

Chapter 4

Federal Programs: Disconnected in More Ways Than One

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Disconnects on multiple levels have emerged as federal unconventional terrorism preparedness programs have grown in both number and size. Federal spending is disconnected from the extant threat of mass casualty chemical and biological terrorism. Federal programs are disconnected from one another, causing additional complications on a number of fronts. Multiple programs heading in different directions hit certain audiences or topics more than once and miss others altogether. The programs in place have no common standard against which they are measured. Finally, federal programs are disconnected from the needs of the local communities that must immediately react to a terrorist attack. While federal officials have acknowledged that local fire, police and emergency medical personnel would be the first to arrive at the scene of a terrorist incident, teams that look suspiciously like first responders have cost millions of dollars.

The news is certainly not all bad. Some programs have successfully leveraged existing strengths and assets; others have used the terrorism issue as a means to procure funding to build a versatile infrastructure applicable beyond terrorism response. What is certain, however, is that \$8.4 billion dollars worth of programming has mushroomed without supervision, evaluation, or coordination, resulting in a confusing mess that has left officials outside Washington uneasy and frustrated.¹

The federal efforts thus far include training and equipment programs, civilian and military response teams, command and control elements, fixed and mobile laboratories, and reachback to chemical and biological experts. The federal government is indeed uniquely suited to fill several of these roles. Of all the options, however, the most dramatic and heroic is the response role, that of the first responder. In the stampede to secure monies and create new teams marketed as response assets, some players seem to have forgotten the ways in which the federal level can best be effective. When surveying the barrage of response, training, and equipment programs, one can only wish that someone senior had scoured a master list and considered whether each would actually be helpful to front-line personnel.

The pages that follow examine the disaster relief structure that was in place long before unconventional terrorism fever overcame Washington and the programs built on top of that architecture by both the legislative and executive branches. A look at the major players in terrorism preparedness—the Departments of Health and Human Services, Defense, and Justice, and the Federal Emergency Management

¹ As one local official phrased it, “What message is being sent to state and local first responders when the federal government cannot even coordinate their own efforts?” Ann Simank, City Council of Oklahoma City, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999.

Agency—outlines the duplicative nature of some federal program areas and the dual-use capabilities of others. Finally, this chapter offers reflections on how money is being spent, whether preferable alternatives are available, and ways to untangle knotted US domestic terrorism preparedness efforts.

DISASTER RESPONSE FRAMEWORK BEFORE THE DELUGE

One might conclude after reading reports from the past five years that prior to two terrorist attacks on US soil the federal government had little or no experience addressing chemical and biological weapons threats or handling large-scale disasters. Yet a surprising number of the response assets now cited regularly as the pillars upon which the government would rely in the event of a crisis actually pre-date the 1993 World Trade Center bombing. Chemical and biological weapons defense has long been part of the military's portfolio. The US Army Institute for Infectious Disease, the US Army Institute for Chemical Defense, the Army's Technical Escort Unit, and the Naval Medical Research Center are prime examples of pre-existing pockets of military chemical and biological defense expertise, a roster that includes everything from infectious disease research to explosive ordnance disposal. In addition to its more traditional military role, the National Guard has also contributed to disaster relief on literally thousands of occasions, activating troops to help clean up after floods, tornadoes, and earthquakes.

On the civilian side, the three oft cited primary mechanisms for responding to terrorist attacks are based on previously established plans to direct federal support to declared disaster areas, generally the result of havoc wreaked by natural forces. The first of these, the National Disaster Medical System (NDMS), is a voluntary network of some seven thousand private citizens and two thousand non-federal hospitals. A public and private sector partnership managed by four federal agencies,² the NDMS was created midway through the Reagan administration to handle the medical fallout of a catastrophic domestic disaster or a major conflict overseas.³ The critical functions of the NDMS are to provide rapid medical response, evacuation,

² Federal partners include the Department of Health and Human Services (HHS), the Federal Emergency Management Agency (FEMA), the Department of Defense, and the Department of Veterans Affairs. NDMS policy is formed via an interagency senior policy group.

³ Under the NDMS, the Department of Defense is responsible for transportation of patients, while both Defense and Veterans Affairs are responsible for maintenance of hospital beds in the civilian contingency bed system. For information on the NDMS, see Kenneth Kizer, Thomas Cushing, and Robyn Nishimi, "The Department of Veterans Affairs' Role in Federal Emergency Management," *Annals of Emergency Medicine* 36, no. 3 (September 2000): 255–61; Robert Knouss, HHS Office of Emergency Preparedness, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 2nd sess., 8 March 2000; US Department of Health and Human Services, briefing entitled "National Disaster Medical System." Internet: <http://www.oep.dhhs.gov/NDMS/Downloads/downloads.html>. Downloaded 9 March 2000; Tom Callahan, "A New Team Is Ready for Disasters," *New York Times*, 8 April 1990; Ernesto A. Pretto, Jr. and Peter Safar, "National Medical Response to Mass Disasters in the United States," *Journal of the American Medical Association* 266, no. 9 (4 September 1991): 1259–62; and Jacqueline Hogan, Paul Rega, and Budd Forkapa, "A Civilian-Sponsored DMAT: A Community's Collaboration Among Three Hospitals," *Journal of Emergency Nursing* 16, no. 4 (July/August 1990): 245–7.

and definitive hospital care.⁴ The NDMS functions as a back-up to local personnel, providing medical assistance should patient loads overwhelm local and state capacity. Hospitals in over one hundred metropolitan areas participate and pledge to make available collectively more than 110,000 beds.

In addition, as a key part of the NDMS, individuals with varying medical backgrounds—including physicians, nurses, and emergency medical technicians—volunteer to form Disaster Medical Assistance Teams in communities across the United States. These teams triage patients at disaster sites and administer immediate medical care to victims. On paper, each team is staffed by anywhere from seventy to one hundred people, although turnout varies from team to team and event to event. The teams are community-based, yet because they can be deployed to other states in times of disaster, they are considered national assets.⁵ Once activated, team members become federal employees. Along with the Disaster Medical Assistance Teams, the NDMS also fields a number of specialty teams to handle pediatrics, burns, mortuary affairs, urban search and rescue, mental health, and veterinary services.

The second pillar of the civilian disaster response architecture is the Stafford Act, an immense piece of legislation passed in November 1988 in the aftermath of Hurricane Hugo's devastation of the Virgin Islands and the North and South Carolina coasts. A principal purpose of the Stafford Act is to better coordinate federal disaster relief efforts. The law outlines what constitutes a major disaster and lists the federal aid programs available through the Federal Emergency Management Agency (FEMA) to help alleviate the effects at the local level.⁶ Specifically, the Stafford Act defines a major disaster as "any natural catastrophe (including any hurricane, tornado, storm, high water, winddriven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States" that results in a need for immediate large-scale federal help.⁷ Although legislators primarily had natural disasters in mind when drafting the law, the president can

⁴ K.T. Moritsugu and T.P. Reutershan, "The National Disaster Medical System: A Concept in Large Scale Emergency Care," *Annals of Emergency Medicine* 15, no. 12 (December 1986): 1496–98.

⁵ The first deployment of a Disaster Medical Assistance Team came in September 1989 when the New Mexico group headed to St. Croix in the wake of Hurricane Hugo. The storm had devastated the island, damaging or destroying 80 percent of its buildings and hindering access to food, water and medical supplies. The island's two health clinics were operating, but they had no inpatient capabilities. At the request of St. Croix authorities, the US Public Health Service activated the New Mexico team which set up a field hospital and began treating patients the day after it arrived. Louise Lewis-Rakestraw, "Response of the New Mexico Disaster Medical Assistance Team in St. Croix After Hurricane Hugo," *Journal of Emergency Medicine* 17, no. 3 (June 1991): 162–4.

⁶ The Robert T. Stafford Disaster Relief and Emergency Assistance Act amended the Disaster Relief Act of 1974. States can generally expect the federal government to shoulder no less than 75 percent of the costs associated with cleaning up the aftermath of a major disaster. Activities could include search and rescue, clearing and repairing highways, disseminating public health and safety information, removing debris, and a series of grant programs to assist residents and business owners in rebuilding. 42 USC Section 5170b. See also 42 USC Section 5195.

⁷ 42 USC Section 5122.

declare a disaster regardless of the cause if the damage is sufficiently profound.⁸ However, federal representatives have told some local officials, much to their frustration, not to count on Stafford Act assistance in the event of an unconventional terrorist attack. Local responders are concerned about the expense of responding to this extraordinary type of disaster and therefore support a revision of the Stafford Act that stipulates an unconventional terrorist attack as a major disaster meriting federal aid.⁹

When the response capabilities of a young FEMA proved no match for the immense after-effects of Hurricane Hugo and the Loma Prieta earthquake in San Francisco, a new coordination mechanism called the Federal Response Plan was created.¹⁰ Launched in 1992, this plan sets forth fundamental planning assumptions, operational concepts, and specific disaster response duties under the Stafford Act.¹¹ Altogether, this plan corrals twenty-seven federal agencies with roles in disaster response, as well as the American Red Cross. As shown in box 4.1, the Federal Response Plan delineates twelve separate emergency support functions, ranging from transportation to health and medical services, each with a primary federal agency in charge and a number of agencies in supporting roles. The idea behind the Federal Response Plan is to coordinate and leverage existing federal capabilities under FEMA's management. The plan takes an "all

⁸ The application of Stafford Act assistance to man-made disasters is not without precedent. These cases are especially important in the terrorism debate. For example, in the wake of the 1992 Los Angeles riots that erupted following the Rodney King verdict, President George Bush declared Los Angeles a disaster area. The Los Angeles mayhem, resulting in more than 6,700 arrests and forty deaths, represented the first instance in which the government declared riots a federal disaster area. Louis Sahagun and Vicki Torres, "Jittery L.A. Sees Rays of Hope," *Los Angeles Times*, 3 May 1992; Stephanie Chavez, "Seven Disaster Centers Open," *Los Angeles Times*, 9 May 1992; Carla Rivera, "Disaster Agency Probe Hit For Ignoring Riots," *Los Angeles Times*, 11 January 1993. President Bill Clinton was also quick to declare Oklahoma City a disaster area after the April 1995 bombing of the Murrah Building. See Todd Purdham, "Clinton Seeks More Anti-Terrorism Measures," *New York Times*, 27 April 1995; Bettina Boxall, "Explosion's Toll on Another Casualty—Buildings—Is Tallied," *Los Angeles Times*, 28 April 1995.

⁹ Members of the National Emergency Management Association have testified before Congress to that effect. Stan McKinney, National Emergency Management Association, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 2nd sess., 4 May 2000. Interviews with author: Associate Hospital Administrator/Registered Nurse (13 November 1999); Physician/EMS Medical Director (13 November 1999); Emergency Preparedness Director, Office of Emergency Services (9 February 1999); Registered Nurse/Hospital Disaster Coordinator (4 February 1999); Director, Office of Emergency Services (4 February 1999).

¹⁰ FEMA officials conceded that they did not move as fast as they should have to get relief centers and funding channels open after Hugo. One problem area was the agency's own image of its role and mission. During Hugo's aftermath, FEMA saw itself as a "third string player" behind state and local officials whereas the locals saw a need for assertive federal leadership and help. Bill McAllister, "FEMA Officials Admit Response to Hugo Was Slow," *Washington Post*, 6 October 1989; John H. Cushman, Jr., "A Change in Procedures For Emergency Agency," *New York Times*, 21 October 1990. After calling FEMA officials a "bunch of jackasses," an irate Senator Ernest Hollings (D-South Carolina) announced on the Senate floor that fourteen days after the storm hit, ten South Carolina counties declared disaster areas did not even have a local FEMA office up and running. Edward Walsh, "It Took a County Judge to Bail Out FEMA: James Lee Witt's Arkansas Experience Reshaped Agency and Its Approach to Disaster," *Washington Post*, 19 August 1998; *Congressional Record*, 101st Cong., 1st sess., 1989. Vol. 135, pt. 17: 23741.

¹¹ Federal Emergency Management Agency, *Federal Response Plan: Basic Plan*, April 1999. The entire Federal Response Plan can be accessed on the FEMA web site at <http://www.fema.gov/r-n-r/frp>.

hazards” approach toward responding to any type of natural or man-made disaster causing destruction on a massive scale.¹²

The Federal Response Plan’s first major test came after Hurricane Andrew struck southern Florida in the summer of 1992. Since that time it has become the cornerstone of federal disaster response.¹³ Although the plan helped articulate duties and responsibilities, it also encountered some glitches, including an *ad hoc* presidential appointment of a new lead agency and the expected travails of managing two dozen federal partner agencies and a torrent of citizen volunteers.¹⁴ Overall, the federal government’s performance improved by such strides in the late 1990s that even FEMA’s critics praised the agency’s efforts.¹⁵ But just as it was steadying from upheavals earlier in the decade, the federal disaster relief framework was hit with a new convulsion—the programs to prepare for and respond to unconventional terrorist attacks.

Box 4.1: Federal Response Plan Emergency Support Functions and Primary Agency Responsibilities

1. Transportation: Department of Transportation
2. Communications: National Communications System
3. Public Works and Engineering: Department of Defense, Army Corps of Engineers
4. Firefighting: Department of Agriculture, Forest Service
5. Information and Planning: FEMA
6. Mass Care: American Red Cross
7. Resource Support: General Services Administration
8. Health and Medical Services: Health and Human Services
9. Urban Search and Rescue: FEMA
10. Hazardous Materials: Environmental Protection Agency
11. Food: Department of Agriculture
12. Energy Materials: Department of Energy

¹² Each of the twelve emergency support functions is outlined in a detailed annex. The annexes include descriptions of the particular problems facing involved agencies, and responsibilities delegated to both primary and supporting agencies. While some departments are involved in support of only one or two functions, others, including the Departments of Defense and Agriculture, play either a lead or support role in all twelve areas.

¹³ Bruce Baughman, FEMA, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 27 March 2000.

¹⁴ Although FEMA had the role of coordinating the various federal players, President George Bush sparked a turf battle when he opted instead to name the Secretary of Transportation as head of the Hurricane Andrew disaster relief effort. Complicating the federal disarray during the first week after Andrew, citizen volunteers showed up to help in any way they could, not under the control of any particular agency or coordinating body. See Thomas Lippman, “Wounded Agency Hopes to Heal Itself By Helping Hurricane Victims,” *Washington Post*, 28 August 1992; Thomas Lippman, “Troops Arrive With Aid In Ravaged South Florida,” *Washington Post*, 29 August 1992; Thomas Lippman, “Hurricane May Have Exposed Flaws in New Disaster Relief Plan,” *Washington Post*, 3 September 1992; Troy Schneider, “Is FEMA Now Simply A Disaster Agency Instead of a Disaster of an Agency?” *National Journal* 25, no. 36 (4 September 1993): 2132.

¹⁵ So fed up were lawmakers in 1993, that a bill was drafted to reorganize FEMA and transfer some of its duties, namely the NDMS, to other agencies. Federal Disaster Preparedness and Response Act, S.1697. Long accused of being a dumping ground for political appointees, FEMA’s image began to change for the positive in 1993 with the appointment of James Lee Witt, an emergency manager from Arkansas, as director. Gradually, the agency shifted from being a last resort consideration to a “forward leaning” department, ready to move into a disaster area much quicker and more effectively. National Academy of Public Administration, *The Role of the National Guard in Emergency Preparedness and Response* (Washington, DC: National Academy of Public Administration, January 1997), 46. FEMA’s makeover has been so dramatic that even Senator Hollings complimented the agency for its handling of hurricanes hitting South Carolina since Hugo. Steve Piacente, “Hugo Taught FEMA To Be More Efficient,” *Charleston Post and Courier*, 30 August 1998.

GUIDANCE FROM TWO DIRECTIONS

A federal program is managed by two entities that theoretically work in tandem, but do not always do so—the executive and legislative branches. The potential for poor fiscal planning and program coordination is ever-present in a system where powers of government are divided, although never more so than at the outset of a new federal program. To use a familiar family analogy, a child that does not get what he or she wants from one parent can seek the favor of the other. What is denied by one decision maker is often granted by another. With multiple congressional committees and over forty executive agencies and departments working to get their way, wasteful spending on terrorism preparedness was not a matter of if, but how much. For reasons described in chapters 2 and 3, terrorism wound up front and center on the national political agenda in the mid-1990s, especially the possible use of chemical or biological weapons. Responses from both ends of Pennsylvania Avenue were swift and substantial, trying to send a message to constituents and would-be attackers that the US government would not buckle to a new scale or type of terrorism. Those who bemoaned the end of the Cold War had a new, amorphous, and frightful enemy to fight: terrorism. By 2000, the federal counterterrorism budget, including protection against weapons of mass destruction and attacks on the nation’s critical infrastructures, had swelled to \$11 billion. Wide-ranging programs were either redesigned or built from scratch with a degree of urgency not often seen at the federal level. The pace and size of expansion led inevitably to redundancies and duplication of effort that imperil the wise use of taxpayer dollars and the overall effectiveness of the federal government’s programming to combat terrorism. The following pages chart the development of executive and legislative guidance as to how the federal government should structure itself to respond to the unconventional terrorist threat.

The White House led off the restructuring with Presidential Decision Directive (PDD)-39, a classified policy statement that defined in broad brush strokes a series of steps to protect the United States from domestic and international terrorism. Issued in June 1995, PDD-39 outlined three primary areas for future government focus: reducing vulnerabilities of government buildings, critical infrastructure, and transportation; deterring terrorism by reiterating the existing US policy not to negotiate with terrorists; and responding to terrorism within the United States.¹⁶ PDD-39 also required greater federal emphasis on improving efforts to detect, prevent the use of, and mitigate the effects of nuclear, biological, and chemical materials. The most important legacy of PDD-39, however, emanated from the document’s affirmation of existing lead federal agency responsibilities during a terrorist event.

¹⁶ A redacted version of PDD-39 is available at the website of the Federation of American Scientists, <http://www.fas.org/irp/offdocs/pdd39.htm>. For further discussion of what PDD-39 does and does not accomplish, see Jonathan Tucker, “Bioterrorism: Threats and Responses,” in *Biological Weapons: Limiting the Threat*, ed. Joshua Lederberg (Cambridge, Mass.: MIT Press, 1999); Chris Seiple, “Terrorists, WMD, and the US Army Reserve,” *Parameters* XXVII, no. 3 (Autumn 1997): 98–118; and Richard A. Falkenrath, Robert D. Newman, and Bradley A. Thayer, *America’s Achilles’ Heel: Nuclear, Biological and Chemical Terrorism and Covert Attack* (Cambridge, Mass.: MIT Press, 1998), 268–76.

PDD-39 drew a line in the sand between managing the crisis of a terrorist attack and managing the consequences that result from one. The Department of Justice, through the Federal Bureau of Investigation (FBI), was assigned the lead in the crisis management phase. The FBI, therefore, was tasked with anticipating, preventing, or resolving a terrorist incident; dealing with an attack's immediate aftermath; and carrying out any ensuing criminal investigation. The lead in the consequence management phase was delegated to FEMA. Via the Federal Response Plan, FEMA would oversee the public health and safety angles, as well as the longer term efforts to keep emergency relief flowing and return a community to normalcy as soon and as smoothly as possible.¹⁷ Ironically, PDD-39's separation of crisis and consequence management phases, which became etched in the lexicon of the terrorism preparedness policy debate, inadvertently painted the inaccurate picture that these activities can be compartmentalized.¹⁸ In reality, crisis and consequence management would overlap at the scene of an incident.

In 1998 the White House issued a second terrorism directive, PDD-62, this time focusing solely on weapons of mass destruction. The document, "Protection Against Unconventional Threats to the Homeland and Americans Overseas," reinforced PDD-39's division of labor, but elaborated some federal consequence management duties on the side.¹⁹ PDD-62's more specific terms urged the continuation of first responder training programs through the Defense Department and the provision of equipment to state and local personnel through the Department of Justice. In addition, PDD-62 pegged the Public Health Service under HHS as the lead agency in preparing the medical response to an unconventional terrorist attack and initiated

¹⁷ PDD-39 specifically required FEMA to "ensure that the Federal Response Plan is adequate to respond to the consequences of terrorism directed against large populations in the United States, including terrorism involving weapons of mass destruction."

¹⁸ PDD-39 also failed to acknowledge that there might not be a crisis management phase, or that it might come markedly later than the consequence management chapter. Such would be the case in a covert biological terrorist attack. Barring a claim of responsibility, the first obvious sign of such an attack would be when victims with similar symptoms began streaming into the health care system. Doctors, epidemiologists, and public health care officials would in effect be the principal investigators at that point, not FBI special agents. The terrorism annex to the Federal Response Plan, ordered by PDD-39 and issued in 1997, officially recognized that these phases could well occur at the same time. This annex identifies agencies which would lend operational support to incident response, including the Defense Department for technical issues and HHS for public health, medical, and pharmaceutical support and epidemiological investigations. In its capacity as primary agency for the support function involving hazardous materials, the Environmental Protection Agency (EPA) would also join in the effort if a chemical agent was used. FEMA, *Federal Response Plan: Terrorism Incident Annex*, April 1999, 4, 8, 11–13.

¹⁹ President William Clinton announced PDD-62 in a May 1998 speech at the US Naval Academy graduation ceremony, stating an intent to take a "more systemic approach to fighting the terrorist threat of the next century." White House, Office of the Press Secretary, "Combating Terrorism: Presidential Decision Directive 62," 22 May 1998. See also James Bennet, "Clinton Tells of Anti-Terrorism Plans," *New York Times*, 23 May 1998; Bradley Graham, "Clinton to Order Reserves Of Germ Weapon Antidotes," *Washington Post*, 21 May 1998; Jonathan Peterson, "Clinton Plans Vaccine Stockpile Against Germ Terrorism," *Los Angeles Times*, 21 May 1998; Judith Miller and William Broad, "Exercise Finds US Unable to Handle Germ War Threat," *New York Times*, 26 April 1998. PDD-62 voiced concern about possible terrorist acquisition of weapons of mass destruction and the evaporation of the "civil defense" preparatory programs so prevalent throughout the Cold War.

the construction of a national stockpile of antidotes and vaccines.²⁰ PDD-62 also called for the creation of rapid response teams to help local personnel with chemical and biological weapons terrorism, but did not specify which federal agencies should be involved in that endeavor. That oversight had predictable repercussions: virtually every agency had license to enter the hottest game in town.

Finally, PDD-62 carved out a senior-level position on the National Security Council staff—National Coordinator for Security, Infrastructure Protection and Counter-terrorism—ostensibly to guide and monitor the ever-expanding US counterterrorism effort. In theory, this individual would bring accountability to an already fractured set of high profile priorities. In practice, without any budgetary authority, this individual’s power to compel cohesion and fiscal restraint at the federal level is muted and would ebb and flow with the level of presidential attention directed to the matter.²¹

The concept of a coordinator to oversee the domestic preparedness effort originated not in PDD-62, but rather two years earlier with a trio of senators who spearheaded congressional input into how the nation should contend with the threat of unconventional terrorism. After hearings in late 1995 and early 1996, Senators Sam Nunn (D–Georgia, ret.), Richard Lugar (R–Indiana), and Pete Domenici (R–New Mexico) shepherded the Defense Against Weapons of Mass Destruction Act of 1996 through Congress in September of that year.²²

The Nunn-Lugar-Domenici legislation, as it came to be called, had several key elements, including the suggestion of an overall coordinator.²³ The best known, however, was a Department of Defense program

²⁰ An unclassified abstract of PDD-62 is available through the Office of State and Local Domestic Preparedness Support in the Department of Justice’s Office of Justice Programs at http://www.ojp.usdoj.gov/osldps/lib_pdd62.htm. Congressional authorization for the national pharmaceutical stockpile came in October 1998. See Department of Health and Human Services Appropriations Act of 1999, Public Law 105-277, Title II.

²¹ PDD-62 gave the coordinator a fiscal advisory role, but otherwise, this person must rely on personal powers of persuasion. Mark Gebicke, General Accounting Office, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999. The limitations of executive power lacking a congressional charter for fiscal matters are underscored by the fact that President Clinton has indeed shown particular interest in bioterrorism, yet the coordinator’s office has not made much headway on integration of federal assets. Nor has he managed to identify and cut redundant programs to control federal spending. On the coordinator’s position, see Michael Dobbs, “An Obscure Chief in US War on Terror,” *Washington Post*, 2 April 2000. On President Clinton’s personal interest in bioterrorism, see Judith Miller and William Broad, “Clinton Describes Terrorism Threat for 21st Century,” *New York Times*, 22 January 1999; White House, Office of the Press Secretary, “Interview of the President by the New York Times,” 23 January 1999.

²² Public Law 104-201, Title XIV. US Congress, Senate Committee on Governmental Affairs, Permanent Subcommittee on Investigations, *Global Proliferation of Weapons of Mass Destruction*, 104th Cong., 1st sess., 31 October and 1 November 1995 (Washington, DC: US Government Printing Office, 1996).

²³ Public Law 104-201, Section 1441. In a speech before the Senate in September 1996, Senator Sam Nunn (D, Georgia, ret.) envisioned a coordinator who “would oversee the Government’s nonproliferation, counterproliferation, counterterrorism, intelligence, and law enforcement activities that are directly relevant to this problem, but are spread far and wide throughout the various departments, and pull them together in a coherent policy.” From Senator Nunn’s speech, “Terrorism

to teach first responders in the 120 largest US cities how to deal with unconventional terrorism. Due largely to its expertise in chemical and biological weaponry, the US Army was tasked with building a series of training courses for first responders, in coordination with other relevant agencies. In turn, the Army established the Domestic Preparedness Program at Soldier and Biological Chemical Command to develop and execute the training.²⁴ This training program and recipient cities' reactions to it are discussed in detail in chapter 5.

This Army command also housed another entity that the legislation requested to assist local personnel in chemical and biological weapons incidents, the Chemical and Biological Rapid Response Team. In addition, Nunn-Lugar-Domenici sought to assist local responders by requiring a designated telephone link for use in times of emergency, as well as a comprehensive list of federal assets available to state and local officials in the event of a chemical or biological terrorism incident.²⁵ Another section of the legislation asked the Department of Health and Human Services (HHS) to beef up front-line preparedness by developing local medical response teams geared to offer medical services in the wake of a poison gas or germ attack. Finally, Nunn-Lugar-Domenici called for a long-term set of federal, state, and local exercises to practice response procedures and flush out potential on-scene coordination issues in advance of an actual incident.²⁶

Also in 1996, Congress enacted another law that anointed two other branches of government to train first responders to deal with terrorist attacks. The Anti-Terrorism and Effective Death Penalty Act of 1996 directed the Department of Justice, in conjunction with FEMA, to allot \$5 million in grants to local jurisdictions to improve the training of firefighter and emergency service personnel in responding to terrorist

Meets Proliferation: The Convergence of Threats in the Post Cold War Era,” reprinted in the *Congressional Record*, 104th Cong., 2nd sess., 1996. Vol. 142, pt. 137: S11759–62.

²⁴ Other agencies included FEMA, Environmental Protection Agency, and the Departments of Energy, Justice, and Health and Human Services. According to one chemical and biological defense expert, the defense community had “extensive assets that we have already paid for, assets which you do not have to, and indeed cannot, buy again” and that the US government could “leverage . . . with a moderate level of new investment.” Thus, the idea behind the Army’s leading the training was to take advantage of an already established pool of knowledge and expertise. Prepared Statement of Dr. Bill Richardson, US Congress, Senate Committee on Governmental Affairs, Permanent Subcommittee on Investigations, *Global Proliferation of Weapons of Mass Destruction*, 104th Cong., 2nd sess., 27 March 1996 (Washington, DC: US Government Printing Office, 1996): 77–8. Soldier and Biological Chemical Command is actually a hybrid, created by the October 1998 merger of Soldier Systems Command and Chemical and Biological Defense Command.

²⁵ Public Law 104-201, Sections 1412 and 1417. The Chemical Biological Hotline is an interagency effort, involving the FBI, FEMA, the Environmental Protection Agency, and the Departments of Defense and Health and Human Services, to offer immediate assistance in recognizing symptoms, decontaminating and treating victims. The federal capabilities compendium was envisioned as part of a larger Rapid Response Information System that would also include information on chemical and biological agents and relevant equipment. FEMA operates the Rapid Response Information System as part of its website at <http://www.rris.fema.gov>, although access to the master list of federal capabilities is restricted.

²⁶ Public Law 104-201, Sections 1412 and 1415.

incidents.²⁷ That same law also required the Centers for Disease Control and Prevention to improve the regulatory control over potential biological weapons agents, a matter discussed in more detail in box 2.5 of chapter 2.

A STAGE SET FOR GROWTH

By fiscal year 1998, the entire federal budget for efforts to combat terrorism totaled \$6.5 billion. By 2001, the administration's budget request reached \$9.3 billion, a 43 percent increase.²⁸ Clinton administration efforts to track government-wide terrorism spending broke initiatives into five rough categories: law enforcement and investigative activities; research and development; preparing for and responding to terrorist attacks; physical security of the US population; and physical security of government buildings and employees.²⁹ (See figure 4.1.) Much of the investment in terrorism prevention and mitigation efforts would be useful in both conventional and unconventional attacks. However, in the late 1990s, the federal government also initiated, and thus should have kept tabs on, specific programs for incidents involving chemical, biological, nuclear, and radiological materials. This weapons of mass destruction section of the terrorism budget has experienced the most dramatic funding increase. In 1998, the total was \$645 million, versus a 2001 request for nearly \$1.6 billion, a 140 percent increase in just three years.

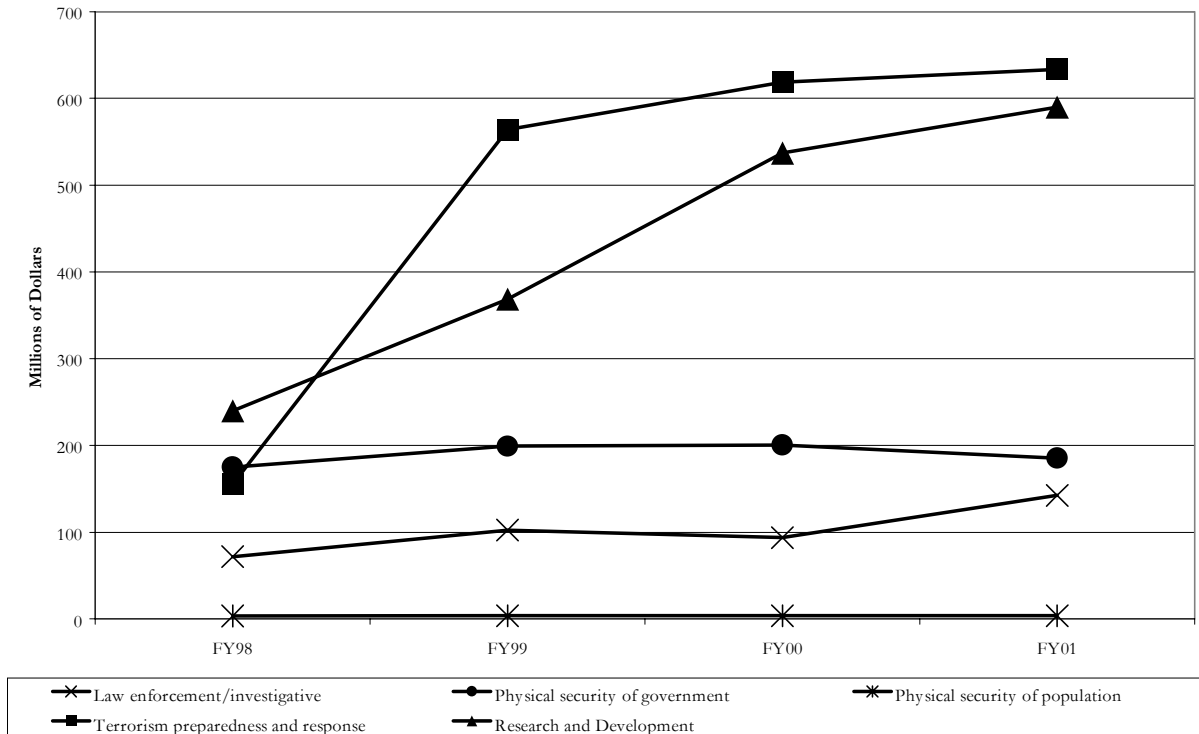
The overarching budget to combat terrorism can be thought of as a set of three concentric circles. The outer circle—by far the largest amount—is the broad pool of terrorism-related funding, totaling \$8.4 billion in 2000. A smaller subset of that overall amount, \$1.4 billion, was the portion devoted specifically to protecting the nation from unconventional attacks. The innermost circle covers the \$618 million of government funding dedicated solely to preparing the nation for and responding to weapons of mass destruction terrorism. This third category includes the training and equipment programs for first responders, as well as federal planning and response teams. Some projects are nuclear specific, while others focus on chemical or biological weapons, or a combination thereof.³⁰ Four federal agencies in particular—the Departments of Defense, Justice, and Health and Human Services, and, to a lesser extent, FEMA—account

²⁷ Public Law 104-132, Section 819. The bill allotted a sum of \$5 million in fiscal year 1997 for local capabilities enhancements. See 42 USC 3751.

²⁸ Executive Office of the President, Office of Management and Budget, *Annual Report to Congress on Combating Terrorism*, Pursuant to Public Law 105-85, 18 May 2000, 59–65. These figures are exclusive of critical infrastructure protection funding.

²⁹ The Office of Management and Budget developed these categories for its yearly report to Congress on programs to combat terrorism. The usefulness of these reports is discussed later in this chapter. Physical security of the US population includes transportation security, with particular emphasis on aviation, as well as protection of major tourist sites and certain key infrastructures.

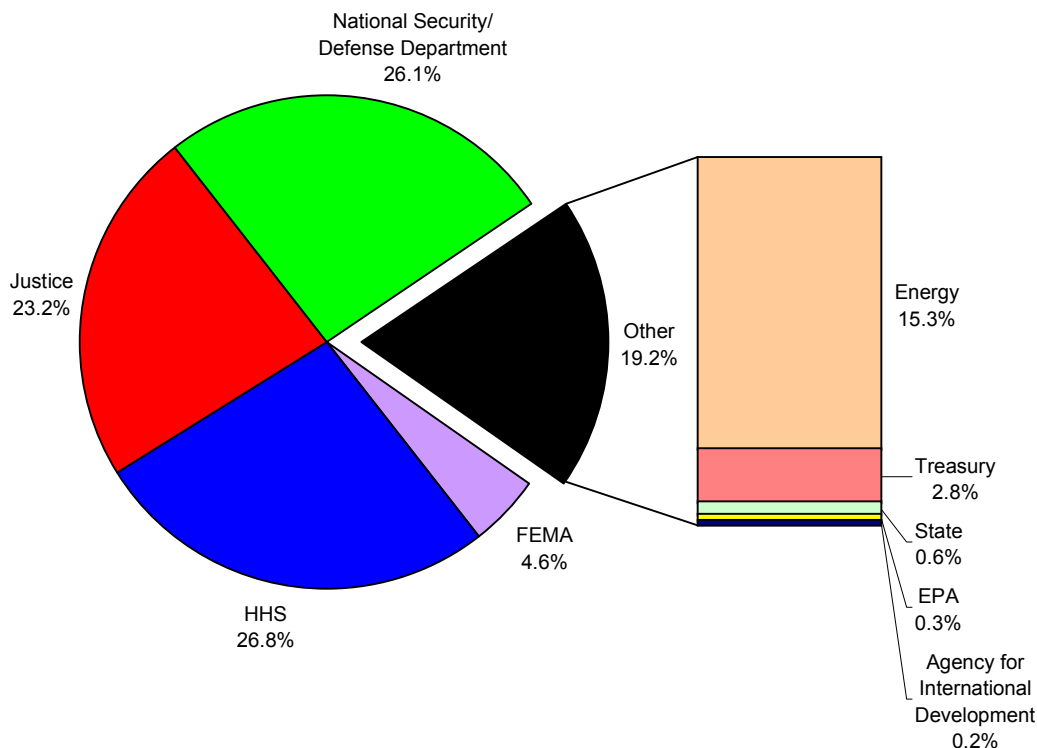
³⁰ The ensuing analysis does not examine Department of Energy programs geared solely to nuclear emergencies.

Figure 4.1: US Funding to Defend Against Weapons of Mass Destruction Terrorism (1998–2001)

Source: Executive Office of the President, Office of Management and Budget, *Annual Report to Congress on Combating Terrorism*, Pursuant to Public Law 105-85, 18 May 2000.

for 80 percent of the total funds spent on chemical and biological preparedness and response initiatives in 2000, depicted in figure 4.2.³¹ Although the missions and audiences targeted by these four agencies differ conceptually and practically from one another, overlap and duplication—particularly with respect to training—has emerged. The pages that follow detail the major spending programs on an agency by agency basis.

³¹ FEMA, HHS, and the Departments of Defense and Justice account for more than three-quarters of the terrorism preparedness and response budget for weapons of mass destruction. Those figures, however, can be somewhat misleading in that they capture only the funds specifically dedicated to counterterrorism projects, not dual-use assets which, although not intended solely for antiterrorism purposes, could play a meaningful role in mitigating the damage from an attack. Many Department of Defense assets, for example, are not reflected in figures depicting terrorism defense or response funding levels. Rather, those programs are resourced from other budget pools since terrorism-related activity is only a small percentage of some units' missions.

Figure 4.2: US Funding to Defend Against Weapons of Mass Destruction Terrorism (1998–2001)

Source: Executive Office of the President, Office of Management and Budget, *Annual Report to Congress on Combating Terrorism*, Pursuant to Public Law 105-85, 18 May 2000.

PROGRAMS IN THE HEALTH AND HUMAN SERVICES DEPARTMENT

The growing involvement of HHS in terrorism preparedness is logical given the agency's established role in the Federal Response Plan for public health issues and its long-time involvement in NDMS. In the early days after the Aum Shinrikyo attack, officials from the HHS Office of Emergency Preparedness were among the first to urge awareness and preventive action and to stress the need for coordination between local, state, and federal players.³² In June 1996, HHS issued a plan on how best to grapple with the unique health and medical consequences of a chemical or biological terrorist incident, including the increased demand for pharmaceuticals, antidotes, and specialized equipment, as well as the narrow window of opportunity to treat

³² For example, the HHS Office of Emergency Preparedness hosted a conference in July 1995 on responding to the consequences of chemical and biological terrorism. As then-head of the Office of Emergency Preparedness, Admiral Frank Young testified, "It is not acceptable to exchange business cards for the first time at the site of a disaster." US Congress, Senate Committee on Governmental Affairs, Permanent Subcommittee on Investigations, *Global Proliferation of Weapons of Mass Destruction*, 104th Cong., 1st sess., 31 October and 1 November 1995 (Washington, DC: US Government Printing Office, 1996), 253.

victims and counteract the adverse effects of the agents to which they were exposed.³³ Working within the existing crisis and consequence management architecture, the HHS plan committed various agencies to handle key elements of the immediate medical response. For instance, biological agent identification would fall to the Centers for Disease Control and Prevention, as would the epidemiological investigation; pharmaceutical support would come from the Food and Drug Administration; and coordination of mortuary services, transportation and supplies, pathology, and public affairs would fall to the NDMS through the HHS Office of Emergency Preparedness.³⁴ Since that 1996 plan, HHS has articulated its approach to bioterrorism preparedness in greater depth. The strategy centers on five key programming areas: 1) deter or prevent bioterror attacks through tightened shipping controls; 2) upgrade state and local surveillance capabilities; 3) develop better local and national medical and public health responses to bioterrorism; 4) build a national pharmaceutical stockpile; and 5) research additional vaccines and rapid screens for toxic agents.³⁵

More than most other federal actors involved in terrorism preparedness, HHS has tried to build local capacity that could manage without federal help during the agonizing hours after an attack before meaningful federal help could arrive.³⁶ By 2000, \$96.1 million of the \$165.6 million HHS budget was designated for enhancing local capacity and programs.³⁷ HHS terrorism preparedness programs, both federally and locally, are directed primarily by the HHS Office for Emergency Preparedness and the CDC. The main involvement of the Office for Emergency Preparedness comes through contracts with cities to prepare chemical and biological action plans and establish local Metropolitan Medical Response System teams. Conceived prior to Nunn-Lugar-Domenici, these teams provide medical resources in the immediate window after a chemical

³³ US Department of Health and Human Services, *Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological (C/B) Terrorism* (Washington, DC: US Department of Health and Human Services, 21 June 1996).

³⁴ *Ibid.*, 18–21.

³⁵ HHS officials have testified at length to this approach. See, for example, Margaret Hamburg, Assistant Secretary for Planning and Evaluation, testimony before the Senate Committee on Health, Education, Labor, and Pensions, Subcommittee on Public Health, 106th Cong., 1st sess., 25 March 1999; and Margaret Hamburg, Assistant Secretary for Planning and Evaluation, testimony before the Senate Appropriations Committee, 106th Cong., 1st sess., 16 March 1999.

³⁶ On the HHS bottom-up approach, see Robert Knouss, Director, Office of Emergency Preparedness, Department of Health and Human Services, testimony before the Subcommittee on National Security, Veterans Affairs, and International Relations of the Committee on Government Reform, US Congress, Senate, 106th Cong., 1st sess., 22 September 1999. Multiple sources have noted that locals can expect to be on their own medically for at least the first twenty-four hours following an attack. See, for example, InterAgency Board for Equipment Standardization and InterOperability, *1999 Annual Report* (Washington, DC: Department of the Army, n.d.), 34; Stephanie Bailey, testimony before the Senate Committee on Health, Education, Labor, and Pensions, Subcommittee on Public Health, 106th Cong., 1st sess., 25 March 1999.

³⁷ Center for Civilian Biodefense Studies, “DHHS FY2000 Anti-terrorism Funding,” *Biodefense Quarterly* 1, no. 4 (March 2000): 4.

or biological terror attack.³⁸ Planning for an initial team began in Washington, DC and resulted in a prototype deployed for the July 1996 Olympic Games in Atlanta. Congress budgeted for twenty-five additional teams in 1997.³⁹ By 2000, seventy-two teams were underway, with an ultimate goal of 120. On average each team received roughly \$350,000 in federal aid to purchase equipment, supplies, and pharmaceuticals.⁴⁰

To provide specialized medical assistance to other areas, the Office of Emergency Preparedness also designed four National Medical Response Teams to respond to attacks involving weapons of mass destruction. Their locations are shown in figure 4.3. Created in 1997, these squads are essentially enhanced Disaster Medical Assistance Teams.⁴¹ Along with personnel and equipment, the teams also possess enough pharmaceuticals to treat up to five thousand victims of a chemical attack, a cache that can be airborne within four hours.⁴²

In early 2000, the General Accounting Office (GAO) uncovered managerial lapses in the maintenance of these pharmaceutical stocks. HHS had assigned the Department of Veterans Affairs the task of maintaining these drug caches, a selection that made sense in light of its experience with managing pharmaceuticals for the Veterans Affairs hospital network. However, the GAO investigation found that in several instances inventories of key items at the four stockpile sites were out of synch. For example, diazepam, a tranquilizer for use after a

³⁸ Presentation by Grant Peterson, "Local/State Health Department Partnership with the Metropolitan Medical Response System," presentation at the National Disaster Medical System Conference, Las Vegas, Nevada, 30 April 2000; Robert Knouss, HHS Office of Emergency Preparedness, testimony before the House Committee on Government Reform, 105th Cong., 2nd sess., 2 October 1998. As one author notes, the goal of MMRS efforts is to "turn victims into patients." Chris Seiple, "Consequence Management: Domestic Response to Weapons of Mass Destruction," *Parameters* XXVII, no. 3 (Autumn 1997): 123. Capabilities of these strike teams include identification of chemical and biological agents; triage, treatment, and decontamination of victims; transporting patients to local or NDMS hospitals; and stockpiling medicine to treat up to one thousand patients. National League of Cities, *Domestic Terrorism: Resources for Local Governments* (Washington, DC: National League of Cities, 2000), 38–40. A more in-depth discussion of MMRS team structure and capabilities, as well as protocols on treatment and decontamination, can be found in Office of Emergency Preparedness, Department of Health and Human Services, *Metropolitan Medical Response System Field Operations Guide*, November 1998. Internet: http://ndms.dhhs.gov/CT_Program/Response_Planning/response_planning.html. Downloaded 24 July 2000.

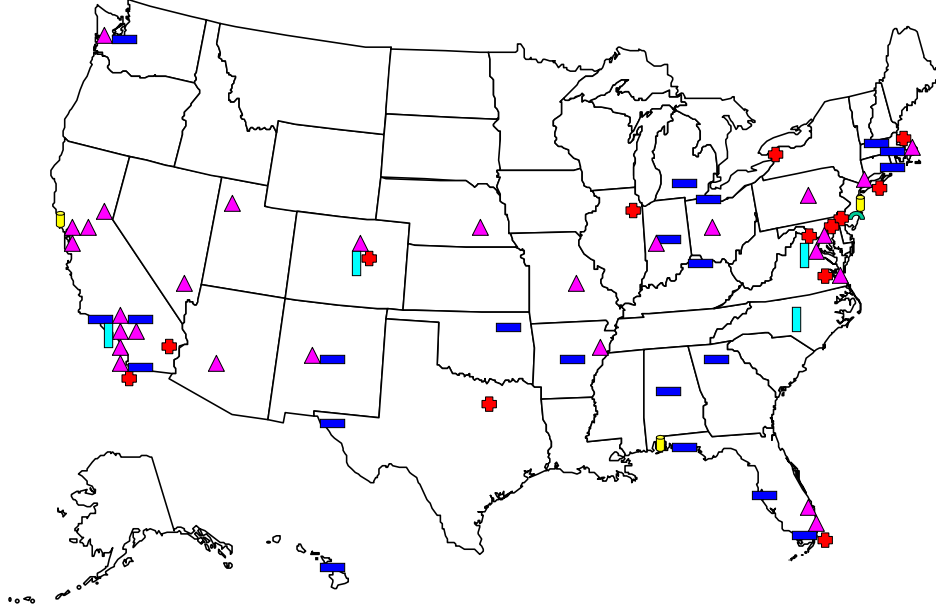
³⁹ The initial sum for medical strike teams was appropriated to the Defense Department and subsequently "made available" to HHS. Public Law 104-201, Section 1412. Originally, these medical assets were referred to as Metropolitan Medical Strike Teams.

⁴⁰ Small cities would receive slightly less than that average amount, while large cities would receive more. New York, for example, received roughly \$800,000. General Accounting Office, *Combating Terrorism: Opportunities To Improve Domestic Preparedness Program Focus and Efficiency*, GAO/NSIAD-99-3 (Washington, DC: US General Accounting Office, 12 November 1998), 6.

⁴¹ The four teams are located in Washington, DC, Los Angeles, Denver, and Winston-Salem.

⁴² The drug stocks are geared primarily to treat victims of chemical attacks where "time is of the essence." The packages can be split into five parts upon arrival so that cross-sections of the supply go to different areas of need, be they hospitals or on-site triage areas. Robert Knouss, HHS Office of Emergency Preparedness, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000. Medicines for dealing with biological weapons aftermath fall more to the Centers for Disease Control and Prevention, with its National Pharmaceutical Stockpile, to be discussed later in the chapter.

Figure 4.3: Civilian Response Assets for Unconventional Terrorism



- ▬ National Medical Response Teams
- ▲ FEMA Urban Search and Rescue Task Forces
- FBI Hazardous Materials Response Unit and Field Office Teams
- ▬ Disaster Medical Assistance Teams
- ⤿ EPA Environmental Response Team
- ▬ Coast Guard National Strike Force

Sources: Federal Bureau of Investigation, "Hazardous Materials Response Unit Briefing," presented 2 August 2000; US Department of Health and Human Services, briefing entitled "National Disaster Medical System." Internet: <http://www.oep.dhhs.gov/NDMS/Downloads/downloads.html>. Downloaded 9 March 2000; Robert Knouss, HHS Office of Emergency Preparedness, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000; Environmental Protection Agency, *EPA Capabilities: Responding to Nuclear-Biological-Chemical (NBC) Terrorism, Terrorism* (Washington, DC: Environmental Protection Agency, May 2000); FEMA, "National Urban Search and Rescue Response System Briefing," 13 April 2000.

chemical attack, was under-supplied while there was a surfeit of sterile gloves. In another instance, expiration dates on one type of antidote passed without notice.⁴³ All of the parties involved have pledged improvement, but if the federal agencies cannot handle so straightforward an issue as inventory management, it raises doubts that the federal response to an actual incident would go smoothly.⁴⁴

The Centers for Disease Control and Prevention (CDC) has also focused on building capacities at the local, state, and federal levels. Rooted in the US anti-malaria program in World War II, the CDC began in 1946 as the Communicable Disease Center. Since that time, it has served as the primary US brain trust on disease origins, recognition, control, and prevention. The dozen-odd research centers and offices that fall under the CDC's umbrella cover everything from occupational health to disease research, with several playing an integral role in US preparedness for bioterrorism.⁴⁵

The particular advantage of CDC's bioterrorism programs lies in their multiple utility: improvements to the public health infrastructure bring day-to-day benefits regardless of the specific disease or its source and are useful well beyond the worst case bioterrorist scenarios.⁴⁶ While CDC carved out an office in the National Center for Infectious Diseases dedicated to bioterrorism preparedness in December 1998, it also set about making widespread improvements to its approach to managing infectious disease writ large.⁴⁷

⁴³ See also General Accounting Office, *Combating Terrorism: Chemical and Biological Medical Supplies Are Poorly Managed*, HEHS/AIMD-00-36 (Washington, DC: US General Accounting Office, October 1999).

⁴⁴ As Congressman Christopher Shays (R-Connecticut) noted to witnesses, keeping tabs on these items "is not rocket science." Rep. Christopher Shays, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000. Prior to these hearings, the Department of Veterans Affairs and OEP had already taken a number of steps to improve internal controls. Similar procedures would be used for the national pharmaceutical stockpile. Dr. Steven Ostroff, National Center for Infectious Diseases, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000. Dr. Robert Knouss, HHS Office of Emergency Preparedness, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000. Cynthia Bascetta, GAO, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000.

⁴⁵ The CDC includes the National Center for Infectious Disease, National Center for Environmental Health, Epidemiology Program Office, National Center for Chronic Disease Prevention and Health Promotion, Office of Genetics and Disease Prevention, National Center for Health Statistics, National Center for HIV, Sexually Transmitted Diseases, and Tuberculosis Prevention, National Center for Injury Prevention and Control, National Immunization Program, and National Institute for Occupational Safety and Health. For a discussion of the CDC's history, see Elizabeth Etheridge, "Historical Perspectives: History of CDC," *Morbidity and Mortality Weekly Report* 45, no. 25 (28 June 1996): 526-30.

⁴⁶ Indeed, experts have argued that the success of the public health community in controlling disease during recent decades has come to hurt it in terms of resource allocation. Ironically, budgets have shrunk as appropriators witnessed modern medicine conquer disease after disease. Thus, to a certain extent, bioterrorism has served as a catalyst for dual-use enhancements to disease surveillance and communication among laboratories and the overall epidemiological infrastructure that would prove crucial not only to any response to bioterrorism, but also to the long-term stability and strength of the public health sector. See Institute of Medicine, *Chemical and Biological Terrorism: Research and Development to Improve Civilian Medical Response*, National Research Council (Washington, DC: National Academy Press, 1999).

⁴⁷ An October 1998 strategy outlined the CDC's plan for addressing infectious disease in the twenty-first century, focusing on four broad areas: disease surveillance and outbreak response; applied research for tests, treatments, and improved prevention methods; infrastructure and training; and disease prevention and control. Centers for Disease Control and Prevention,

CDC awarded \$41 million in September 1999 to state health departments and a handful of larger US cities specifically for enhancing local capabilities to recognize the aftermath of a terrorist attack.⁴⁸ Broken out into five categories, shown in table 4.1, these grants addressed some pressing shortcomings in the public health network, including diagnostics, training, disease outbreak investigations, and communications. Each area was affected by entrenched fiscal neglect of the nation's disease surveillance system. To illustrate the scale of the problem, a January 1999 survey found that nearly 50 percent of local health agencies did not possess high speed connections to the Internet and 46 percent did not have the technical ability to send broadcast faxes.⁴⁹ Without safe and rapid communications links to the laboratories with requisite knowledge, the chances of recognizing and managing a bioterrorist incident effectively all but vanish.

The CDC also began working through state public health agencies to rejuvenate *local* public health infrastructure, creating a layered system of consultation and information sharing among laboratories of varying capacity and specialization. The Laboratory Response Network for Bioterrorism includes four functional levels of laboratories:

- * Level A: public health and hospital laboratories with minimal biosafety facilities;
- * Level B: state and county public health agency facilities capable of testing for specific agents and forwarding specimens to higher containment facilities;
- * Level C: state agencies, academic research or federal laboratories equipped for toxicity testing and advanced diagnostics;
- * Level D: federal laboratories with highest level of containment and technological sophistication (e.g., CDC, US Army Medical Research Institute for Infectious Diseases).⁵⁰

Preventing Emerging Infectious Diseases: A Strategy for the 21st Century, (Centers for Disease Control and Prevention: Atlanta, Georgia, October 1998). See also, Scott Lillibridge, National Center for Infectious Diseases, testimony before the House Committee on Government Reform, 106th Cong., 1st sess., 22 September 1999.

⁴⁸ States and cities selected for each type of grant can be found in a CDC's press release. See Centers for Disease Control and Prevention, Office of Communication, "States Receive \$40 Million for Stronger Public Health Preparedness for Bioterrorism" 15 September 1999; and Center for Civilian Biodefense Studies, "CDC Releases Close to \$41 Million for Biodefense," *Biodefense Quarterly* 1, no. 2 (September 1999): 1–2.

⁴⁹ This same survey also found that 35 percent of the health departments covering areas with fewer than 25,000 inhabitants had no email capabilities, and 30 percent had no world wide web access whatsoever. Michael Fraser, "Information Technology and Local Health Departments," presentation to the National Association of City and County Health Officials, Dearborn, Michigan, July 1999.

⁵⁰ This network is run in conjunction with the Association of Public Health Laboratories. Adapted from CDC, "The Laboratory Response Network for Bioterrorism" presented at the National Bioterrorism Preparedness and Response Initiative Philadelphia Regional Meeting, 17 May 2000; and Centers for Disease Control and Prevention, "Biological and Chemical

To prevent inundation at the top of the laboratory pyramid, CDC began spreading diagnostic technology down the line to Level B and C laboratories so that they can conduct sample testing. Nevertheless, CDC's rapid response laboratory remains on standby twenty-four hours a day, seven days a week, to confirm local laboratory findings and serve as a reference for questions that pop up in the course of an investigation. The nationwide distribution of level B and C laboratories for anthrax, tularemia, botulinum toxin, and plague are shown in figure 4.4.

In addition to refurbishing the capabilities of state and local labs, CDC received a combined \$103 million in 1999 and 2000 to develop the national pharmaceutical stockpile, ready for immediate deployment to localities caught in a bioterror incident. These supplies are intended for use by local medical personnel within the first twenty-four hours of an outbreak, picking up when local resources are exhausted. The stores consist of key drugs—antibiotics, anti-toxins, and vaccines for a selection of potential biological weapons agents⁵¹—and medical equipment that would be in high demand, such as ventilators, intravenous fluid kits, and syringes. The stockpile itself is comprised first of “push packages,” supplies stored on color-coded pallets at four locations in the United States ready for deployment within twelve hours.⁵² The second stockpile component is vendor-managed inventory, designed to fill in if the initial pallets prove insufficient. This secondary influx consists of goods coming directly from pharmaceutical manufacturers that have

Terrorism: Strategic Plan for Preparedness and Response,” Recommendations of the CDC Strategic Planning Workgroup, *Morbidity and Mortality Weekly Report* 49, no. RR-4 (21 April 2000).

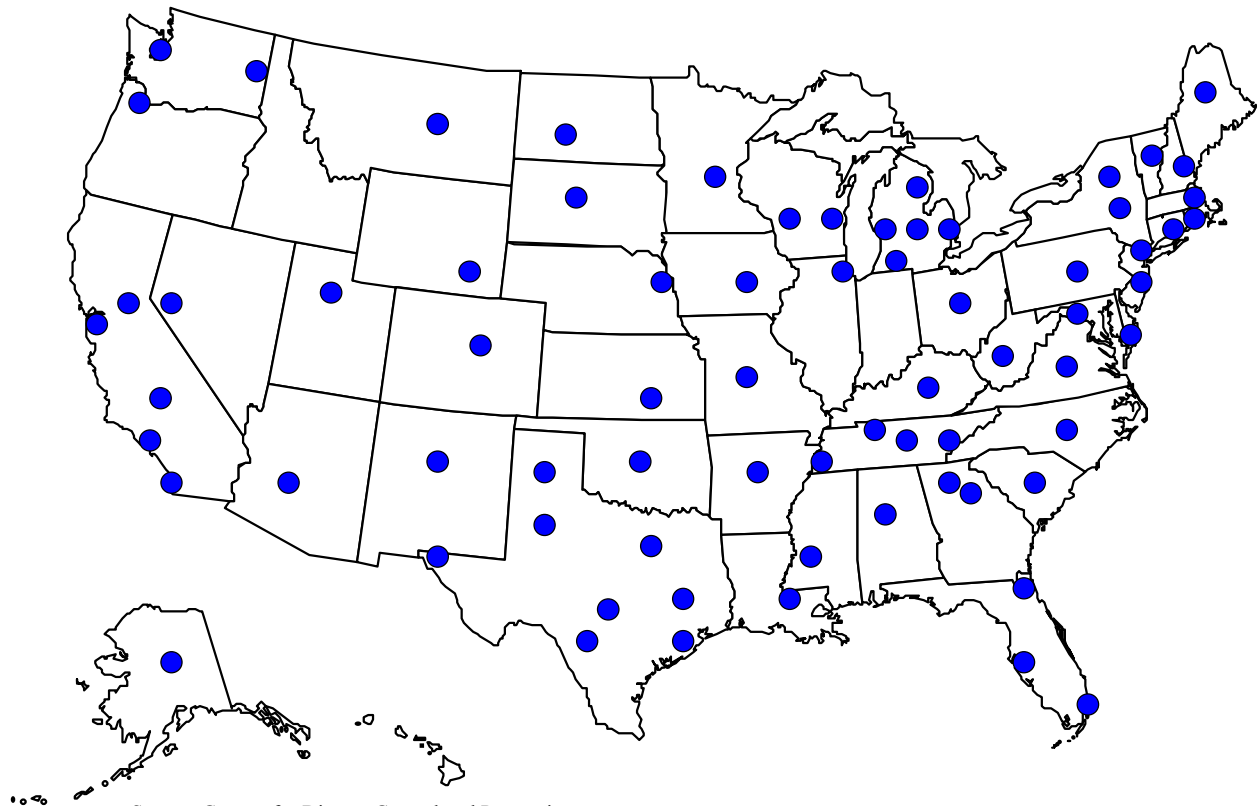
⁵¹ Working groups tasked with designing the stockpile and its contents crafted a list of priority agents to consider, including smallpox, anthrax, pneumonic plague, tularemia, botulinum toxin, and viral hemorrhagic fevers. Antibiotics can effectively handle some of the agents, such as anthrax and tularemia, if caught early. Consequently, several different antibiotics feature on the cache list. The GAO, however, has consistently criticized the development of the stockpile, noting that agents around which the stockpile is constructed do not match intelligence estimates about which agent(s) would most likely be employed in a bioterror attack. Consequently, the GAO worries, the pharmaceutical cache may well be structured to counter the wrong threat. See Henry Hinton, GAO, testimony before the Senate Veterans Affairs Committee and the Senate Appropriations Committee, 106th Cong., 1st sess., 16 March 1999; Cynthia Bascetta, GAO, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 2nd sess., 8 March 2000; and General Accounting Office, *Chemical and Biological Medical Supplies Are Poorly Managed*.

⁵² Each push package represents 25 percent of the stockpile inventory. The goal is to get basic supplies to the scene as soon as possible regardless of the agent suspected as the culprit. These packages are deployed at the request of the CDC director and the assistant secretary for health. Dr. Steven Ostroff, National Center for Infectious Diseases, CDC, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000.

Table 4.1: CDC Grants For Bioterrorism Preparedness

Category	Initiatives	Funding	Percent of 1999 HHS Bioterror Budget	States Reached
Readiness planning among local and state health departments	<ul style="list-style-type: none"> • Help develop local bioterrorism preparedness plans • Encourage scientific research to address bioterrorism preparedness • Design and operate safe Biosafety Level 3 and 4 laboratories • Continue implementation of regulations governing transfer of hazardous biological organisms and toxins 	\$1.3 million	0.8%	8
Capacity to detect disease outbreaks possibly caused by terrorists	<ul style="list-style-type: none"> • Train health care workers to consider bioterrorism as cause for suspicious outbreaks • Better link emergency medical system to public health agencies 	\$7.8 million	4.9%	31
State and local laboratory capacity	<ul style="list-style-type: none"> • Build laboratory network among hospital and commercial labs, as well as local, state, and federal facilities • Improve biologic threat agent diagnostic capabilities • Develop handful of state labs as chemical threat assessment reference sites • Develop rapid toxic screen 	\$8.8 million	5.6%	43
Develop expertise to identify chemical and biological agents	<ul style="list-style-type: none"> • Provide tools, training, and funds for investigations of outbreaks 	\$4.0 million	2.9%	39
Communications network among health departments	<ul style="list-style-type: none"> • Build national electronic platform for two-way, real-time communications and distance learning for local, state, and federal facilities 	\$19.0 million	12.0%	33
Total		\$40.9 million	25.9%	

Sources: Scott Lillibridge, National Center for Infectious Diseases, Centers for Disease Control and Prevention, testimony before the House Committee on Government Reform, 106th Cong., 1st sess., 22 September 1999; Jeffrey Koplan, CDC, testimony before the Senate Committee on Health, Education, Labor, and Pensions, Subcommittee on Public Health, 106th Cong., 1st sess., 25 March 1999; Center for Civilian Biodefense Studies, "CDC Releases Close to \$41 Million for Biodefense," *Biodefense Quarterly* 1, no. 2 (September 1999): 1–2.

Figure 4.4: Level B and C Laboratory Response Network Facilities

Source: Centers for Disease Control and Prevention

contracted with CDC to hold specified amounts of inventory and release it in times of emergency.⁵³ The Department of Veterans Affairs has been made responsible for procuring and managing the national stockpile contents.⁵⁴

⁵³ Because this portion of the stockpile would not arrive on-scene until some thirty-six hours after the initial notification, CDC officials have a certain degree of flexibility in the particular items that are sent to the scene. By the time vendor managed inventory is deemed necessary, the agent involved might well have been identified, or at least the possibilities narrowed down enough to tailor the goods shipped from vendors. *Ibid.*

⁵⁴ In light of the problems with the NMRT stashes, CDC pledged to continually monitor inventory and conduct no-notice inspections at push package and vendor managed inventory storage sites several times per year. In addition, CDC plans to test stockpile deployment procedures twice annually, allowing for outside review and comments. Bearing in mind GAO criticism, the Department of Veterans Affairs created a single stockpile management position on all matters relating to the national stockpile program. For additional discussion, see Stephen Ostroff, National Center for Infectious Diseases, testimony before the House Committee on Government Reform, 106th Cong., 2nd sess., 8 March 2000.

THE DEFENSE DEPARTMENT: A CONFUSING BEHEMOTH

Nunn-Lugar-Domenici tapped the Pentagon and its chemical and biological weapons expertise from the beginning, reasoning that no one was better prepared to teach the ABCs of an unfamiliar threat to a lay audience than the experts who know how to defend against it. The military involvement in the domestic preparedness issue, however, brought along a truckload of constitutional, institutional, and political baggage that complicated the Pentagon's role. While the Department of Defense is no stranger to large-scale emergencies and the all-hands cleanup efforts they often require, it operates within a unique and strict set of guidelines that prohibit military involvement in domestic law enforcement activities, a fact that shapes the Pentagon's contribution to consequence management. The subordination of the military to civilian control dates back to the Posse Comitatus Act of 1878 and becomes especially germane when framing the Defense Department's role in managing the consequences of a chemical or biological terrorist attack.⁵⁵ Over time, several *posse comitatus* exceptions have emerged that allow the military to assume law enforcement duties in times of profound emergency or civil disturbance.⁵⁶ Domestic preparedness programming and the military's growing involvement in these initiatives brought *posse comitatus* issues to the fore of the policy debate as the Pentagon contemplated ways to better organize itself for responses to terrorism within the United States.⁵⁷ Objections arose to the Defense Department's concept of a "homeland defense" mission,⁵⁸ causing Pentagon officials to shift rhetoric to the less combative notion of civil support. The term underscores the key theme that Defense Department officials have painstakingly repeated in an ongoing effort to remind everyone of the military's limited consequence management role: the military is there only

⁵⁵ 10 USC 1385. The term *posse comitatus* itself refers to the right of a sheriff to enlist personnel to assist him in enforcing the law. See *Black's Law Dictionary*, 6th ed., s.v. "posse comitatus." For additional reading on the history and implications of the Posse Comitatus Act, see Matthew Carlton Hammond, "The Posse Comitatus Act: A Principle in Need of Renewal," *Washington University Law Quarterly* 75, no. 2 (Summer 1997). Available online at <http://ls.wustl.edu/WULQ/75-2/752-10.html>; and Thomas Lujan, "Legal Aspects of Domestic Employment of the Army," *Parameters* XXVII, no. 3 (Autumn 1997): 82–97.

⁵⁶ For example, during the 1992 riots that erupted after the acquittal of the police officers who beat Rodney King, the National Guard was federalized quietly under 10 USC 333. Yet formally and openly labeling the upheaval in Los Angeles a full-blown insurrection was something state and federal leaders were loathe to do, largely for political reasons. For more in-depth analysis of legal implications of using the military within the United States, see Lujan, "Legal Aspects of Domestic Employment of the Army," 82–97. Six narrow exceptions to Posse Comitatus Act rules are carved out either in the US Constitution or in subsequent acts of congress. For a list and brief explanation of each, see 32 CFR 215.

⁵⁷ These realignments are best illustrated by the creation of both the civil support coordinator in the Office of the Secretary of Defense and the Joint Task Force–Civil Support at Joint Forces Command in Norfolk. These roles are discussed more in-depth later in this chapter.

⁵⁸ The American Civil Liberties Union (ACLU), for example, was outspoken in its criticism of the military's changing role in domestic affairs. Framing their arguments against references to late-1990s popular films *The Siege* and *Enemy of the State*, each featuring plots involving military assets gone awry within the United States, ACLU officials blasted the decision to stand up an anti-terror unit. Their objections centered on concerns that the lines between military and civilian authority would blur during an emergency. William Broad and Judith Miller, "Pentagon Seeks Command For Emergencies in the US," *New York Times*, 28 January 1999; Bradley Graham, "Pentagon Plans Domestic Anti-Terrorism Team," *Washington Post*, 1 February 1999; and Jim Landers, "US Quietly Upgrading Homeland Defense Plan," *Dallas Morning News*, 9 February 1999.

to support civilian authorities.⁵⁹ Although this terminology is more consistent with the support role envisioned in both the Stafford Act and the Federal Response Plan, some officials remain leery even of this clearly proscribed involvement; however, others still wish to put the Pentagon in charge of the federal response.⁶⁰

In 1999 the Defense Department restructured its consequence management architecture. The Pentagon announced plans in January to create a unit specifically dedicated to coordinating the military's response to an unconventional attack at home. Christened in October of that year as Joint Task Force–Civil Support, the team integrates domestic unconventional terrorism responses from all the services.⁶¹ Based out of Norfolk, Virginia, at US Joint Forces Command, the new task force is envisioned as the funnel through which all military assistance to first responders would flow in a crisis.⁶² Also in October 1999, the Defense Department created a senior policy official—Assistant to the Secretary of Defense for Civil Support—to identify all the military's civil support assets and make sure they fit well not only with the other Pentagon elements contributing to the effort, but also the other support assets scattered throughout the interagency.

⁵⁹ Pamela Berkowsky and Charles Cragin, Department of Defense, joint testimony before the Senate Armed Services Committee, Subcommittee on Emerging Threats and Capabilities, 106th Cong., 2nd sess., 24 March 2000.

⁶⁰ As Deputy Defense Secretary John Hamre noted, “Frankly, we’re not seeking this job.” Graham, “Pentagon Plans Domestic Anti-Terrorism Team.” In contrast to the Pentagon hesitation, a congressionally mandated commission released a report in June 2000 that went in the opposite direction. The National Commission on Terrorism, chaired by Paul Bremer, a former Ambassador-at-Large for Counter-Terrorism, suggested that the Department of Defense plan for the possibility that a severe attack could force the president to name it lead federal agency, rather than the FBI or FEMA. Acknowledging that this expanded Defense Department function would carry with it “policy and legal implications,” the commission cites the agency command and control capacity as the primary justification for adjusting the terrorism response structure. National Commission on Terrorism, *Countering the Changing Threat of International Terrorism*, Pursuant to Public Law 105-277, June 2000.

⁶¹ Until that point, the Army had been the main focus of domestic terror response with efforts run through Response Task Forces at 1st and 5th Army installations in Georgia and Texas.

⁶² Effective 1 October 1999, the Unified Command Plan 1999 tasked US Joint Forces Command as the operational controller of domestic weapons of mass destruction consequence management planning and response. Broad and Miller, “Pentagon Seeks Command For Emergencies in the US”; Graham, “Pentagon Plans Domestic Anti-Terrorism Team”; Jonathan Landay, “Launching a Homeland Defense,” *Christian Science Monitor*, 29 January 1999; Landers, “US Quietly Upgrading Homeland Defense Plan.” US Joint Forces Command replaced US Atlantic Command in October 1999, essentially assuming all the responsibilities of its predecessor, while also taking up the domestic civil support mantle. Greg Seigle, “USA Forms Joint Force Command to Defeat Threats,” *Jane’s Defense Weekly*, 6 October 1999; Steven Komaraow, “Military Chiefs Set Up Command To Address U.S. Terrorist Threats,” *USA Today*, 8 October 1999; Elizabeth Becker, “Pentagon Sets Up New Center For Waging Cyberwarfare,” *New York Times*, 8 October 1999; Bradley Graham, “Teamwork as Military Task,” *Washington Post*, 12 October 1999. In outlining the role of Joint Task Force–Civil Support in congressional testimony, then Commander-in-Chief of US Joint Forces Command Admiral Harold Gehman also noted that the unit would be able to piggy-back on existing infrastructures at command headquarters, including staff and communications. Admiral Harold Gehman, testimony before the Senate Committee on Armed Services, Subcommittee on Emerging Threats and Capabilities, 106th Cong., 2nd sess., 24 March 2000.

The new position now serves as the single point of contact within the Office of the Secretary of Defense for civil support, specifically regarding weapons of mass destruction.⁶³

Again, the Pentagon's involvement in training and exercises comes through the Domestic Preparedness Program called for in Nunn-Lugar-Domenici and run by the Army's Soldier and Biological Chemical Command.⁶⁴ Of note is the GAO's critique of the Domestic Preparedness Program setup in which the investigative office questioned the decision to focus on the largest 120 cities in the United States rather than an alternative jurisdictional breakdown.⁶⁵ The city model was selected largely because it allowed streamlined correspondence with the local level instead of dealing with multiple points of contact across several counties. While this approach had its own logic, relying solely on a population threshold criterion meant that training priorities ignored an assessment of each city's likelihood to meet with a terrorist attack, its existing degree of preparedness, and its proximity to other locations involved in the program.⁶⁶ As a result, choosing target cities by population left gaps in the training's coverage. The target population approach would train responders that served 22 percent of the US population, leaving entire states and other densely populated areas without training. These shortcomings in geographic coverage were a principal justification for the proliferation of other preparedness training programs and specialized schools.⁶⁷

⁶³ Secretary of Defense William Cohen named Pamela Berkowsky to the new coordinating role on 6 October 1999. See "Assistant to the Secretary of Defense for Civil Support," Memorandum from US Secretary of Defense William Cohen (Washington, DC: US Department of Defense, 6 October 1999). A subsequent memo from April 2000 specifically tasks the post with overseeing policy development of domestic preparedness support and coordinating with lead federal agencies requesting Defense Department assistance in those missions. See "Consequence Management Responsibilities Within the Department of Defense for Incidents Involving Chemical, Biological, Radiological, Nuclear and High Yield Explosives," Memorandum from US Secretary of Defense William Cohen (Washington, DC: US Department of Defense, 1 April 2000). For example, this individual also represents the Pentagon on the Weapons of Mass Destruction Preparedness Group, an interagency team of representatives from nearly two dozen federal agencies and works closely with the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict, the Pentagon's lead office for terrorism-related issues.

⁶⁴ While the training portion was slotted to move to Justice in the fall of 2000, the Defense Department would retain control over other parts of the program, including the Improved Response Program, a long-term effort to enhance responder capabilities through group brainstorming sessions, equipment testing, and functional exercises. Separate research efforts for biological and chemical weapons involve relevant groups of emergency response experts. The Improved Response Program has released technical research reports addressing mass casualty decontamination, protective gear for firefighters, and ways to accommodate "walking wounded" at medical facilities. Further information is available at <http://dp.sbcom.army.mil/bwirp/index.html> for biological weapons-related work, and parallel chemical weapons efforts at <http://dp.sbcom.army.mil/cwirp/index.html>.

⁶⁵ Congress' investigative arm outlined its concerns in several reports, including General Accounting Office, *Opportunities To Improve Domestic Preparedness Program Focus and Efficiency*; and General Accounting Office, *Combating Terrorism: Threat and Risk Assessments Can Help Prioritize and Target Program Investments*, GAO/NSIAD-98-74 (Washington, DC: US General Accounting Office, 9 April 1998).

⁶⁶ Essentially, US cities with a population greater than 144,000 fell into the group of 120.

⁶⁷ Had the largest 120 counties been selected instead, double that coverage could have been achieved. Furthermore, while some states received no training because they have no cities with more than 144,000 residents, others with enormously populated metropolitan areas had training in several cities next door to one another. Twelve states received no training whatsoever while Texas and California accounted for 25 percent of the 120 cities. General Accounting Office, *Opportunities To Improve Domestic Preparedness Program Focus and Efficiency*, 6.

Military Response to Unconventional Terrorism

The domestic preparedness training program represents a relatively small portion of the Pentagon's overall spending for defense against unconventional terrorism. Much of the department's annual budget in this area has been dedicated to research and development and response teams with specialized knowledge on dealing with a chemical or biological weapons release.⁶⁸ Some of the units long pre-date 1995; some were required by the Nunn-Lugar-Domenici legislation; and some just emerged in the subsequent feeding frenzy for terrorism missions and monies. Teams range from multi-purpose units with relatively broad expertise to those designed solely for chemical or biological terrorism response. Specific locations for the units discussed below are shown in figure 4.5.

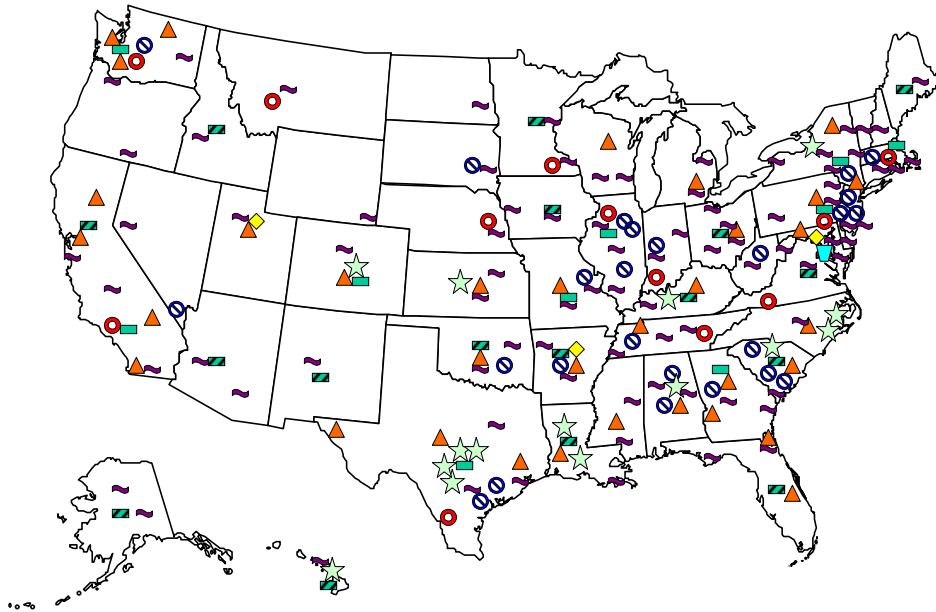
The legislatively required Chemical Biological Rapid Response Team is a joint asset based at Soldier and Biological Chemical Command at Aberdeen, Maryland, that coordinates existing operational specialized military teams capable of addressing particular elements of a chemical and biological weapons crisis. In an actual event, perhaps the first unit that this command and control center is likely to activate is the Army's Technical Escort Unit. Created in 1943 with an original mission to escort chemical weapons transports, this low profile unit is arguably the military's most capable chemical and biological weapons response team. The unit marries chemical and biological weapons expertise with explosive ordnance disposal capabilities and has more than five decades of varied mission experience.⁶⁹ The Technical Escort Unit routinely deploys a twelve-person response team within four hours, a "wheels up" window virtually unparalleled among federal assets. The 180-person group has branches at Aberdeen Proving Ground, Maryland, Pine Bluff, Arkansas, and Dugway Proving Ground, Utah, that can bring capabilities in advanced detection, explosive ordnance disposal, decontamination, sampling, and personnel protection.

For years, the Technical Escort Unit was virtually the only military unit capable of filling this sort of role, that is until 1995 when the Marines began to assemble the Chemical and Biological Incident

⁶⁸ The Defense Department funding for unconventional terrorism preparedness in 2000 was \$162 million, while research and development related to unconventional terrorism defense tallied \$294 million. Executive Office of the President, Office of Management and Budget, *Annual Report to Congress on Combating Terrorism*, Pursuant to Public Law 105-85, 18 May 2000, 63.

⁶⁹ Among the unit's current duties are super toxic material and weapons cleanup, crisis response at chemical weapons stockpile sites, and pre-staging at special events. Developing the skill set of Technical Escort Unit personnel comes at no small cost. The training takes anywhere from six to eight months and runs upwards of \$60,000 per person. Annual sustainment costs tally around \$20,000 per person. Training spans a wide spectrum of medical and safety issues, specialized equipment operations, and explosive ordnance disposal. US Army Soldier and Biological Chemical Command, "Technical Escort Unit Command Brief," Aberdeen Proving Ground, Maryland, 26 January 1999. See also, Bruce Reid, "Elite chemical cowboys stay on call," *Baltimore Sun*, 11 July 1995; "Counter-terrorism Technology," *Jane's Defense Weekly* 26, no. 7 (14 August 1996): 18.

Figure 4.5: Military Assets Capable of Responding to Unconventional Terrorist Attacks



- ◆ Army Technical Escort Unit
- ▼ Marine Chemical Biological Incident Response Force
- National Guard RAID Teams (Weapons of Mass Destruction Civil Support Teams)
Initial Round -- Locations Identified
- National Guard RAID Teams (Weapons of Mass Destruction Civil Support Teams)
Second Round -- Only States Identified, Not Specific Locations
- National Guard Chemical Companies (with decontamination capabilities)
- ⊖ Army Reserve Chemical Companies (with decontamination capabilities)
- ▲ Army 52nd Explosive Ordnance Disposal Units
- ★ Active Army Chemical Companies
- ~ Air Force Prime BEEF Units

Sources: General Accounting Office, *Combating Terrorism: Use of National Guard Response Teams Is Unclear*, GAO-NSIAD-99-110 (Washington, DC: US General Accounting Office, May 1999); Lt. Col. Tim Madere, US Army Staff, *Informal Memorandum* (Washington, DC: The Pentagon, June 1999); US Department of Defense, "Press Release: DOD Announces Plans for Seventeen New WMD Civil Support Teams," 13 January 2000; US Department of Health and Human Services, briefing entitled "National Disaster Medical System," Internet: <http://www.oep.dhhs.gov/NDMS/Downloads/downloads.html>. Downloaded 9 March 2000; US Department of Defense, briefing entitled "Chemical and Biological Rapid Response Team," 26 January 1999. Maps of chemical companies, patient decontamination teams, and air ambulance units provided by US Army Soldier and Biological Chemical Command and the Reserve Affairs section of the Office of the Secretary of Defense.

Response Force.⁷⁰ The Marines have trained nearly four hundred people for chemical and biological terrorism missions, with expertise in reconnaissance, agent detection and identification, decontamination, security, victim recovery, and casualty treatment.⁷¹ The unit's mission includes force protection as well as consequence management duties.⁷² In January 1999, the unit moved to the Indian Head Naval Warfare Center, not far from Washington, DC.⁷³

In addition to these specialized units, the military has a range of expertise from which the Chemical Biological Rapid Response Team could draw. For example, the US Army Medical Research Institute for Infectious Disease (USAMRIID) and the US Army Medical Research Institute for Chemical Defense (USAMRICD) each have biological and chemical technical assets. Based at Fort Detrick in Frederick, Maryland, USAMRIID is the cornerstone of the military's biological defense community, housing expertise in diagnosis, pathology, delivery means, and countermeasures for biological weapons agents. Along with a pool of relevant technical advice, USAMRIID also has an Aeromedical Isolation Team, capable of deploying within twelve hours and transporting two patients in high containment.⁷⁴ USAMRICD is located at Aberdeen Proving Ground, Maryland, and represents a parallel center of knowledge about chemical warfare agents, available antidotes, and treatment guidelines. USAMRICD also has a Chemical Casualty Site Team made up of physicians, nurses, toxicologists, and laboratory specialists that is rapidly deployable to give advice on sampling, treatment, and agent identification. Experts from USAMRIID and USAMRICD make up the National Medical Chemical and Biological Advisory Team, a small cell of experts that can

⁷⁰ On the early days of the Chemical and Biological Incident Response Force, see Seiple, "Consequence Management," 119–34. Also, Bradley Graham, "US Gearing Up Against Germ War Threat," *Washington Post*, 14 December 1997; Barbara Starr, "US Marine Corps: Set For the New Age," *Jane's Defense Weekly* 26, no. 13 (25 September 1996): 31. The unit was activated on 1 April 1996. General Charles Krulak, "Marine Corps' CB Unit Was In Atlanta," *Jane's Defense Weekly*, 28 August 1996, 38. Stand-up costs for the unit were estimated at \$5 million in its initial year, with expected annual charges of \$2 million. Owen Good, "Chem/Bio Tem Tastes Action in Heated, Rocky Carolina Drill," *Defense Week*, 8 July 1996.

⁷¹ This unit became operational just prior to the 1996 Atlanta Olympic Games. At the Olympics, the team worked with other federal actors, including FBI and CDC, to provide protection against and respond to chemical and biological weapons. The Marine group set up shop some six blocks from Centennial Park where a bomb went off during the games. After the explosive detonated, CBIRF had personnel at the scene within fifteen minutes. Seiple, "Consequence Management," 124–5.

⁷² Lt. Col. Art Corbett, "Chemical/Biological Incident Response Force," Briefing for the Chemical and Biological Arms Control Institute, 7 February 1997, Washington, DC.

⁷³ The team remains under the control of US Marine Forces, Atlantic. Steve Vogel, "High Profile Marine Unit Moving Here," *Washington Post*, 8 January 2000. The unit coordinates with, but does not receive taskings from, the joint Chemical Biological Rapid Response Force. The team also maintains connections with military and civilian personnel with expertise in the technical details of chemical and biological weapons agents.

⁷⁴ The team can operate in either Biosafety Level (BL) 3 or 4, necessary for highly infectious patients. If necessary, patients brought to USAMRIID via the aeromedical team could receive treatment either in a two-bed BL-4 unit—the only such facility in the country—or a sixteen-bed BL-3 facility. In addition to the high-containment treatment facilities, USAMRIID also has 10,000 square feet of BL-4 laboratory space for extremely dangerous pathogen research. For additional information, refer to <http://www.usamriid.army.mil/>. Also, Lt. Col. Tim Madere, US Army Staff, "Informal Memorandum" (Washington, DC: The Pentagon, June 1999).

deploy within four hours to give first responders specific treatment guidance and decontamination strategies for victims of chemical or biological warfare agents.⁷⁵ Given its size, however, this team is an advisory asset, rather than a mass casualty treatment unit.

Much like the national team, other short-notice advisory teams are available through Specialized Medical Augmentation Response Teams via the Army's regional medical commands. Focus areas include chemical and biological concerns and preventive medicine, the latter coming from the Center for Health Promotion and Preventive Medicine, also located at Aberdeen Proving Ground.⁷⁶ In addition to Army units are the Chemical, Biological, Radiological, Environmental Defense Response Teams from the Naval Environmental and Preventive Medicine Units in Hawaii, California, and Virginia. The Navy teams are best suited to assist in the remediation process, identifying the lingering environmental hazards after a chemical or biological attack and advising on long-term ways to address any remaining contamination.⁷⁷ The Army's 52nd Explosive Ordnance Group could pitch in further with capabilities to render safe a range of sophisticated and improvised explosive devices.⁷⁸

The Role of the National Guard and Reserves

The National Guard occupies a unique place in the American military landscape, tracing its roots back to the militias of colonial days. The Guard essentially wears two hats—one as a state asset under the control of governors and another as a national asset federalized by the president in an emergency.⁷⁹ Since the end of the Cold War and correspondent reallocation of military resources, the Guard's role has shifted considerably toward that of combat support, an evolution in harmony with involvement in civilian

⁷⁵ For additional discussion of the medical component of terrorism preparedness, see Michael Wartell, Michael Kleinman, Beverly Huey, and Laura Duffy, eds., *Strategies to Protect the Health of Deployed US Forces: Force Protection and Decontamination*, National Research Council Commission on Engineering and Technical Systems (Washington, DC: National Academy Press, 2000), 151–4; US Department of Defense, *Chemical and Biological Defense Program Annual Report to Congress*, March 2000, 142–8. Internet: <http://www.acq.osd.mil/cp/reports.html>; and Madere, “Informal Memorandum.”

⁷⁶ The five domestically-based Regional Medical Commands are located in Washington, DC; Tacoma, Washington; San Antonio, Texas; Augusta, Georgia; and Hawaii. The Europe Regional Medical Command is in Landstuhl, Germany. This preventive medicine assistance team focuses on environmental risk assessments and sampling, as well as toxicology, industrial hygiene, and hazardous waste management.

⁷⁷ The Navy units include physicians, environmental health officers, and related scientific experts, but do not focus on treating patients. Madere, “Informal Memorandum.”

⁷⁸ Roughly three dozen 52nd explosive ordnance disposal companies are located throughout the United States. A handful of those have specific training to handle explosives involving weapons of mass destruction.. Madere, “Informal Memorandum.”

⁷⁹ The dual status makes the question of the Guard's evolving mission an issue both for states and the Department of Defense. As the National Academy of Public Administration put it, “[the states and the Department of Defense] are locked in a symbiotic relationship no matter how irksome either or both may sometimes find this.” *The Role of the National Guard in Emergency Preparedness and Response*, (Washington, DC: National Academy of Public Administration, January 1997), 88.

operations.⁸⁰ Indeed, long-standing capabilities within both the Army and Air National Guard could prove useful in managing the aftermath of an unconventional terror attack. National Guard personnel have historically provided support to civil authorities after natural or man-made disasters, assisting in fighting fires or cleaning up after floods and storms, and helping with crowd control, evacuation, and supply management.⁸¹ With nearly five thousand Army and Air National Guard units stationed throughout the fifty states, the potential for Guard involvement after a chemical or biological terror attack should not be underestimated.⁸² Army National Guard chemical companies with decontamination capabilities are scattered across the country, as are Army Reserve teams. The Air Guard's eighty-nine flying units have civil engineer groups attached to them that incorporate chemical and biological detection and reconnaissance skills. These Base Engineering Emergency Forces could contribute to consequence management activities through substance analysis and identification, as well as equipment and personnel decontamination. In 2000, the Department of Defense also announced plans to further train existing National Guard units in chemical decontamination and reconnaissance, essentially teaching them hazmat procedures.⁸³

In March 1998, Defense Secretary William Cohen revealed the addition of a new mission to the Guard's repertoire: response to chemical and biological weapons terrorism.⁸⁴ The multi-million dollar effort began in 1999 with ten new Rapid Assessment and Initial Detection, or RAID, teams to assist state and local personnel after an unconventional terrorist attack. Figure 4.5 shows the locations of the RAID teams. Referred to as "the tip of our national military support and response spear," by Pentagon officials, RAID teams were to be made up of twenty-two specially trained Guard personnel and capable of deploying within

⁸⁰ National Academy of Public Administration, *The Role of the National Guard in Emergency Preparedness and Response*, 36.

⁸¹ In 1998, for example, governors called up the National Guard 308 times, even though the president issued only seventy disaster declarations. National Guard Bureau, *Enhancing The National Guard's Readiness To Support Emergency Responders In Domestic Chemical And Biological Terrorism Defense*, 20 July 1999. Internet: <http://www.ngb.dtic.mil/wmd/report/section3frameset.htm>. Downloaded 10 October 1999.

⁸² A Consequence Management Program Integration Office briefing puts the total number of Army National Guard units and sub-units at 3,735, and the equivalent Air National Guard total at over 1,000.

⁸³ Existing Army Reserve chemical units are also to receive this additional training. Charles Cragin, Department of Defense, testimony before the Senate Committee on Armed Services, Subcommittee on Emerging Threats and Capabilities, 106th Cong., 2nd sess., 24 March 2000.

⁸⁴ The Guard's new mission was codified in Defense Reform Initiative Directive no. 25, "The Department of Defense Plan for Integration of the National Guard and Reserve Component into Domestic Weapons of Mass Destruction Terrorism Response," signed by Deputy Secretary of Defense John Hamre on 26 January 1998. The directive accepted January 1998 recommendations from a Pentagon "tiger team" that investigated ways to bring the National Guard into the Defense Department's terrorism support mission.

four hours.⁸⁵ Congress called for an additional seventeen teams in 2000, to be dispersed throughout sixteen more states.⁸⁶ Funding for 2000 reached \$74.7 million, and the budget request for 2001 totaled \$47.9 million.⁸⁷

The first round of RAID teams, originally due to become operational by January 2000, fell far behind schedule.⁸⁸ Their missions were to assist the incident commander by assessing a suspected chemical or biological event, advise civilian responders on best courses of action, and expedite the process of bringing additional federal and state assets to the scene.⁸⁹ More specifically, RAID team members are to identify the particular chemical or biological agent involved, track the likely dispersal path the agent would follow based on meteorological data and plume modeling, evacuate victims, and control entry to the scene.⁹⁰ Teams are supposed to include operations, logistics, communications, medical, and survey components. RAID team members commit to a three-year tour of duty and undergo hundreds of hours of individual as well as team training. They also remain on-call twenty-four hours a day, 365 days a year. The teams receive state-of-the-art equipment suites at a cost of millions of dollars.⁹¹ RAID teams each receive two specially configured vehicles: a mobile analytical laboratory, modeled after the one used by the Marines' chemical and biological

⁸⁵ US Department of Defense, "News Briefing on Reserve Component Integration Into Response To Attacks Using Weapons of Mass Destruction," *USIS Washington File*, 18 March 1998. Internet: http://www.fas.org/news/usa/1998/03/98031808_wpo.html. Downloaded 19 November 1998.

⁸⁶ While the tiger team report ultimately concluded that every US state and territory should have at least a partial RAID team capability, the first round of teams was limited to ten, one for each FEMA region. US Department of Defense, "Press Release: DOD Announces Plans for Seventeen New WMD Civil Support Teams," 13 January 2000. The Pentagon requested only five additional teams in 2000, but Congress, enamored with the program, added twelve teams into Department of Defense funding. In addition to the new team locations, the January announcement also noted a change in the name of the teams themselves to Weapons of Mass Destruction Civil Support Teams.

⁸⁷ Charles Cragin, Department of Defense, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 2nd sess., 4 May 2000. Also on the drawing board are RAID "Light" teams, smaller National Guard teams in states and territories without full-fledged RAID teams. Plans unveiled in 1999 called for forty-four light teams, although no progress had been made on them as of mid-2000. For a discussion of the status of RAID "Light" teams, see Charles Cragin, Department of Defense, testimony before the House Armed Services Committee, Subcommittee on Military Personnel, 106th Cong., 2nd sess., 8 March 2000.

⁸⁸ Charles Cragin, Department of Defense, testimony before the House Armed Services Committee, Subcommittee on Military Personnel, 106th Cong., 2nd sess., 8 March 2000.

⁸⁹ US Department of Defense, Consequence Management Program Integration Office, briefing entitled "Military Support for Response to Attacks Using Weapons of Mass Destruction."

⁹⁰ US Department of Defense, "News Briefing on Reserve Component Integration Into Response To Attacks Using Weapons of Mass Destruction."

⁹¹ Of the original \$39 million, the Department of Defense allocated \$19.9 million for start-up costs and \$19.2 million for equipment. General Accounting Office, *Combating Terrorism: Use of National Guard Response Teams Is Unclear*, GAO/NSIAD-99-110 (Washington, DC: US General Accounting Office, May 1999), 5. The Pentagon later revised the sum for 1999 RAID training and equipment costs to around \$60 million. US Department of Defense, "Press Release: DOD Announces Plans for Seventeen New WMD Civil Support Teams," 13 January 2000.

response team, and a unified command suite with teleconference capacity and satellite communications.⁹² Each team must also be certified before activation and exercise quarterly.

The mission of the RAID teams and the ways in which the Pentagon has marketed them have changed significantly since their creation, largely in response to criticism from federal, state, and local officials. First, they were described as vanguard assets with highly-trained and capable personnel ready to do anything and everything for responders. Reconnaissance, detection, communications, and medical mitigation were all noted as areas of RAID expertise. Yet in a GAO report and ensuing congressional hearings in June 1999, skeptics noted that many of the duties the teams were training for would be moot if they arrived on-scene hours after the fact. In addition, they were viewed as duplicative of existing military and civilian response assets, and thus financially wasteful.⁹³ The uniqueness of the RAID teams was subsequently framed more in terms of their utility as state assets, rather than lead-ins to federal assistance.⁹⁴ Renaming the teams Weapons of Mass Destruction Civil Support Teams in 2000 also harmonized with the Defense Department's support role.

One further area where both the National Guard and Reserves could contribute to consequence management is through employment of various medical assets, examples of which are shown in figure 4.6. Approximately 70 percent of the Army's medical forces are resident in the Guard and Reserves.⁹⁵ Even with recent cutbacks, these areas of the military retain significant medical manpower. For example, the Reserves and National Guard together have over 26,000 officers in medical positions, be they physicians, nurses, veterinarians, or other support.⁹⁶ In addition, some 83 percent of the Air Force's crew capabilities for aeromedical evacuation come from the Air Guard and Reserves. The primary mission of these units is to support active forces deployed around the world. Thus, there is no guarantee of the availability of these medical assets at the exact moment of an unconventional attack. However, given the sheer magnitude of the

⁹² The communications suite allows for secure interoperability among incident commanders and other response personnel.

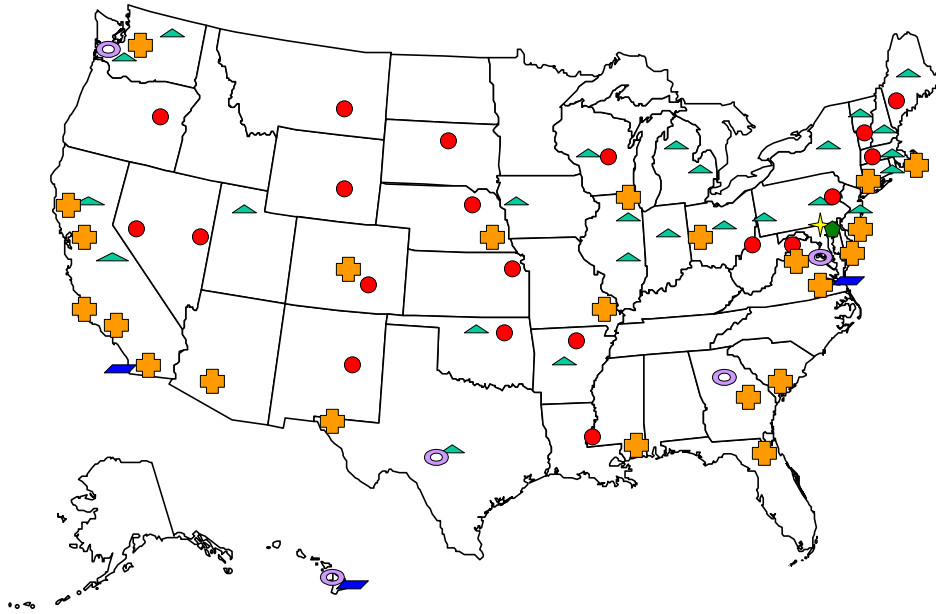
⁹³ RAID teams theoretically can deploy within four hours of notification. A number of state, local, and federal experts, however, remain skeptical of that timeline.








⁹⁴ RAID teams could be activated before a presidential emergency declaration under the authority of Title 32 of US Code, on active duty under state control. Even though teams receive funding via the federal government, in practice governors could activate them rather than the president which would allow them arrive at the scene faster than other available military units.

⁹⁵ Lieutenant General Ronald Blanck, US Army Surgeon General, testimony before the Senate Appropriations Committee, 106th Cong., 1st sess., 21 April 1999.

⁹⁶ More than 56,000 enlisted personnel also have medical support roles. This report notes that the Guard and Reserves have difficulty recruiting and retaining primary care physicians, surgeons, and radiologists, among others, largely because of significant salary differentials between the civilian and military sectors. *Reserve Component Programs: Fiscal Year 1999 Report of the Reserve Forces Policy Board* (Washington DC: US Department of Defense, March 2000), 62.

Figure 4.6: Military Medical Assets Capable of Responding to Unconventional Terrorist Attacks



-  Air Force Patient Decontamination Teams (Guard and Reserve)
-  Army National Guard Air Ambulance Units
-  Navy Environmental and Preventive Medicine Units
-  Army Medical Research Institute for Infectious Diseases
-  Army Medical Research Institute for Chemical Defense
-  Army Regional Medical Commands
-  Army, Navy, Air Force Installations Available Under NDMS

Sources: General Accounting Office, *Combating Terrorism: Use of National Guard Response Teams Is Unclear*, GAO-NSIAD-99-110 (Washington, DC: US General Accounting Office, May 1999); Lt. Col. Tim Madere, US Army Staff, *Informal Memorandum* (Washington, DC: The Pentagon, June 1999); US Department of Defense, "Press Release: DOD Announces Plans for Seventeen New WMD Civil Support Teams," 13 January 2000; US Department of Health and Human Services, briefing entitled "National Disaster Medical System..." Internet: <http://www.oep.dhhs.gov/NDMS/Downloads/downloads.html>. Downloaded 9 March 2000; US Department of Defense, briefing entitled "Chemical and Biological Rapid Response Team," 26 January 1999. Maps of chemical companies, patient decontamination teams, and air ambulance units provided by US Army Soldier and Biological Chemical Command and the Reserve Affairs section of the Office of the Secretary of Defense.

military's medical support structure, it is reasonable to assume that at least a portion of the evacuation units and medical staff would be able to contribute to casualty management. The National Guard could step in with any of its twenty-odd air ambulance units and dozens of medical detachments assigned to Air Guard flying units that might be available, along with more traditional ground ambulance and general medical backup. Deploying mobile hospital units would also help relieve some of the burden from the shoulders of local medical personnel.

JUSTICE DEPARTMENT: CRISIS MANAGER, RESPONDER, COORDINATOR, AND GRANT ADMINISTRATOR

In the wake of terror attacks on US soil during the 1990s, the FBI's funding for counterterrorism work—including investigations, preparedness exercises, and forensics support—increased dramatically. In 1995, counterterrorism funds totaled \$256 million, whereas by 1999 the sum exceeded \$600 million.⁹⁷ As attention increasingly focused on weapons of mass destruction and their potential allure for terrorists, the FBI shifted resources and developed new offices to better fulfill its responsibility as lead federal agency for crisis management.⁹⁸ The FBI moved first and foremost to augment its intelligence gathering capabilities related to those plotting or attempting to acquire weapons of mass destruction. In each of its fifty-six field offices, the FBI has appointed a special agent to serve as a focal point for that activity and to aid cities in their coordination with federal assets before and after an attack. These special FBI coordinators have in some cities become catalysts of and a linchpin in local preparedness planning. In numerous cities, the FBI also convenes task forces with sister federal agencies and local law enforcement authorities to promote information sharing about the status of the terrorism threat.⁹⁹

⁹⁷ From 1995 to 1998, each year an average of 36 percent of the Bureau's counterterrorism funds went to efforts to prepare for or respond to terrorist incidents, as opposed to law enforcement and investigations or protection of government facilities. General Accounting Office, *Combating Terrorism: FBI's Use of Federal Fund For Counterterrorism-Related Activities (FYs 1995–98)*, GAO-GGD-99-7 (Washington, DC: US General Accounting Office, 20 November 1998), 45.

⁹⁸ The US intelligence community was harangued for failing to discover the manifest threat in Aum Shinrikyo, which gave off countless signals of its unconventional terrorist intent. Prepared Statement of John Sopko, US Congress, Senate Committee on Governmental Affairs, Permanent Subcommittee on Investigations, *Global Proliferation of Weapons of Mass Destruction*, US Senate, 104th Cong., 1st sess., 31 October and 1 November 1995 (Washington, DC: US Government Printing Office, 1996), 82.

⁹⁹ In twenty-eight major cities, interagency teams or Joint Terrorism Task Forces have emerged as vehicles through which field representatives of key federal agencies involved in the fight against terrorism can coordinate with one another outside of Washington as well as with local law enforcement counterparts. Task force members include personnel from the FBI, Bureau of Alcohol, Tobacco and Firearms, the US Marshals and other federal law enforcement colleagues. Terrie Turchie, FBI, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 2nd sess., 26 July 2000. While overall very complimentary of the FBI's outreach efforts, some interviewees expressed frustration that only cleared law enforcement authorities were allowed to attend meetings, noting that other elements of the response community also stood to benefit from early warning about possible threats. Interviews with author: Emergency Management Specialist, Office of Emergency Management (9 May 2000); Registered Nurse/Emergency Planner, Public Health Department (7 April 2000); Fire Commander (19 April 1999); Director of Hospital EMS and Disaster Medicine (19 April 1999); Physician/Associate Director, Hospital Department of Emergency Medicine (9 March 1999).

The Weapons of Mass Destruction Operations Unit at FBI headquarters directs the federal crisis response to threatened or actual chemical and biological weapons incidents, evaluating threats as they arise and overseeing the resulting criminal investigations. Threats come into the Washington unit from local law enforcement, FBI field offices, the national chemical and biological hotline, or other sources. The FBI then triggers a multi-agency, multidisciplinary team, usually via a telephone conference call, to assess the threat, determine its credibility, and plot the response accordingly. Depending on the threat level, the FBI can then mobilize a number of teams, with specialties in hazardous materials threats, unconventional terrorism, bomb detection, hostage rescue, evidence collection, or negotiation.¹⁰⁰

Of particular utility in these instances is the FBI's Hazardous Materials Response Unit, created in 1996 to handle criminal investigations of weapons of mass destruction crime scenes. In contrast to other federal response teams that could get involved in rescue or decontamination operation, the HMRU's narrowly defined mission is to "provide technical, scientific response and forensic support to FBI investigations involving hazardous materials, including weapons of mass destruction."¹⁰¹ The HMRU, in other words, enters the picture solely to gather and safely transport forensic evidence on-scene that would support criminal prosecution of the perpetrator(s).¹⁰²

Officially launched the month before the Atlanta Olympics, the HMRU technically falls within the laboratory division of the FBI and supports FBI field offices contending with hazardous materials and environmental crimes.¹⁰³ Based at Quantico, Virginia, the unit comprises just over two dozen personnel on-call twenty-four hours a day to handle anything from requests for technical assistance to rapid deployment to the potential crime scenes. Full teams deploying to the field bring between eight and ten people with a balance of operations experience and scientific background. One unique element of the HMRU is that

¹⁰⁰ Federal Bureau of Investigation, "FBI Operations Response Functions and Resources," presented 13 April 1999, Washington, DC.

¹⁰¹ Federal Bureau of Investigation, "Hazardous Materials Response Unit Briefing," presented 2 August 2000, Quantico, Virginia; and Federal Bureau of Investigation, "FBI Operations Response Functions and Resources," presented 13 April 1999, Washington, DC.

¹⁰² At times, the FBI's focus on criminal prosecution has drawn fire. In a 1994 federal exercise called Mirage Gold, FEMA criticized the FBI for being too narrow and oblivious to the other relief efforts taking place simultaneously, a practical illustration of the crisis and consequence management loggerheads that could well emerge in the wake of a terrorist attack. FEMA After Action Report reprinted in US Congress, Senate Committee on Governmental Affairs, Permanent Subcommittee on Investigations, *Global Proliferation of Weapons of Mass Destruction*, 104th Cong., 2nd sess., 27 March 1996 (Washington, DC: US Government Printing Office, 1996), 169, 172.

¹⁰³ See Randall S. Murch, Federal Bureau of Investigation, testimony before the House Armed Services Committee, Subcommittee on Military Research and Development, 106th Cong., 1st sess., 11 March 1999; Donald Kerr, testimony before the Senate Judiciary Committee, Subcommittee on Youth Violence and Subcommittee on Technology, Terrorism, and Government Information, 106th Cong. 1st sess., 10 May 1999.

specialist team members themselves have extensive field experience as firefighters, hazmat technicians, and paramedics, a link that helps build credibility when dealing with their local counterparts in the field.¹⁰⁴

From 1996 to July 2000, the unit had ninety-eight missions to investigate and clarify incidents involving possible chemical and biological substances, as shown in table 4.2. Just over half of the response missions were for biological concerns, while chemical threats represented 38 percent of the total. In addition to response missions, the unit began training field agents to hazmat operations and technician levels.¹⁰⁵ Larger field offices are slotted to have at least ten agents trained to the technician level, while the remaining forty divisions would each have four people trained to the operations level.¹⁰⁶ The locations already running field teams are shown in figure 4.3. Placing hazmat trained teams in the field offices and pre-positioning caches of equipment would arguably lighten the burden of an already taxed Quantico staff while improving the overall federal law enforcement response to threatened or actual use of chemical or biological weapons anywhere in the United States.

In addition to being the lead federal agency in crisis management, the FBI also inherited a role in coordinating preparedness programs. In October 1998, the Clinton administration announced the creation of a new interagency office within the FBI to pull together training and equipment programs and provide local personnel with a link into the federal preparedness network. Dubbed the National Domestic Preparedness Office (NDPO), this new entity's purpose was to help responders and state and local emergency managers identify exactly what programs were available to them from an increasingly unwieldy federal list

¹⁰⁴ This level of experience contrasts with the National Guard RAID teams whose members do not have near the HMRU technical expertise or experience and have had to go through the domestic preparedness program training themselves.

¹⁰⁵ The forty-hour hazmat operations course teaches agents government regulations and standards relevant to hazardous materials, as well as agent detection, decontamination, and personal protective equipment up to level B. Once completed, participants then are eligible for the more advanced eighty-hour technician course which delves into more law enforcement-related topics, including evidence collection and sampling in a hazmat environment. Participants also learn how to suit up to level A. Federal Bureau of Investigation, Hazardous Materials Response Unit, *Hazardous Materials Training Catalogue* (Quantico, Virginia: Federal Bureau of Investigation, June 2000).

¹⁰⁶ Federal Bureau of Investigation, "Hazardous Materials Response Unit Briefing," presented 2 August 2000. As of July 2000, ten technician level teams and three operations level teams were in place. Denver, Buffalo, and Norfolk have operations level teams, while technician level units are based in FBI field offices in New York, Washington DC, Los Angeles, Chicago, Miami, Philadelphia, Dallas, Boston, San Diego, Baltimore. Excluding the Washington field office statistics, which reflect every threat involving weapons of mass destruction, these hazmat trained teams have fielded forty missions since they came online in early 1999.

of offerings. NDPO was marketed as “one-stop shopping,” a single point of contact in Washington for front-line information and federal assistance.¹⁰⁷ To facilitate the coordination, FEMA, HHS, the Department of Defense, and other federal players detailed representatives to NDPO.¹⁰⁸

The new office grew out of discussions in the summer of 1998 between the Justice Department and stakeholders—state and local officials representing fire, public health, and law enforcement communities—who reiterated a common theme: the various federal

programs for weapons of mass destruction terrorism preparedness were confusing and therefore ineffective. Stakeholders pinpointed six areas where coordination would be beneficial: crisis management planning, training, exercises, equipment, information sharing, and health and medical issues.¹⁰⁹ While the National Domestic Preparedness Office began limited operations in November 1998, it did not receive congressional

Table 4.2: HMRU Annual Missions

Year	Total Response Missions	Responses to Biological Threats	Responses to Chemical Threats
1997	3	2	1
1998	20	14	4
1999	30	15	13
2000*	16	5	8
Total**	69	36	26

* As of July 2000.
 ** Although not reflected in the above totals, HMRU has also been involved in seven training missions since 1996 and twenty-two pre-deployments for special events.
 Source: Federal Bureau of Investigation, Hazardous Materials Response Unit.

¹⁰⁷ In a press conference on the topic, Attorney General Janet Reno described the NDPO as “a center for assistance and solutions, not a new bureaucracy” and “a focal point for helping communities prepare for attacks and . . . a new more streamlined process for getting federal assistance.” US Department of Justice, “Establishment of a New National Domestic Preparedness Office Within the Federal Bureau of Investigation,” from Weekly Media Availability with Attorney General Janet Reno, 16 October 1998. See also Michael Dalich, Office of Justice Programs, testimony before the Senate Government Reform and Oversight Committee, Subcommittee on National Security, International Affairs, and Criminal Justice, 105th Cong., 2nd sess., 2 October 1998; Judith Miller, “US To Reduce Bureaucracy In Responding To Terrorism,” *New York Times*, 8 October 1998; and Bradley Graham, “Anti-Terrorism Plans Termed Inadequate,” *Washington Post*, 3 October 1998; Barbara Martinez, National Domestic Preparedness Office, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 1st sess., 26 May 1999; and Barbara Martinez, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999.

¹⁰⁸ Some experts have questioned the decision to house NDPO within the Department of Justice, the FBI in particular. Despite established ties with local law enforcement, critics argued that the NDPO’s interagency mission involved a much broader spectrum of emergency management and responder constituents and would be better served through an agency more familiar with these communities, namely FEMA. For example, see Brett Burdick, Virginia Department of Emergency Services, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 2nd sess., 6 April 2000.

¹⁰⁹ Barbara Martinez, National Domestic Preparedness Office, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 1st sess., 26 May 1999; and Barbara Martinez, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999.

approval until November 1999.¹¹⁰ NDPO's blueprint required the office to identify duplicative areas in federal domestic preparedness training and ensure that it met requisite federal regulatory and industry standards. Yet in-house politicking and delayed congressional support have watered down the potential benefits the NDPO could have brought to the preparedness arena.

Training and equipment programs run by the Justice Department have also skyrocketed in the late 1990s. To manage these growing programs, the Attorney General created the Office for State and Local Domestic Preparedness Support within the Office of Justice Programs in 1998.¹¹¹ Much of the Justice training efforts take place through a consortium of two federal agencies and three universities each geared to varying specialties and audiences. Courses center on four general areas: basic awareness, responder operations, technician response, and management of a weapons of mass destruction incident.¹¹² As shown in table 4.3, just under half of the consortium funds in 2000 flowed to the Center for Domestic Preparedness at Fort McClellan, Alabama, formerly home to the Army's Chemical School but reborn with a preparedness mission in 1998. This unique site allows live chemical agent training, which is the focus of the two advanced courses taught there.¹¹³ The realistic training environment has received positive reviews from front-line responders.¹¹⁴ Pilot courses are also offered through the other four consortium members, covering terrorism

¹¹⁰ US Congress, Conference Report 106-479, 18 November 1999. Congress allotted up to \$6 million from the FBI budget to fund NDPO in fiscal year 2000. During its infancy, NDPO developed an electronic information sharing forum and launched a monthly newsletter updating state and local personnel of major developments, such as grant announcements or training opportunities.

¹¹¹ See US Department of Justice, Office of Justice Programs, briefing entitled "Office for State and Local Domestic Preparedness Support," Internet: <http://www.ojp.usdoj.gov/osldps>. Downloaded 20 April 2000; and Michael Dalich, testimony before the Senate Government Reform and Oversight Committee, Subcommittee on National Security, International Affairs, and Criminal Justice, 105th Cong., 2nd sess., 2 October 1998. Legislative authority for the Office of Justice Programs' involvement in the preparedness mission is rooted the Antiterrorism and Effective Death Penalty Act of 1996, and the Justice Department appropriations for 1998 and 1999. With its mission to improve local crime fighting capacities, the Office of Justice Programs attracted criticism because of the significant expansion during the late 1990s that resulted in cumbersome internal organization. For discussion of this office's evolution and organizational reform initiatives under review, see Sam Skolnik, "OJP Wrestles With Reform," *Legal Times*, 28 February 2000. The Office of Justice Program's counterterrorism budget request for fiscal year 2001 tallies \$185 million. Mary Lou Leary, Office of Justice Programs, testimony before the House Appropriations Committee, Subcommittee on Commerce, Justice, State, the Judiciary, and Related Agencies, 106th Cong., 2nd sess., 15 March 2000.

¹¹² Courses include train-the-trainer formats, as well as direct tutorials for first responders. See Andy Mitchell, Office of Justice Programs, testimony before the Senate Judiciary Committee, Subcommittee on Youth Violence and Subcommittee on Technology, Terrorism, and Government Information, 106th Cong., 1st sess., 20 April 1999.

¹¹³ The courses—WMD hazmat technician and WMD incident command—each last three days and can reach approximately one hundred students per week. The facility estimated that it would train just under two thousand responders in 2000. US Department of Justice, *Report to Congress: Assessment of Department of Justice Requirements for the Center for Domestic Preparedness Facility at Fort McClellan, Alabama* (Washington, DC: US Department of Justice, March 2000), 3–6.

¹¹⁴ After revision, this course was given very good reviews. Interviews with author: Police Lieutenant (8 July 2000); EMS Specialist/Paramedic (12 May 2000); Paramedic (12 May 2000); Fire Captain/Assistant Emergency Management Coordinator (5 January 2000).

Table 4.3: National Domestic Preparedness Consortium Training

Consortium Member	Specialty Area	2000 Funding
National Center for Biomedical Research and Training, Louisiana State University	Law enforcement and biological agents	\$3.5 million
National Emergency Response and Rescue Training Center, Texas A&M University	Emergency medical services	\$3.5 million
National Energetic Materials Research and Testing Center, New Mexico Institute of Mining and Technology	Explosives	\$3.5 million
National Exercise, Test, and Training Center, Nevada Test Site, US Department of Energy	Radiological agents	\$3.5 million
Center for Domestic Preparedness, US Department of Justice	Chemical explosives	\$13 million

Source: US Department of Justice, Office of Justice Programs, *Office of Justice Programs Fiscal Year 2000 Program Plan: Resources for the Field* (Washington, DC: US Department of Justice, n.d.), 139–40; General Accounting Office, *Combating Terrorism: Need to Eliminate Duplicate Federal Weapons of Mass Destruction Training*, GAO/NSIAD-00-64 (Washington, DC: US General Accounting Office, March 2000), 10–3.

awareness for law enforcement, responder operations, and incident command, all with a weapons of mass destruction slant.¹¹⁵

In addition to consortium training, the Justice Department initiated in 1997 the Metropolitan Firefighter and Emergency Services Program, a two-day basic awareness course geared specifically to firefighters and emergency medical technicians.¹¹⁶ Again, this program was originally intended for the largest 120 municipalities in the United States, but was expanded in September 1999 to reach 255 US cities and counties. A total of \$18 million has been invested in this program since its inception in 1998: \$5 million in both 1998 and 1999, and \$8 million in 2000.¹¹⁷ In 2000, Justice also farmed out a handful of smaller training programs to nongovernmental organizations with ties to local responders. For example, the National Sheriffs' Association received a \$600,000 grant to train two hundred sheriffs from across the country in a

¹¹⁵ Through September 1999, the Center for Domestic Preparedness trained as many responders as all the other consortium members combined. General Accounting Office, *Combating Terrorism: Need to Eliminate Duplicate Federal Weapons of Mass Destruction Training*, GAO/NSIAD-00-64 (Washington, DC: US General Accounting Office, March 2000), 12; US Department of Justice, *Assessment of Department of Justice Requirements for the Center for Domestic Preparedness Facility*.

¹¹⁶ Through 1999, the National Domestic Preparedness Consortium had reached approximately three thousand responders, roughly half of whom came from Fort McClellan. The Metropolitan Firefighter program had reached just over 44,000 first responders in ninety-five cities as of November 1999. General Accounting Office, *Need to Eliminate Duplicate Federal Weapons of Mass Destruction Training*, 11, 12.

¹¹⁷ General Accounting Office, *Need to Eliminate Duplicate Federal Weapons of Mass Destruction Training*, 11.

pilot program.¹¹⁸ The Justice Department has also accelerated exploration of distance learning options for future coursework dissemination. This framework would relieve first responders of the need to travel to multiple training locations currently scattered throughout the country, making it a more cost effective option.¹¹⁹

The Justice Department was slotted to take over responsibility for the Domestic Preparedness Program training courses from the Department of Defense in October 2000.¹²⁰ Upon transition, nearly ninety cities out of the original 120 will have completed the training, with an additional fifteen midway through the training process.¹²¹ To prevent further duplication in topics covered by the training, Congress required the Justice Department to develop a detailed plan working through transition issues.¹²²

The second prong of Justice Department preparedness activity to kick off in 1998 was an equipment grant program that started with \$12 million. The program's goal was to provide detection, personal protection, decontamination, and communications equipment to cities that demonstrated need via a description of their current response capabilities, vulnerability to terrorist attacks, and the risk of such an incident occurring.¹²³ Equipment acquired through the program was specifically earmarked for first responders. In 1999, the program expanded dramatically in terms of both funding and coverage. The number of eligible cities rose from 120 to the 157 largest cities and counties, and states also became eligible through

¹¹⁸ US Department of Justice, Office of Justice Programs, *Office of Justice Programs Fiscal Year 2000 Program Plan: Resources for the Field* (Washington, DC: US Department of Justice, n.d.), 141.

¹¹⁹ Current distance learning initiatives include utilizing the National Guard's network and the newly created National Terrorism Preparedness Institute affiliated with St. Petersburg Junior College in Florida. US Department of Justice, "Office for State and Local Domestic Preparedness Support." See also Amelia Davis, "SPJC Plays Top Training Role In Combating Terrorism," *St. Petersburg Times*, 15 June 1998.

¹²⁰ On 6 April 2000, President William Clinton formally announced that the Domestic Preparedness Program would shift from Pentagon to Justice Department control on 1 October 2000.

¹²¹ Charles Cragin, testimony before the Senate Committee on Armed Services, Subcommittee on Emerging Threats, 106th Cong., 2nd sess., 24 March 2000.

¹²² The Office of State and Local Domestic Preparedness Support requested additional appropriations estimated at \$31 million in 2001 for direction of this effort. The Department of Defense retained responsibility for the Improved Response Program, equipment testing, and the Chemical and Biological Rapid Response Team. See Mary Lou Leary, Office of Justice Programs, testimony before the House Committee on Appropriations, Subcommittee on Commerce, Justice, State, the Judiciary, and Related Agencies, 106th Cong., 2nd sess., 15 March 2000; Charles Cragin, Department of Defense, testimony before the House Armed Services Committee, Subcommittee on Military Personnel, 106th Cong., 2nd sess., 8 March 2000.

¹²³ Of the 120 jurisdictions allowed to apply, forty-one received grants in that first round. US Department of Justice, "Office for State and Local Domestic Preparedness Support." See also, Andy Mitchell, Office of Justice Programs, testimony before the Senate Committee on the Judiciary, 106th Cong., 1st sess., 20 April 1999.

a separate initiative. Available equipment grant funding for 1999 grew to \$95 million.¹²⁴ Jurisdictions could select from a list of protective, detection, or communication equipment developed by the InterAgency Board for Equipment Standardization and InterOperability.¹²⁵

For states to receive equipment through these programs, they must first develop a needs assessment outlining equipment and training requirements with regard to weapons of mass destruction terrorism. In addition, the Justice Department requires states to craft statewide domestic preparedness strategies covering a three-year period. Packets prepared by the Justice Department walk officials through the process of assessing terrorism risks for communities within their state and offer guidelines for the development of preparedness plans. Grant amounts to cities varied based on the size of each individual jurisdiction. The largest fifty metropolitan areas could receive a maximum of \$300,000 of equipment; the next fifty were eligible for \$200,000; and the remaining fifty-seven cities and counties \$100,000 each. In the case of the states, block grants went directly to the states, which in turn disbursed the materials to its fire, law enforcement, hazmat, and emergency medical agencies. Base funding levels for equipment and the vulnerability assessment tallied \$250,000 and \$75,000, respectively, in the state program with increased amounts offered to more populous areas. After the 1999 cycle, the Justice Department scrapped the county and municipality program to focus solely on grants directly to states.¹²⁶

FEMA: MANAGING THE CONSEQUENCES OF TERRORIST ATTACKS

FEMA plays an active role as the federal “go to” agency for disaster relief assistance. When natural disasters sink towns in flood waters or bury them under earthquake rubble, it is FEMA who coordinates the response. Core elements of FEMA’s approach remain intact for a man-made disaster through implementation of the Federal Response Plan and coordination of myriad federal sources that would ante up assistance. As for specialized rescue teams, FEMA might also activate its Urban Search and Rescue task forces after an earthquake or a conventional bombing. Of real utility in those situations, these twenty-seven teams, shown

¹²⁴ In 1999, nearly \$32 million was appropriated under the municipal grant program, while the state effort was budgeted at \$54 million. Another \$6 million went to the administration and equipment support through the consortium. In 2000, Congress appropriated \$75 million to the state equipment grant program. US Department of Justice, Office of Justice Programs, “Grants to Combat Domestic Terrorism: State Domestic Preparedness Equipment Program.” Internet: <http://www.ojp.usdoj.gov/ocpa/feb2000atgl/osldps.htm>. Downloaded 22 May 2000.

¹²⁵ Formed in October 1998, this body strives to ensure standardization and interoperability of equipment and advanced technologies needed by first responders. The FBI and the Department of Defense co-chair the body, which includes federal, state, and local officials. The InterAgency Board is broken out into six subgroups: medical; personal and collective protection; advanced technology; interoperable communications and information systems; detection and decontamination; and standards. InterAgency Board for Equipment Standardization and InterOperability, *1999 Annual Report*.

¹²⁶ See Office of Justice Programs, Office for State and Local Domestic Preparedness Support, *FY99 State Domestic Preparedness Equipment Program: State Strategic Plan Development Conference Monograph* (Washington, DC: US Department of Justice, n.d.), 12.

in figure 4.3, are of questionable value in chemical or biological contaminated environments. They possess limited personal protective equipment, and have little or no training on detection, monitoring, or decontamination of chemical or biological agents.¹²⁷

Although not nearly on the scale of the Defense and Justice Departments, FEMA is also involved in preparedness training. FEMA's training is aimed at emergency managers and firefighters in two separate programs offered through the National Fire Academy and the Emergency Management Institute, both located in Emmitsburg, Maryland. National Fire Academy courses cover incident command and more advanced hazardous materials management tactics.¹²⁸ In addition, FEMA offers these two communities self-study courses and training adjuncts fanned out to state academies.¹²⁹ In contrast to the National Fire Academy, Emergency Management Institute courses are geared to emergency managers at the state and local level.¹³⁰

FEMA also provides small grants to state emergency management agencies to improve emergency planning, as well as to conduct additional training and exercises. In 1999, \$8 million went to that effort, while an additional \$4 million was dedicated to terrorism preparedness and response courses at state fire training centers.¹³¹ Overall, FEMA programming amounts to 5 percent of the preparedness budget for unconventional terrorism. FEMA funding in this area totaled \$15.6 million in 1999 and just over \$28 million in 2000.

¹²⁷ Despite existing federal response capabilities, the Clinton administration's proposed budget for 2001 included \$4 million for FEMA to train six of these rescue teams to operate at the scene of a chemical or biological terrorist incident. James L. Witt, FEMA, testimony before the House Appropriations Committee, 106th Cong., 2nd sess., 6 April 2000. In addition to proposing the enhanced rescue teams, FEMA Director James Lee Witt also appointed a senior adviser for terrorism preparedness to work with the interagency to focus FEMA's role in managing the fallout from a terrorist attack.

¹²⁸ The National Fire Academy began operations in 1975. Courses taught at the Emmitsburg campus are generally last several days courses and aim for mid- to upper-level personnel, while more concentrated classes are available for consumption by all fire and EMS personnel through their training academies. For additional information on the offerings of the National Fire Academy, see <http://www.usfa.fema.gov/nfa>.

¹²⁹ Courses designed for the training academies generally run two days and cover more advanced topics for incident commanders, as well as hazmat and emergency medical services experts. A basic concepts of terrorism course is also available using the same materials as the awareness course run through the Justice Department's firefighter training effort. The National Fire Academy self-study terrorism awareness course has been shared with approximately 35,000 fire departments, sixteen thousand law enforcement agencies, and over three thousand local and state emergency managers. Catherine Light, FEMA, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999.

¹³⁰ For example, one course walks local officials through the decision-making process that would follow a terrorist release of anthrax, VX, or sarin in their jurisdiction. Another brings together senior local officials for two days of coursework, culminating in a tabletop exercise. Steven G. Sharro, FEMA, testimony before the House National Security Committee, 105th Cong., 2nd sess., 21 March 1998.

¹³¹ Catherine Light, FEMA, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999. Amounts in 2000 increased with \$16.6 million going to the state agencies and \$4 million to the training academies.

FEDERAL ENVIRONMENTAL CLEANUP ASSETS

The Environmental Protection Agency (EPA) handles hazardous materials training and response via its Emergency Response Training Program in Cincinnati for personnel involved in hazardous waste cleanup or investigations, as well as various federal emergency plans for controlling and removing hazardous chemical and oil spills.¹³² Given the potential utility of hazardous materials management skills in a chemical terror attack, EPA assistance in these areas could contribute to post-incident cleanup efforts.¹³³ At the top of the EPA's response pyramid is the National Response Center, a hotline staffed twenty-four hours a day by Coast Guard personnel.¹³⁴ Calls prompt appropriate interagency coordination through the National Response Team,¹³⁵ as well as activation of one or more of the thirteen interagency Regional Response Teams located throughout the United States. These regional teams, which include federal and state personnel, are oriented more toward command and control than on-scene response. From an operational standpoint, cleanup execution comes through a partnership of local personnel, a handful of expert rapid response teams from the EPA and Coast Guard, and the EPA's On-Scene Coordinators who integrate into the unified command structure.

The EPA's Environmental Response Team is a twenty-six member force based in Edison, New Jersey, equipped with monitoring devices to gauge chemical contamination, including chemical warfare agents, and advanced analytical instruments to identify substances and track chemical plumes.¹³⁶ Team members are trained to operate in the highest level of protective gear. The Coast Guard can also deploy three operational teams units geared primarily for marine emergencies—based in Edison, New Jersey; Mobile,

¹³² Environmental Protection Agency, *EPA Capabilities: Responding to Nuclear-Biological-Chemical (NBC) Terrorism*, Terrorism (Washington, DC: Environmental Protection Agency, May 2000). Under the Federal Response Plan, for example, EPA coordinates responses to hazardous materials incidents. The framework for the mobilization of federal assistance in the case of a non-terror chemical spill comes under the National Contingency Plan, outlined in the Comprehensive Environmental Response, Compensation, and Liability Act. See 42 USC 9605.

¹³³ Reflective of these multipurpose capabilities, EPA terrorism preparedness activities were budgeted at \$2 million in 2000. Ken Stroeck, EPA, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 2nd sess., 27 March 2000.

¹³⁴ Specific duties of the National Response Center are outlined in the National Oil and Hazardous Substances Pollution Contingency Plan, 40 CFR 300, Section 125.

¹³⁵ An interagency coordinating body in Washington co-chaired by the Coast Guard and EPA, the National Response Team includes representatives from sixteen different agencies: EPA, Coast Guard, FEMA, National Oceanic and Atmospheric Administration, General Services Administration, Nuclear Regulatory Commission, and the Departments of Agriculture, Defense, Energy, Health and Human Services, Interior, Labor, Justice, State, Transportation, and Treasury.

¹³⁶ Team members have backgrounds in sampling and analysis, advanced chemistry and biology, and geology. Advanced equipment includes minicams, gas chromatograph/mass spectrometers. Environmental Protection Agency, *EPA Capabilities: Responding to Nuclear-Biological-Chemical (NBC) Terrorism* (Washington, DC: Environmental Protection Agency, May 2000).

Alabama; and Novato, California—and public affairs experts.¹³⁷ Like their EPA counterparts, the three Coast Guard strike teams can also carry out their cleanup duties while suited up to the highest levels of personal protection. The locations of both the EPA and Coast Guard teams appear in figure 4.3.

MAKING SENSE OF THE CONFUSION

The pitfalls of the federal approach to combating unconventional terrorism are rooted in two separate but related flaws. First, the government bureaucracy has proven to be both cumbersome and unable to coordinate programs. Freely flowing money from federal coffers has made tangible improvements in some notable areas and prompted impressive waste and redundancy in others. Second, despite a willingness to spend on this important national security dilemma, the government has not managed to consistently direct funds to the right levels and places. Numerous federal teams have been assigned the terrorism response mission, not to mention the specialized military units that have been created primarily to respond to attacks involving weapons of mass destruction. Local personnel, meanwhile, have received a comparatively meager amount of funding, leaving them lacking in some basic preparation areas, not to mention confused by the array of federal assistance options. The following section explores these flaws more in depth.

The terrorism issue and the US bureaucracy tasked with addressing it is notorious for being a convoluted maze of agencies, offices, bureaus, task forces, and working groups.¹³⁸ When depicted in an organizational chart, the genealogical tree seems that much more complicated. What is often overlooked in casual references to the complexities of this particular policy community's architecture is the fact that each box on the organizational chart contains its own internal bureaucratic maze that many outsiders never see. For agencies where only one or two offices are involved in terrorism preparedness, this internal structure, or lack thereof, does not pose a significant problem, given the limited personnel and resources dedicated to the issue. However, in other agencies where multiple divisions handle the assorted angles of the unconventional terrorism problem, the intra-agency dynamic can be as challenging as the interagency one.

The terrorism preparedness “big bang” wherein budgets increased dramatically in a short period of time is partly a function of the way congressional committees are set up and partly the result of agencies positioning themselves for relatively easy-to-come-by funds at a time of new missions and budget cuts. Committee jurisdictions relevant to the unconventional terrorism issue range from armed services to government reform, transportation and infrastructure to the judiciary, commerce to veterans affairs. The

¹³⁷ Together, these teams make up the Coast Guard's National Strike Force.

¹³⁸ In a hearing before the Senate Armed Services Committee, a frustrated Senator Pat Roberts (R-Kansas) lamented the latest crop of acronyms to emerge as part of the terrorism preparedness debate. He jokingly asserted that anyone using an acronym without first saying the full name of the office, program, or team would have to contribute money to a common pool for either a celebration at the end of the session or the weapons of mass destruction preparedness budget. Senator Pat Roberts, comment to the Senate Armed Services Committee, Subcommittee on Emerging Threats and Capabilities, 106th Cong., 1st sess., 22 March 1999.

result is that several committees have their fingerprints on the variety of federal counter- and anti-terrorism programs. When congressional guidance comes from so many directions and the executive branch does not articulate an overall preparedness strategy that incorporates all the relevant players, a confusing knot of programs and authorities is a natural consequence.

As mentioned previously, PDD-62 recognized the need for leadership and accountability and called for the creation of a terrorism coordinator on the National Security Council staff. Although assigning a pair of eyes to keep watch over the oozing counterterrorism budget made sense, some reports noted concern that the National Security Council was maneuvering to “go operational.”¹³⁹ Thus, the coordinating position’s reach was narrowly defined, leaving this office to try to influence and shape with only the power of personality and political weight.

The oversight theme resurfaced in April 2000 in a more muscular form in legislation submitted by Congresswoman Tillie Fowler (R–Florida) that called for an Office of Terrorism Preparedness within the Executive Office of the President.¹⁴⁰ As envisioned in the 2000 legislation, the director of the new office was to be responsible for developing an annual preparedness strategy, as well as a single terrorism preparedness budget, based on requests and ongoing communications with relevant federal participants.¹⁴¹ Furthermore, the office was to certify training and grant programs to ensure that they conform with one another and support the national strategy. The scope of the office was not designed to extend beyond preparedness to address other elements of the terrorism issue, such as broader research and development or law enforcement concerns.

Inaugurating a terrorism czar would not come without risks. On paper, imposing oversight on the unwieldy terrorism bureaucracy makes tremendous sense, particularly given that budget increases show little sign of tapering off and federal agencies continue to vie for their slice of the pie. In reality, fledgling White House offices have their own mountains to climb: appointing a capable director and staff, developing credibility within the community, maintaining the attention of the president and the political clout that comes

¹³⁹ Michael Dobbs, “An Obscure Chief in US War on Terror,” *Washington Post*, 2 April 2000.

¹⁴⁰ See US Congress, House of Representatives, “Preparedness Against Terrorism Act of 2000,” H.R. 4210, 106th Cong., 2nd sess., 6 April 2000.

¹⁴¹ This model is reminiscent of the Office of National Drug Control Policy, carved out in 1988 also as part the Executive Office of the President, to oversee and guide US counterdrug efforts both at home and abroad. The drug policy office has a crucial trump card in its corner: budgetary authority. More than a dozen government agencies are involved in the war on drugs. With responsibilities ranging from reducing demand at the local level in the United States to eradicating illicit drug crops overseas, all submit their program budgets to Congress through the drug office. Thus, one office watches and influences the shape of the counterdrug budget and can be held accountable for progress or lack thereof. The office also annually issues a national drug control strategy broken down into five broad goals and thirty-one more specific objectives. In 2000, the office also issued its first report assessing the successes and failures of the strategy implementation through statistical performance measures and benchmarks, a useful tool for gauging progress. See Office of National Drug Control Policy, *National Drug Control Policy Performance Measures of Effectiveness: 2000 Annual Report*, (Washington, DC: US Government Printing Office, 2000).

with it. The success of an Office of Terrorism Preparedness would depend on its leader's ability to flex the office's muscle in the face of a resistant bureaucracy and the explicit authority vested in it by Congress.¹⁴² Although unconventional terror has been high on President Clinton's agenda, there is no guarantee that the next series of administrations—either Republican or Democrat—would share his interest. If the Office of Terrorism Preparedness is left without high-level support, the US government may well continue its entrenched habits of disjointed spending.

Ultimately, the drawbacks of a terrorism preparedness czar outweigh the potential benefits. The federal government has begun to consolidate programs, evidenced by the transition of the Domestic Preparedness Program from the Pentagon to the Justice Department, already the custodian of several other training efforts. As time goes on, these programs should be institutionalized and sustained locally, not through the federal government in Washington. The creation of an additional layer of bureaucracy would not defuse interagency tensions, nor would it necessarily streamline the process of divvying aid to local authorities. Moreover, limiting the office's reach only to preparedness programs and strategies fails to look holistically at efforts to combat terrorism. Instead, carving out a "partial czar" would risk further compartmentalization of federal approaches to terrorism.

After passing easily through the House of Representatives, the legislation advocating a high-level preparedness office died in the Senate after a White House lobbying effort against it.¹⁴³ Whether a terrorism czar ultimately is created or not, the lack of coordination among federal programs is not a problem that a duly appointed coordinator could solve overnight.¹⁴⁴ While the late 1990s financial explosion is unlikely to be repeated anytime soon, budgets are not expected to retract dramatically in the foreseeable future. The fact remains that approximately \$11 billion is likely to go toward terrorism prevention, preparedness, and critical infrastructure protection in 2001 without parental supervision. Weak oversight in the executive branch and Congress has bred a compartmentalized framework that puts millions of dollars in unproven programs each year and skimps on well-established ones.¹⁴⁵

¹⁴² The ups and downs of the Office of National Drug Control Policy offer an example of the director's key role in empowering a young office. See W. John Moore, "New General For a Long War," *National Journal*, 10 June 1989, 1431; Susan Page, "Bush's Friends Return Power to the Cabinet," *Newsday*, 31 October 1989; Tom Watson, "Storm Clouds Gather Over Drug-Czar Nomination," *Legal Times*, 25 February 1991; Joseph Treaster, "New Drug Chief Turns to Softer Side of Issue," *New York Times*, 15 April 1991; Joseph Treaster, "Experts Welcome Clinton's Move On Drug Policy Office," *New York Times*, 10 February 1993; Weston Kosova and Daniel Klaidman, "A Reluctant Campaigner: How a Workaholic General is Fighting the Drug War on His Terms," *Newsweek*, 21 October 1996.

¹⁴³ Vernon Loeb, "After Counterterrorism Bill Fails, Nation's Preparedness Is Debated," *Washington Post*, 9 October 2000.

¹⁴⁴ The White House drug policy office took more than a decade to iron out its strategy and measures of effectiveness.

¹⁴⁵ Compare, for example, RAID with the Environmental Protection Agency's hazardous materials expertise. While the latter struggles to maintain its \$3.2 million counterterrorism budget, Guard teams are flush with cash.

Recognizing the need for financial transparency, Congress ordered the Office of Management and Budget (OMB) to track government-wide spending on combating terrorism.¹⁴⁶ Beginning in 1998, OMB crunched the financial data and began reporting the results.¹⁴⁷ With each passing year, figures in the report are broken out more extensively, improving the ability to see where money has gone and where officials hope to direct it in coming budget cycles.¹⁴⁸ However, even OMB's master budget document is confusing and incomplete in places.¹⁴⁹

Federal funding has dispersed like buckshot partially because the government has not articulated an overall strategy that the various programs would ultimately support.¹⁵⁰ Since 1998, funding for defense against unconventional terrorism has greatly increased. For example, as shown in figure 4.7, FEMA's budget went from just under \$6 million in 1998 to \$31 million in 2000. The Justice Department jumped to \$255 million in 2000 from \$101 million just two years earlier. In a particularly dramatic boost, the HHS budget for combating weapons of mass destruction leaped to \$278 million in fiscal year 2000, seventeen times the

Source: Executive Office of the President, Office of Management and Budget, *Annual Report to Congress on Combating Terrorism*, Pursuant to Public Law 105-85, 18 May 2000.

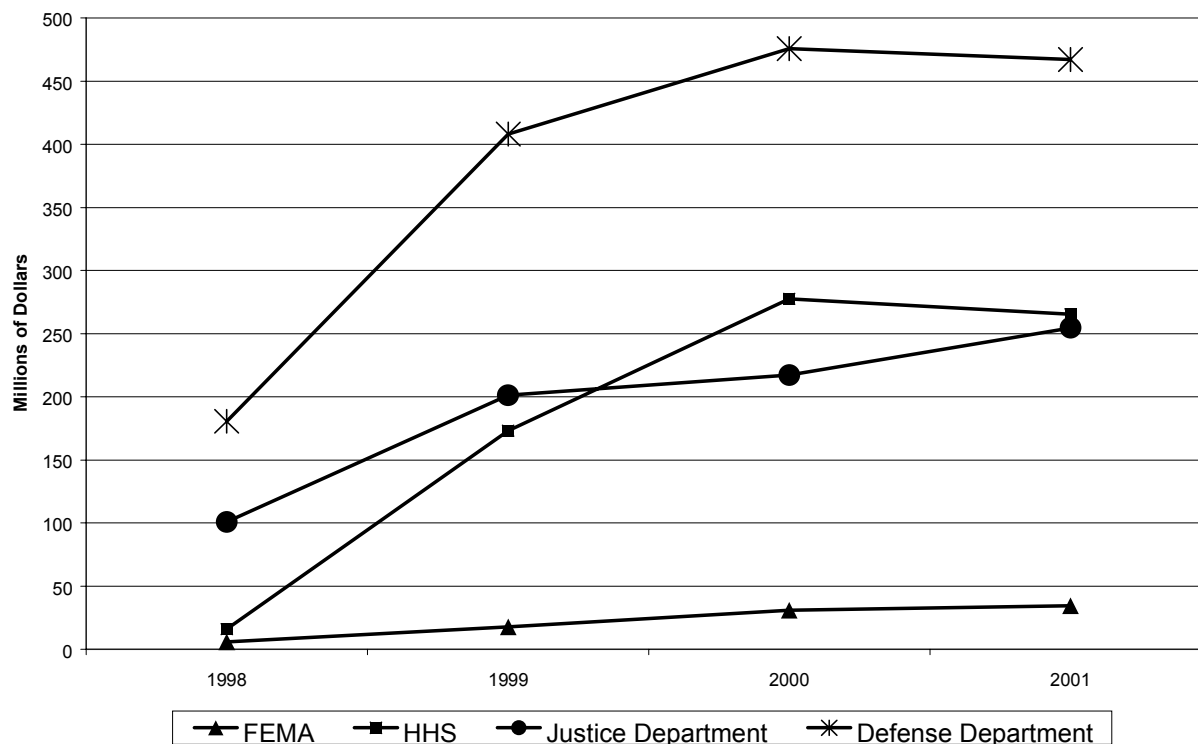
¹⁴⁶ Tucked into the Department of Defense appropriations bill passed in November 1997 was a requirement for the budget office to create a reporting system for how were spending monies to defend against terrorism. See Public Law 105-85, Section 1051.

¹⁴⁷ For additional discussion of the role of the Office of Management and Budget in the counterterrorism community, see the General Accounting Office, *Combating Terrorism: Observations on Crosscutting Issues*, GAO/NSIAD-99-3 (Washington, DC: US General Accounting Office, April 1998), 5–6.

¹⁴⁸ The 2000 OMB report went several steps further, breaking out the weapons of mass destruction components into more detailed program areas. Thus it was possible to see not only that a certain percentage of overall funding went to unconventional terrorism preparedness or research and development, but also to some specific programs (e.g., vaccine development, equipment grants).

¹⁴⁹ For a discussion of the OMB report flaws, see John Parachini, Center for Nonproliferation Studies, Monterey Institute of International Studies, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 2nd sess., 26 July 2000.

¹⁵⁰ Although the Justice Department released a classified five-year interagency counterterrorism strategy in December 1998, the GAO noted that the document did not match strategic priorities to required budget resources, thereby limiting its utility as a planning tool. See Mark Gebicke, GAO, testimony before the House Committee on Transportation and Infrastructure, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999. Characterizing the federal approach to combating terrorism in the United States as fractured is by no means a novel observation. For example, at least three high-level commissions on either terrorism or weapons of mass destruction have made similar observations since mid-1999, along with the GAO. Local responders and emergency managers have also repeatedly testified to the confusion. As one physician put it, "To the local and state provider, the lack of coordination among the federal agencies is confusing, ineffective and inefficient." Dr. Joseph Waeckerle, testimony before the House Committee on Government Reform, 106th Cong., 1st sess., 22 September 1999.

Figure 4.7: Comparison of Major Federal Spending to Guard Against Unconventional Terrorism

1998 total of roughly \$16 million.¹⁵¹ Clearly, numbers alone cannot depict whether a program is effective. Nor is the decision to spend significant sums of money to address a vexing national security problem in and of itself questionable. The drastic budget increases, however, do show the striking trend that Congress has been willing to match—and even exceed—administration requests for programs featuring the key words “weapons of mass destruction terrorism.”

Problems emerged as federal teams were assembled despite not being able to reach the scene for four hours, an eternity for emergency responders. Moreover, four-hour deployment times are optimistic and perhaps unrealistic since possession of dedicated airlift capabilities is a rarity. For example, in the Oklahoma City aftermath, the first wave of federal assistance did not roll in until fifteen hours after the bombing.¹⁵² Some local personnel do not expect meaningful help from the federal government until roughly forty-eight

¹⁵¹ Budget figures taken from Executive Office of the President, Office of Management and Budget, *Annual Report to Congress on Combating Terrorism*, Pursuant to Public Law 105-85, 18 May 2000, 58.

¹⁵² See Ann Simank, City Council of Oklahoma City, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999.

to seventy-two hours after an incident, unless the teams are pre-deployed for major events.¹⁵³ Thus, state and local personnel have to assume that they would be on their own during the critical hours immediately after an incident.¹⁵⁴ It would seem that this basic reality of emergency response has not yet been fully understood at the required levels of government, despite sustained testimony from numerous responders on Capitol Hill.¹⁵⁵

This limitation on the federal government's ability to constructively inject itself in a timely manner into local terrorism response begets a relatively straightforward question: if federal teams cannot arrive within the necessary window of opportunity to detect, decontaminate, or rescue, why spend millions on them instead of focusing on front-line readiness? As originally envisioned, domestic preparedness was a means of empowering first responders to handle an unlikely set of problems by building capabilities on top of their existing knowledge base. Local personnel have indeed received more assistance—equipment, training, and planning—than they did previously. Table 4.4 illustrates local aid programs relative to the overall federal unconventional terrorism effort and the entire counterterrorism budget. However, of all the money that falls under the federal government's combating terrorism umbrella—law enforcement, facility and infrastructure security, response teams, research and development—under 4 percent goes to preparing the front lines for

¹⁵³ John Fenimore, Adjutant General of New York, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 1st sess., 23 June 1999. Also see Ann Simank, City Council of Oklahoma City, testimony before the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 1st sess., 23 June 1999. "Very few federal teams should expect to act as operational units. Federal expertise, personnel, and capabilities will be crucial, but not as HAZMAT Teams and not as primary service providers." Brett Burdick, Virginia Department of Emergency Services, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 2nd sess., 6 April 2000; and Seiple, "Consequence Management," 119–34.

¹⁵⁴ In addition to the more familiar federal crisis and consequence management stages, one responder noted a third, less talked about phase—local emergency response. This particular chapter fits between crisis and consequence management temporally, just after the realization that a terrorist act has transpired, but before the arrival of any federal assistance. Chief Richard Marinucci, testimony before the House Committee on National Security, 105th Cong., 2nd sess., 21 March 1998.

¹⁵⁵ For example, see Chief Ed Plaughner, Arlington County Fire Department, Dr. David Johnson, and Dr. Joseph Waeckerle, testimony before the House Committee on Government Reform, Subcommittee on National Security, Veterans Affairs, and International Relations, 106th Cong., 1st sess., 22 September 1999; Stan Mckinney, National Emergency Management Association, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 2nd sess., 4 May 2000; Brett Burdick, Virginia Department of Emergency Services, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 2nd sess., 6 April 2000; Ann Simank, City Council of Oklahoma City, testimony before the House Transportation and Infrastructure Committee, Subcommittee on Oversight, Investigations and Emergency Management, 106th Cong., 1st sess., 9 June 1999.

Table 4.4: Federal Assistance to Local Personnel (in millions of dollars)

	1998	1999	2000
Equipment	14.1	96.4	93.0
Training and Exercises	13.0	87.9	90.0
State/Local Planning Assistance	18.8	122.0	132.4
TOTAL	45.9	306.3	315.4
Percentage of Total WMD Budget	7.1%	24.7%	21.7%
Percentage of Total Combating Terrorism Budget	0.7%	3.5%	3.7%

Source: Executive Office of the President, Office of Management and Budget, *Annual Report to Congress on Combating Terrorism*, Pursuant to Public Law 105-85, 18 May 2000.

unconventional terrorism. In 2000, more money went to federally sponsored response units for chemical and biological terrorism, such as RAID or medical response teams, than to equipment for first responders.¹⁵⁶

Furthermore, multiple training programs reach the same target communities, sometimes even in the same city. For example, the Justice Department, through its Metropolitan Firefighter and Emergency Medical Services Program and the consortium, plus FEMA and the Pentagon all have training programs geared for firefighters. While some courses cover more advanced topics or incorporate live agent training, others stick to the basics of terrorism awareness and appropriate protective measures. Clearly, basic awareness is an important stepping stone from which to begin; yet offering it through multiple fora at significant cost, frequently with mediocre reviews from field personnel, is inefficient and costly.

Some of the more controversial spending choices have been cases where millions of dollars have gone to creating new federal teams for both conventional and unconventional terrorism response. The concern with these initiatives is not that the government is willing to spend on improving response capabilities, but rather that some programs fly in the face of common sense. Why create new units with a singular mission of responding to low-probability unconventional mass casualty terror attacks instead of building this mission into existing programs stocked with chemical or biological weapons expertise? Primary reliance on existing units or structures makes operational sense because these teams need only adjustments to their capabilities, rather than floor to ceiling construction. Incorporating experienced teams also makes budget sense, since the costly process—in terms of dollars and time—of creating new teams from scratch can be circumvented, replaced with targeted skills development and training. Building on capabilities routinely tested on missions also would leave dual-use teams better prepared to step into the maelstrom that inevitably would follow an unconventional terror attack.

¹⁵⁶ According to the Office of Management and Budget, equipment programs were budgeted at \$85 million through the Department of Justice. Additional equipment loans went through the Defense Department's domestic preparedness program. Special response teams, on the other hand, received \$128 million, not including Department of Energy assets that solely focus on nuclear emergencies. This conservative figure reflects the HHS National Medical Response Teams and the Pentagon's weapons of mass destruction consequence management teams, but not other multi-purpose military and civilian units that could be called upon for support.