control National Guard troops in any status other than Presidential federalization is questionable.

- Command and control of the proposed National Guard rapid reaction task forces in a homeland security event may be complicated. If these rapid reaction forces remain in a non-federal status, the states would have to pay for them (with some federal reimbursement), and command and control by JTF-CS as a Title 10 entity would be questionable. If the rapid reaction forces are federalized, JTF-CS would have clear command and control of these forces; however, the Governors and Adjutants General of the affected states would lose their authority to direct and control these National Guard forces.

- While the National Guard is an excellent source of manpower and equipment during emergency events, the ability to meet "rapid reaction" criteria may prove difficult. Upon activation for emergency events, National Guard units are normally given 12-36 hours to contact their personnel, report to their units, check equipment, conduct briefings and prepare for movement to the affected area. This time can be reduced if the magnitude and timing of an event can be predicted with some certainty. (for example, the time, place, landfall and expected damage of hurricanes can normally be foreseen) However, the types of homeland security events envisioned by the Commission would come with minimal or no warning. National Guard rapid reaction units could be placed on a ready status to reduce the activation time; however, any standard that would call for less than 24 hours from the initial notification to deployment may be unrealistic.

The current Federal Response Plan recognizes the National Guard's contribution as one of support to civilian federal agencies such as FEMA and the FBI. However, there are those within the National Guard community that would have the Guard become the lead agency in homeland security. *The National Guard Revolution in Military Affairs Exploration Series: Pathways to the Future,* developed primarily by National Guard personnel, outlines a case for the National Guard as a lead agency with power over military and non-military agencies:

> Given the increasing likelihood of homeland attack, the Guard is a key self-defense force and, given its historical Militia role, could be the lead command for Homeland Security. This would probably require a Guard general officer as a "CINC Homeland". To integrate this critical mission area effectively, the Guard would also have to lead a "National Interdependent-Interagency Alliance" to perform the following Homeland Security functions: National Missile Defense, Air Defense, Counter Drug, Consequence Management, Border Control Mission, Military Support to Civil Authorities (MSCA); Critical Asset Protection (including National Information Infrastructure); Defensive Information

> Operations; Continuance of Government, and others. As one player noted, because existing Federal statutes defy the principle of unity of command for Homeland Security, we are now not statutorily prepared to conduct combat operations on American soil in defense of our homeland. This is a major chink in America's armor that the Guard could be called upon to fix.[5]

An article co-authored by Major General (Retired) Don Edwards, a former National Guard Adjutant General, also advocates a leadership role for the National Guard in homeland security:

> It would be important to clearly place the Guard in charge of homeland security. As noted earlier, homeland security is a warfighting mission that must be completely integrated into the U.S. warfighting strategy. Only a military organization can do this effectively. ... Putting the National Guard in charge requires creation of a Guard-led national-level, interagency command and control organization that can quickly activate the required elements and get them to critical points of decision. Strong arguments could be made to make this national-level homeland security command and control organization a sub-unified command of Joint Forces Command. ... Because the performance of our homeland security units will depend largely on how well they are trained, organized, and equipped, this national-level command and control organization must have more than a wartime mission. It should be a standing headquarters with nationwide responsibility for overseeing the preparation of units for these critical missions. [6]

The recommendations outlined above are of a historic nature. For the first time the National Guard would have national authority beyond its own organization with the responsibility to coordinate and lead military and federal organizations. The National Guard's core competency in crisis/consequence management has always been as a supporting agency; the Guard would now become the supported agency.

Success as the lead homeland security agency would provide tremendous stature to the National Guard. However, implementation of any proposal of this nature will be difficult. Issues to be addressed include:

- If U.S. national culture and historical traditions are any indication, Americans will demand a domestic environment in which their homeland is secure, but civil authorities and liberties remain intact and security measures are transparent. Thus although the National Guard may be considered less "military" than active component forces, the American public (and civil liberty advocates) may not be prepared for a military organization such as "CINC Homeland" with powers beyond the military.

- Laws and statutes would have to be changed to give the National Guard the authority to make, implement and enforce decisions regarding homeland security.

- Civilian agencies would likely resist any effort to be placed under the command and control of the National Guard.

- Regulatory (and perhaps statutory) changes would be required to enable a National Guard led organization to have command and control of active and reserve component forces during homeland security events. Much like the previous discussion of the JTF-CS, the varying military statuses of the National Guard during emergency events make command and control issues complex.

- The National Guard has no national command structure. The National Guard Bureau has no command authority over individual state National Guards except through their management of federal resources. The National Guard is not currently organized, structured, or resourced to exercise the lead national role with interagency responsibilities. Regional planning, key to homeland security preparations, would be difficult since the Guard lacks a national integrating command and control headquarters or regional commands with statutory authority to assign tactical missions, conduct activations, or direct unit relocations.

- The depth of experience required to run an effective homeland security command would be tremendous. Given the responsibilities of the proposed National Guard led command, this organization would need to be commanded by a four star general. As the National Guard currently only has three positions designated as three star billets, the initial pool of qualified general officers to command would be limited to the Chief, National Guard Bureau; Director, Army National Guard; and Director, Air National Guard. Of greater concern would be the depth of experience required by the staff of such an organization, given the wide-ranging responsibilities within homeland security. This issue could resolve itself over time as the organization matures and the National Guard develops a plan to train its personnel for this command.

The proposed National Guard led "CINC Homeland" would primarily focus on improved crisis/consequence management and coordination. However, the public perception may be that a CINC Homeland would "protect" the American public from attack. With very limited exceptions, prevention is a law enforcement mission, not a National Guard or military mission. The perception that a CINC Homeland would dedicate significant military capability to "protecting" the American homeland could build an implausible false sense of security on the part of the American public. They would inevitably become disillusioned and outraged once even a relatively small incident exposed the fragility of this concept.

Upon further analysis other relevant issues would surface. While some National Guard Adjutants General also serve as the director of emergency management in their state, the magnitude of assuming such a role on a national level is tremendously more difficult and complex. The National Guard's reputation in homeland security has been built primarily on its role as a support asset to civilian agencies. This reputation can be severely tarnished if this issue

is not approached in a methodical, professional manner. Prior to any serious effort to pursue this historic role change for the National Guard, a thorough analysis of all aspects of this issue must be conducted.

References:

[1] Reserve Component Employment Study 2005, Study Report, January 1999/07711
[2] "Phase III Report of the U.S. Commission on National Security/21st Century." February 15, 2001
[3] Gilmore Commission Report website: http://www.rand.org
[4] "United States Government Interagency Domestic Terrorism Concept of Operations." (website: http://www.fema.gov, February 2001), p. 11. This CONPLAN was developed and published collaboratively by DoD, The Department of Energy, the Department of Health and Human Services
[5] "National Guard Revolution in Military Affairs Exploration Series: Pathways to the Future Part 1 - Final Report." Prepared for the National Guard Bureau & Office of the Advisor for Net Assessment, Office of the Secretary of Defense. Strategic Assessment Center, October 2000
[6] "The National Guard's Enhanced Role in Homeland Security." Major General (Retired) Don Edwards and Colonel (Retired) Richard Dunn. Center for Strategic and International Studies. February 2001

NATIONAL SECURITY ROLES FOR THE NATIONAL GUARD

PART V – MOVING FORWARD

Summary

The world in which we live is more complex and diverse than ever before. This means that while our basic national security objectives may not change the methods and forces used to achieve these objectives must adapt to the new environment. The United States will remain globally engaged for the foreseeable future. As a result, the national security strategy of "Engagement" and the National Military Strategy of "Shape, Prepare, Respond" will remain unchanged in principle, even if the terms and priorities are changed

In order to shape the international environment and respond to the full spectrum of crises, United States forces must possess military capabilities to succeed in a broad range of missions and operational environments. The broad demands of our national strategy require a full array of military capabilities from all Services and from all components – active, Guard, reserve, and civilian. This full-spectrum force must be able to prosecute the most demanding missions, including defeating large-scale, cross-border aggression in two distant theaters nearly simultaneously, conducting the full range of smaller-scale contingency operations and supporting routine shaping activities.

This global engagement presents significant challenges to a downsized military, leading to a greater reliance on the Reserve Components. This reliance is most evident in the increasing level of participation by Reserve Component personnel in Department of Defense missions, both here at home and abroad. Today's reserve forces are providing roughly 13 million man days of support to the Active component on an annual basis – a thirteen-fold rise and the equivalent of adding some 35,000 personnel to Active component end strength, or two Army divisions.

Since 1989 there have been seven Presidential Reserve Call-Ups, including Operation Just Cause, Operations Desert Shield/Storm and Haiti. For the first time in our nation's history, reservists are being called to active duty under three separate Presidential Reserve Call-Ups (PRCs), in Bosnia, Kosovo and Southwest Asia. The regional Commanders-in-Chief (CINCs) now depend on the Reserve Component to meet their mission requirements. Reserve Component units have assisted CINCs in humanitarian response, contingency operations, multi-national exercises and regional planning. In Fiscal Year 2000, the National Guard provided 38,168 soldiers and 22,663 airmen in 64 countries for 1,368,534 man-days in support of the CINCs.

The Army National Guard provides combat ready units and soldiers to fight and win our nation's wars. The ARNG has over the years increased its responsibilities toward its Federal mission requirements, developing a force that comprises over 54% of The Army's combat power. The Army has significantly increased Active Component/Reserve Component integration in operational contingencies and training. The 49th Armored Division, Texas Army National Guard, provided command and control of Regular Army forces and an 11-nation

multinational force in the American sector of Bosnia-Herzegovina in 2000. Army National Guard soldiers have participated in contingency operations Joint Forge, Joint Guardian, and Southern Watch. The Army recently announced that Army National Guard divisions would command six of the next eight Stabilization Force (SFOR) rotations in Bosnia.

To further integrate the Army National Guard with the active Army, all ARNG combat elements are now part of Guard and Active Component Teaming. The ARNG is a key component of The Army transformation, serving initially in the Legacy Force as a strategic hedge throughout the Transformation activities, then converting to the objective force. The Army has developed multi-component units that blend personnel from more than one component (active Army, ARNG, and/or Army Reserve) into a single documented unit.

The Air National Guard provides combat-ready units and individuals, as required by the Constitution and the National Security Strategy. In the year 2000, Air National Guard (ANG) flying units participated in operations that encompassed 41 countries. ANG crews averaged 85 operational days and 45 days away from station; flew 355 deployments; which involved a total of 20,000 people and more than 1,100 aircraft in operations worldwide. This high operations tempo continues a trend of greater dependence by the Air Force on the Air Guard.

The Air National Guard is fully integrated into the Expeditionary Aerospace Force (EAF), the baseline of operations for the Air Force. By accepting ten percent of the total Air Expeditionary Force (AEF) tasking, the ANG will contribute close to 25 percent of its complete force structure every 15 months. After two complete AEF cycles, approximately half the Air National Guard will have served as part of the AEF. The shortage of trained active-duty aircrews and current operations tempo have increased the Air Force's reliance on the Air National Guard and Air Force Reserve to help accomplish the mission and make the transition to an expeditionary aerospace force.

The Army and Air National Guard remain an indispensable part of our National Military Strategy. As part of the Total Force, the National Guard is fully engaged in joint operational support, contingency operations, military-to-military contact, and deterrence missions. In times of international crises National Guard units will play a critical role overseas. As missions and structure are developed for homeland security, any restructuring for homeland security that reduces the combat ability of the Army or Air National Guard will have a significant negative impact on an already reduced United States military.

The National Guard has been at the forefront of homeland security for over three centuries. Current homeland security missions of the National Guard include air/land defense; crisis/consequence management; and counterdrug and drug demand reduction support. The National Guard can perform these homeland security missions because of a unique combination of strengths. The National Guard is trained, equipped, and organized to function in chaotic and challenging environments as part of its federal war-fighting mission. Transportation, communication, and security assets, as well as tactical and administrative skills provided as part of the federal mission infrastructure, are critical elements that enable the National Guard to effectively accomplish its homeland security missions. The National Guard is forward deployed

throughout the United States with a presence in 2,700 communities enabling the Guard to establish long-term relationships with state and local officials.

Our military's first mission is the defense of the territorial United States. The National Guard's mission under Air/Land Defense is to be prepared to participate as part of the joint force in the defense of the United States and its territories. The Air National Guard has the ongoing mission of safeguarding the sovereign skies of the United States. The National Guard role in land defense, either in conjunction with or to supplement active forces, may encompass critical asset protection, force protection, support to crisis management, support to counterterrorism, and information operations:

The National Guard's unique federal-state status enables the Guard to be the United States armed forces' primary provider of Military Support to Civilian Authorities for natural and man-made disasters, civil disturbances, and other events requiring military assistance. These events have the capacity to inflict damage equal to or greater than those caused by devices normally termed "weapons of mass destruction". The National Guard may be employed in support of the lead agency after a hostile event to save lives, to prevent human suffering, and to mitigate property loss. In unusual circumstances, the National Guard may assist with civil order in conjunction with state and local law-enforcement authorities. Between 1997 and 2000, the National Guard conducted a total of 1,161 homeland security missions; 598 of those in response to natural disasters; 133 in support of law enforcement agencies; and 174 in response to civil emergencies. Approximately 1.2 million man-days were devoted to homeland security missions during this period.

The National Guard Weapons of Mass Destruction-Civil Support Team (WMD-CST) Program is intended to enhance the United States and Department of Defense's domestic preparedness and response to terrorist attacks involving weapons of mass destruction. These teams will play an important role in reducing exposure to, and consequences of Chemical, Biological, Radiological, Nuclear and High-Yield Explosive (CBRNE) attacks on the homeland. The WMD-CST is designed to leverage National Guard resources and relationships to enhance the overall preparedness of civilian emergency responders and managers, and to respond to and mitigate the consequences of domestic WMD events. The WMD-CST maintains a partnership between military WMD experts, civilian responders and emergency managers at the local, state and federal levels.

Illegal drugs continue to have a devastating effect on the fabric of American society. Unfortunately, the United States leads the world in the consumption of illicit drugs by virtue of its size, economic status and culture. The National Guard provides invaluable assistance to federal, state and local law enforcement agencies, as well as Community Based Organizations to curb the supply of and demand for illegal drugs in the United States. National Guard support falls into two categories – providing support to help law enforcement stop illegal drugs from being imported, manufactured and distributed; and supporting drug demand reduction programs. The skills that the National Guard has developed in its warfight mission have proven invaluable in reducing the demand for and stopping the supply of addictive substances.

The National Guard mission of homeland security continues and will continue to evolve. By using those skills and resources provided for its federal mission, the National Guard has been able to assist state and local agencies exponentially during disasters. Homeland security will continue to be a primary mission of the National Guard; however, the Guard's ultimate missions and responsibilities in this arena are yet to be determined. The recommendations in the next section of this paper provide a roadmap that enables the National Guard to meet its federal, state, and community missions while providing the flexibility to adapt to a fluid security environment.

Recommendations

1. **The tenets outlined below should serve as the foundation for discussion of national security roles for the National Guard.** These tenets depict the interwoven nature of the National Guard's dual missions and provide a common set of principles for the National Guard.

NATIONAL SECURITY TENETS FOR THE NATIONAL GUARD

The National Guard remains an integral part of the National Security Strategy and National Military Strategy.

The Army and Air Force cannot meet their worldwide responsibilities without the warfighting capabilities of the Army and Air National Guard.

The National Guard can perform its current Homeland Security missions because of its preparation for the federal mission.

The National Guard continues its role in support of the homeland security missions of air/land defense, crisis/consequence management, and counterdrug and drug demand reduction support.

The National Guard is prepared to assume additional homeland security missions if properly resourced.

The National Guard will continue to fulfill its federal, state and community missions.

2. **The National Guard should remain the Department of Defense's first military responder for homeland security missions.** This constitutional and traditional role has been very effective due to the National Guard's force structure, personnel and long-term relationships within their states. The National Guard's unique federal/state status enables it to provide military support to civilian authorities that active forces can provide only through a Presidential directive. By leveraging those skills and resources provided for their federal mission, the Guard has been able to assist state and local agencies exponentially during disasters. The National Guard has the training, equipment and organization to conduct these homeland security missions:

- **Defense of the territorial United States**
- **Air Sovereignty**
- **Space Operations, Aerospace Control, and Strategic Response**
- **National Missile Defense**
- **Identification of Critical Assets**
- **Protection of Critical Assets**
- **Force Protection**
- **Support to Crisis Management**
- **Support to Counterterrorism**
- **Information Operations**
- **Assistance to Customs Authorities, Border Patrol, and other Agencies**
- **Military Support to Civilian Authorities**
- **Counterdrug and Drug Demand Reduction.**

- **Reception, Staging, Onward Movement and Integration (RSOI) support to forces deploying for homeland security operations**
- **Facilitate Local, State and Regional Planning**
- **Provide Incident Assessment and/or Reconnaissance**
- **Manage Special Inventories and Stores and Provide These Materials to Incident Site**
- **National Guard Weapons of Mass Destruction-Civil Support Team (WMD-CST) Program**
- **New Missions**

3. **The National Guard should be prepared to adapt its force structure, consistent with its dual mission responsibilities.** Military organization provides the ideal baseline for homeland security tasks. As the National Guard assumes greater responsibility in homeland security, there may be a requirement for additional military police, medical, chemical and other support units. These units are also relevant to the warfight, particularly in operations such as those in Bosnia and Kosovo. While some restructuring may be required, the Hart-Rudman Commission's recommendation that the National Guard be specifically restructured for homeland security fails to recognize the flexibility of the Guard to perform a vast array of missions. Except for those missions that require specific technical skills (such as medical, chemical, biological, etc.), the Guard can perform the majority of the proposed homeland security missions with units in the current force structure.

Legislative guidance for planning among federal agencies and state and local authorities must take particular cognizance of the role of the Defense Department. ***Its subordination to civil authority needs to be clearly defined in advance.***

Report of the United States Commission on National Security/21st Century, Road Map for National Security: Imperative for Change

4. **The National Guard should not pursue the role of lead federal agency for homeland security.** The National Guard does not currently have the legal authority, national command structure or mandate to be the lead federal agency for homeland security. The role of the National Guard (and military) has always been one of support; a change to the status of lead agency would require a significant change in our national culture and tradition. Civilian agencies would be reluctant to work within a structure that had them subordinate to the National Guard or any military organization. The lead agency will have responsibility for coordinating the prevention, deterrence and consequence management aspects of homeland security. While the military has a role in deterrence and consequence management, prevention is primarily a law enforcement function. Any attempt to have law enforcement agencies subordinate to any military organization would be vigorously opposed by these agencies and, almost assuredly, the American people. The National Guard can, however, have a more significant role in the coordination of the military response to domestic emergencies, as outlined in Recommendation #5.

5. **The Adjutant General should have operational control of military units that are responding to a domestic emergency in the state, unless the National Guard is federalized.** The Adjutants General in each of the states and territories serve as the Governor's principal military advisor and have the authority to deploy National Guard assets for domestic emergencies. There are times, however, that the emergency exceeds the capability of National Guard forces available within the state or through an interstate compact. In these instances, the Governor may request federal troops without federalizing the National Guard. To ensure unity of effort, The Adjutant General should provide Reception, Staging, Onward movement and Integration (RSOI) support and have tactical command of federal troops deployed to the state for the domestic emergency. [As defined in Army Field Manual 100-8, tactical command is defined as the authority delegated to a commander to assign tasks to forces under his command to accomplish the mission assigned by higher authority; and to establish maneuver control measures.] This command relationship would allow the Governors to obtain federal military assistance without relinquishing control of the military assets responding to the emergency, as would occur if the state's National Guard forces were federalized. The Adjutants General can provide the critical information, guidance and logistics support units will require to be successful. Unity of command is fundamental to domestic emergency response; failure to provide the Adjutant General with tactical command would necessarily result in two parallel chains of command (one National Guard, one active forces); complicate civil-military cooperation; cause needless duplication of effort; and decrease efficiency of support to affected citizens. While the concept of tactical command of active forces by the National Guard is new in domestic emergency response, the closer relationship and continued integration of active and reserve forces can ensure this concept is successful. The 49th Armored Division's (Texas Army National Guard) successful Bosnia rotation providing command and control for active Army

forces and an 11-nation multinational force is evidence Guard commanders can fill this command role. If the Governor or The Adjutant General determines that the state National Guard does not have the capacity to exercise operational control of federal units during a domestic emergency, control of these units will remain within their normal chain of command.

6. **The National Guard should be involved in the development of homeland security doctrine, planning and missions.** Given the National Guard's current missions and experience in homeland security, the Guard should be involved in homeland security joint doctrinal development; joint/regional exercises, tests and experimental efforts; and expanded liaison and coordination with federal agencies.

Conclusion

Since the founding of the Republic, the United States has embraced the fundamental and enduring goals of maintaining the sovereignty, political freedom, and independence of the United States, with its values, institutions, and territory intact. The United States faces a fluid security environment, one in which our adversaries may increasingly rely on unconventional strategies and tactics to offset the U.S. superiority in conventional forces. To be a truly full-spectrum force, the United States military must be able to defeat the most innovative adversaries. Within this broad mandate, the military role in homeland security will increase in importance. As homeland security challenges evolve, our nation's military must be prepared to meet these challenges. Current roles and missions of active and reserve forces will undoubtedly change to meet this new security environment.

The evolving national debate on homeland security holds promise and peril for the National Guard. This issue is being debated on a professional, parochial, and emotional level. As the resources allocated to homeland security grow, previous relationships within the traditional homeland security community may unravel. While the National Guard will continue in its traditional homeland security missions of air/land defense; crisis/consequence management; and counterdrug and drug demand reduction support, the Guard is poised to assume additional missions. The tenets and recommended course of action for the National Guard provided in this paper are consistent with our nation's culture, traditions, and future requirements. This roadmap builds on the force integration the active and reserve components have worked to achieve. Homeland security is the fundamental mission for our military; the National Guard must be prepared for its role in this mission.

Mr. SHAYS. I just want you to know that our staff thought that they did a very thoughtful job. Just give you an opportunity to mention it.

General HARRISON. Thank you, sir.

Mr. SHAYS. Would you like to make any comment about this report?

General HARRISON. I would. I think that as a State we felt like we needed to come to grips with what we had been talking about and putting on paper regarding the response that we would give to any weapons of mass destruction or biological, chemical or radiological or certainly bombing.

But to really look at biological particularly, how would we do that, and what is different than we—that the doctor just mentioned, that is certainly different than what we would do with a natural disaster in many cases, in most cases. We put that together, realizing though that the model that we use for a catastrophic event still has some basis for us to begin our work, very hard to train for some of these biological incidents in the field, and recognizing that they can go beyond State lines, and we would have a lot more coordination to do. And it raises to—it escalates to a Federal level.

The key points of our paper were this: That the National Guard is in support of our local authorities, working under the Governor's plan. That may escalate beyond that, but initially we are going to be tasked with supporting the local authorities under the direction of the Governor.

And many times people feel like the Guard is only in the law enforcement area, and we get into posse comitatus and all of the other things. And I would like to tell the committee, the subcommittee, that I was the Adjutant General when we had Hurricane Andrew, a totally different perspective than we would have in most natural disasters. But when we did that, the Florida National Guard stayed on active duty under the Governor, and the Federal response from the military brought 23,000 Federal military into the State. And it worked because we all worked under the Governor's plan and tried to do what the Governor thought was the right thing to do in his State.

And that is for me the key. And it is not all—and our paper was trying to describe that—it is not all law enforcement. There are a whole lot of things that the Federal military can do when they come in to help us or the Reserve and other State Guards besides worrying about the security: Food delivery and recovery of contaminated areas and testing of water and water purification. And there are just a whole lot of these, shelter management and search and rescue, language support, and the list goes on.

So I think it is instructive for us to recognize that there are a lot of things that the Federal military and the State military can do, but is it all done under the direction of the Governor's plan and what he needs to get accomplished. That would be a very quick summary, sir, of our paper.

Mr. SHAYS. Thank you.

General Cugno, what do you see—first, let me say to you, I appreciated that the Connecticut Department of Emergency Management helped the Table Talk Exercise in the Greater Bridgeport

Area. We did a chemical—basically an attack on an Amtrak train and what happened to the first responders and all of the challenges that we encountered, and health care showed up right away, because everybody had all of this fancy equipment and health care providers had a black telephone.

You know, it is like weird, the difference. And you—and I think health care providers are in my judgment the stepchild here. I mean, they just would know that—no reflection on step-children actually—but not given the attention that they need.

So I thank you for being part of that funding, but what do you see are the advantages of a State Adjutant General also exercising control over the emergency management functions?

General CUGNO. Clearly I see a great advantage, at least in our State, having experienced both sides of this. We reorganized on July 1, 1999, where the Adjutant General became the responsible agent for the Office of Emergency Management.

Mr. SHAYS. Was that a State——

General CUGNO. Yes, sir. It was legislated and signed into law by Governor Rowland. It was based upon—there had been a move across the country. I think there were some that were going to that. It provided the resources in our particular case in one building, close proximity to the Capitol. But it also gave all of the emergency operations that had been previously put together by the Military Department a clear focus on a direction that the Governor was looking to go, and it was to minimize time and maximize resources to affected areas as quickly as we possibly could.

Our experience with the FEMA folks was incredible, and it's worked quite well. I am very comfortable with it. The Governor is very comfortable with it. And we find that in emergency operations such as this, we're able to interact with the Fed side because of the existing Federal response plan, where there is a Federal coordinating official, there's a State coordinating official, and those are designated individuals. Additionally, there are liaison people from other branches of the service.

There are parts that are missing that still require attention, and the Adjutant General's Association is clearly aware of them and has worked to this end. Part of it is under the new program mandated by the President with the National Preparedness Office's part of the FEMA, how that will integrate with the States and how it will integrate also when resources are deployed from the Commanding General of civil support, General Lawlers' forces, when they come into a State and how they'll be—whether the State is currently under the control of Emergency Management by the Adjutant General or by a stand-alone agency, how it will integrate Federal resources, how it will integrate the Commanding General's forces and other resources that he brings with it, whether active component or reserve component.

The National Guard Bureau, we believe that's not part of the State but part of the Federal entity in Washington here at the Readiness Center and at the Pentagon.

One of the reasons I had asked General Reese—and discussed it with him—to come is that at some point, if the Congress would like, we are prepared to provide to the Congress—it's a one-page brief sheet, and it follows a model that Congress has authorized in

the counterdrug program on how we take this complex issue of Federal rights, State rights and resources, and come up with suggestions to better minimize overhead, minimize bureaucracies, and get resources to the front. We're prepared to do that when you'd like.

Mr. SHAYS. Thank you, General.

Dr. Hughes, the—I'd like to know what is being done to improve the electronic reporting of disease between local and State governments and between States and the Federal Government. Let me just preface it by saying what became very clear to us early on when we started to do this work on biological threat, pathogens and so on, is that particularly in our larger cities, we are continuing monitoring to see if there is an outbreak of both natural causes or man-made, and so how we report this information, the fact that we report it and so on, is I think obviously of key interest. Maybe you could respond to it.

Dr. HUGHES. Thank you very much for asking that. It's a very important question, and I think Dr. Duchin and Dr. Quinlisk would like to add something to what I have to say too. But to digress for a moment——

Mr. SHAYS. You may digress.

Dr. HUGHES [continuing]. Let me point out that in a Dark Winter scenario, you don't want to rely on electronic reporting to pick that up. It's absolutely critical there that you have the alert health care provider who's trained and prepared—you want to recognize that first case. You don't want to, as in the scenario, after there are 20 or 30, somebody figures out that something's going on. You have to get the first case and that will require more conventional but rapid communication.

Mr. SHAYS. But it's been in the incubator for 8 or 9 days; in other words, the disease hit over a week before.

Dr. HUGHES. I'm sorry?

Mr. SHAYS. The disease hit over a week before in terms of smallpox.

Dr. HUGHES. The exposure—yes, that's—when you think about infectious diseases, as you know, we have this period called the incubation period from onset——

Mr. SHAYS. That will vary depending on the disease?

Dr. HUGHES. It will vary depending upon the disease, and for smallpox it's typically 10, 12, 14 days. If you have a common exposure, as I suspect was the case in Dark Winter, you want to get that case. You want to get it confirmed. You want to alert the health care community to the fact that they see additional cases, and that's where some of the electronic notification can come in.

Mr. SHAYS. But that first case isn't necessarily the first hit. I mean the incubation could be different.

Dr. HUGHES. True.

Mr. SHAYS. So that person could end up being in a town that wasn't where they were exposed.

Dr. HUGHES. Yes, exactly. But you want—you want a health care provider who sees somebody who's sick with a febrile illness that's beginning to develop with a rash, you want them—in the current climate, you want them to be sensitized to the fact that this could

possibly be something very bad and they need to then move rapidly to ensure that confirmatory diagnosis takes place.

That was one thing that I was happy to hear occurred in Dark Winter, but you should not take that for granted, the recognition, the notification, the shipment of specimens, the receipt by people who are trained, who have containment facilities they can work in and modern molecular tests that they can do.

So all of that is absolutely critical, but you want to get that first case, so when you get a second or third case, you then go back and get, as Dr. Hamburg had said, you get the histories and you see what these people had in common so that you get that exposure, that common exposure nailed down right away.

I think you could see how that might have helped in the management of Dark Winter. It might not have, but I would argue that it probably would have.

Now, electronic surveillance and notification, it needs to go both ways from local to State to Federal and back. There are efforts currently around, what we call the National Electronic Disease Surveillance System, a standardized approach to surveillance of infectious diseases and other diseases occurring in the United States that we are making an investment in. There's a tremendous amount of work that needs to be done to make this a reality, however.

The other piece of this was alluded to by one or two of the previous speakers, and that is a system that's now in place called EPIX that would be extremely valuable I think in a Dark Winter-like scenario. This is a secure communication network linking us at CDC with Dr. Quinlisk and her colleagues at the State level, and Dr. Duchin and colleagues at the local public health level, where information or late—just breaking information on outbreak scenarios can be rapidly shared in a secure manner with people who need to know about it.

So a lot of work needs to be done there. It's critically important.

Mr. SHAYS. I saw a nodding of the head, Dr. Quinlisk. Did you want to say anything or just report that you nodded your head?

Dr. QUINLISK. I would just second everything that Dr. Hughes said, and I think we're doing a very good job from the State to Federal level. Things are coming along, we're working on it.

The biggest problem I see is from the local to the State level. We're still back 20 years ago in many States. In my own State, I still get our own public health laboratory reporting to me by pieces of paper they send through the mail.

Mr. SHAYS. My staff said yikes. Is that what you said?

OK. Let me kind of bring this panel and hearing to a close by just asking—I'm a little concerned. This is such an open-ended question; so maybe you could be selective in what you would respond to, Dr. Quinlisk or Dr. Duchin. What constraints confront health care professionals to adequately prepare for catastrophic events? If you could just give me the key constraints.

Dr. DUCHIN. I think, speaking as an ex-emergency department physician and a current practitioner in infectious diseases, I think resources, I think health care providers and health care institutions don't feel that they have the time to devote right now for pre-

paring for this issue. They are constrained by their own financial needs.

Mr. SHAYS. Financial needs, just the workload——

Dr. DUCHIN. Their workload. They need to—their income. They need to see patients and take care of the bottom line, and I think what we're asking them to do is something—an unfunded mandate-type of issue where we're asking them to train for something that's new and different. We're asking them to learn a new body of knowledge, and then to integrate a system that's going to implement a response without giving them any resources with which to do that.

Mr. SHAYS. I'm—you all didn't participate in the Dark Winter, but I'm just struck by the fact that we are woefully unprepared on the health side. I feel like the—there are lines of authority questions for our Adjutant Generals, but on the health care side it's just—it clearly, I think, of all the things that I've thought about today—I guess I've learned a lot, but I'm most concerned about startabilty, particularly in a case like smallpox, to just respond.

Dr. Hughes, maybe you could just comment on the stockpiling, I mean the 12 million, for instance. Are we going to have to just really reassess our stockpiling issues?

Dr. HUGHES. Well, let me focus on just the smallpox vaccine component of the stockpiling, and Dr. LeDuc is much more familiar with the details of this than I and he will want to chip in here. There are actually about 15 million doses of vaccine available.

Mr. SHAYS. How many?

Dr. HUGHES. About 15 million.

Mr. SHAYS. Which isn't a lot.

Dr. HUGHES. No, it's not a lot. And we would like more and Dr. LeDuc can talk about some of the specifics in terms of how we're moving to have more produced.

Mr. SHAYS. It lasts about 10 years, the vaccine?

Dr. HUGHES. Well, the shelf life is probably even greater than that. Let me just——

Mr. SHAYS. I'd like you to respond, Dr. LeDuc, but what I'm being told is this is a vaccine that as long as the symptoms haven't appeared the vaccine has impact, but once the symptoms appear—but it can spread before the symptoms appear. No or yes?

Dr. HUGHES. No. No.

Mr. SHAYS. So that's the good news in the sense—in other words, it's not being spread before the symptoms show up?

Dr. HUGHES. Right. Dr. Henderson, if he were here, would say from his experience which was extensive, obviously, administration of smallpox vaccine within 3 to 4 days after exposure would prevent illness.

Mr. SHAYS. So the biggest incentive in this case would be just to give as many people the vaccine as possible?

Dr. HUGHES. But given the fact that we're always going to be constrained in the amount of vaccine available, you want to be sure you're targeting the vaccine to——

Mr. SHAYS. Because we're under a scenario where we have limited supply. But I could even see a scenario where you would have a world supply and you'd ship it by Concord jet if you had to, but you'd get it quick.

Dr. HUGHES. Yes. And I think there are a lot of countries who would like that. But the current vaccine and the second generation, as was pointed out, does have some side effects. So you have to be cognizant that there is some risk——

Mr. SHAYS. Well, all vaccines have side effects.

Dr. HUGHES. Yes, but smallpox vaccine probably more than others.

Mr. SHAYS. We won't get to anthrax. We won't go there.

Dr. HUGHES. We don't have time.

Mr. SHAYS. OK. Doctor.

Dr. LEDUC. Thank you. Dr. Hughes asked me to come just to give you—be available for a brief update on the actual——

Mr. SHAYS. He wanted moral support.

Dr. LEDUC. Well, and I've done my best, although I feel a little bit like the party crasher in the middle of the table and not saying anything.

Mr. SHAYS. My feeling is this. The one who speaks the least probably has more time to think about the answer. So I'm expecting a really good answer.

Dr. LEDUC. Thank you for the added pressure. I think you're familiar with the contract in place. There are a couple of important issues. No. 1, this is a new vaccine from the regulatory perspective. It's a whole new manufacturing process. So there are going to be some hurdles to overcome, and we're already seeing some of those.

No. 2, we have designed this contract so we have a sustained capacity to make the vaccine over a long period of time. The contract actually extends through the year 2020; so we have estimated a 5-year shelf life. We've projected replacing that. We've also projected that vaccine would accumulate so at the end of the 20 years we would produce a total of something like 160 million doses. The idea is to have 40 million doses on hand as quickly as possible.

To make a vaccine, this particular vaccine, there really are two parallel tracts that we have to follow. No. 1, just the nuts and bolts of how do you make that; and, No. 2, the regulatory side, does this vaccine do what we expect it to do in protecting people?

On the nuts and bolts, making the vaccine, we are I think in very good shape. We begin vaccine lot production next month. That should be done in about 2 months, and that will be used for the initial safety trials.

As soon as that production is finished, we will then begin making three full-scale manufacturing production lots, and that will be done toward the end of the next year, about October 2002. At that time, we'll have the capacity to make the vaccine.

Each lot is a little over 3 million doses. It's about 3.3 or 3.4 million doses per lot. We can make roughly one of those per month, if pressed. We could scale up that. This is all limited, by and large, by equipment. If we wanted to double that, we'd just buy more equipment. We can do that.

On the human side, proving that vaccine actually works, that will require formal testing. And we're working very closely with the FDA to set those tests up, and in fact we meet with them on August 15, next month, to have what's called a pre-IND meeting. This is the first formal meeting to tell them what we're going to do. We then hope to file the IND in October or so.

As I mentioned, we'll go through the phase I safety trials. Those will start actually in December of this year and will take about 4 months to be completed. Then we'll go into the phase II and phase III safety and efficacy trials, and those will take about 3 years. They should be done in October 2003 and then we'll file the licensing. So, early 2004 we should have the licensed product.

Mr. SHAYS. Thank you. If you think it is an exercise without a need, then it becomes an exercise without a need. But if you think there is the real possibility that there could be an attack like this, every minute that you spend on this issue is extraordinarily valuable, and that's kind of where I come down.

I just want to invite any of our witnesses to—any of you, to ask yourself a question that we should have asked, and answer it if you'd like to. Is there—otherwise we will just conclude there.

General, is there a question that you wish we had asked or we should have asked?

Mr. HARRISON. Well, I would maybe just a reiteration, sir, part of what I have said. The reason that the National Guard is capable of doing what is needed to be done is because we're organized and trained and equipped and disciplined to do the warfighting anywhere in the world speaks clearly for me to the fact that this is a mission for us, but it is not the primary mission. We need to stay in the warfighting business to be able to do this as we do now.

And the last is that it's very important that we recognize that Federalization of the National Guard is probably not the way to do things—I would never say never—but not the way to do things, and that the flexibility—and really I would say this. There's a synergistic effect. If and when the Federal military has to come in and work and the State National Guard is still on State active duty, there's a synergy that is created to really get more work because of the missions.

Mr. SHAYS. I should have made that point. That point came through loud and clear, and I think it needed to be emphasized, and I thank you for that.

Dr. HARRISON. Thank you, sir.

Mr. SHAYS. Major Cugno. General. Gosh, I don't—I'm a bad speller. I see MG and I think Major. I know it's MG but——

General CUGNO. Sir, the only thing I would like to leave you with is in every State there's an emergency plan, the Governor is actively involved with it. That emergency plan is existing, it's practiced. Regardless of what the catastrophe is, the consequences of that catastrophe may have been planned for. It integrates law enforcement officials, medical facilities, medical assets and resources, in addition to the National Guard and the resources. In every State's compact, it gives the commander or Governor the ability to reach out and touch additional assets, future operations, plannings—and exercises at the Federal level have to recognize that.

I think if not, we really don't get an accurate picture of what the consequences or abilities are of a State.

Mr. SHAYS. Thank you, sir. Anybody else? Dr. Hughes or anybody else?

Dr. HUGHES. Well, I would say briefly in this context of bioterrorism, prevention is critical. If that fails, early detection and rapid response in a coordinated way is critical.

And then I'd like to just end by acknowledging what a number of people pointed out in the previous panel. This lack of surge capacity is a critical issue whether we're dealing with naturally occurring disease, the annual influenza epidemic, let alone a flu pandemic on the one hand or a bioterrorism——

Mr. SHAYS. That suggests government intervention to allow for that surge capability, doesn't it?

Dr. HUGHES. Pardon?

Mr. SHAYS. It suggests government intervention to—certainly the stockpiling would be at government expense.

Dr. HUGHES. Well, there's certainly a need for government leadership and investment, yes.

Mr. SHAYS. Are you suggesting that there may be imaginative ways to—when you say surge capability, that tells me we need to have excess supply.

Dr. HUGHES. We have—no.

Mr. SHAYS. No need to have extra supply, additional supply, that you wouldn't think you would need on a day-to-day basis?

Dr. HUGHES. Well, yes. I mean it comes up in the noncontext of the health care setting, just beds for patients. You know, each year there are hospitals that close during the influenza season. We're faced with shortages and delays in vaccines, as you know. We have shortages of some antibiotics, even including penicillin. Who could think that would happen in the United States?

Sometimes we run into problems of shortages even with diagnostic tests. So that's the point.

Mr. SHAYS. Anyone else?

Dr. QUINLISK. I would just like to say thank you for bringing the issue of public health to this table. And I appreciate the opportunity to speak to you today, and I would just like to say that public health needs to be involved not only in biological terrorism, which seems to be the place we are seeing more often today, but not to forget chemical and radiological and other types of terrorism as well.

Mr. SHAYS. Thank you.

Dr. Duchin, I want to thank you. Evidently you appeared on very short notice when we had a cancellation, and it was thoughtful for you to participate and your contribution.

Dr. DUCHIN. It was my pleasure to be here. Thank you.

Mr. SHAYS. Thank you very much. You're all patient. It's nearly 6 o'clock and this committee learned a lot. Thank you for your participation. This hearing stands adjourned.

[Whereupon, at 5:50 p.m., the subcommittee was adjourned.]

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