

CRS Report for Congress

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State and Local Preparedness for Terrorism: Policy Issues and Options

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State and Local Preparedness for Terrorism: Policy Issues and Options

Summary

The terrorist attacks of September 11, 2001 have prompted Members of the 107th Congress to consider enhancing state and local response capabilities to better prepare for terrorist attacks, particularly attacks involving weapons of mass destruction. At present, Congress authorizes several programs designed to help state and local responders enhance their preparedness for terrorist attacks. These programs cover a range of activities, including emergency planning; training and equipment; response to chemical and biological attacks; law enforcement; and public health.

Since the September attacks, however, emergency managers and analysts have asked Congress to address several issues in federal policy on state and local preparedness. Some frequently mentioned policy issues are:

Amount and Uses of Federal Assistance—Observers have urged Congress to increase levels of financial and technical assistance available to states and localities. Some observers have also asked for more flexibility with federal funds.

Coordination of Federal Assistance—Preparedness programs administered by various federal agencies often are not well coordinated, causing frustration among state and local officials seeking assistance. Some call for one federal office to coordinate the content and availability of preparedness programs.

Preparedness Standards—Nongovernmental organizations working with FEMA have developed voluntary standards for emergency preparedness. Some observers have urged Congress to support the use of standards by instructing FEMA to undertake more research on preparedness standards and provide more assistance to governments attempting to meet standards.

Preparedness of the Medical Community—Observers have emphasized the need to give public health agencies and hospitals a greater role in emergency planning and increase their capability to respond to weapons of mass destruction.

Mutual Aid Compacts—Compacts are not uncommon, but some observers believe states and localities need to formalize and update their compacts.

Joint Training Exercises—Observers argue that more joint training exercises are needed to adequately prepare local, state, and federal responders for terrorist attacks.

Communications Infrastructure and Other Equipment—First responders may need specialized equipment to respond to a terrorist attack, including an interoperable communications system.

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Abbreviations Used in this Report

AHA	American Hospital Association
CAR	Capability Assessment for Readiness
CEM	Comprehensive Emergency Management
CSEPP	Chemical Stockpile Emergency Preparedness Program
EMAC	Emergency Management Assistance Compact
EMAP	Emergency Management Accreditation Program
EMS	Emergency Medical System
EMT	Emergency Medical Technician
NACCHO	National Association of County and City Health Officials
NACO	National Association of Counties
NEMA	National Emergency Management Association
NGA	National Governor's Association
NLC	National League of Cities
NFPA	National Fire Protection Association
WMD	Weapons of Mass Destruction

State and Local Preparedness for Terrorism: Policy Issues and Options

Introduction

The terrorist attacks of September 11, 2001, have prompted Members of the 107th Congress to consider enhancing state and local response capabilities to better prepare for terrorist attacks. During the first session alone, more than two dozen bills were introduced with provisions relating to state and local preparedness. While the federal government has resources at hand for responding to terrorist attacks, the proximity of state and local responders ensures they will almost always be the first to arrive at the site of an attack. For this reason, the preparedness of state and local governments has become a salient national issue.

Preparedness is one of four phases of comprehensive emergency management (CEM). The other three phases are response, recovery, and mitigation. CEM offers emergency managers a framework for classifying and planning not only preparedness activities, but all emergency management activities. Preparedness involves a wide range of activities such as developing flexible response plans, training and equipping responders, and assessing a community's vulnerabilities.¹

Congress has addressed the preparedness phase of emergency management by authorizing several training and grant programs designed to help states and localities enhance their response capabilities, particularly for terrorist attacks involving weapons of mass destruction (WMD). Federal programs cover a range of activities, including emergency management and planning; training and equipment; preparation for WMD attacks; law enforcement; and public health.²

The possibility of terrorist attacks involving weapons of mass destruction (WMD) presents a unique challenge to state and local officials. WMD may be defined as chemical, biological, radiological, and nuclear weapons, conventional explosives, or any device capable of causing mass casualties. Adequately coping with an WMD attack would require first responders to have special equipment and extensive training.³ Such attacks would be more likely to overwhelm state and local response

¹William L. Waugh, Jr., *Terrorism and Emergency Management* (New York: Marcel Dekker, Inc., 1990), pp. 15-17.

²For a listing of programs, see CRS Report RL31227, *Terrorism Preparedness: A Catalog of Federal Assistance Programs*, coordinated by Ben Canada.

³For the purposes of this report, "first responders" refers to local, and possibly state public safety officials, including firefighters, emergency medical technicians, law enforcement

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capabilities than attacks not involving WMD. Since preparing for WMD attacks is an institutional and financial challenge for states and localities, federal assistance for preparedness currently focuses on providing the planning, equipment, and training necessary to respond to a WMD attack. Officials from all levels of government, however, have asked Congress to evaluate these assistance programs, suggesting they are administered in a disorganized fashion.⁴

Observers have also asked Congress to examine several issues in federal policy on state and local emergency preparedness, including the lack of preparedness standards, inadequate medical community preparedness, informal mutual aid compacts, lack of joint training exercises, inadequate communications systems and other equipment, and lack of model response plans.

As mentioned, over two dozen bills addressing state and local preparedness for terrorism were introduced in the first session of the 107th Congress. (See the Appendix for a list of these bills). Some bills call for a national strategy on terrorism preparedness and would include funding and technical assistance for states and localities. Among them are bills that exclusively address preparedness for chemical and biological attacks. In addition to these congressional proposals, the Bush Administration will request \$37.7 billion for homeland security in the FY2003 budget, of which states and localities would be allocated a \$3.5 billion as part of a “first responder initiative.”⁵ Should they become law, these bills could have a direct impact on state and local preparedness by providing additional funds and technical assistance for preparedness activities, as well as establishing mechanisms for the federal government to monitor and evaluate state and local activities.

This report provides information and analysis intended to be useful to Congress on legislation and oversight related to state and local emergency preparedness. Specifically, this report provides a brief overview of the present condition of state and local preparedness, analyzes selected issues in federal policy, and presents some of the policy options available to Congress in addressing those issues.

This report focuses on selected federal policies and activities that directly affect states and localities, or if enacted, would directly affect them. It is not a comprehensive discussion of all federal policy issues involved with state and local preparedness. Examples of related issues not discussed in this report include intelligence sharing between federal agencies and state and local governments, and the role of specialized National Guard response units. The report does not directly address other phases of emergency management: response, recovery, and mitigation. Although these other phases are briefly discussed in the report, they are not its subject.

³(...continued)

officers, and public health officials.

⁴U.S. General Accounting Office, *Combating Terrorism: Selected Challenges and Related Recommendations*, GAO Report GAO-01-822 (Washington: Sept. 2001), pp. 97-98.

⁵“Strengthening Homeland Security,” White House, press release, Jan. 24, 2002.

Overview of Emergency Preparedness

The following section provides a brief overview of emergency preparedness practices that states and localities undertake to prepare for all disasters, including terrorist attacks. An understanding of these practices will be useful in analyzing the federal policy issues discussed in this report.

Preparedness Activities. State and local officials, as well as the Federal Emergency Management Agency (FEMA), advocate an “all-hazard approach” to emergency preparedness that stresses using existing institutions and plans to respond to all disasters, including acts of terrorism.⁶ Preparedness activities can incorporate the resources of local, regional, state, and federal agencies, as well as the medical community, relief organizations, and the private sector. Activities that comprise an effective preparedness strategy include the following:

- risk assessment;
- capability assessment, improvement, and maintenance;
- emergency planning;
- training and exercises; and
- incorporation of local, regional, state, and federal resources.⁷

One scholar of emergency management emphasizes the importance of risk assessment as part of preparedness for terrorism. It is necessary to identify persons, structures, or locations in a community that are potential targets. In addition, risk assessment can include assessing the vulnerability of a community’s infrastructure, such as power, water, communications, and transportation corridors.⁸

Inadequate preparation could lead to lack of a clear command structure, inefficient use of intergovernmental resources, and, ultimately, increased loss of life and property. Emergency planners typically assume that local resources would be overwhelmed in the event of a major terrorist attack and would require additional regional, state, and possibly, federal resources. Thus, the Gilmore Commission, which Congress created in 1998, has emphasized the need for intergovernmental coordination:⁹

⁶U.S. Federal Emergency Management Agency, *Guide for All-Hazard Emergency Operations Planning*, SLG-101 (Washington: Sept. 1996), p. iii.

⁷Waugh, *Terrorism and Emergency Management*, pp. 29-31.

⁸*Ibid.*, pp. 82-83.

⁹The Gilmore Commission is formally known as the Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction. The name “Gilmore Commission” comes from the name of the Chairman, former Governor James Gilmore of Virginia. The commission is charged with assessing the capabilities of federal, state, and local governments for responding to terrorist incidents involving weapons of mass destruction. Congress authorized the commission in Section 1405 of the National Defense Authorization Act for Fiscal Year 1999 (P.L. 105-261). See commission web site: [http://www.rand.org/nsrd/terrpanel/], visited Jan. 29, 2002.

Response to an attack must be layered and sequential: Local entities will respond first, supplemented as necessary by State capabilities. When local capabilities are exceeded, the response shifts to the State (perhaps multi-state) level. The Federal response should come only after local and State capabilities are exceeded.¹⁰

Observers generally encourage states and localities to incorporate private businesses in emergency planning. They argue that private sector participation can enhance preparedness by identifying potential hazards at business sites (such as hazardous materials) and clarifying the role and responsibilities of private entities during an emergency. State and local emergency managers can also be helpful to private businesses in developing and exercising evacuation plans.¹¹

State and Local Preparedness as Part of a National Strategy. Even before the attacks of September 2001, emergency managers and analysts were calling for a national strategy that emphasized preparedness of state and local governments, and integration of resources available at all levels of government. The Gilmore Commission reiterated this argument in its first report, calling for a national strategy that respects the traditional public safety role of states and localities and that clearly defines federal activities to support state and local responders.¹²

Lessons from Previous Attacks. Previous terrorist attacks illustrate the need for state and local preparedness and for effective integration of intergovernmental resources. One of the most frequently studied attacks is the 1995 sarin gas attack in Tokyo's subway system by a Japanese group called Aum Shinrikyo. Although this terrorist attack did not occur in the United States, many observers believe the response of first responders in Tokyo offers valuable lessons to U.S. policymakers.¹³

Reports have consistently said that the Tokyo attack's first responders were unprepared to handle an emergency involving WMD. The emergency medical technicians (EMTs), firefighters, and police were not trained to recognize signs of toxic exposure, and thus wore regular work clothing with no gear to protect them from sarin gas (approximately 10% of the first responders reported non-life-threatening injuries resulting from exposure). Responding agencies took over 30

¹⁰Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction, *Second Annual Report to The President and The Congress* (Washington: December, 2000), pp. 3-4, 23.

¹¹William A. Anderson and Shirley Mattingly, "Future Directions," in *Emergency Management: Principles and Practice for Local Government*, Thomas E. Drabek and Gerard J. Hoetmer, eds. (Washington: International City Management Association, 1991), p. 323.

¹²Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction, *First Annual Report to The President and The Congress* (Washington: December, 1999), pp. ix-x.

¹³Amy E. Smithson and Leslie-Anne Levy, *Ataxia: The Chemical and Biological Terrorism Threat and the US Response*, (Washington: October 2000), pp. 70-71. Available at Stimson Center web site: [<http://www.stimson.org/pubs.cfm?ID=12>], visited Jan. 18, 2002. The Henry L. Stimson Center is a research and analysis organization that addresses problems of national and international security.

minutes to recognize the chemical threat and order responders to wear gas masks. EMTs established a triage system, but did not decontaminate victims. Law enforcement officials also failed to secure the perimeter of the incident scene, allowing unaffected commuters and onlookers to mingle with victims. Further compounding the problem, noise from media helicopters hovering near the scene interfered with verbal communications.¹⁴

Reports also show that the intergovernmental response to the attack was disorganized and inefficient. One cited problem is that Japanese federal agencies inserted personnel into response operations without any request from city officials. Many of the federal officials had little or no experience in emergency response, but insisted on participating. Reportedly, this complicated the ability of local emergency managers to control response operations.¹⁵

Besides the importance of state and local preparedness and integration of intergovernmental resources, reports on the Tokyo attack also highlight the importance of integrating public health agencies and hospitals into emergency planning. Tokyo's medical community was not prepared to respond to a chemical attack with mass casualties. When the city requested backup personnel, many doctors and nurses immediately set out for the incident scene. They arrived to discover that the most serious cases were en route to the hospital. Victims arriving at the hospital were not initially decontaminated, which exposed medical staff to small amounts of sarin. Some reports stated that the medical community did not adequately pass on information about the attack to the media and government authorities, leaving the public to speculate about the potential spread of sarin gas. This may have contributed to the onslaught of "psychogenic" patients on the Tokyo hospital system hours after the initial response. Psychogenic patients, also called the "worried well," are medically well citizens who suffer from anxiety about exposure and injury.¹⁶

Observers of emergency management in the United States have pointed to the inefficient response to the Aum Shinrikyo attack as evidence of the importance of state and local preparedness.¹⁷ Problems experienced during the response to the recent anthrax attacks in the United States also yield evidence of its importance. Observers cite such problems as lack of coordination and information sharing among various responders, particularly public health officials and law enforcement officials, and difficulty in communicating accurate and consistent information to the public. Furthermore, public health analysts have stated that the attacks revealed significant disparities in the public health system, including lack of monitoring capability.¹⁸

¹⁴Smithson and Levy, *Ataxia*, pp. 91-92.

¹⁵*Ibid.*, pp. 108-109.

¹⁶*Ibid.*, p. 92.

¹⁷*Ibid.*, pp. 70-71.

¹⁸For more information on response to the anthrax attacks, see CRS Report RL31225, *Bioterrorism: Summary of a CRS/National Health Policy Forum Seminar on Federal, State, and Local Public Health Preparedness*, by Robin J. Strongin and C. Stephen Redhead.

Present Condition of State and Local Preparedness. Since the attacks of September 2001, congressional witnesses, as well as surveys of states and localities, have yielded some observations on the present condition of state and local preparedness. The observations suggest that states and localities are generally prepared for emergencies, but may need to modify existing response plans and activities to better prepare for terrorist attacks involving WMD. Amy E. Smithson of the Stimson Center, for example, stated that “The bedrocks of chemical and biological disaster preparedness already exist at the local and state levels.” She asserted that states and localities across the nation already have capable fire and rescue departments, and law enforcement personnel. There are also approximately 650 hazardous materials teams nationwide with specialists trained to respond to some WMD incidents. Smithson argues, however, that better intergovernmental coordination is needed and state and local capabilities need to be further enhanced.¹⁹

Other witnesses have testified about weaknesses they found in state and local preparedness. A primary concern has been the ability of state and local governments to respond to WMD incidents. Janet Heinrich of the U.S. General Accounting Office, for example, stated, “...[W]e found emerging concerns about the preparedness of state and local jurisdictions, including insufficient state and local planning for response to terrorist events”²⁰ A number of witnesses have expressed similar views, and presented other concerns, including the lack of joint federal-state-local training exercises, lack of standardized communications equipment, and lack of private-sector involvement in emergency planning.

Surveys of states and localities conducted after the September 2001 attacks support the belief that states and localities are generally prepared for emergencies, but may need to modify existing emergency management institutions and activities to prepare for acts of terrorism involving WMD. The National Emergency Management Association (NEMA) conducted surveys of state-level preparedness following the September 2001 attacks. NEMA found that every state had a response plan and an emergency preparedness coordinating body in place before the attacks.²¹ At least 14 states, however, have since created new preparedness offices or coordinator positions,

¹⁹Statement of Amy E. Smithson, U.S. Congress, House Committee on Government Reform, Subcommittee on Government Efficiency, Financial Management, and Intergovernmental Relations, *A Silent War: Are Federal, State, and Local Governments Prepared for Biological and Chemical Attacks?*, hearings, 107th Cong., 1st sess., Oct. 5, 2001.

²⁰Statement of Janet Heinrich, U.S. General Accounting Office, U.S. Congress, House Committee on Government Reform, hearings, Oct. 5, 2001.

²¹The Emergency Planning and Community Right-to-Know Act of 1986 (P.L. 99-499, Title III) required each state to create a State Emergency Response Commission, which, in turn, created emergency planning districts and designated Local Emergency Planning Committees. Although the state and local committees created by the act were designed to prepare communities for chemical accidents, states and localities may use them to prepare for all hazards. For more information, see CRS Report RL30798, *Environmental Laws: Summaries of Statutes Administered by the Environmental Protection Agency*, p. 80.

and at least 18 states have created advisory panels to address terrorism preparedness.²²

Surveys by the National League of Cities (NLC) and National Association of Counties (NACO) show similar results at the local level. Before September 2001, the vast majority of cities and counties had disaster response plans in place. The surveys, however, revealed a disparity in preparedness between urban localities and rural localities. Whereas approximately 80% of cities and urban counties address WMD attacks in their response plans, less than half of towns and rural counties do so. This disparity also applies to terrorism training. Whereas approximately 57% of large cities had received terrorism training in the past year, approximately half as many small cities had received terrorism training.²³

Selected Policy Issues and Policy Options

Both before and after the September 2001 attacks, but especially since, emergency managers and analysts have identified several issues in federal policy on state and local preparedness. On the whole, they have not called for new institutions or response plans, but, rather, for enhancing current institutions and plans to better address the unique threat of terrorism. Some of the most frequently identified policy issues include:

- amount and uses of federal assistance;
- coordination of federal assistance;
- preparedness standards;
- preparedness of the medical community;
- mutual aid compacts;
- joint training exercises;
- communications systems and other equipment; and
- model response plans.

This is not a comprehensive list of policy issues, but, rather, a list of some of those most frequently cited by emergency managers and analysts. For each of these policy issues there is a discussion below of policy options that Congress could consider. These policy issues and options do not depend on each other, and Congress can factor in issues of budget, federalism, and other policy concerns in choosing the direction of federal policy. Each policy option is followed by a discussion of consequences that could result from its adoption.

²²National Emergency Management Association, "Trends in State Terrorism Preparedness," Executive Summary, December 2001, no pagination. Available at NEMA web site: [<http://www.nemaweb.org>].

²³National League of Cities, "Terrorism Preparedness Survey," September 21, 2001, no pagination, available at NLC web site: [<http://www.nlc.org>], visited October 2, 2001; and, National Association of Counties, "Counties Secure America: A Survey of Emergency Preparedness of the Nation's Counties," December 2001, available at NACO web site: [<http://www.naco.org>], visited Jan. 3, 2002.

Amount and Uses of Federal Assistance

Defining the Issue. Since the attacks of September 11, 2001, emergency managers and analysts have urged Congress to increase levels of financial and technical assistance to states and localities to enhance their preparedness for terrorist attacks. Although public safety is traditionally a state and local function, Congress may consider increasing assistance if it determines that the desired preparedness improvements could overwhelm state and local resources, interfering with their ability to provide basic services. It also may reconsider the range of eligible grant activities and examine the potential for state and local over-dependence on federal funds.

Amount of Funding Needed. The Office of Management and Budget (OMB) estimates that, in FY2001, the federal government expended approximately \$367.5 million on state and local preparedness for terrorism. OMB classifies the spending into four general categories, which are listed in the table below.

Table 1. OMB Estimates of Federal Spending for State and Local Preparedness (FY2001)

Functional Category	Dollar Amount (in millions)
First Responder Training and Exercises	\$223
Medical Responder Training and Exercises	\$2
Other Planning and Assistance to States and Localities (mostly assistance for medical responders)	\$29.1
Equipment for First Responders	\$113.4
FY2001 Total	\$367.5

Source: Office of Management and Budget, *Annual Report to Congress on Combating Terrorism, FY2001* (Washington: 2001), pp. 21-24.

Emergency managers and analysts contend that this amount should be significantly increased to help states and localities enhance their capability to respond to future terrorist attacks. Public health agencies, for example, have been consistently cited as needing more financial resources to adequately prepare for chemical and biological attacks. OMB's report indicates that the \$31 million for medical responder training (see table 1, Medical Responder Training and Other Planning funds) most likely will not be enough funding to match demand by state and local public health agencies and other medical responders.²⁴

The National Governor's Association (NGA) has requested \$4 billion from Congress for states alone. NGA says states will use these funds to improve bioterrorism preparedness, emergency communications, and security of critical infrastructure.²⁵ Representing the local level, the U.S. Conference of Mayors and

²⁴U.S. OMB, *Annual Report, FY2001*, p. 23.

²⁵National Governor's Association, "NGA Releases State Homeland Security Survey (continued...)"

National League of Cities have requested additional funding for cities and towns, although not a specific amount. They argue that committing more local resources to preparedness could interfere with cities' ability to provide basic services.²⁶

Range of Eligible Activities. Whether or not Congress increases assistance, it could re-evaluate the range of eligible activities for which states and localities can use federal funds. At present, all federal preparedness grants are categorical in nature, meaning that recipient governments may only use the funds for specific activities. At present, Congress authorizes several categorical grant programs for such activities as:

- emergency management and planning;
- training and equipment for first responders;
- weapons of mass destruction and hazardous materials training;
- law enforcement; and
- public health and medical community.²⁷

If Congress determined that states and localities needed greater flexibility in the use of funds, an alternative would be consolidating the existing categorical programs into a block grant.²⁸ An emergency preparedness block grant could give states and localities considerable discretion in the use of funds, allowing them to commit federal resources to self-identified needs and to improve their unique preparedness plans.

Whether Congress chooses to distribute preparedness funds as block grants or categorical grants, it could consider what portion of funds should go to states and what portion to localities. The U.S. Conference of Mayors argues that the majority of federal preparedness funds goes to states, leaving little for localities.²⁹ To address this concern, Congress could consult with state and local officials to determine what level of government could use federal resources most effectively and efficiently. Alternatively, it could instruct an appropriate federal agency, such as FEMA or GAO, to evaluate which level of government has the greatest need based on risk assessment and available financial resources.

Were Congress to expand the range of eligible grant activities, one approach would be to authorize recipients to use funds for hazard mitigation activities.

²⁵(...continued)

Results,” press release (Washington: December, 2001), available at NGA web site: [http://www.nga.org], visited Jan. 3, 2002.

²⁶See U.S. Conference of Mayors, *A National Action Plan for Safety and Security in America's Cities* (Washington: December 2001), p. 8, available at USCM web site: [http://www.usmayors.org], visited Jan. 15, 2002; and National League of Cities, “City Leaders Demand a Full Partnership in Homeland Security,” press release, December 6, 2001, available at NLC web site: [http://www.nlc.org], visited Jan. 8, 2002.

²⁷For a listing of existing programs, see CRS Report RL31227, *Terrorism Preparedness: A Catalog of Federal Assistance Programs*, coordinated by Ben Canada.

²⁸For more information on block grants, see CRS Report RL30818, *Block Grants: An Overview*, by Eugene Boyd and Ben Canada.

²⁹U.S. Conference of Mayors, *A National Plan*, p. 8.

Whereas preparedness involves planning, training, and equipping for disaster response, hazard mitigation involves reducing the possibility of disaster or reducing the extent of damage when a disaster strikes. Activities can include protective construction methods and altering public travel patterns. These activities complement preparedness activities and would assist governments in executing a comprehensive emergency management plan. At present, Congress authorizes FEMA to distribute mitigation funds through its Hazard Mitigation Grants Programs (HMPG) and Project Impact.³⁰ If it chose this option, it could clarify in legislation whether these mitigation grants could be used to address man-made as well as natural disasters.

Potential Consequences. One potential consequence of increasing federal assistance is that states and localities could become overly dependent on federal funds. Emergency management is traditionally a state and local activity supplemented by federal resources. Were Congress to increase funding for state and local preparedness, recipient governments might begin to regard federal grants as a permanent and predictable source of funding. If, in the future, Congress decided to decrease financial assistance for preparedness, states and localities could then have difficulty compensating for decreasing federal grants.

To address this concern, Congress could include a matching requirement or maintenance-of-effort provision in federal programs. Among other purposes, these provisions are intended to ensure that recipient governments do not become overly dependent on federal funds.³¹ Alternatively, Congress could limit the use of funds to only short-term activities, such as training exercises and capital purchases, and prohibit the use of funds for salaries, maintenance, and other recurring expenses.

Were Congress to give states and localities more flexibility in their use of federal funds, it might impede its ability to oversee the efficiency and effectiveness of federal programs. Grant programs that give recipients a high degree of flexibility, such as block grants, are often hard to evaluate and can make congressional oversight difficult. On the other hand, categorical grant programs with a narrow range of eligible activities and specific objectives offer recipients little flexibility, but are easier to evaluate.³²

Coordination of Federal Assistance

Defining the Issue. At present, grants and training programs for first responders are offered by agencies within the Departments of Defense, Health and

³⁰For more information, see FEMA's Project Impact web site: [<http://www.fema.gov/impact/>] and Hazard Mitigation Grants Program web site: [<http://www.fema.gov/mit/hmgp/>], visited Jan. 15, 2002.

³¹For more information on matching requirements and maintenance-of-efforts provisions, see CRS Report RL30778, *Federal Grants to State and Local Governments: Concepts for Legislative Design and Oversight*, pp. 6-8.

³²For more information on flexibility and accountability in grant programs, see CRS Report RL30778, *Federal Grants to State and Local Governments: Concepts for Legislative Design and Oversight*, pp. 14-17.

Human Services, Justice, and FEMA. Some of the programs focusing on first responder preparedness (commonly known as the Nunn-Lugar-Domenici programs) have been transferred from one department to another. The multiplicity of agencies offering assistance, and subsequent shifting of agency responsibilities seems to have led to frustration and confusion among state and local officials attempting to secure federal funds. In addition, state and local officials argue that the application process is burdensome and inconsistent among federal agencies.³³

Designate One Coordinating Office? Some argue that the organization and administration of programs among the federal agencies would benefit from the designation of one office or agency to monitor and coordinate all federal preparedness programs. For example, this office might be tasked to undertake several activities to better address state and local needs, including:

- maintain a one-stop “clearinghouse” of assistance programs;
- ensure that relevant agencies advertise accurate information on their programs;
- monitor the content and availability of training courses;
- monitor use of funds by recipients to ensure congressional (and executive branch) goals are being met; and
- suggest measures for streamlining the application process.

Some of these activities, such as evaluation of application processes and monitoring use of funds by recipients, might also be appropriate for federal agencies, such as FEMA, GAO, or other relevant agencies.

An existing office could carry out a role as lead coordinator of federal preparedness programs. Two possibilities are FEMA’s Office of National Preparedness and the new Office of Homeland Security. In early 2001, the Bush Administration, in response to state and local concerns, created the Office of National Preparedness within FEMA and charged it with coordinating all programs concerned with possible impacts of WMD attacks.³⁴ FEMA considers emergency preparedness a core element of its mission. The agency already administers preparedness programs through its Emergency Management Institute and other grant programs. On the other hand, the Office of Homeland Security, which has been charged with coordinating a national strategy on terrorism preparedness, would be another option for designation as lead coordinating office.³⁵ At the time of writing, however, questions about this office’s mission, authority, and budget have not been resolved.³⁶

³³Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction, *Third Annual Report to the President and the Congress* (Washington: December 15, 2001), p. 10.

³⁴For more information on this issue, see CRS Terrorism Briefing Book, “First Responder Training,” at [<http://www.congress.gov/brbk/html/ebter77.html>].

³⁵See Office of Homeland Security web site: [<http://www.whitehouse.gov/homeland/>], visited Jan. 15, 2002.

³⁶For background information on the Presidential coordinating offices, see CRS Report RL31148, *Homeland Security: The Presidential Coordinating Office*, by Harold Relyea.

Congress could also assign the coordinating function to another relevant agency. Another available option would be to create a new agency to concentrate on homeland security, which could be tasked to coordinate preparedness programs.

Potential Consequence. Designating one coordinating office could result in a transfer of responsibilities from several federal agencies to that office. The agencies from which the responsibilities were transferred could find this a detriment to their mission effectiveness, depending on how integrated the transferred responsibilities were with other functions. It is also possible that the transferred responsibilities might require the receiving office to have increased administrative capacity to fulfill its mission.

Preparedness Standards

Defining the Issue. Preparedness standards are specified activities and levels of competence that state and local responders are encouraged to achieve and maintain. The National Fire Protection Association (NFPA), National Emergency Management Association (NEMA), and FEMA have worked together to develop voluntary standards; encourage states and localities to assess their competency based on those standards; and undergo an accreditation process. Standards have been developed for most emergency management functions, from broad functions like response planning to specific functions like response to hazardous materials incidents. Some emergency managers and analysts have encouraged Congress to support nationwide standards, which they believe could better prepare states and localities for not only terrorist attacks but all emergencies.

Existing Standards, Assessments, and Accreditation Processes

The *National Fire Protection Association's code 1600* establishes standards for emergency planning and capabilities. The code organizes the standards into 13 emergency management functions. It is designed to apply to any public or private entity that is required to develop emergency response plans by legislation, regulation, or agency policy. While the standards are voluntary, they are commonly accepted standards and would likely be the standards applied in any legal action involving a government's emergency response.

FEMA's *Capability Assessment for Readiness (CAR)* is a self-assessment process for state-level emergency management agencies to use to evaluate their own readiness. The CAR process is presently being pilot-tested for use at the local level. The process, which is organized around the same 13 emergency management functions used in NFPA 1600, is intended to help states develop strategic goals to improve their readiness. While governments can conduct the assessment on their own, they are encouraged to work with the FEMA regional office.

The *Emergency Management Accreditation Program (EMAP)*, which is administered by the National Emergency Management Association, is a structured, independent evaluation process that requires agencies seeking accreditation to undergo FEMA's Capability Assessment for Readiness (CAR) process. EMAP, however, requires documentation and outside review to ensure the agency has effectively undergone the self-assessment. Accreditation is meant to provide a means of identifying agencies that meet national standards and offers a strategy for continuous improvement. EMAP is in its pilot phase and is expected to be made available to state and local agencies later in 2002.

Source: Publications by the National Fire Protection Association, Federal Emergency Management Agency, and National Emergency Management Association.

Using Preparedness Standards and Assessments? Support of such standards would use federal resources to better prepare existing state and local institutions for acts of terrorism. To improve preparedness in this manner, Congress could authorize FEMA to increase its financial and technical assistance available to states and localities for meeting preparedness standards. In 1999, the Gilmore Commission emphasized the need for research on preparedness standards, concluding,

... that national standards for responders at all levels, particularly for planning, training, and equipment, are critical, and [we recommend] that more emphasis be placed on research, development, testing, and evaluation in the adoption of such standards.³⁷

Congress could direct FEMA to coordinate and support ongoing research on standards and assessments, which is currently being conducted by several nongovernmental organizations.

An alternative would be to require standards by conditioning the receipt of federal funds on satisfying preparedness standards set forth by FEMA.³⁸ As long as funding was included that would allow the recipient to comply with the requirements, Congress would avoid creating an unfunded mandate.³⁹ Congress established a precedent for such action in Title VI of the Stafford Act, which provides funding to states for emergency preparedness activities. Under the Stafford Act, Congress gives the FEMA director discretion in placing conditions on the use of grant funds, including the method of purchase, quantity of items, and specifications of equipment. States must also satisfy specified requirements, such as developing statewide response plans, appointing a full-time state emergency manager, and reporting to the FEMA director on a regular basis.⁴⁰

Potential Consequences. Although FEMA and some nongovernmental organizations are working to implement voluntary standards, congressional support could expedite, and better ensure, that states and localities institutionalize the standards. One congressional witness testified on institutionalizing standards:

The prerequisite for institutionalization is standards, and all of the response disciplines—fire, police, EMS, hospital care providers—expressed an abundance of frustration over the absence of standards and protocols to guide them. Standards command the attention of rescue and healthcare personnel because they are the backbone of accountability.⁴¹

³⁷Gilmore Commission, *First Annual Report*, p. xi.

³⁸For more information on conditioning federal grants, see CRS Report 30778, *Federal Grants to State and Local Governments: Concepts for Legislative Design and Oversight*, by Ben Canada.

³⁹For more information on unfunded mandates, see CRS Report RS20058, *Unfunded Mandates Reform Act Summarized*, by Keith Bea and Richard S. Beth.

⁴⁰42 U.S.C. 5196(b).

⁴¹Statement of Amy Smithson, PhD., Henry L. Stimson Center, hearings, House Committee (continued...)

While implementing standards could provide potential benefits, Congress might want to consider some potential effects that could result from requiring state and local preparedness standards.

Were Congress not only to support standards but also to require recipients of federal grants to meet specified standards, states and localities could be deterred from accepting federal funds. It is possible that some governments might decline federal preparedness grants and maintain their existing standards or other contingency plans since, even with federal assistance, meeting the standards could prove prohibitively expensive. This consequence might be more likely in smaller localities that rely predominately on volunteer fire and rescue squads, which typically have limited financial resources, and in states and localities that believe they are at little risk of terrorist attacks. On the other hand, considering the nationwide salience of the issue of terrorism preparedness and the fact that many states are experiencing significant budget difficulties, both states and localities would likely be eager for federal assistance.⁴²

Another potential consequence is that mandated standards could discourage innovative state and local planning. Each state has unique communities, which might require unique planning arrangements. If states and localities have flexibility in preparing for terrorist attacks and other emergencies, there is potential for innovative ideas that may benefit other areas. One state-level emergency manager addressed this issue in his testimony before the House Government Reform Committee:

We would ask that not only would the national strategy respect the principals of federalism, but would allow for state and local governments to address unique communities and constituencies. In particular, state and local governments are often called “laboratories of democracy” because of their ability to experiment quickly with policy and to find true best practices that would work for other state and local jurisdictions as well as the federal government.⁴³

Preparedness of the Medical Community

Defining the Issue. Since the September 2001 attacks, emergency managers and analysts have stressed to Congress the need to improve the preparedness of public health agencies and hospitals. As is the case with other first responders, such as firefighters, emergency medical technicians (EMTs), and law enforcement personnel, they have called for improvements in the existing public health infrastructure to prepare not only for acts of terrorism but also for more conventional public health emergencies, such as influenza epidemics. One congressional witness, speaking on behalf of the National Association of County and City Health Officials (NACCHO) expressed this concern, stating, “Local health departments lack arrangements with a

⁴¹(...continued)

on Government Reform, Oct. 5, 2001.

⁴²Jason White and John Nagy, “State Budget Snapshot Not a Pretty Picture,” *Stateline.org*, October 12, 2001. See web site at: [<http://www1.stateline.org>], visited October 16, 2001.

⁴³Statement of Woodbury Fogg, Director, Office of Emergency Management, State of New Hampshire, hearings, House Committee on Government Reform, Oct. 5, 2001.

wide range of health professionals and organizations essential for emergency preparedness.”⁴⁴

Some state and local officials have suggested that if the medical community were more involved in state and local emergency planning, communities would be more prepared for the wide range of possible scenarios that terrorist attacks may present. The American Hospital Association (AHA) states, “Hospital preparedness for disasters has focused historically on a narrow range of potential incidents. To increase their preparedness for mass casualties, hospitals have to expand their focus to include both internal and community-level planning.” At a conference on mass casualty response, the AHA recommended that hospitals seek more collaboration with community leaders and seek a more active role in emergency planning. The AHA further recommended that hospitals establish relationships with relevant nonprofit organizations, state and federal emergency management agencies, and other proximate hospitals.⁴⁵

Observers also believe the public health infrastructure is inadequate for dealing with WMD attacks and mass casualties, particularly biological attacks.⁴⁶ Whereas explosives and chemical attacks cause immediate and visible injuries, bioterrorism may go unrecognized over time. The speed with which health officials detect an epidemic and the adequacy of quarantine plans would directly affect the number of casualties.⁴⁷

One report on public health and hospital preparedness for WMD in the United States found many shortcomings. For example, EMS personnel reported that, despite procedures requiring decontamination of patients in hazardous materials incidents, over 80% of such victims arrive at hospitals still contaminated. In addition, the nation’s hospitals are generally not required to have a standing capacity to decontaminate a small number, much less a large number, of victims. Some personnel working in hospitals with decontamination capabilities reported that such scenarios were not regularly drilled.⁴⁸

Involvement of Public Health Agencies and Hospitals. State and local grant recipients could be required to include public health agencies, hospitals, and other medical institutions in emergency planning. If this became a requirement, many

⁴⁴U.S. Congress, Senate Committee on Governmental Affairs, *The Local Role in Homeland Security*, hearings, 107th Cong., 1st sess., Dec. 11, 2001 (Washington: GPO, 2001), no pagination.

⁴⁵American Hospital Association, *Hospital Preparedness for Mass Casualties*, Aug. 2000, pp. 4, 20. See AHA website: [<http://www.ahapolicyforum.org/policyresources/Modisaster.asp>], visited Jan. 15, 2002.

⁴⁶Statement of Janet Heinrich, hearings, House Committee on Government Reform, Oct. 5, 2001; and, Gilmore Commission, *Third Annual Report*, pp. 12-13.

⁴⁷For more information on the unique threat presented by bioterrorism, see CRS Report RL31225, *Bioterrorism: Summary of a CRS/National Health Policy Forum Seminar on Federal, State, and Local Public Health Preparedness*, by Robin J. Strongin and C. Stephen Redhead.

⁴⁸Smithson and Levy, *Ataxia*, pp. 232-234.

public officials believe Congress would consider the expense this would add to medical institutions' costs and possibly offer grants to medical institutions for emergency planning, equipment, and training and exercising, to enhance their preparedness for WMD and mass casualty situations.

Some observers of emergency management have emphasized the need to institutionalize standards not only in traditional first responder units, but also the medical community. One state-level emergency manager supported such action in his congressional testimony, stating hospitals should agree to maintain standardized levels of resources and capabilities for handling mass casualties, especially those contaminated by chemical and biological agents.⁴⁹ One option for achieving adherence to standards would be to require medical institutions that receive federal funds to meet standards.

Potential Consequence. Whereas public health agencies are government institutions and can be instructed by policymakers to participate in emergency planning, states and localities might have difficulty involving private hospitals. Federal grants for preparedness activities, however, might serve as an incentive to private and nonprofit hospitals to participate in state and local emergency planning. This option has been recommended by some emergency managers who have testified before Congress.⁵⁰

Mutual Aid Compacts

Defining the Issue. Mutual aid compacts are agreements between different units of government to provide assistance in the event that an emergency overwhelms one government's response capability. They can enhance preparedness by pooling resources of several governments and overcoming legal and administrative problems created by multi-jurisdictional boundaries.⁵¹ Since state and local governments commonly participate in compacts, public officials have not identified it as a significant gap in federal policy, but some observers have urged Congress to support compacts and encourage states and localities to formalize and update their compacts, and test them in training exercises.

There are two main types of compacts: regional (or intrastate) and interstate compacts. Emergency managers and analysts have suggested that regional compacts, in particular, can enhance preparedness. One cited benefit is that response teams for chemical or biological incidents, which are expensive to train and equip, can be shared by multiple localities. One analyst conducted an extensive series of interviews with

⁴⁹Woodbury Fogg, Director, Office of Emergency Management, State of New Hampshire (on behalf of NEMA) U.S. Congress, House Committee on Government Reform, hearings, Oct. 5, 2001.

⁵⁰For example, see statement of Gary W. McConnell, Director, Georgia Emergency Management Agency, U.S. Congress, Senate Committee on Governmental Affairs, Subcommittee on International Security, Proliferation and Federal Services, *Bioterrorism*, hearings, 107th Cong., 1st sess., Oct. 17, 2001, no pagination.

⁵¹Waugh, *Terrorism and Emergency Management*, pp. 22-23.

state and local emergency managers and reported that, since proximity of resources is a crucial element in response, they generally relied on local and regional resources during a response. Some of the interviewees had “major reservations about the ability of federal and even state assets to arrive in sufficient time to impact the outcome of a chemical terrorist attack response.”⁵² One state-level emergency manager summarized some of the benefits in his testimony before Congress: “In short, the regional approach gives us a flexible response capability, both regionally and nationally, which can adapt to catastrophic events as they occur and most effectively use the limited resources we share.”⁵³

Interstate mutual aid compacts also have potential benefits. Although out-of-state resources might not have the close proximity of local resources, a state would require assistance if an emergency overwhelms its resources. The largest interstate mutual aid compact is the Emergency Management Assistance Compact (EMAC), which was developed in response to the devastation of Hurricane Andrew in Florida in 1992. Congress approved the compact in a joint resolution in 1996.⁵⁴ At present, 43 states participate in EMAC.⁵⁵ The compact facilitates interstate assistance by establishing a clear procedure for requesting assistance, removing legal obstacles, providing for reimbursement of services, and providing a framework for flexible response. Although states have requested assistance through EMAC to respond to natural disasters, at the time of writing, no state has requested assistance through this channel in response to terrorist attacks.⁵⁶

Use of Compacts? Congress could condition the receipt of federal grants on state governments organizing and formalizing regional mutual aid compacts to cover every locality in their state. While most localities throughout the United States are already signatories of mutual aid compacts, some observers argue that states and localities rely too often on informal agreements and should formalize their compacts.⁵⁷ Advocates assert that by formalizing compacts in a written contract, state and local governments can better prepare for response by eliminating potential legal and administrative obstacles. A written agreement can also help emergency managers by providing a menu of resources available for response.⁵⁸ Congress could promote such

⁵²Smithson and Levy, *Ataxia*, p. 227.

⁵³Woodbury Fogg, Director, Office of Emergency Management, State of New Hampshire (on behalf of NEMA) U.S. Congress, House Committee on Government Reform, hearings, Oct. 5, 2001.

⁵⁴P.L. 104-321; 110 Stat. 3877. Congress first supported interstate compacts for emergency response efforts in the Federal Civil Defense Act of 1950, in which it encouraged states to enter into “interstate civil defense compacts,” (see P.L. 81-920; 64 Stat. 1249).

⁵⁵New York, New Jersey, and Michigan have joined EMAC since September 11, 2001.

⁵⁶National Emergency Management Association, *Emergency Management Assistance Compact: Guidebook and Operating Procedures*, (Lexington, KY: August 2000), pp. 7-11.

⁵⁷National Association of Counties, *Counties Secure America: A Survey of Emergency Preparedness of the Nation’s Counties* (Washington: Dec. 2001), p. ii.

⁵⁸Howard D. Swanson, “The Delicate Art of Practicing Municipal Law Under Conditions of (continued...)

compacts, if it concurred in this view, by conditioning federal funds on a state's progress toward this goal.

Congress could also require, as a condition of receiving federal funds, those states that are not members of EMAC to join the compact. This could remove legal and administrative obstacles involved in inter-state mutual assistance to or from these states. Congress might also support research on ways of further incorporating EMAC into federal response activities. Some proponents argue that increased use of interstate resources could relieve the strain on federal resources not only during response to terrorist attacks but all disasters.

Potential Consequence. The creation and formalization of mutual aid compacts might impose an administrative and financial burden on states and localities. To address this situation, Congress might consider allowing preparedness grants to be used for compacts, or instruct federal agencies to increase the availability of technical assistance in developing compacts. Opponents might argue, however, that such an instruction would divert federal resources from other state and local needs.

Joint Training Exercises

Defining the Issue. Joint training exercises are simulated response exercises that involve federal, state, and local responders. Joint training can improve emergency preparedness by allowing responders from different agencies and different levels of government to become familiar with others' capabilities and practices. It can also give emergency managers an opportunity to rehearse response scenarios using a range of intergovernmental resources.

The conclusions of the After Action Report for the 1995 Oklahoma City bombing offer some evidence of the importance of joint training. The report noted that the response effort was initially weakened by the lack of coordination and communications from the responding local, state, and federal agencies.⁵⁹ Proponents believe training exercises can prevent the types of problems local, state, and federal emergency managers experienced in the early stages of response in Oklahoma City.

At present, FEMA participates in over 200 state-level terrorism preparedness exercises each year. According to GAO, that number is up from approximately 25 in FY1996 and continues to rise. Many of the exercises are "tabletop exercises," in which participants discuss how their agency would respond to a particular type of incident. Some exercises are more demanding "full-scale exercises," which require responders to be deployed in the field and involve extensive evaluations.⁶⁰

⁵⁸(...continued)

Hell and High Water," *North Dakota Law Review*, vol. 76, 2000, pp. 496-502.

⁵⁹Oklahoma Department of Civil Emergency Management, *After Action Report, Alfred P. Murrah Federal Building Bombing: Lessons Learned* (Oklahoma City: July 1996), no pagination. Available at [<http://www.onenet.net/~odcem/archives/fema/1048/aar-contrib.htm>].

⁶⁰U.S. General Accounting Office, *Combating Terrorism: FEMA Continues to Make* (continued...)

In addition to these exercises, there have been a limited number of nationwide exercises in recent years involving emergency managers and elected officials from around the nation. In May 2000, for example, FEMA and the Department of Justice conducted the TOPOFF (top officials) exercise, the largest joint training exercise of its kind. TOPOFF simulated WMD attacks in three locations across the nation. The Justice Department rated the exercise as a success, claiming to draw useful lessons from it.⁶¹ In congressional testimony, a spokesman for (National Emergency Management Association) NEMA concurred with the Justice Department that the exercise was useful, but that similar exercises were necessary “to ensure that valuable federal, state, and local relationships and trust are built before a disaster.” The Justice Department is currently planning for TOPOFF II, which is to be conducted in FY2002.⁶²

While FEMA officials believe exercises are an essential component of preparedness, they argue that response to natural disasters can be just as valuable as WMD training exercises. Floods, hurricanes, and wildfires test the capabilities of federal, state, and local responders and may lead to improved response to terrorist attacks.

Despite these activities, some emergency managers and analysts believe that the federal government does not coordinate or fund enough joint training exercises, leaving a gap in federal policy. In a survey by the Gilmore Commission, 80% of responding localities stated they had not participated in an exercise with federal agencies. Additionally, a majority of localities reported that they had never held a WMD response exercise. The Gilmore Commission and other observers have encouraged Congress to instruct FEMA to coordinate more joint exercises and to provide more funding to states and localities to fund the exercises.⁶³

Are More Exercises Needed? Should Congress determine more joint training exercises are needed, it could direct FEMA to coordinate more exercises for state and local officials and first responders. Exercises could be structured to test and evaluate existing state and local response plans as well as mutual aid compacts. FEMA might also provide technical assistance to states and localities for exercise development. Such assistance could be useful to governments developing new exercises for WMD response or enhancing existing exercises.

Potential Consequences. There is arguably no adverse consequence in supporting joint training exercises. Holding exercises, however, particularly full-scale exercises, can be prohibitively costly for state and local governments.

⁶⁰(...continued)

Progress in Coordinating Preparedness and Response, GAO Report GAO-01-15 (Washington: March 2001), pp. 17-19.

⁶¹U.S. Department of Justice, Office for Domestic Preparedness web site, [<http://www.ojp.usdoj.gov/odp/exercises/state.htm>], visited Nov. 23, 2001.

⁶²Statement of Woodbury Fogg, Director, Office of Emergency Management, State of New Hampshire, hearings, House Committee on Government Reform, Oct. 5, 2001.

⁶³Gilmore Commission, *Third Annual Report*, pp. 18-21.

Some state and local officials might disapprove of requirements for exercises. Officials in rural communities, for example, might argue that such requirements would divert resources from preparing for more likely natural disasters to preparing for less likely terrorist attacks. Should Congress decide to promote exercises, it might instruct FEMA to conduct exercises in rural communities (or communities considered “low risk”) less frequently than in urban communities.

Communications Infrastructure and Other Equipment

Defining the Issue. According to emergency managers and analysts, the lack of a policy on emergency communications infrastructure is a significant issue in federal policy. Observers have stated that an interoperable communications infrastructure (a system that may be used by multiple jurisdictions) is one of the most urgent equipment needs. The president of the International Association of Fire Chiefs testified before Congress on this need, stating, “In major incidents where the responding emergency personnel involved come from different jurisdictions or agencies, each using its own radio frequencies, the issue of radio communications among and between responding agencies remains a challenge.”⁶⁴

After-action reports from the 1993 World Trade Center bombing and 1995 Oklahoma City bombing emphasized the need for communications infrastructure that is common across jurisdictional boundaries. These reports further recommended that states and localities obtain backup communications systems, should the main system fail.⁶⁵ The American Hospital Association (AHA) has also emphasized the need for standardized communications infrastructure, stating, “Recent disasters have demonstrated that different organizations may use different media and/or different frequencies in their communications. Unable to communicate with one another, precious time can be lost at the start of a mass casualty incident.”⁶⁶

Communications equipment, however, is not the only equipment need identified by observers. Emergency responders use a wide range of specialized equipment to rescue and treat victims as well as protect themselves from injury. Obtaining and maintaining necessary equipment may enhance the ability of first responders to handle WMD incidents. Some observers have criticized the process by which states and localities obtain WMD-response equipment and the lack of standards for such equipment.

In June 1999, GAO reported that some states and localities were purchasing equipment for their jurisdictions without performing a risk assessment, which could

⁶⁴Statement of Chief John M. Buckman III, president, International Fire Chiefs Association, U.S. Congress, Senate Committee on Commerce, Science, and Transportation, Subcommittee on Science, Technology, and Space, *Homeland Security*, hearings, 107th Cong., 1st sess., Oct. 11, 2001.

⁶⁵See U.S. Fire Administration *The World Trade Center Bombing: Report and Analysis*, p. 100; and Oklahoma Department of Civil Emergency Management, *After Action Report ... Lessons Learned*, no pagination.

⁶⁶American Hospital Association, *Hospital Preparedness for Mass Casualties*, p. 21.

identify the most useful equipment. In its report, GAO emphasized the importance of risk assessment, stating, "... [A] critical component of establishing and expanding programs to combat terrorism is an analytically sound threat and risk assessment using valid inputs from the intelligence community and other agencies." Concerning equipment standards, GAO observed that federal, state, and local governments have little consensus on the types of equipment needed to respond to WMD incidents.⁶⁷

Standardization of Emergency Communications Infrastructure.

Some observers have suggested that the federal government assist states and localities in providing an interoperable communications system that would allow responders from multiple jurisdictions to communicate with one another as well as with out-of-state jurisdictions. Some emergency managers and analysts believe that the federal government should research cost-effective means of procuring common bandwidths and equipment that would enable multi-jurisdictional communication. Congress could also stipulate that communications equipment purchased with federal funds must meet a set of established standards.

Establishing Standards for Equipment. According to GAO, an FBI-directed commission has developed a list of standardized equipment for response to WMD incidents that is intended to promote standardization among responders at all levels of government. The NFPA has also developed criteria for evaluating equipment. Both the FBI and NFPA lists are voluntary, leaving states and localities discretion in choosing equipment types, manufacturers, and quantities.⁶⁸

To improve the process by which equipment is selected, appropriate federal agencies might increase technical assistance to states and localities to conduct risk assessments. It is likely, however, that some communities do not have the administrative capacity to undertake their own risk analysis, and would seek additional federal resources.

Potential Consequence. Mandating equipment standards could prove costly to state and local governments even if additional federal resources were available. The acquisition and maintenance of specialized equipment, including new communications infrastructure, could pose a significant financial burden. This consequence may be more likely in smaller localities, or rural localities that rely predominately on volunteer fire and rescue squads. It is likely that any effort to standardize would need to consider the impact on such communities.

Model Plans and Best Practices

Defining the Issue. Many emergency managers and analysts believe promoting model plans and best practices in emergency preparedness would

⁶⁷U.S. General Accounting Office, *Combating Terrorism: Analysis of Potential Emergency Response Equipment and Sustainment Costs*, GAO report GAO/NSIAD-99-151 (Washington: GPO, 1999), pp. 1, 4-5.

⁶⁸U.S. General Accounting Office, *Combating Terrorism: Analysis of Potential Emergency Response Equipment and Sustainment Costs*, GAO report GAO/NSIAD-99-151 (Washington: GPO, June 1999), p. 4.

complement any other policy initiatives undertaken and could be beneficial to states and localities. This option arguably has no adverse consequences and also presents a cost-effective means of assisting states and localities.

Promote Best Practices. FEMA could expedite its role in identifying and promoting “model” state and local emergency plans that could serve as examples for others to follow. The Gilmore Commission recommended this policy option, citing several states that have developed excellent response plans that could be used as models for other states. The commission further suggested that FEMA and NEMA develop a model state plan that contained certain standard features, but remained flexible enough to fit individual states’ circumstances.⁶⁹

In addition to model response plans, Congress could emphasize “best practices” in areas such as regional mutual aid compacts, medical community preparedness, and joint training exercises. States and localities that have excelled in these activities could serve as examples for other governments across the nation. Observers of emergency management have called for Congress to support state and local efforts in these areas. NEMA, for example, has stated, “Interstate and intrastate mutual aid assistance must be recognized and supported by the federal government as an expedient, cost-effective approach to disaster response and recovery.”⁷⁰

Preparedness activities undertaken in communities with special facilities, such as nuclear power plants and chemical stockpiles are also of interest to Congress. Since 1980, it has required all nuclear power plants to have emergency response plans as a condition of license.⁷¹ The subsequent regulations list specific components for such plans, including:

- clear assignment of responsibilities to state and local response agencies;
- arrangements for mutual assistance;
- procedures for notifying government agencies and the public of emergency;
- means of controlling radiological exposure; and
- periodic exercises and evaluations of response capability.⁷²

Congress also requires U.S. Army facilities with chemical stockpiles to have preparedness plans. Under the Chemical Stockpile Emergency Preparedness Program (CSEPP), these plans must not only incorporate the U.S. Army and FEMA, but also state and local response agencies. FEMA encourages CSEPP communities to take a comprehensive approach to planning for a chemical accident and develop plans that

⁶⁹Gilmore Commission, *Second Annual Report*, pp. 24.

⁷⁰National Emergency Management Association, “White Paper on Domestic Preparedness,” October 1, 2001, available at NEMA web site: [<http://www.nemaweb.org>].

⁷¹P.L. 96-295; 94 Stat. 783.

⁷²10 C.F.R. 50.47(b). For more information on this issue see the CRS Terrorism Briefing Book, page on “Nuclear Power Plant Emergency Response,” by Mark Holt, at: [<http://www.congress.gov/brbk/html/ebter138.html>].

address the unique needs of each community. CSEPP communities typically test their preparedness plans in periodic exercises.⁷³

Because some of the potential dangers of a nuclear or chemical stockpile accident are similar to the dangers of a WMD attack (e.g., radiological exposure), activities in such communities with special facilities may be relevant to current efforts and help identify the most efficient and effective preparedness plans. Other states and localities could be encouraged to follow those examples as they prepare for potential WMD attacks.

Conclusion

The unprecedented terrorist attacks of September 11, 2001, have prompted policymakers at all levels of government to consider how to prepare for possible future attacks. Congress might address any, or all, of these policy issues as it seeks ways to enhance existing emergency response institutions and plans to better prepare for future attacks. Should Congress consider legislation on state and local preparedness, it would have a wide range of options to consider.

Related CRS Products

CRS Report RL31227, *Terrorism Preparedness: A Catalog of Federal Assistance Programs*, coordinated by Ben Canada.

CRS Report RL31225, *Bioterrorism: Summary of a CRS/National Health Policy Forum Seminar on Federal, State, and Local Public Health Preparedness*, by Robin J. Strongin and C. Stephen Redhead.

CRS Report RS20272, *FEMA's Mission: Policy Directives for the Federal Emergency Management Agency*, by Keith Bea.

CRS Report RL31148, *Homeland Security: The Presidential Coordinating Office*, by Harold Relyea.

CRS Report RL31125, *Recovery from Terrorist Attacks: A Catalog of Selected Federal Assistance Programs*, coordinated by Ben Canada.

CRS Report RS20071, *United States Fire Administration: An Overview*, by Len Kruger.

CRS Report RS21073, *Urban Search and Rescue Task Forces: Fact Sheet*, by Ben Canada.

CRS Terrorism Briefing Book: [<http://www.congress.gov/brbk/html/ebter1.shtml>].

⁷³For more information, see FEMA's CSEPP web site: [<http://www.fema.gov/pte/csepp1.htm>], visited December 13, 2001.

Appendix: State and Local Preparedness Bills

This appendix lists bills introduced in the 107th Congress specifically related to state and local emergency preparedness. The title, sponsor, and a description of the provisions relating to state and local preparedness are provided for each bill. Bill provisions not directly related to state and local preparedness have been omitted.

National Strategy Proposals

H.R. 525 (Gilchrest). Preparedness Against Domestic Terrorism Act of 2001. Bill establishes the President's Council on Domestic Preparedness and requires it to establish voluntary minimum guidelines for preparedness programs.

H.R. 1158 (Thornberry). National Homeland Security Agency Act. Bill establishes a National Homeland Security Agency. It requires the agency's director to work with state and local governments and executive agencies in protecting U.S. homeland security and support state officials through the use of regional offices around the country. The agency will provide overall planning guidance to federal agencies regarding homeland security and develop a federal response plan for homeland security and emergency preparedness.

H.R. 1292 (Skelton). Homeland Security Strategy Act of 2001. Bill directs the President to develop a comprehensive strategy for homeland security under which federal, state, and local government organizations coordinate and cooperate to meet security objectives. It directs the President to conduct a comprehensive threat and risk assessment to identify specific homeland security threats and implement a resulting strategy as soon as practicable.

H.R. 3026 (Gibbons). Office of Homeland Security Act of 2001. Bill establishes the Office of Homeland Security within the Executive Office of the President. Among other activities, the bill establishes a center within the office to disseminate information learned from homeland security exercises.

S. 1449 (Graham); H.R. 3078 (Hastings). To establish the National Office for Combating Terrorism. Bill proposes a National Office for Combating Terrorism within the Executive Office of the President. The new office will develop a National Terrorism Prevention and Response Strategy and coordinate its implementation. The office will also oversee state and local government programs and activities as part of the strategy.

S. 1453 (Smith). Preparedness Against Terrorism Act of 2001. Bill establishes an Office of National Preparedness within FEMA. Instructs the executive director to develop a national strategy for terrorism preparedness and provide technical assistance to state and localities.

Grants for Emergency Planning

H.R. 3161 (Larson). Municipal Preparation and Strategic Response Act. Bill directs FEMA to provide grants to local governments and emergency response units

to develop plans for coordinated response to emergencies, and to provide grants to police and fire departments for counterterrorism training. The bill also requires each state to have an emergency official serve as a liaison to FEMA.

Grants for Equipment

H.R. 1547 (Andrews). To establish a grant program in the Department of Defense to assist states and local governments in improving their ability to prevent and respond to domestic terrorism. Bill would authorize the Secretary of Defense to make grants to states and political subdivisions to purchase response equipment.

H.R. 3025 (Forbes). To expand the program under which state and local governments may procure law enforcement equipment through the Department of Defense to include the procurement of counterterrorism equipment. Bill expands the program under which state and local governments procure law enforcement equipment through the Department of Defense to include the procurement of counterterrorism equipment.

Grants for General Preparedness Activities

H.R. 3185 (Green); S. 1617 (Dodd). Staffing for Adequate Fire and Emergency Response Act of 2001. Bill proposes amendments to the Workforce Investment Act of 1998 authorizing the Secretary of Labor to make matching grants for up to 75% of the costs of projects to hire firefighters. States, localities, tribal organizations, and regional consortia of governments are eligible.

S. 1737 (Clinton). Homeland Security Block Grant Act. Bill creates a block grant program that would distribute funds to metropolitan cities and counties, and states. The funds could be used for a variety of preparedness activities; there would be minimal application requirements.

Grants for Preparing for Weapons of Mass Destruction

H.R. 2333 (Burr). National Disaster Medical System Act. Bill establishes the National Medical Disaster System. It requires such a system to be a coordinated effort by federal agencies working in collaboration with states. The bill also directs the HHS Secretary to plan HHS activities to assist state and local governments when state medical resources are overwhelmed in response to an emergency.

H.R. 3176 (C. H. Smith). Hazardous Agent Emergency Uniform Response Act. Bill directs the HHS Secretary to develop protocols for responding to public health emergencies resulting from the release of dangerous biological agents or chemicals.

H.R. 3255 (Menendez). Bioterrorism Preparedness Act (BioPAct) of 2001. Bill creates grant programs for states and localities to increase hospital and provider capacity, training, and resources for treating bioterrorism and improve coordination, training, and equipment of emergency responders.

H.R. 3269 (Watson). To provide for the development of state medical disaster response plans regarding terrorist attacks that use biological or chemical weapons. Bill requires the HHS Secretary to develop criteria for state medical disaster plans, review state plans, and report to Congress.

H.R. 3458 (Shadegg). Bill directs the HHS Secretary to contract with a nonprofit organization for the collection and dissemination of WMD response material. Information would be available to state and local officials. Bill also creates an emergency medicine alert network for use at the federal and state level.

S. 1486 (Edwards); H.R. 3242 (Blagojevich). Biological and Chemical Weapons Preparedness Act of 2001. Bill establishes goals for first responder public health agencies to achieve in responding to biological or chemical attacks. It also authorizes block grants and competitive grants to help states and localities achieve goals and directs HHS Secretary to provide technical assistance and develop performance measures to evaluate state and local plans.

S. 1508 (Corzine). Biological and Chemical Attack Preparedness Act. Bill requires states, in consultation with local governments, to develop public health disaster plans for responding to biological or chemical attacks. Directs the HHS Secretary to establish standards, approve, and oversee implementation of the plans. It requires each plan to designate hospitals which will have procedures in place to treat residents in the event of an attack. Also requires the Secretary, through the director of the Office of Emergency Preparedness, to award grants to hospitals, healthcare providers, and State or local government entities to fund the implementation of preparedness plans.

S. 1520 (Bayh); H.R. 3153 (Blagojevich). State Bioterrorism Preparedness Act. Bill authorizes the HHS secretary to provide grants to states to improve preparedness for biological or chemical attacks. It requires states to submit preparedness plans to HHS, provides grants to states for training exercises that simulate terrorist attacks, and directs the HHS Secretary to develop a list of best practices of states in the area of WMD preparedness. The bill also proposes the development of a national emergency communications system.

S. 1765 (Frist); H.R. 3448 (Tauzin). Bioterrorism Preparedness Act of 2001. Bill creates a block grant for states to develop bioterrorism response plans. Grant amounts based on population and states must submit a plan within six months after receiving funds.

Intelligence Sharing

H.R. 3285 (Weiner); S. 1615 (Schumer). Federal-Local Information Sharing Partnership Act of 2001. Bill removes legal barriers to allow intelligence officials to share relevant information with state and local officials. Also requires state and local officials to follow guidelines for information usage as set by the U.S. Attorney General.

National Guard

H.R. 3154 (Maloney). To require the Secretary of Defense to establish at least one Weapons of Mass Destruction Civil Support Team in each State. Bill requires the Secretary of Defense to establish at least one National Guard Civil Support Team (specializing in response to weapons of mass destruction) in each state as well as an additional team under the direction of the National Guard Bureau.

Representatives from six state and local public health departments and three provincial governments were invited to identify cross-border needs and issues using a nominal group process. The result of the roundtable was identification of the needs considered most important and most doable across all the focus groups.Â @article{Olson2005PublicHA, title={Public Health and Terrorism Preparedness: Cross-Border Issues}, author={Debra Kay Olson and Aggie Leitheiser and Christopher G. Atchison and Susan Larson and Cassandra Homzik}, journal={Public Health Reports}, year={2005}, volume={120}, pages={76 - 83} }. Debra Kay Olson, Aggie Leitheiser, +2 authors Cassandra Homzik.