

STATEMENT OF
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ON BEHALF OF
NATIONAL EMERGENCY MANAGEMENT ASSOCIATION
BEFORE the SENATE GOVERNMENTAL AFFAIRS COMMITTEE
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Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to appear before you today to offer comments on preparedness for chemical and biological attacks. My name is Gary W. McConnell and I am the Director of the Georgia Emergency Management Agency (GEMA). In Georgia, my agency, as part of the Governor's Office, is responsible for directing terrorism consequence management activities, and serves as the central coordination point for the State's response and coordination with local governments and federal agencies. I have been the director of GEMA for over ten years, serving as the governor's representative for 16 Presidential Disaster Declarations. During this same period, I had the privilege of serving as the Chief of Staff of the State Olympic Law Enforcement Command for the 1996 Olympic Games and was responsible for the security and safety operations of 29 state agencies and 5,000 law enforcement officers. Previously, I was sheriff of Chattooga County, Georgia for 22 years. My comments today are a product of these experiences.

I am here today representing the National Emergency Management Association (NEMA) whose members are the directors of emergency management for the states and territories. We are responsible to our governors for disaster mitigation, preparedness, response and recovery. This includes responsibility for terrorism consequence management and preparedness at the state level by serving as the central coordination point for all state response activities and interface with federal agencies when federal assistance is requested.

I would like to begin this afternoon by thanking Chairman Lieberman and Ranking Member Thompson and the members of the Committee for recognizing the importance of preparing for acts of terrorism.

Since the September 11, 2001 attacks and the recent exposures to Anthrax, our nation has been reevaluating our preparedness for acts of terrorism. Particularly at the state level, we have been assessing the preparedness levels our federal, state, and local governments and our private sector partners must attain to deal with incidents of terrorism, including chemical and biological attacks.

States have been in the forefront of preparing for and responding to all types of disasters, both natural and man-made. We take an all-hazards approach to disaster preparedness and have integrated into our domestic preparedness efforts those proven systems we already use for dealing with natural and technological disasters. We also recognize clearly the value of prevention and mitigation in minimizing the consequences of disaster and we incorporate those considerations in all our efforts. Our nation needs to build on the existing “all hazards” approach since we cannot afford to “recreate the wheel” when addressing biological and chemical terrorism threats.

NEMA’s members developed a list of recommended enhancements to be incorporated into a nation-wide strategy for attaining better preparedness for catastrophic events. The full text of these recommendations is included in the attached ‘NEMA White Paper’ for your reference. I would like to highlight the highest priority items in my testimony today.

The lessons learned from the September attacks are not brand new ideas. Many are concepts we have been working on for years and just have not been able to fully implement. The immediate lessons learned also include the suggestions of the state emergency management directors from New York, Pennsylvania, and Virginia.

Now **is** the time for federal, state, and local governments to take action. It is **not** the time to prepare reports or criticize past actions. We should all follow New York City Mayor Rudolph Guiliani’s comments to the United Nations. He said, “Now is the time ...to unite our strength ...this is not a time for further study or vague directives.”

MEDICAL SURGE (MASS CASUALTY) CAPABILITY

The most immediate need that we found necessary to effectively address chemical and biological events, as well as weapons of mass destruction (WMD) is our nation’s medical surge capacity. We need to guarantee that the surge capability is strengthened. The emergency management, medical and public health professions

must work with lawmakers on all levels to ensure that each region has a certain minimum surge capacity to deal with mass casualty events.

Hospitals should agree to provide defined and standardized levels of resources, capabilities and assistance to handle mass casualties, especially those contaminated by chemical and biological agents. Funding for equipment and supplies to accomplish this mission should be provided to develop this additional capability, in exchange for agreeing to participate as a local receiving hospital and as part of the U.S. Public Health Service's National Disaster Medical System (NDMS).

The incremental costs to the health care system of developing and maintaining mass casualty emergency response capacity are significant. Funding to cover those costs not available from any other sources must be provided by the federal government.

This means that for-profit hospitals and clinics must have an incentive to participate since business plans and the managed care approach make it difficult to justify paying for capabilities like decontamination units if they would be used only sporadically. Also, poison control centers have a role in assisting in response and their funding streams need to be addressed since budget crunches have forced many regional operations to consolidate or down-grade their activities.

States also need assistance to fully implement the National Pharmaceutical Stockpile Plan. While the final TOPOFF Exercise report is not yet available, one of the lessons we learned was that the federal government could only get the pharmaceutical push package to the Mobilization Centers. There were insufficient plans in place to then get the pharmaceutical "push pack" broken down into useable packages and distributed from the airport to the population in immediate need. This is being addressed, but demands emphasis and funding and must be addressed as soon as possible.

We must ensure that the medical treatment reaches the patients in the hardest hit areas quickly. I would further suggest that we look to keeping multiple stockpiles in regionally centralized locations near transportation assets needed to rapidly move those push packages. There should also be back-up stockpiles in several locations around the country to bolster the national surge capacity and to enable a flexible response to multiple events.

Providing this regionally based medical surge capacity in the health care community will take some time. In the interim, the best truly rapid response surge capacity we do have is a combination of the Veteran's Administration (VA) health care system,

the Disaster Medical Assistance Teams and the military Reserve Component medical units. We particularly need to ensure that those military Reserve assets are trained, equipped and empowered to provide rapid medical capacity under “imminent and serious” conditions. They are, in many cases, the closest deployable assets.

We need to change our focus and begin thinking of health professionals as first responders. State and Local Disaster Medical Assistance Teams should be developed across the country with standardized equipment, personnel and training. These teams would serve as the first line of response to support impacted communities within impacted states, and could be required to respond outside the state as a mutual aid resource upon request. Self contained capability to respond outside the team’s jurisdiction would be best provided by military Reserve Component assets available in each state.

Additionally, the less than 60 U.S. Public Health Service NDMS Disaster Medical Assistance Teams (DMAT) should be uniformly enhanced for Weapons of Mass Destruction (WMD) response, including focus on personnel protection and training for WMD. Currently, only four of the teams have been upgraded and equipped to serve as National Medical Response Teams (NMRTS).

INTELLIGENCE SHARING

The key to an effective terrorism response lies in intelligence sharing. The right people need to know information key to responding and preparing at all times. This means reciprocity for security clearances, no matter what department or level of government the personnel are representing. In addition, an expedited process is needed for state and local officials to obtain clearances.

INTERSTATE MUTUAL AID AND REGIONAL PLANNING

An existing system we need to take advantage of for all domestic preparedness planning is the Emergency Management Assistance Compact (EMAC). EMAC is an interstate mutual aid agreement that allows states to assist one another in responding to all kinds of natural and man-made disasters. EMAC offers a quick and easy way for states to send personnel and equipment to help disaster relief efforts in other states. There are times when state and local resources are overwhelmed and federal assistance is inadequate, inappropriate, too far away or unavailable. Out-of-state aid through EMAC helps fill such shortfalls. There are 42 states and two territories that are members of EMAC and other states and territories are considering joining. Currently, emergency managers from several states are providing technical assistance to New York through EMAC. EMAC support is in place at the state emergency operations center and in New York City and has been used in conjunction

with the federal emergency support team. A system like this enables experts to be used across jurisdictions and regions based on the nature of a particular event.

State and local governments have established regional approaches to building capacity to deal with catastrophic events. 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. Regional planning is invaluable since we can develop common, flexible preparedness strategies which capitalize on sharing limited resources within regions. Because necessary capabilities cannot be afforded by all jurisdictions, we can use mutual aid to respond to multiple simultaneous events in different parts of the state, the region or the nation.

STATE COORDINATION

Coordination with the states is a critical issue that I would like to reiterate that requires attention. Too often, each of the federal agencies deals directly with their state counterpart thereby creating a stovepipe effect for funding that limits states' abilities to leverage federal funding to its maximum benefit and to ensure at least a minimum statewide preparedness and response capability. We look forward to working with Governor Ridge and his new Office of Homeland Security. In order for the office to be successful, it is essential that the Office of Homeland Security integrates input from state emergency management agencies. We hope that state emergency managers and first responders from the state and local level will be invited to participate in developing the national preparedness strategy.

The majority of the nation's governors designated their state emergency management agencies as the single point of contact to coordinate the Department of Justice terrorism grants program created in 1999 for equipment and planning. At the state level, the program requires a single point of contact for the nation's governors and the mayor of the District of Columbia to administer the grant. Forty-two governors and the District of Columbia designated the state emergency management agency. These same state emergency management agencies, in many cases, also administer FEMA terrorism grant funding. We are strongly encouraging that all federal programs and funding should be coordinated through the governor's designated single point of contact for the state terrorism preparedness program.

Currently, The Department of Justice needs assessment process requires the development of statewide strategic plans to assure the federal government that state planning and assessment of state capacity is an ongoing, coordinated and inclusive process in the states. Many states are currently in the process of conducting these

needs assessments. NEMA recommends that any new federal planning requirements not be a duplication of the current DOJ requirement, but rather build off plans and programs already in place in the states. We would also recommend that the DOJ should immediately release the FY00 and FY01 equipment funds in order to begin implementation of preparedness plans and to enhance our capabilities, and then require a basic statewide strategy in order to receive the FY02 funds.

NEMA believes it would be extremely helpful to allow states to administer the equipment programs and to provide greater flexibility with the approved equipment list. We specifically would like the ability to use the funds for the purchase of necessary equipment for hospitals and the health care industry, regardless of private sector ownership of these critical “first receiver” response system components. Congress could help by increasing the funding for these grants to provide for detection, personnel protection and decontamination equipment for the nation’s emergency response agencies. We need to assure that federal training and maintenance money must be included in any national terrorism response plan. This funding must include money for federal, state, and local governments to exercise together. Finally, with all of the new proposals and funding mechanisms to address domestic preparedness needs, now more than ever is the time to continue using states as the single point of contact and to allow the funding to be flexible to maintain a current focus.

CONCLUSION

In summary, NEMA supports efforts to improve federal coordination on domestic preparedness, especially with chemical and biological preparedness. We also believe that medical surge capacity needs to be addressed immediately. The greater safety of the nation is at stake and all responders and policymakers at the federal, state, and local level need to work together to ensure that we are prepared for an incident of domestic terrorism. We pledge our cooperation to continue to work with you and this committee to ensure that our nation is at the highest level of preparedness to deal with a terrorist event. Thank you again for inviting NEMA to present testimony on this important issue. I would like to thank the Committee for their dedication on this issue. We look forward to working with you, the Administration, and local responders to make this country a safer place for all.