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COMBATING TERRORISM

Observations on the Nunn-Lugar-Domenici Domestic Preparedness Program

Statement of Richard Davis, Director, National Security
Analysis, National Security and International Affairs
Division



Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to discuss our work and observations on the Nunn-Lugar-Domenici Domestic Preparedness Program and related issues. This interagency program, led by the Department of Defense (DOD) provides training and equipment intended to better prepare selected cities to manage the consequences of a possible attack by terrorists using weapons of mass destruction (WMD).¹ We expect to issue a report on these matters within the next few weeks. It is worth noting that very recently, under a National Security Council initiative, DOD, Department of Justice, and other agency officials have been considering transferring lead responsibility for the Nunn-Lugar-Domenici Domestic Preparedness Program from DOD to the Department of Justice.

Today, we will discuss program objectives and costs, the training DOD is providing to local emergency response personnel, issues we identified on the way the program is structured and designed, the equipment segment of DOD's program, and interagency coordination of this and other related programs. As requested, we also have some observations about the congressional committee structure for oversight of counterterrorism and other crosscutting issues.

Objectives and Costs of the Domestic Preparedness Program

The Domestic Preparedness Program is aimed at enhancing domestic preparedness to respond to and manage the consequences of potential terrorist WMD incidents. The authorizing legislation designated DOD as lead agency, and participating agencies include FEMA, the Federal Bureau of Investigation (FBI), the Health and Human Services' Public Health Service, the Department of Energy, and the Environmental Protection Agency. The Army's Chemical and Biological Defense Command designed a "train-the-trainer" program to build on the existing knowledge and capabilities of local first responders—fire, law enforcement, and medical personnel and hazardous materials technicians—who would deal with a WMD incident during the first hours. The legislation also designated funds for the Public Health Service to establish Metropolitan Medical Strike Teams to help improve cities' medical response to a WMD incident. Other aspects of the program included systems to provide information and advice to state and local officials and a chemical/biological rapid response team.

¹The program was authorized in the National Defense Authorization Act for Fiscal Year 1997. For purposes of this statement, WMD refers to chemical, biological, radiological, or nuclear devices.

DOD received \$36 million in fiscal year 1997 to implement its part of the program, and the Public Health Service received an additional \$6.6 million. DOD's fiscal year 1998 and 1999 budgets estimate that \$43 million and \$50 million, respectively, will be needed to continue the program. DOD expects the last 2 years of the 5-year program to cost about \$14 million to \$15 million each year, and continuing an exercise program for 2 more years could add another \$10 million. Thus, the total projected program cost for the DOD segment could exceed \$167 million. This does not include the costs of the Public Health Service, which hopes to establish and equip (an average of \$350,000 of equipment and pharmaceuticals per city) Metropolitan Medical Strike Teams in all 120 program cities. In addition to the \$6.6 million that the Public Health Service initially received, it spent \$3.6 million in fiscal year 1997 to expand the number of strike teams. The Public Health Service received no additional funding in fiscal year 1998, but it estimates program requirements at \$85 million for the remaining 93 cities.

Training Program Is Beneficial

Domestic Preparedness Program training gives first responders a greater awareness of how to deal with WMD terrorist incidents. Local officials in the seven cities we visited praised the training program content, instructors, and materials as well as DOD's willingness to modify it based on suggestions from local officials. They also credited the program with bringing local, state, and federal regional emergency response agencies together into a closer working relationship. By December 31, 1998, DOD expects to have trained about one-third of the 120 cities it selected for the program. All training is to be complete in 2001. The first responders trained are expected to train other emergency responders through follow-on courses. The cities we visited were planning to institutionalize various adaptations of the WMD training, primarily in their fire and law enforcement training academies. A related field exercise program to allow cities to test their response capabilities also has begun.

Cities Were Selected Based on Population Size

DOD decided to select cities based on core city population. It also decided to select 120 cities, which equates to all U.S. cities with a population of over 144,000 according to the 1990 census.² The 120 cities represent about 22 percent of the U.S. population and cover at least 1 city in 38 states and the District of Columbia. Twelve states³ and the U.S. territories have no

²Three locations on DOD's list of 120 cities are not technically cities.

³Connecticut, Delaware, Idaho, Maine, Montana, New Hampshire, North Dakota, South Carolina, South Dakota, Vermont, West Virginia, and Wyoming.

cities in the program, and 25 percent of the cities are in California and Texas.

DOD took a city approach because it wanted to deal with a single governmental entity that could select the most appropriate personnel for training and receive equipment. In selecting the cities DOD did not take into account a city's level of preparedness or financial need. There was also no analysis to evaluate the extent to which the cities selected for the program were at risk of a terrorist attack warranting an increased level of preparedness, or whether a smaller city with high risk factors might have been excluded from the program due to its lower population. In fact, in none of the seven cities we visited did the FBI determine there was a credible threat of a WMD attack, which would be one factor considered in a threat and risk assessment.

In our April 1998 report, we cited several public and private sector entities that use or recommend threat and risk assessment processes to establish requirements and target investments for reducing risk.⁴ Although we recognize there are challenges to doing threat and risk assessments of program cities, we believe that difficulties can be overcome through federal-city collaboration and that these assessments would provide a tool for making decisions about a prudent level of investment to reduce risks.

Linking Future Training to Existing Structures Could Be More Efficient and Economical

In implementing the Domestic Preparedness Program, DOD could leverage state emergency management structures, mutual aid agreements among local jurisdictions, or other collaborative arrangements for emergency response. By delivering the program to cities based on population size, DOD is replicating training in nearby cities that might be part of the same response system or mutual aid area. Because of such mutual aid agreements and response districts or regions—as well as traditional state roles in both training and the established federal response system—a more consolidated approach could have resulted in fewer training iterations. Training in fewer locations while taking advantage of existing emergency response structures could hasten the accomplishment of program goals and reinforce local response integration. Such an approach also could cover a greater percentage of the population and make effective use of

⁴Combating Terrorism: Threat and Risk Assessments Can Help Prioritize and Target Program Investments (GAO/NSIAD-98-74, Apr. 9, 1998). In that report, we recommended that federal-city collaborative threat and risk assessments, facilitated by the FBI, be included as part of the assistance provided in the Nunn-Lugar-Domenici program. The pending national defense authorization legislation for fiscal year 1999 requires the Attorney General, in consultation with the FBI and others, to develop and test methodologies for conducting such assessments.

existing emergency management training venues. Under this approach, WMD training would be delivered over the long term through existing state training systems.

As shown in appendix I, DOD's city approach resulted in clusters of nearby cities, each of which is to receive training and equipment. Our analysis shows that 14 clusters of 44 different cities, or 37 percent of the total number of the cities selected for the program, are within 30 miles of at least one other program city. Southern California is a key example of the clustering effect where training efficiencies could be gained. Appendix II shows California's mutual aid regions. Consistent with the statewide standardized emergency management system involving countywide operational areas within 6 mutual aid regions, the Los Angeles County sheriff is in charge of the consolidated interagency response to an incident occurring in any of the county's 88 local jurisdictions and 136 unincorporated areas. These include Los Angeles, Long Beach, and Glendale, all of which are treated separately in the program. Further, the nearby cities of Anaheim, Huntington Beach, Santa Ana, San Bernardino, and Riverside are within 30 miles of at least one other program city and also are treated separately. Through mutual aid and under California's statewide system, Los Angeles county conceivably could assist or be assisted by these other neighboring program cities or any other jurisdictions in the state in the event of a major incident.

Similarly, as shown in appendix III, Virginia has 13 regional hazardous materials teams to respond to a WMD incident. Through these regional teams operating under state control, four adjacent program cities—Norfolk, Virginia Beach, Newport News, and Chesapeake—would assist one another along with Portsmouth and Hampton, which are not program cities.

Texas has four program cities less than 30 miles from each other: Dallas, Fort Worth, Irving, and Arlington. In yet another example, the Washington, D.C., metropolitan area established a Metropolitan Medical Strike Team with a council-of-governments approach involving six jurisdictions in Virginia, Maryland, and the District of Columbia—these jurisdictions would support each other in the event of a WMD incident. DOD treats Washington, D.C., and Arlington, Virginia, separately for the training and equipment segments of the program. Similar strike teams in other cities are designed to be integrated into the local emergency response and medical systems for that particular area.

In response to comments by state and local officials, DOD began holding regional meetings to introduce the program. Nevertheless, each program city still receives its own training and equipment package. Cities may invite representatives from neighboring jurisdictions and state agencies, but classroom space is limited, and if the neighboring city is a program city, it will eventually receive its own on-site training.

DOD could have used state structures to deliver its training. Some states have academies and institutes to train first responders and emergency managers. For example, California's Specialized Training Institute provides emergency management training to first responders statewide. In Texas, the Division of Emergency Management conducts training for local first responders, and fire protection training is provided through the Texas Engineering Extension Service. Under current circumstances, the individual cities whose personnel were trained as trainers are to ensure that the appropriate courses are delivered to rank-and-file emergency response personnel. Cities we visited were adapting the DOD courses differently and using different venues to deliver the training. Cities planned to deliver portions of the courses both directly and through their local academies. One delivery method that DOD could consider to reach large numbers of first responders while minimizing travel costs is distance learning. The U.S. Army Medical Research Institute of Infectious Diseases, for example, has used distance learning techniques through satellite-to-television links.

Terms of DOD Equipment Agreement Concern Cities

The legislation authorizes DOD to lend rather than give or grant training equipment to each city. The loan agreement between DOD and the cities specifies that the loan is for 5 years and that the cities are to repair, maintain, and replace the equipment. The loan agreement terms have caused frustration and confusion among local officials. Some cities we visited viewed the acceptance of the equipment as tantamount to an unfunded federal mandate because DOD is providing no funds to sustain the equipment. At least two cities were reluctant to accept the equipment unless DOD would provide assurances that they could use it operationally and would not be asked to return it. Although such assurances conflict with the loan agreement terms, DOD officials acknowledged that cities could keep the equipment and use it operationally if necessary. DOD officials also pointed out that much of the equipment has no more than a 5-year useful life and is largely incompatible with standard military-specification equipment.

Further, expectations have been raised among some local officials that the federal government may eventually provide funds to sustain the program and to provide even more equipment to meet cities' perceived operational requirements. DOD officials said that the equipment was intended only to support cities' training needs. Also, DOD wanted to encourage cities to share the burden of preparing for WMD terrorism by funding additional equipment needs themselves. However, no assessments have been undertaken as part of the Domestic Preparedness Program to help define equipment requirements for WMD over and above what is needed for an industrial hazardous materials incident response. Although the FBI and the intelligence community see growing interest in WMD by groups and individuals of concern, the intelligence community concluded that conventional weapons will continue to be the most likely form of terrorist attack over the next decade. Such threat information would be a factor in a threat or risk assessment process that could be used as a tool for determining equipment requirements.

Nunn-Lugar-Domenici Interagency Coordination Has Been Limited

The Congress intended the Domestic Preparedness Program to be an interagency effort with DOD as lead agency. Under FEMA leadership, the Senior Interagency Coordination Group provided a forum for DOD and the other involved agencies to share information. However, in developing the program, some member agency officials stated that DOD did not always take advantage of the experience of agencies that were more accustomed to dealing with state and local officials and more knowledgeable of domestic emergency response structures. For example, some agency representatives said that they offered suggestions such as taking a metropolitan area approach and coordinating with state emergency management agencies instead of dealing directly and only with cities. DOD officials noted that because the group often did not react to DOD proposals or could not achieve consensus on issues, DOD moved forward with the program without consensus when necessary.

According to participants, the group did influence two decisions. DOD initially planned to cover 20 cities in the first phase of the program, but the group raised the number to 27 so that 7 cities would be trained sooner than their population would otherwise warrant. The seven cities were raised in priority to account for geographical balance, special events, and distance from the continental United States. Also, concerned about DOD's methodology and cities' presumed negative perceptions, the group recommended that DOD abandon its plan to have cities conduct a formal self-assessment of their capabilities and needs. But the group did not press

for an alternative assessment methodology, which resulted in the lack of any analytical basis for cities to determine their requirements for a prudent and affordable level of preparedness for WMD (a desired end state) or to guide DOD or the cities in defining individual cities' requirements or needs.

The Senior Interagency Coordination Group did not resolve the issue of similar or potentially overlapping terrorism-related courses. A joint Department of Justice and FEMA 2-day basic concepts course on emergency response to terrorism was being developed at about the same time as the Domestic Preparedness Program, and FEMA teaches subjects applicable to WMD and terrorism in its Emergency Management Institute and the National Fire Academy. The Department of Justice and FEMA courses and the DOD courses were developed separately.

Strategy Needed to Coordinate and Focus Multiple Training, Equipment, and Response Elements

Some local officials viewed the growing number of WMD consequence management training programs, including the Domestic Preparedness Program, the Department of Justice and FEMA courses, FEMA Emergency Management Institute courses, National Fire Academy courses, and the National Guard's National Interagency Counterdrug Institute course, as evidence of a fragmented and possibly wasteful federal approach toward combating terrorism. Similarly, multiple programs with equipment segments—such as the separate DOD and Public Health Service programs and the new Department of Justice equipment grant program are causing frustration and confusion at the local level and are resulting in further complaints that the federal government is unfocused and has no coordinated plan or defined end state for domestic preparedness.

Both equipment portions of the program, which were designed and implemented separately, cover personal protection, decontamination, and detection equipment. The separation of the \$300,000 worth of DOD equipment and the average \$350,000 Public Health Service equipment and pharmaceuticals required local officials to deal with two federal agencies' requirements and procedures. It also required local officials to develop separate equipment lists and to ensure compatibility and interoperability of the equipment, optimize the available federal funding, and avoid unnecessary duplication. A truly joint, coordinated equipment program could have alleviated the administrative burden on city officials and lowered the level of confusion and frustration. Although the Public Health Service circulated cities' proposed equipment lists among the Domestic

Preparedness interagency partners for comments, this coordination at the federal level did little to simplify the process for the cities.

State and local officials and some national fire fighter organizations also raised concerns about the growing number of response elements being formed, including the new initiative to train and equip National Guard units. These officials did not believe specialized National Guard units would be of use because they could not be on site in the initial hours of an incident and because numerous support units within the military and other federal agencies already can provide backup assistance to local authorities as requested. Examples of existing support capabilities include the Army's Technical Escort Unit, the Marine Corps' Chemical Biological Incident Response Force, and the Public Health Services' National Medical Response Teams.⁵ State and local officials were more supportive of the traditional National Guard role to provide requested disaster support through the state governor. We are currently reviewing the proposed role of the National Guard and reserves in WMD consequence management.

As noted in our December 1997 report⁶ and in our April 1998 testimony,⁷ the many and increasing number of participants, programs, and activities in the counterterrorism area across the federal departments, agencies, and offices pose a difficult management and coordination challenge to avoid program duplication, fragmentation, and gaps. We believe that the National Security Council's National Coordinator for Security, Infrastructure Protection, and Counter-Terrorism, established in May 1998 by Presidential Decision Directive 62, should review and guide the growing federal training, equipment, and response programs and activities.

Just as the broadening scope of efforts to combat terrorism poses a serious challenge for the executive branch, it also can be a coordination and oversight challenge for the Congress. The current committee structure is aligned with an agency and functional focus for authorization, appropriations, and oversight, and multiagency crosscutting issues, such as combating terrorism, proliferation, and others, fall within the jurisdiction of many authorizing committees and appropriations subcommittees.

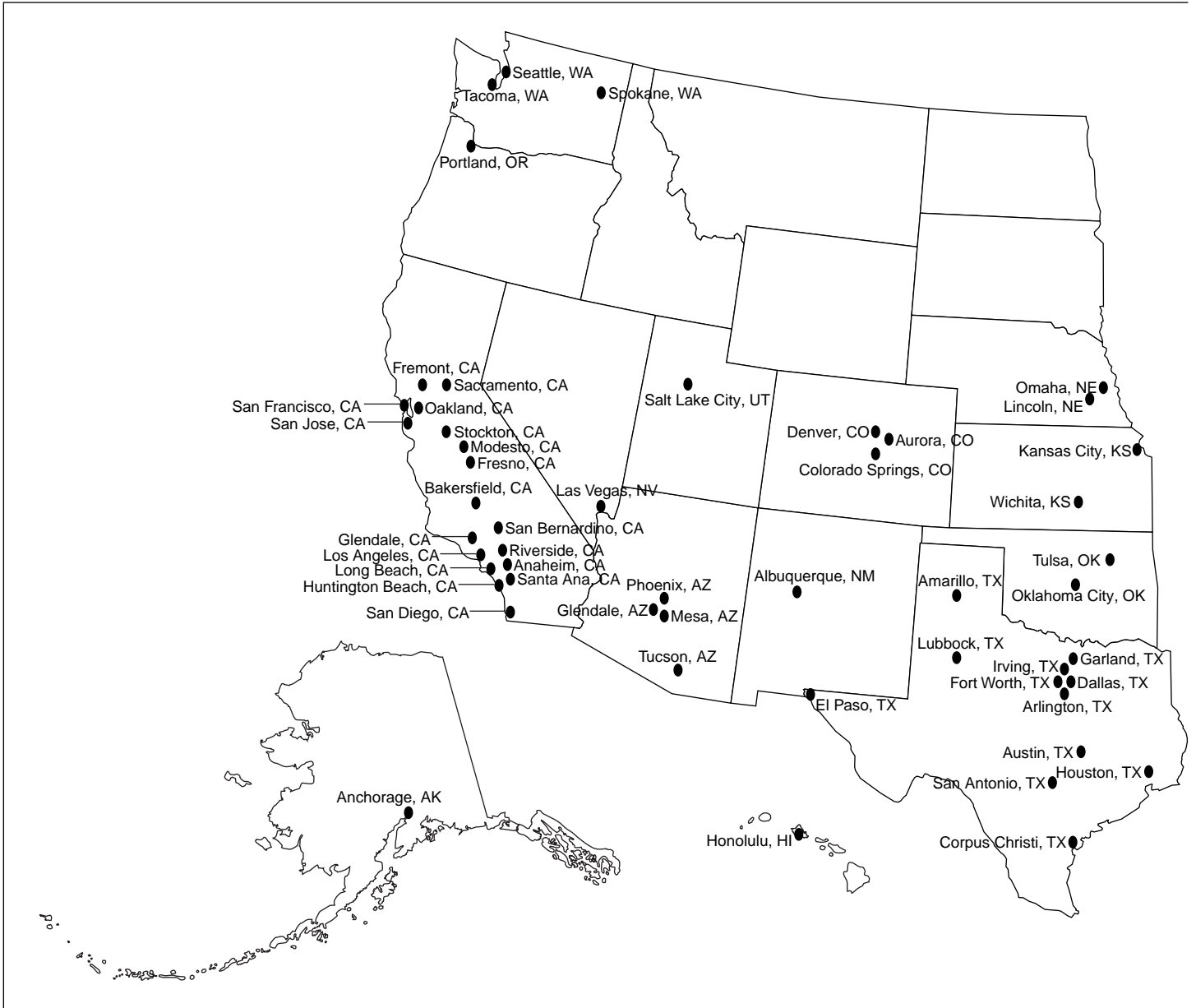
⁵For a more comprehensive overview of federal support capabilities, see *Combating Terrorism: Federal Agencies' Efforts to Implement National Policy and Strategy* (GAO/NSIAD-97-254, Sept. 26, 1997).

⁶*Combating Terrorism: Spending on Government-wide Programs Requires Better Management and Coordination* (GAO/NSIAD-98-39, Dec. 1997).

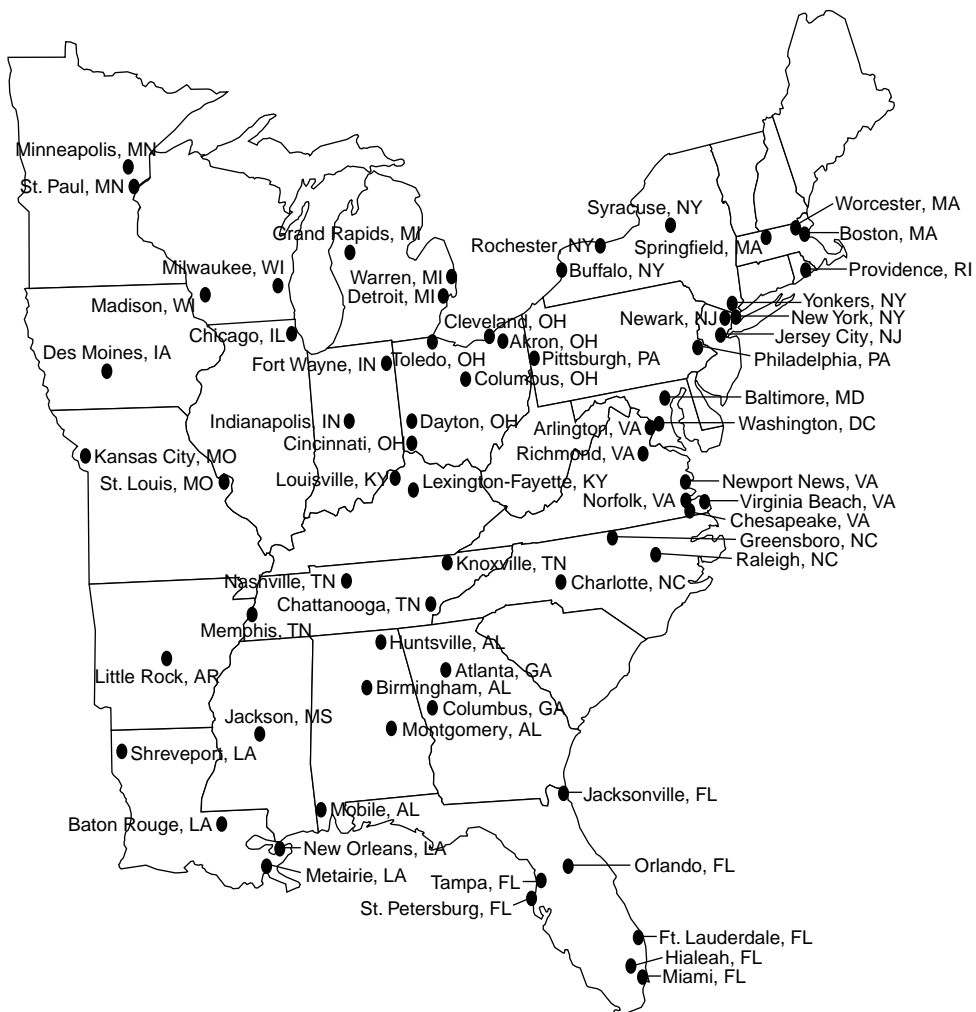
⁷*Combating Terrorism: Observations on Crosscutting Issues* (GAO/T-NSIAD-98-164, Apr. 1998).

Mr. Chairman, that concludes our prepared statement. We will continue to finalize our report, receive agency comments, and develop recommendations on program focus, and will be issuing that report in the next few weeks. We would be happy to answer any questions at this time.

Location of Nunn-Lugar-Domenici Cities

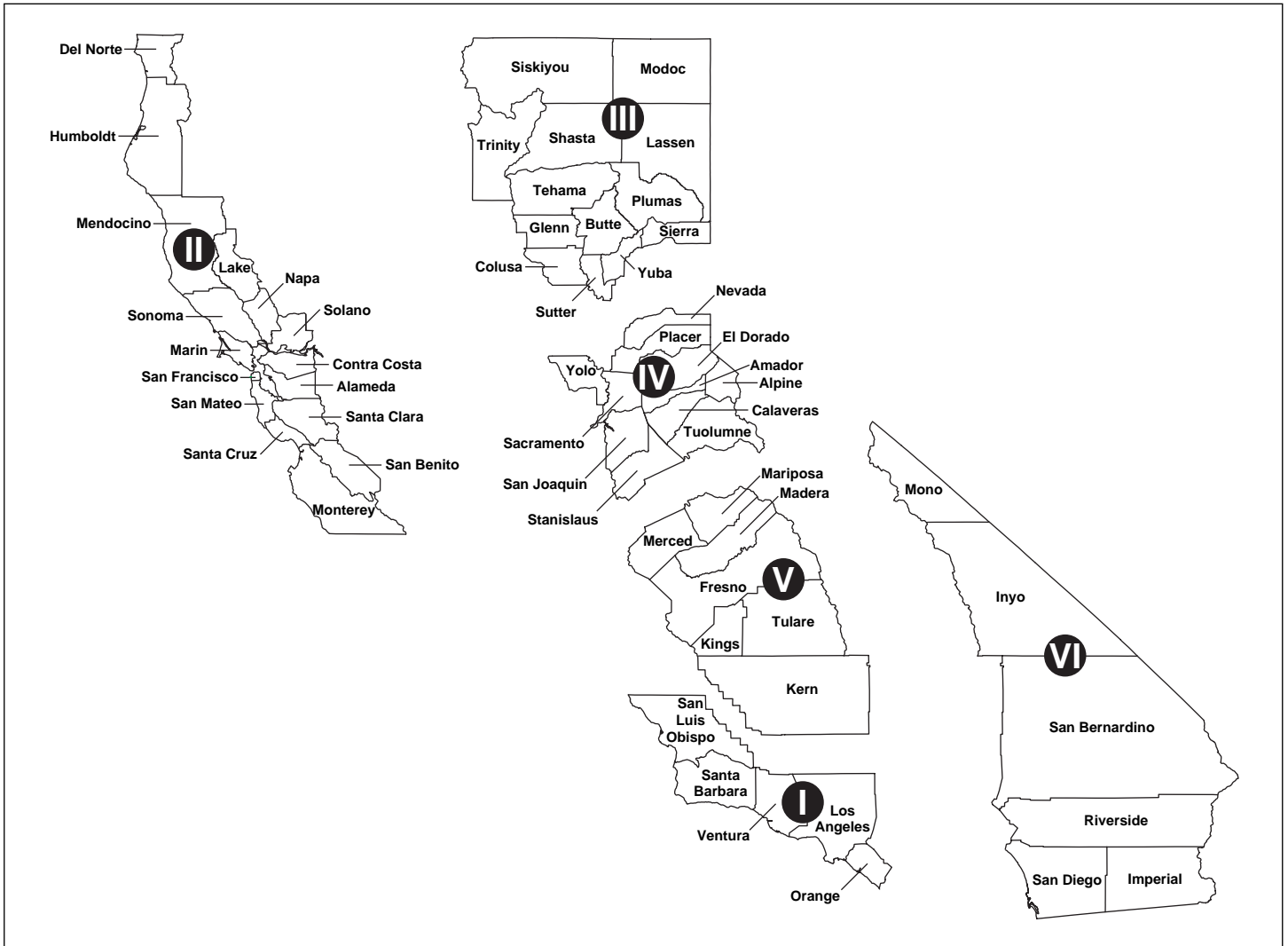


Appendix I
Location of Nunn-Lugar-Domenici Cities



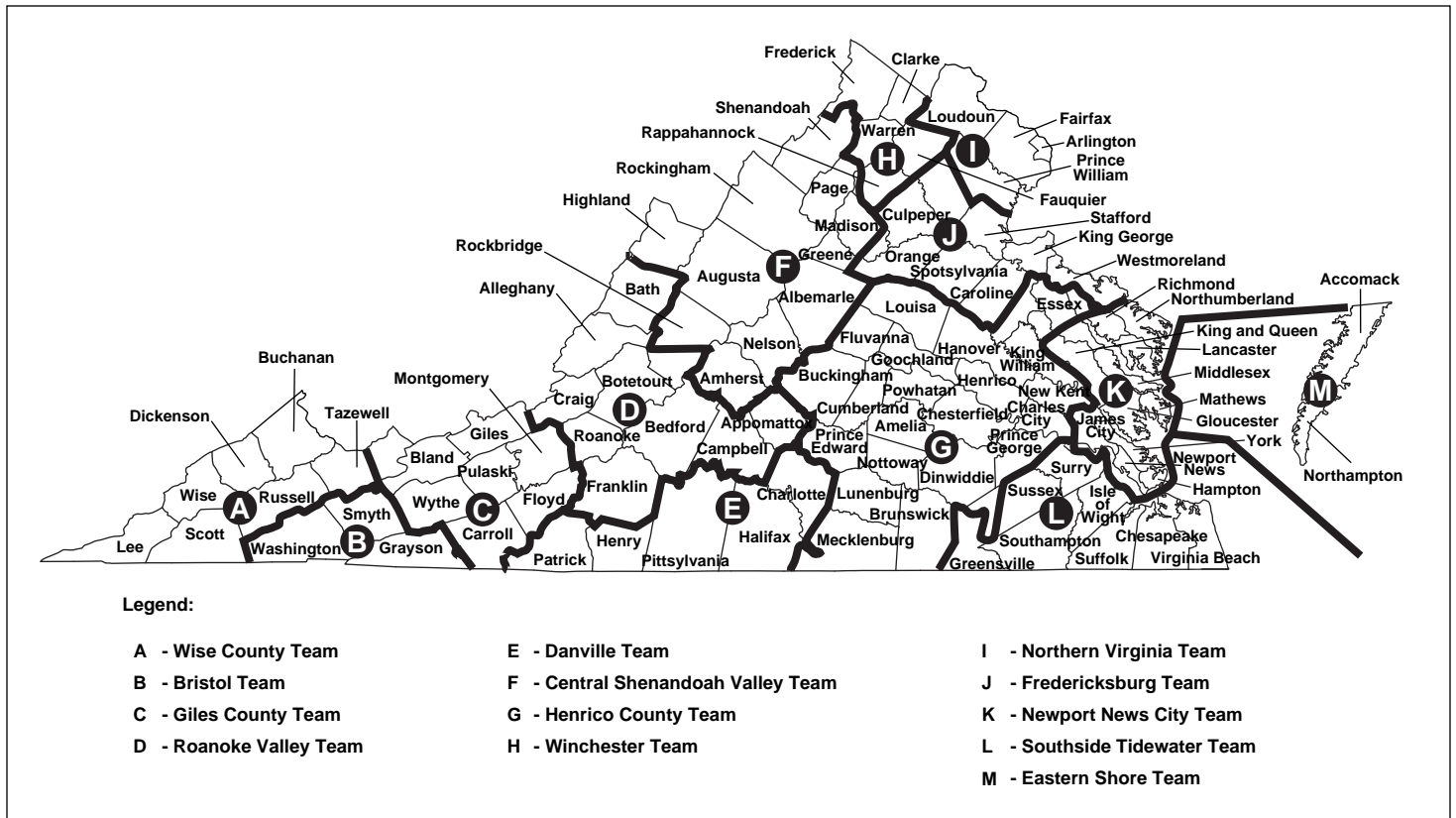
Source: Department of Defense.

California's Mutual Aid Regions



Source: California State Emergency Management System Guidelines.

Virginia's Regional Hazardous Materials Response Teams



Source: Virginia Department of Emergency Services.

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