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Statement by
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INTRODUCTION

Chairman Lieberman, Senator Collins, distinguished members of the Committee: thank you for the opportunity to address you today on the Department of Defense's (DoD's) capabilities and progress in preparing for a terrorist nuclear attack on an American city.

The greatest threat in today's security environment is the nexus between transnational terrorism and chemical, biological, radiological, nuclear, and high-yield explosive (CBRNE) weapons proliferation, particularly the proliferation of nuclear weapons.

As noted in our Strategy for Homeland Defense and Civil Support published in June 2005, "Terrorists will seek to employ asymmetric means to penetrate our defenses and exploit the openness of our society to their advantage. By attacking our citizens, our economic institutions, our physical infrastructure, and our social fabric, they seek to destroy American democracy. We dare not underestimate the devastation that terrorists seek to bring to Americans at home."

Our preeminent primary national security goal is to prevent a terrorist nuclear attack. In support of this objective, DoD assists civil authority efforts to detect, identify, neutralize, dismantle, and dispose of nuclear threats before they can reach our borders and, if they have penetrated our borders, before they can be employed against our nation.

Still, as you correctly noted two months ago, Mr. Chairman, "we must also prepare for the possibility that a determined terrorist will succeed despite our best efforts."

Should the terrorists succeed, we will face a challenge of appalling and unprecedented magnitude in the aftermath of a nuclear attack on an American city. As outlined in Scenario #1 (10-kiloton Improvised Nuclear Device) of the 15 National Planning Scenarios, we can expect hundreds of thousands of casualties;

100,000 sheltering in safe areas; 250,000 sheltering in place to avoid the plume; more than 1 million evacuees; total destruction within a one-half to three mile radius; all buildings in the immediate area destroyed; electricity and other services disrupted across much of the affected area; communications and other electronic equipment disrupted within a three mile radius, complicating emergency response and public information efforts; significant damage to the general support infrastructure (e.g., transportation, power generation and distribution, communications, food distribution, and fuel storage and distribution) with potentially cascading effects; and contamination of up to 3,000 square miles from the site of the explosion.

We -- Federal, State, and local governments, nongovernmental organizations like the American Red Cross, and the private sector -- must be prepared to respond quickly and effectively to save the thousands of lives placed at risk in the wake of a nuclear attack.

DoD's CBRNE response capabilities are the best funded, best equipped, and best trained in the world. During the past 7 years, DoD has developed unprecedented CBRNE response capabilities and has trained to employ these capabilities in rapid support to civil authorities to help save lives.

ROLES AND RESPONSIBILITIES

The Department of Homeland Security (DHS) is responsible for the coordinated U.S. national effort to prepare for, prevent, protect against, respond to, and recover from terrorist CBRNE attacks. If terrorists were to attack an American city with a nuclear weapon, DoD, at the direction of the President or the Secretary of Defense, as appropriate and consistent with the law and the imperative to maintain the Department's readiness, will provide critical nuclear consequence management support to civil authorities as part of the comprehensive national response to a nuclear incident.

DoD is a supporting agency for each of the 15 Emergency Support Functions (ESFs) and each of the 6 Incident Annexes of the National Response Framework, many of which would likely be activated in the event of a nuclear or radiological incident, including those most relevant to today's hearing: ESF #3 (Public Works and Engineering), ESF #5 (Emergency Management), ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services), ESF #8 (Public Health and Medical Services), ESF #10 (Oil and Hazardous Materials Response), the Catastrophic Incident Annex (and Supplement), and the Nuclear/Radiological Incident Annex.

Within DoD, several entities would play a key role in the response to a terrorist nuclear attack on an American city. For example, as Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, I am responsible, by law (50 U.S.C. § 2313), for coordinating DoD assistance to Federal, State, and local officials responding to threats involving nuclear, radiological, biological, chemical weapons, or high-yield explosives or related materials or technologies, including assistance in identifying, neutralizing, dismantling, and disposing of CBRNE weapons and related materials and technologies.

Two combatant commands are responsible for employing Federal military forces to provide defense support of civil authorities, including responses to domestic terrorist nuclear attacks. The Commander of U.S. Northern Command (USNORTHCOM) -- or, as is the case with all of the officials mentioned in this testimony, that person's designated successors -- is responsible for supporting civil responses to terrorist nuclear attacks in the lower 48 States and in Alaska, Puerto Rico, and the U.S. Virgin Islands. The Commander of U.S. Pacific Command (USPACOM) is responsible for Hawaii, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and insular territories throughout the Pacific Ocean.

The Chief of the National Guard Bureau is responsible for advising the Secretary of Defense, through the Chairman of the Joint Chiefs of Staff, on matters involving the employment of non-federalized National Guard forces. He serves as the channel of communications for coordination between DoD and The Adjutants General of the 54 States and territories, and the District of Columbia, and facilitates State deployment and employment of non-federalized National Guard units and personnel in support of Emergency Management Assistance Compacts.

DoD installations can provide mutual aid to community fire organizations based on prior reciprocal agreements established in accordance with 42 U.S.C. § 1856a. Such mutual aid can include equipment for fire prevention and the protection of life and property from fire; fire fighting; and emergency services, including basic medical support, basic and advanced life support, hazardous material containment and confinement, and special events involving vehicular and water mishaps, and trench, building, and confined space extractions.

When faced with imminently serious conditions resulting from any civil emergency or attack that may require immediate action, and when time does not permit prior approval from higher headquarters, under DoD policy, military commanders and other responsible DoD officials are authorized to take necessary action to respond to requests from civil authorities to save lives, prevent human suffering, or mitigate great property damage. This is known as “Immediate Response Authority.”

DOD RESPONSE CAPABILITIES

As stated in the 2005 Strategy for Homeland Defense and Civil Support, DoD “will be prepared to provide forces and capabilities in support of domestic CBRNE consequence management, with an emphasis on preparing for multiple, simultaneous mass casualty incidents.” The Defense Department has developed

significant capabilities to contribute to the response to a terrorist nuclear attack on an American city, including:

National Guard Weapons of Mass Destruction - Civil Support Teams (WMD-CSTs). Consisting of 22 highly-skilled, full-time members of the Army and Air National Guard who are Federally resourced, trained, and certified, and operate under the command and control of a State governor (Title 32, U.S. Code). The WMD-CSTs support civil authorities at a CBRNE incident site by identifying CBRNE agents/substances, assessing current and projected consequences, advising on-site authorities on effective response measures, and assisting with appropriate requests for State and Federal support. When our nation was attacked on 9/11, there were only 9 WMD-CSTs. Today, we have a WMD-CST in each State and Territory (two in California), for a total of 55 WMD-CSTs. Currently, 53 of these WMD-CSTs have been certified by the Secretary of Defense. The remaining two teams, in Guam and the Virgin Islands, are expected to be certified this year.

National Guard CBRNE Enhanced Response Force Packages (CERFPs). Established after 9/11, the CERFPs are task-organized units of 200-400 personnel with combat support and service support mission essential tasks that, in conjunction with WMD-CSTs, assist local, State, and Federal authorities in CBRNE consequence management (e.g., casualty search and extraction, medical triage, casualty decontamination, and emergency medical treatment). CERFPs, which operate on State Active Duty, on duty under Title 32, U.S. Code, or, in extraordinary circumstances, on duty under Title 10, U.S. Code, are designed to fill the 6-72 hour gap in capabilities between the first local and State response and the Federal response following a CBRNE incident. There are currently 17 CERFPs (California, Colorado, Florida, Georgia, Hawaii, Illinois, Massachusetts, Minnesota, Missouri, Nebraska, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, and West Virginia), of which 16 are trained and ready to respond to

CBRNE incidents in each of the 10 FEMA regions. The Virginia CERFP just completed training and is undergoing its evaluation today.

CBRNE Consequence Management Response Forces (CCMRFs). The CCMRFs, which includes elements of the U.S. Marine Corps Chemical-Biological Incident Response Force as well as CBRNE response capabilities from all of the Military Departments, is a force of 4,000-6,000 personnel that can be quickly tailored to provide a coordinated Federal military response to specific CBRNE incidents. The CCMRFs are Title 10, U.S. Code, joint forces capable of responding to a wide range of CBRNE attacks against the American people with a wide range of services, including: radiological assessment, decontamination and security of a contaminated site or area; medical triage, treatment, and care; and transportation and logistical support. DoD recognizes that terrorists often strike multiple targets simultaneously; therefore, DoD is identifying and sourcing three CCMRFs to improve our nation's CBRNE response capability. The first CCMRF is expected to be fielded this October.

Joint Task Force Civil Support (JTF-CS). JTF-CS, headquartered at Fort Monroe, Virginia, is a deployable, standing task force of 186 assigned military personnel, led by a two-star Army National Guard general officer serving on active duty, under the command of the USNORTHCOM commander. The mission of JTF-CS is to deploy, when directed, to a CBRNE incident site to exercise command and control of assigned Federal military forces, including the CCMRFs, in support of civil authorities.

Defense Coordinating Officers (DCOs). DoD appointed 10 DCOs, Colonels or Navy Captains, and assigned one to each of the 10 FEMA regions. If requested and approved, the DCO serves as DoD's single point of contact at the Joint Field Office (JFO) for requesting assistance from DoD. With few exceptions, requests for assistance originating at the JFO are coordinated with and processed through the DCO. The DCO may have a Defense Coordinating Element

(DCE) consisting of a staff of 6 military and civilian personnel and supported by military Emergency Preparedness Liaison Officers (EPLOs). Together, they facilitate coordination and support to activated NRF Emergency Support Functions. Specific responsibilities of the DCO (subject to modification based on the situation) include processing requirements for military support, forwarding mission assignments to the appropriate military organizations through DoD-designated channels, and assigning military liaisons, as appropriate, to activated ESFs.

U.S. Marine Corps Chemical-Biological Incident Response Force (CBIRF).

The CBIRF is a deployable force capable of responding to a CBRNE incident in support of local, State, or Federal authorities and designated Combatant Commanders' consequence management operations by providing capabilities for agent detection and identification; casualty search and rescue; personnel decontamination; emergency medical care; and stabilization of contaminated personnel. The CBIRF consists of 117 personnel, 21 vehicles and necessary equipment, and follow-on forces of 200 additional personnel and 22 additional vehicles and equipment

U.S. Army Technical Escort Battalions. U.S. Army units such as the 22nd and 110th Chemical Battalions, when ordered, deploy task-organized teams within and outside the continental United States to conduct technical escort and CBRNE hazard characterization, monitoring, disablement, and elimination support operations. They provide CBRNE incident emergency response, homeland defense, and contingency support operations to combatant commanders and lead Federal agencies. They also provide site remediation and restoration support operations for the Department of Defense.

U.S. Army Chemical Battalions. The U.S. Army has 19 chemical battalion headquarters, 28 combat support chemical companies, 22 chemical companies (heavy), and 9 other chemical companies with decontamination capabilities. U.S.

Army Chemical Battalions receive, employ, and command and control task-organized forces in support of military operations. They are prepared to provide command and control of joint CBRNE response forces in support of civil authorities. U.S. Army Chemical Battalions employ various techniques and available equipment to extract and collect chemical, radiological, and/or biological samples from munitions, devices, material, and the environment.

U.S. Army Chemical Companies. The U.S. Army has 59 chemical companies capable of conducting mass personnel decontamination.

20th Army Support Command (CBRNE). When ordered, or when designated as Joint Task Force - Elimination, the 20th Army Support Command (CBRNE) deploys and conducts operations in support of Combatant Commanders or other government agencies in order to counter CBRNE threats in support of National Combating Weapons of Mass Destruction (WMD) objectives.

Defense Threat Reduction Agency (DTRA) Consequence Management Advisory Teams (CMATs). The DTRA CMATs are deployable, reachback enabled, incident-tailored teams comprised of a two-person cadre of advisors trained in providing and using CBRNE plans and models. DTRA CMATs provide on-site technical and scientific subject-matter experts, planners, and hazard prediction modeling support to Incident Commanders, Combatant Commanders, and Federal Coordinating Agencies or their delegated representatives when responding to catastrophic incidents involving CBRNE weapons. The DTRA CMATs can also be augmented by other DTRA subject matter experts when necessary.

Armed Forces Radiobiology Research Institute (AFRRI) Medical Radiobiology Advisory Team (MRAT). The MRAT can provide health physics, medical, and radio-biological advice to military and civilian command and control operations in response to a nuclear and radio-biological incident. The MRAT also augments the DTRA CMATs.

Global Patient Movement Requirements Center (GPMRC). Located at Scott Air Force Base, Illinois, the GPMRC coordinates execution of DoD's responsibility to lead National Disaster Medical System (NDMS) patient evacuation. The GPMRC moves patients from airfield to airfield while our partner agencies assist by moving patients from airfields to hospitals.

U.S. Army Corps of Engineers (USACE). USACE is a public engineering organization within DoD providing engineering support and services to DoD activities around the world, as well as to the nation's public works, flood protection, and navigation infrastructure. USACE provides support as the coordinating agency for ESF #3 and as a support agency to other ESFs, as specified in the NRF. USACE performs emergency support activities under separate statutory authorities, including Public Law 84-99. When conducting CBRNE response activities in support of the NRF, USACE has a coordinating relationship with USNORTHCOM, or USPACOM, as appropriate.

General Purpose Forces. DoD general purposes forces, when directed by the President or the Secretary of Defense, can provide valuable contributions to a nuclear attack response (e.g., transportation, medical, logistics, evacuation, damage assessment, and security). In the case of the use or threatened use of weapons of mass destruction, or in the case of terrorist attacks or threatened terrorist attacks that result, or could result, in significant loss of life or property, the President may call to active duty members and units of the Reserve Components for up to 365 days to provide assistance in the national response (10 U.S.C. § 12304(b)). The Reserve Components are capable of contributing significant capabilities.

DOD AND THE NATIONAL RESPONSE FRAMEWORK

Under the National Response Framework, USACE is the primary agency for ESF #3 (Public Works and Engineering) and, in this role, would provide direction and coordination of ESF #3 response-related activities and resources to facilitate the delivery of Federal Government services, technical assistance, engineering expertise, construction management, and other support to prepare for, respond to, and/or recover from a disaster or an incident requiring a coordinated Federal response.

As a supporting agency, DoD would provide support, as requested and as available, to ESF #5 (Emergency Management), which provides the core management and administrative functions in support of National Response Coordination Center (NRCC), Regional Response Coordination Center (RRCC), and JFO operations.

As a supporting agency to ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services), which coordinates the delivery of Federal mass care, emergency assistance, housing, and human services when local, tribal, and State response and recovery needs exceed their capabilities, DoD would provide logistical support, as approved by the Secretary of Defense. In addition, DoD, through USACE, would provide assistance by fulfilling mass care requirements for ice and water; inspecting mass care shelter sites to ensure suitability and accessibility of facilities to shelter victims safely; constructing temporary shelter facilities, including accessible shelters in the affected area, as required; and providing temporary housing support, such as temporary structures and expedited repair of damaged homes (including temporary roofing or other repairs that facilitate reoccupation of minimally damaged structures), as necessary.

As a supporting agency to ESF #8 (Public Health and Medical Services), which provides the mechanism for coordinating Federal assistance to supplement State, tribal, and local resources in response to a public health and medical

disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency, DoD would:

- Alert DoD NDMS Federal Coordinating Centers (FCCs) (Army, Navy, Air Force) and provide specific reporting/regulating instructions to support incident relief efforts;
- Alert DoD NDMS FCCs to activate NDMS patient reception plans in a phased, regional approach and, when appropriate, in a national approach;
- At the request of the Department of Health and Human Services (DHHS), provide support for the evacuation of patients and medical needs populations to locations where hospital care or outpatient services are available;
- Using available DoD transportation resources, in coordination with the NDMS Medical Interagency Coordination Group, evacuate and manage victims/patients from the patient collection point in or near the incident site to NDMS patient reception areas;
- Provide available logistical support to public health/medical response operations;
- Provide available medical personnel for casualty clearing/staging and other missions as needed, including aero-medical evacuation and medical treatment;
- Mobilize and deploy available Reserve and National Guard medical units, when authorized and necessary to provide support;
- Coordinate patient reception, tracking, and management to nearby NDMS hospitals, Veterans Affairs hospitals, and DoD military treatment facilities that are available and can provide appropriate care;

- Provide available military medical personnel to assist in the protection of public health (such assistance with food, water, wastewater, solid waste disposal, vectors, hygiene, and other environmental conditions);
- Provide available veterinary military personnel to assist ESF #8 personnel in the medical treatment of animals;
- Provide available DoD medical supplies for distribution to mass care centers and medical care locations being operated for incident victims, with reimbursement to DoD;
- Provide available emergency medical support to assist State, tribal, or local officials within the disaster area and the surrounding vicinity (such services may include triage, medical treatment, mental health support, and the use of surviving DoD medical facilities within or near the incident area);
- Provide assistance, as available, in managing human remains, including victim identification, mortuary affairs, and temporary interment of the dead;
- Provide evaluation and risk management support through use of DCOs, Emergency Preparedness Liaison Officers, and Joint Regional Medical Planners;
- Provide available blood products in coordination with DHHS;
- Provide medical surveillance and laboratory diagnostics and confirmatory testing in coordination with DHHS; and,
- Through USACE, provide technical assistance, equipment, and supplies as required in support of DHHS to accomplish temporary restoration of damaged public utilities affecting public health and medical facilities.

As a coordinating agency for the Nuclear/Radiological Incident Annex, which provides an organized and integrated approach for a timely, coordinated response by Federal agencies to terrorist incidents involving nuclear or radioactive

materials and accidents or incidents involving such material that may or may not rise to the level of a catastrophic incident, DoD would:

- Provide Defense Support of Civil Authorities (DSCA) in response to requests for assistance during domestic incidents;
- Coordinate Federal actions for radiological incidents involving DoD facilities, including U.S. nuclear-powered ships, or material otherwise under their jurisdiction (e.g., transportation of material shipped by or for DoD);
- Take appropriate independent emergency actions within DoD's statutory authority to protect the public, mitigate immediate hazards, and gather information concerning the emergency to avoid delay;
- Provide technical expertise, specialized equipment, and personnel in support of DHS, which is responsible for overall coordination of incident management activities; and,
- Through USACE:
 - Direct response/recovery actions as they relate to ESF #3 (Public Works and Engineering) functions, including contaminated debris management;
 - Provide response and cleanup support as a cooperating agency; and
 - Integrate and coordinate with other agencies, as requested, to perform any or all of the following:
 - Radiological survey functions;
 - Gross decontamination;
 - Site characterization;
 - Contaminated water management; and

- Site remediation.

DoD is also a supporting agency for the Catastrophic Incident Supplement (CIS) of the NRF, which is responsible for accelerating the delivery and application of Federal and Federally-accessible resources and capabilities in support of a jurisdictional response to a catastrophic mass victim/mass evacuation incident. Such an incident may result from a technological or natural disaster, or terrorist attack involving CBRNE weapons. DoD would:

- Activate the patient movement of the NDMS within one hour of an incident;
- Initiate deployment actions for DCO and supporting DCE to a JFO or Initial Operating Facility (IOF) within two hours of an incident;
- Participate in the NDMS Medical Interagency Coordination Group (MIACG) determination of which FCCs will be activated within three hours of an incident;
- Through USACE, alert and initiate deployment actions for ESF #3 teams and assets (water, power, debris, housing, ice, structural assessment, deployable tactical operations system) within three hours of an incident;
- Alert HQ Joint Task Force (JTFHQ) and designated Initial Entry Forces (IEFs). DoD will be prepared to deploy a Command Assessment Element (CAE) to provide rapid mission assessment in coordination with Federal authorities within four hours of an incident. DoD will identify key IEF capabilities as required based on assessment and coordination with DHS;
- Inventory and report bed availability to Federal Coordinating Facilities for all DoD NDMS medical facilities within twelve hours of an incident;
- Prepare to begin receiving evacuated patients from affected areas within eighteen hours of an incident;

- Facilitate DHS patient evacuation and Federal patient movement through the DoD U.S. Transportation Command (USTRANSCOM) Regulating and Command and Control (C2) Evacuation System (TRAC2ES);
- Coordinate the patient evacuation function of NDMS;
- Coordinate, through USTRANSCOM, the movement of casualties/patients from patient collection points to airfields or other transporting sites, to FCC Patient Reception Areas for triage into NDMS-civilian hospitals for NDMS Definitive Care. This will be accomplished through available DoD transportation assets (aircraft, rail, bus, ship), the Department of Transportation, and the General Services Administration; and
- Provide assistance in managing human remains, including victim identification and disposition.

In addition, DoD has Military Treatment Facilities (MTFs) that may -- through local agreements and within the vicinity of the incident site -- provide necessary assistance to save lives, prevent human suffering, or mitigate great property damage under the authorities of immediate response without prior approval by the Secretary of Defense.

As a supporting agency to ESF #10 (Oil and Other Hazardous Materials Response), which is responsible for providing Federal support in response to an actual or potential discharge and/or uncontrolled release of oil or hazardous materials when activated, DoD would:

- Provide DSCA in response to requests for assistance during domestic incidents, subject to the approval of the Secretary of Defense;
- Through USACE, provide response and recovery assistance to incidents involving contaminated debris, including CBRN contamination, including

waste sampling, classification, packaging, transportation, treatment, demolition, and disposal; and,

- When circumstances require, through the Navy Supervisor of Salvage, provide technical, operational, and emergency support in the ocean engineering disciplines of marine salvage, pollution abatement, and diving services.

INTERAGENCY COOPERATION

Although work continues, to date, DoD has, under 6 U.S.C. § 753, worked with the Federal Emergency Management Agency (FEMA) to develop 26 all-hazards, pre-scripted mission assignments (PSMAs) for DoD support and more than 30 PSMAs for USACE support for each of the 15 ESFs of the NRF. These all-hazards PSMAs include heavy- and medium-lift rotary-wing lift; tactical transportation; strategic transportation; communications support; emergency route clearance; damage assessment; temporary housing; mobilization centers; operational staging areas; temporary medical facilities; and rotary wing medical evacuation.

Since March 2006, DoD and other Federal partners have supported the DHS Incident Management Planning Team (IMPT) in the planning effort for Scenario #1 (Nuclear Detonation - 10-Kiloton Improvised Nuclear Device) of the 15 National Planning Scenarios.

Since March 2007, DoD and other Federal partners have supported the DHS IMPT in the planning effort for Scenario #11 (Radiological Attack - Radiological Dispersal Devices) of the 15 National Planning Scenarios.

The development of these plans has continued while the IMPT adapts to the new interagency planning construct and standards established by Annex I (National Planning) to Homeland Security Presidential Directive-8 (HSPD-8), *National Preparedness*. Approved by the President in December 2007, Annex I

is intended to enhance U.S. preparedness by establishing a standard and comprehensive approach to national planning. As I will note later in my testimony, there is a need to continue this planning with a renewed sense of urgency.

In accordance with Annex I, Federal partners are developing an Integrated Planning System (IPS) that, in its draft form, provides:

- National planning doctrine, guidance, and processes to ensure consistent planning across the Federal Government;
- A mechanism for concept development to identify and analyze missions and potential courses of action;
- a description of the process that allows for plan refinement and execution to reflect developments in risk, capabilities, or policies, as well as to incorporate lessons learned from exercises and actual events;
- A description of the process that links regional, State, local, and tribal plans, planning cycles, and processes and allows these plans to inform the development of Federal plans; and
- A process for integration of Federal, State, local, and tribal plans.

By this fall, we expect that a Strategic Guidance Statement and Strategic Plan for Scenario #1 (Nuclear Detonation - 10-Kiloton Improvised Nuclear Device) will be completed under the IPS and that Federal department and agency development of operations plans will be ongoing.

DoD is a member of the Federal Radiological Preparedness Coordinating Committee (FRPCC), an interagency body, chaired by FEMA with members from agencies responsible for supporting execution of the NRF Nuclear-Radiological Incident Annex. The FRPCC provides a national-level forum for the development and coordination for radiological prevention and preparedness policies and

procedures. It also provides policy guidance for Federal radiological incident management activities in support of State, local, and tribal government radiological emergency planning and preparedness activities.

In addition to interagency planning and other initiatives, DoD has forged strong, direct, day-to-day relations with DHS at all levels. For example:

- In 2003, DoD established a full-time DoD advisory and liaison office within DHS headquarters;
- Also in 2003, DoD and DHS signed a memorandum of agreement that authorized detailing of DoD personnel to DHS to fill critical specialties. Currently, more than 80 DoD personnel are directly supporting the DHS National Operations Center, the National Response Coordination Center, Science and Technology Directorate, Intelligence, Cyber and Telecommunications, and Domestic Nuclear Detection Office, FEMA, and the U.S. Coast Guard; and
- Defense Coordinating Officers and Defense Coordinating Elements are attached to each of the 10 FEMA regions to coordinate DoD assistance.

EXERCISES

Exercises are critical to ensuring readiness and identifying gaps and potential weaknesses within and across agencies in responding to terrorist attacks, including multiple, simultaneous events. These exercises support the DHS National Homeland Security Exercise Program established by Homeland Security Presidential Directive-8 (HSPD-8), *National Preparedness* (December 17, 2003).

Over the last five years, DoD has hosted numerous exercises involving Federal, State, and local partners. Many of these exercises involved scenarios addressing nuclear or radiological incidents, including Unified Defense (February 19-25, 2004); Determined Promise (August 5-10, 2004) and its successor Ardent Sentry (May 8-19, 2006, and April 30-May 17, 2007); Dingo King 05 (August 22-

26, 2005); Vital Guardian 06 (April 6-10, 2006); and Vigilant Shield (December 4-14, 2006, and October 15-20, 2007).

DoD also has participated in interagency table-top exercises (July 2003, May 2005, November 2006, March 2007, June 2007, and January 2008); Top Officials (TOPOFF) (TOPOFF II: May 12-16, 2003; TOPOFF IV: October 15-19, 2007); Cabinet-Level / Principal-Level exercises (CLE/PLE) involving nuclear or radiological incidents (September 26, 2007); and the State of Hawaii's "A Kele" Project (August 15-16, 2006).

IMPROVING PREPAREDNESS

In your invitation, you asked what could be done to prepare our country to respond to an act of nuclear terrorism and to mitigate its consequences more effectively. My answer is "realistic and detailed operational planning." As you stated, Mr. Chairman, last month, "Helping survivors in and around the blast area will require a planned, prepared and coordinated response by all levels of government. The federal government will have to bring all its capabilities to the attacked area quickly because local government will be overwhelmed." Complex, demanding mission sets like those involved in the response to a terrorist nuclear attack on an American city require detailed advance planning.

Planning can improve the effectiveness of a response by clearly defining required capabilities, shortening the time required to gain control of an incident, and facilitating the rapid exchange of information about a situation. Governments at all levels have a responsibility to develop detailed, robust, all-hazards response plans. These plans should have clearly defined leadership roles and responsibilities, and they should clearly articulate the decisions that need to be made, who will make them, and when. These plans should include both hazard-specific and comprehensive all-hazards plans that are tailored to each respective jurisdiction.

As noted earlier, in accordance with Annex I of HSPD-8, Federal partners are developing an Integrated Planning System that is intended to:

- Guide the development of Federal plans for the 15 National Planning Scenarios;
- Facilitate linkage of regional, State, local, and tribal plans, planning cycles, and processes and allow these plans to inform the development of Federal plans; and
- Guide the integration of Federal, State, local, and, tribal plans.

These last two points are crucial. The Federal Government can have the best, most detailed plan for responding to the 15 National Planning Scenarios, but that only gives us a *Federal* response, one that may not effectively support -- or, worse yet, may conflict with -- the regional and/or State responses (which also may not be mutually supportive). Federal, regional, State, and local plans must be integrated and synchronized to give us a truly *national* response to a future catastrophic incident.

To pursue this end, DoD has partnered with DHS to develop the Task Force for Emergency Readiness (or “TFER”) initiative. The TFER is under the direct leadership of the Governor’s state emergency management structure and teams State civilian planners, National Guard planners, DHS Federal Preparedness Coordinators, and DoD Emergency Preparedness Liaison Officers to:

- Produce State plans tailored to the unique strengths and vulnerabilities of each individual State; and
- Facilitate the integration and synchronization of local, State, Regional, Federal, and private sector incident planning.

The TFER initiative will enable merging bottom-up local/State planning with the Federal top-down approach to integrate the Federal-State planning

process, thereby implementing the coordination envisioned by the IPS and achieving a unity of effort that mirrors our nation's principles of self reliance and the federal model of government. In short, each state's TFER will provide a focal point for catastrophic response planning, integrating all relevant capabilities – military and civilian – found within the public and private sectors.

The strength of the TFER is in the fact that it will be a scalable, flexible organization whose responsibilities can be uniquely tailored to fit each State's needs. Typical task force functions might include:

- Completing operational plans for identified catastrophic scenarios;
- Promoting State deliberate planning and coordination;
- Assisting in ensuring local planning capability requirements are addressed;
- Offering a conduit to Federal response planning and capabilities (e.g. FEMA, DoD);
- Aiding State-to-State coordination for regional incidents (e.g., a hurricane);
- Supporting State crisis action planning;
- Implementing exercise lessons learned to improve subsequent planning;
- Informing State emergency manager dialogue and decision-making;
- Supporting multi-level policy coordination; and
- Informing logical, fiscally responsible decisions to address capability or capacity shortfalls.

Initially, the TFER initiative will be tested in select pilot states with the intent of expanding the concept to all States and territories in the United States.

CONCLUSION

In conclusion, we have learned -- and acted upon -- key lessons of the past from incidents such as the September 11, 2001 terrorist attacks; the Columbia

shuttle disaster in 2003; Hurricane Katrina in 2005; and the California wildfire in October 2007 and exercises where we and our Federal, State, and local partners have tested our plans, procedures, and preparedness. Readiness to respond to a nuclear attack is, by its horrific character, a process of urgent improvement, not a static end state.

Today, the Defense Department – Active, Reserve, National Guard, and DoD civilians – is indeed better prepared to assist civil authorities than at any other time in our nation’s history. DoD’s CBRNE response capabilities are the best funded, best equipped, and best trained in the world. Our men and women in military uniform are well prepared to provide substantial life-saving assistance -- and, with a sense of urgency, will do so when needed.

But we also realize that no matter how good we are, we must get better. We appreciate your leadership, Mr. Chairman, Members of the Committee, and your support for the Department of Defense.