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**TESTIMONY OF JOSEPH C. BECKER
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**Before the Committee on Homeland Security and Governmental Affairs
United States Senate**

Chairman Lieberman, Senator Collins and distinguished Members of the Committee, I am honored to appear here today on behalf of the American Red Cross. My name is Joe Becker, and I lead disaster services for the Red Cross.

As you know, the American Red Cross is the helping hand in times of disasters and emergencies. We shelter, feed, and counsel those impacted by disasters in communities across our country and the world. We supply nearly half of the nation's blood. We teach lifesaving skills. And we support the military and their families. Whether it is hurricane or a heart attack; a call for blood or a call for help, the Red Cross is there.

The issue we are discussing today – the mass care and medical surge needs to respond to a nuclear attack on America – is of utmost importance. While I will share with you what the Red Cross has done to prepare for this type of disaster and other catastrophic events – including a sense of our capabilities to respond – I will spend the majority of my time on recommendations on how we as a nation can be better prepared for these kinds of events. To sum: The country as a whole is not ready to respond to the needs that would be created by a nuclear terrorist attack on a major metropolitan area.

Mr. Chairman, one month ago in your opening statement you noted, “The challenges our country would face in the days after a nuclear attack are massive and unprecedented.” Senator Collins, you stated that “planning and response for a terrorist nuclear attack would resemble that for any catastrophic natural disaster.” We agree. Mass care needs can be modeled from decades of experience in real world events. What is far less certain is the effect of a nuclear event on the response environment. No amount of modeling can accurately predict the impact of the public's reaction to a traumatic event.

In addition to the anxiety that such an event is likely to generate, there are some other unique challenges. Public information consistency, long term housing needs, worker safety

considerations, and organizational liability are all magnified in a nuclear incident. While we have experienced these challenges in limited scope, we have not seen them on a scale that one could reasonably expect from a nuclear event in a large American city.

Brief Overview of Mass Care and the American Red Cross

In a typical year, the American Red Cross responds to more than 70,000 natural and human-caused disasters, ranging from single family fires to large-scale multi-state events. While every disaster is unique, the response is uniform as the Red Cross meets immediate needs through a nationwide system of disaster planning, readiness, response, and recovery. In the earliest days of a disaster our service priority is mass care, which includes sheltering, feeding, distribution of needed supplies, disaster health services, and disaster mental health services.

Red Cross disaster responses are primarily led and delivered by volunteers. In addition to local volunteers who respond to an average of 200 disasters a day nationwide, a network of more than 70,000 trained volunteers is available for possible travel outside of their home areas to respond to larger events. The American Red Cross also has the capacity to manage large numbers of spontaneous volunteers (more than 230,000 volunteers participated in the 2005 response to hurricanes Katrina, Rita, and Wilma). In addition, key partners such as Southern Baptist Disaster Relief provide an enormous resource for helping those in need. Other key partners like the NAACP, National Disability Rights Network (NRDN) and faith organizations further extend mass care and direct client services capabilities. Our model for disaster services is collaborative; it takes the entire community to delivery an effective response in a large-scale event.

The foundation of the American Red Cross service delivery model is the chapter network. Our more than 700 chapters across the nation routinely respond to events such as single family fires. Under our newly implemented construct, if a disaster creates needs that exceed those a smaller “community” chapter can meet (e.g. flood, tornado or wildfire), the chapter turns to its larger “regional” chapter to coordinate resources and lead the response. Larger responses (about 50 a year) are coordinated nationally. The Red Cross actively engages key community agencies, faith based groups, and the business sector to join in responding to community needs and to ensure an effective and scalable mass care response.

Responding to a Nuclear Terrorist Attack: Are We Ready?

Over the past several years, the Federal government – in concert with state and local governments – has developed scenarios, invested in resources, and conducted exercises for a response to a nuclear event. The models and exercises to date have focused primarily on the immediate aftermath of an event, and have been very effective in clarifying short-term operational needs. We have formulas for projecting near term operational needs such as sheltering, feeding, transportation, and other relatively predictable demands that would approximate those we could expect to encounter in a large-scale disaster regardless of its origin.

Key elements missing in the majority of these models and exercises are the long-term needs and reactions of individuals affected by such an event. The effects on a community’s psyche and the national sense of well being will be profound.

According to Federally developed National Scenario #1, a detonation in a major U.S. city such as Washington, D.C., of a 10-kiloton nuclear bomb – similar in size to the bomb dropped on Hiroshima – would cause hundreds of thousands of deaths. These deaths would occur in the area closest to the explosion and would be caused by the cumulative effects of the initial blast, the ensuing fires, and the spread of radiation. Approximately 100,000 will seek shelter in safe areas, and another 250,000 will be encouraged to shelter in place. These demands will require the sheltering of well over 100,000 residents across multiple states, and the provision of over one million meals per day – and this projection is independent of the needs of the residents sheltered in place.

The assets and abilities of the American Red Cross, other voluntary and faith based organizations, and government can meet this demand. The Red Cross has stockpiled over five million shelf stable meals and is prepared to work together with partners to serve hot meals in excess of one million per day. In addition, we have purchased enough cots, blankets, and other essentials to shelter 500,000 disaster survivors. This capacity, however, has traditionally been measured against natural disasters and events such as hurricanes that provide ample notice for pre-positioning and pre-event organization.

As the majority of the resources are stockpiled in key locations, a nuclear or *no notice* event requires some key adaptations, and places a heavy emphasis on sustainability over the long term.

Although resources for special needs or medical sheltering are somewhat limited, the nation does have the resources and supplies on hand to shelter and feed hundreds of thousands in a very basic and congregate setting. However, this does not mean we are ready to respond to a nuclear terrorism event. The needed facilities, supplies, volunteers and infrastructure are not prepared to operate effectively or quickly enough in this environment.

Issues in a Nuclear Terrorism Event

In light of the considerations outlined above, our primary concerns are the need for strong coordination coupled with the dangerous working environment caused by the event. More specifically, the following key issues have emerged specific to nuclear, radiological, chemical, biological disasters and are in need of timely resolution for the nation to mount an effective response to a nuclear attack:

1. **Public Information.** The national capacity to deliver timely, appropriate, and consistent public information in a nuclear scenario is not in place. Exercises have demonstrated an inability to decide on and deliver the right message to the public in a timely manner. In the earliest, most critical minutes and hours, local authorities are “on their own” in assessing the risk and in providing direction to citizens. A lack of cohesion between local and national messages in an event results in increased public confusion and anxiety. This will especially affect those families and individuals most vulnerable in our communities – those with special needs, language issues, and lack of access to mass media.

2. **Decontamination.** A basic premise in community planning during a nuclear event is that an individual should not be allowed into a shelter unless decontaminated, and yet decontamination capabilities vary widely among cities. If there is great fear in the displaced population and the decontamination capability is not readily available, shelters could become focal points of public fear. When citizens are told to move indoors but are not allowed to enter shelters without being decontaminated – and then are told to wait – fear and panic may ensue. In addition, the fear of interaction with state or Federal authorities at these facilities may complicate the safe sheltering of large undocumented populations housed in our cities.
3. **National Housing Strategy.** As Katrina demonstrated, the lack of housing options for displaced populations has significant ramifications. Short-term emergency shelters became home for large numbers of people for entirely too long. The lack of a National Housing Strategy will extend the mass care phase of a nuclear event for months until options can be developed. Mass care, by definition, is the immediate relief provided to those impacted. We must have a plan to care for these individuals in a manner more appropriate for the potential months and years necessary in a nuclear event.
4. **State of Readiness.** It is presumed in America that volunteers will step forward in times of need. But a state of readiness for catastrophic mass care does not happen on its own; it requires large numbers of trained volunteers and not just one-time purchases of supplies and equipment. In light of the costs involved, it is unrealistic to expect public donations to support the capacity needed to deliver services on the scale that can be imagined in a nuclear or other catastrophic event.
5. **Citizen Preparedness.** The true first responders in a catastrophic event are citizens – people helping friends, families, and themselves – and they will be in an unfamiliar and frightening environment. The investment in telling American citizens ahead of time what to do in a nuclear scenario has not been made on the appropriate scale. We need to make it easy for Americans to know – and to have accessible in advance – what steps to take in a nuclear terrorism event. While the content is available, it is not yet in every home and place of work.

Mr. Chairman, we raise these issues to put them on the table and to help stimulate a discussion of how we, as a nation, can address them. We look forward to working with this Committee on solutions.

Mass Care Response to a Radiological Event: Organizational and Sector Requests

Today, we come to this Committee with the experience gained in Hurricane Katrina and with a much deeper understanding of the effects and limitations of a catastrophic event. Moving forward, a number of practical steps can and should be taken to increase readiness and improve mass care capabilities. These recommendations fall into three categories: (1) ensuring effective volunteer protections; (2) ensuring protections for volunteer organizations; and 3) ensuring adequate funding for readiness.

1. Ensuring effective volunteer protections.

The American Red Cross will not knowingly place volunteers in a dangerous environment. While disaster situations always poses some risk to worker safety, weapons of mass destruction and terrorism events involving chemical, biological, radiological, or nuclear agents pose a new level of threat. In the earliest days of such an attack, the need to balance response actions against potential risk is greater than ever. We look to local emergency management to tell us where to operate, and together we balance speed of response with appropriate caution.

Models and exercises cannot predict whether volunteers will actually come forward to serve after a nuclear event – even after authorities have indicated it is safe to do so. Message confusion, requests to shelter-in-place, and concerns about post-event health care could significantly reduce the number of volunteers available to mount a relief effort. If we want our workforce to help in the numbers required, government medical protections for volunteer workers are critical. Mass care and medical volunteers require the same protections as those afforded to Federal government employees. Volunteers need to know that they will not face long-term financial needs along with the potential physical and emotional risks of service after a nuclear event.

2. Ensuring protections for volunteer organizations.

In a pan flu epidemic or chemical or biological event, the nonprofit sector would be asked to respond in dangerous circumstances that could put volunteers and the people they serve at great personal risk. The dangerous circumstances could result in future claims against nonprofit organizations. Nonprofits need protection from such claims so they can supply an effective and adequate force of volunteers in a catastrophic disaster presenting health risks for workers.

3. Ensuring adequate funding for readiness.

In December of 2004, the American Red Cross prepared a report entitled “Mass Care Implementation Requirements for the Catastrophic Incident Supplement of the National Response Plan.” This report addressed the needs of responding to catastrophic disasters – what it would take to feed and shelter upwards of 300,000 persons for a 90 day period. In order to be prepared to deliver a response in the 30 Metropolitan Statistical Areas (MSAs) within the 50 Urban Area Security Initiative (UASI) cities, the total costs to the organization in 2004 were estimated at approximately \$180 million over the first five years. Given the significant scope and magnitude of a catastrophic disaster, developing and implementing response plans and preparedness measures for such an event was (and remains) an extraordinarily complex and increasingly expensive process.

While the American Red Cross is grateful for the generous support of our donors, most of our disaster funding is received post-event and is designated to support direct service delivery for a specific event. Yet our ability to respond quickly and effectively is the result of preparation and investments that happen before events.

Current funding mechanisms for preparedness for a nuclear or similar event has focused on material assets in local government and within the state emergency management structure.

While these assets are important for prevention and response, such investments do little to build the mass care capacity of the country. The American Red Cross and other NGOs feed, shelter, distribute supplies, provide mental health, and provide medical assistance to those affected by an event. Community agencies providing these services need investment in volunteer training, public education, and inter-agency coordination. More specifically, funding streams should be allocated to ensure participation by the Red Cross, faith-based groups, and community groups in all levels of planning, training, and coordination.

In addition to readiness, there is also a critical need for funding to support American Red Cross functions under the National Response Framework (NRF). As a support agency to several Emergency Support Functions (ESFs) to the NRF, one of the critical roles we play is helping to coordinate state and Federal resources. This role was identified as a major “lesson learned” from Hurricane Katrina – the need for NGOs and government to closely coordinate.

The American Red Cross is obligated under the NRF to have a full-time employee in each FEMA regional office, as well as staff at our national headquarters to support the Federal agencies with which we partner during times of disaster. The cost to coordinate with state and Federal government is \$7 million annually. While these positions bring value to the community’s response, they were not sustainable under our current budget guidance. We respectfully request that Congress authorize and appropriate funding to cover these critical positions.

Conclusion

Mr. Chairman, Senator Collins and Members of the Committee, tremendous work remains to be done in order to properly prepare our nation for a response to very large-scale disasters, both human-caused and natural. Today, no major metropolitan area is adequately prepared to respond, and we must all take measures to better prepare.

Although the challenges to respond to these types of disasters are enormous, the resilience of the American people and the compassion shown by neighbors helping neighbors is cause for hope. Over the years, we have asked much of our volunteers – and they have consistently been up to the challenge. But that reservoir of good will does not excuse us from the obligation to ensure that they are safe, to ensure that voluntary organizations survive to face the next event, and to ensure that we are making the right pre-event investments to prepare the country.

While it is left to other organizations to prevent or mitigate a nuclear attack on America, we remain intently focused on planning to mitigate human suffering if such an event were to occur. As our nation’s largest mass care provider, we stand ready to work with our partners in the nonprofit sector, in the corporate sector and in government to ensure our organization is as prepared as possible to respond.

Thank you, Mr. Chairman, Senator Collins and Members of the Committee, for inviting me here today to discuss this important issue with you. I am happy to answer any questions you may have.