

**HOMELAND DEFENSE:
ARE WE THERE YET?**

by

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Executive Summary

- Significant global events such as the 1995 Tokyo subway nerve gas attack, the former Soviet Union's bioweapons program, Iraq's efforts to produce and weaponize biological agents highlight the greatly increased probability of chemical or biological terrorism.
- The inclusion of homeland defense in U.S. national security strategy, as well as recent executive and legislative responses to chemical and biological terrorism, are improving our ability to respond to chemical or biological terrorist incidents in the U.S.
- Lack of threat awareness, limited response capabilities and overall organizational confusion hamper U.S. preparedness for chemical or biological incident response.
- Organizational confusion, including responder training and incident coordination, is, perhaps, the greatest roadblock in countering or responding to a chemical or biological terrorist threat.
- The Department of Defense (DOD) is the lead agency providing technical operations capabilities in responding to the threat, establishing the Consequence Management Program Integration Office (COMPIO) in March 1998 to include training, acquisition systems, logistic support systems and program elements for consequence management.
- The Nunn-Lugar-Domenici act tasked DOD to improve the capabilities of 120 cities to respond to weapons of mass destruction incidents, and mandated the program be turned over to the Department of Justice (DOJ) by October 2000. The DOJ would continue where DOD left off and pick up 37 new cities.
- In the event of a WMD incident, the U.S. military will support local law enforcement agencies and many other federal, state, and local entities, including the use of specific civil support teams and response forces located throughout the U.S.
- DOJ is the lead agency for threats or acts of terrorism with U.S. territory, providing a variety of responders – including the FBI – for a domestic chemical or biological incident.
- The Federal Emergency Management Agency (FEMA) is the lead agency for consequence management, working closely with other local, state, and national responders to possible chemical or biological incidents.

- A variety of other agencies including the Department of Energy, Department of Health and Human Services, Environmental Protection Agency, and Center for Disease Control provide technical operations support.
- Municipal governments and non-governmental organizations are largely unprepared to prevent or effectively manage the consequences of a chemical or biological incident.
- Confusion exists as to who actually is in charge following a chemical or biological incident, especially within a federal bureaucratic structure so complex that it appears to be fragmented and uncoordinated.
- Federal agencies, including DOD, DOJ, and FEMA are working closely to solve the problems arising from incident response coordination, including rapid internet communications, specialized response databases, and online responder courses.
- Even the best possible preparation for a chemical or biological terrorist attack will not necessarily stop the attacker.
- The U.S. government is not yet fully organized to conduct homeland defense with respect to the current chemical and biological threat, especially in area of incident management and response coordination.

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The views expressed in this publication are those of the author and do not reflect the official policy or position of the Department of Defense, the U.S. Government, or the USAF Counterproliferation Center.

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I. Introduction

“Our potential enemies, whether nations or terrorists, may be more likely in the future to resort to attacks against vulnerable civilian targets in the United States.”¹

The threat of a catastrophe from terrorist's use of a chemical or biological weapon is increasing in probability in light of events such as the 1995 sarin nerve gas attack on the Tokyo subway, disclosures regarding the former Soviet Union's sophisticated bioweapons program, and discoveries of Iraq's large-scale efforts to produce and weaponize biological agents. Public awareness about terrorism was certainly heightened during the Y2K alerts and the arrests of Algerians linked to Osama bin Laden at the United States-Canadian border, but also may be a result of increasing public awareness through books, such as *The Cobra Event* and *Biohazard*; programs, such as ABC's "Biowar;" and media attention to non-state actors, such as Osama bin Laden.

Certainly, there are a number of terrorist groups that have not only demonstrated their dislike for the U.S., but who have also shown some interest in chemical and biological agents in the past few years. Among them are Osama bin Laden, who has stated that it is his duty to try to acquire weapons of mass destruction (WMD). He has declared war on the United States and its citizens and his allies have struck in the United States before, at the World Trade Center. The chief counterterrorism organization in the United States, the FBI, has suspended giving tours of its headquarters, in part because of concern that bin Laden's supporters could strike within the United States.² One documented use of a bioterrorism event in the United States occurred in 1984 when the Rajneeshee religious cult infected over 750 people with salmonella in Wasco County, Oregon. More recently, officials seized anthrax from the trunk of a car in Las Vegas. Larry Wayne Harris, arrested in the incident,

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once boasted of plans to place a “globe” of bubonic plague in a New York City subway and cause thousands to die.

What is still needed is an awareness of the response and some of the areas in which the government is working to avert an incident and, failing that, to mitigate the consequences. Since the United States increasingly faces the possibility that a chemical or biological attack could occur on U.S. soil, how well organized is the United States government to conduct homeland defense with regard to the chemical-biological threat?

II. Executive and Legislative Direction

“When Congress received a request from the administration to address bioterrorism, we had only the vaguest idea what they wanted to do.”³

The United States has included homeland defense in its national security strategy and there have been a number of executive and legislative responses to the increased threat of a terrorist event using chemical or biological weapons. The Defense Against Weapons of Mass Destruction Act of 1996 directs the Secretary of Defense to enhance the capability of the federal government to respond to terrorist incidents and to support improvements in the capabilities of state and local emergency response agencies. An amendment to the Defense Authorization Act for Fiscal Year 1997, also referred to by the names of its legislative sponsors, Senators Sam Nunn, Richard Lugar, and Pete Domenici, authorized funding to establish a military rapid response unit; to implement programs providing advice, training, and loaning of equipment to state and local emergency response units; and to provide assistance to major cities in establishing medical strike teams. The Local Firefighter and Emergency Services Training Act of 1996 authorized the Department of Justice (DOJ), in coordination with the Federal Emergency Management Agency (FEMA), to provide specialized training to state and local fire and emergency personnel.

The responsibilities of federal agencies and their relationships to each other in conducting crises and consequence management is provided in Presidential Decision Directive 39 (PDD 39), *United States Policy on Counterterrorism*, issued June 1995. PDD 62, *Combating Terrorism*, and PDD 63, *Critical Infrastructure Protection*, were issued in May 1998 and established a National Coordinator for Security, Infrastructure Protection, and Counter-terrorism and authorized the FBI to develop a National Infrastructure Protection Center (NICPAC). The two directives also provide a four-part initiative focused on biological weapons. These directives recognize the need for a coordinated approach to homeland defense against chemical and biological (C/B) attacks.

In spite of the focus placed on this problem at the highest levels, a 1999 National Guard Bureau WMD Study found,

With few exceptions, the United States is not prepared today to adequately respond to a C/B WMD attack. Although members of the emergency response community throughout our nation are working diligently to be prepared for a C/B WMD incident, the lack of resources, equipment, and training significantly limit their readiness. There is a widespread lack of understanding of the threat and of the capabilities needed to prepare for and cope with WMD incidents nationwide. This is especially true for biological incidents.⁴

With so much attention focused on the chemical and biological threat, what organizational problems hamper United States preparedness?

III. When an Incident Occurs, Who's in Charge?

“There must be a rapid and decisive capability to protect U.S. citizens, defeat or arrest terrorists, respond against terrorist sponsors, and provide relief to victims.”⁵

According to a September 1997 study by the U. S. General Accounting Office, there are over 40 different federal agencies, bureaus, and offices for responding to terrorism.⁶ However, the list of agencies for terrorism response on the Center for Nonproliferation Studies Chemical and Biological Weapons Resource Page describes many more (see Figure 1).⁷

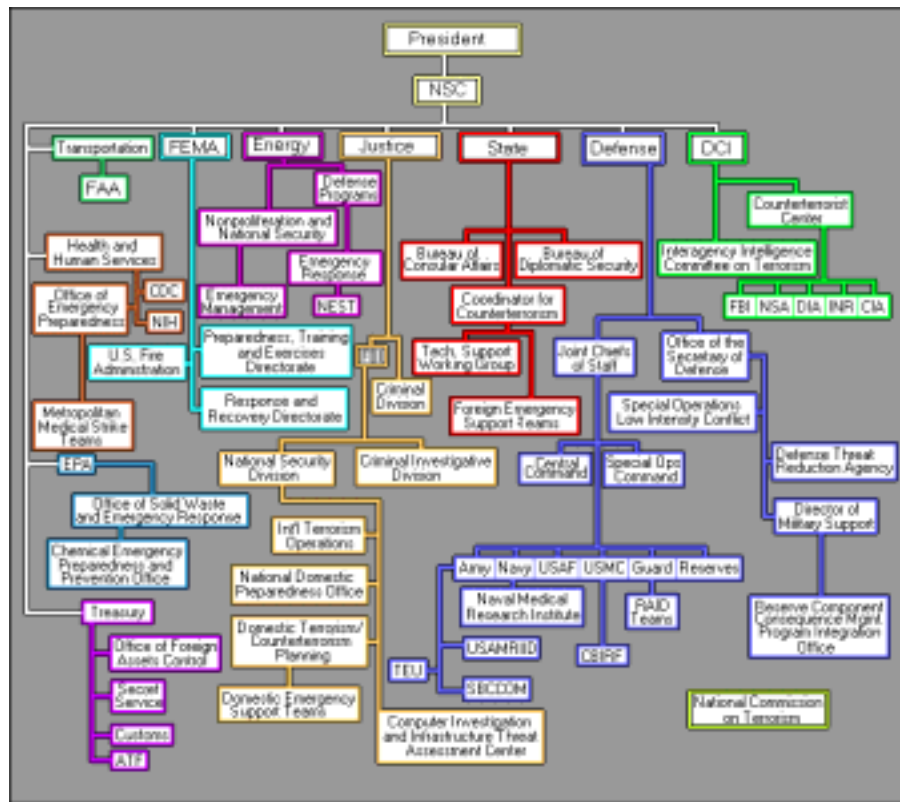


Figure 1: United States Domestic Preparedness Program Organizational Chart⁸
 (Editors Note: This Chart was considered accurate as of January 2000, but is subject to change in an evolving atmosphere. DOJ has not published anything more current since this chart was assembled by the Monterey Institute for International Affairs.)

This chart illustrates the vast coordination problem associated with a terrorist event. “To the local and state provider, the lack of coordination among federal agencies is confusing and ineffective.”⁹

The Domestic Terrorism Program, as prescribed in the 1997 Defense Authorization Bill, required the Defense Department (DOD) to lead the technical training of “first responders” to enable them to react to a nuclear, chemical or biological attack. Five other agencies were named in supporting roles: FEMA, the Environmental Protection Agency (EPA), and the Departments of Energy, Justice, and Health and Human Services (see Figure 2.)

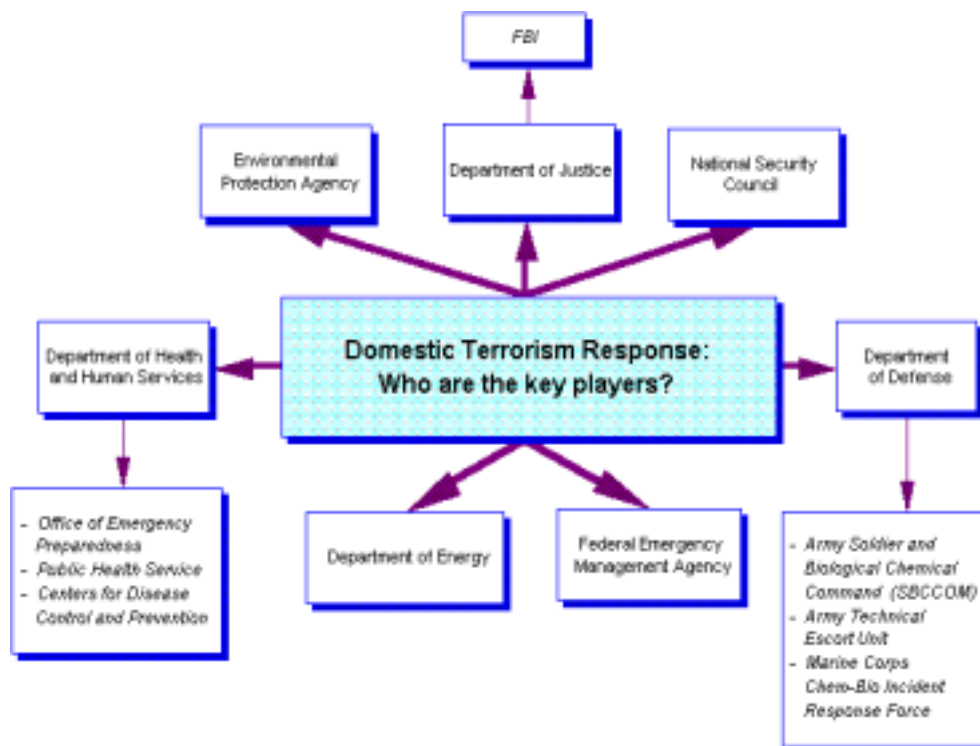


Figure 2: Some Important Federal Actors Responding to a Domestic Chem/Bio Terrorist Incident¹⁰

The DOD provides “technical operations capabilities to support the Federal response to threats or acts of WMD terrorism.”¹¹ It also coordinates military operations with the appropriate civilian lead agencies. The 1996 Defense Against Weapons of Mass Destruction Act directed the DOD to manage a training and equipment program in 120 cities over a five-year period.¹² Training and equipping local responders is critical in responding to chemical and biological attacks. These people will be the first to arrive on a scene, make initial assessments and manage the casualties. Another stipulation of this act mandated the program be turned over to DOJ by October 2000. The DOJ would become responsible for continuing where DOD left off, as well as picking up 37 new cities.

In March 1998, the Consequence Management Program Integration Office (COMPIO) within DOD was established to implement a plan for improving DOD response to terrorist attacks using WMD and to ensure

that reserve components are integrated into the response. COMPIO, in conjunction with partners throughout DOD and other federal agencies, established training, acquisition systems, logistic support systems and program elements for consequence management. COMPIO was also responsible for fielding 10 Rapid Assessment and Initial Detection (RAID) Teams. These teams, which were initially funded in 1999 to provide rapid assessment of biological and chemical incidents and to supply initial detection equipment, are now known as Weapons of Mass Destruction Civil Support Teams (WMDCST). Plans for an additional 17 teams were announced on 13 January 2000.¹³ These WMDCS teams will act in support of first responders when requested by state or federal government. They will respond to a suspected or actual chemical or biological attack, assess the situation, provide advice to the local incident commander, and facilitate the arrival of additional military assets. These 22-member teams will be available for operational support to first responder communities after formal validation. The GAO has questioned whether creating these Guard units is a duplication of effort. However, Guard units are “state resources” and could respond more quickly than some other national assets. The National Guard is already familiar with other demands that could result from a WMD event, such as arranging to feed, shelter, and clothe displaced personnel. Should health officials order a quarantine, the Guard could be asked to help implement the plan.¹⁴

The DOD also has highly trained units from which it can draw to respond to a WMD incident. The Marine Corps’ Chemical Biological Incident Response Force (CBIRF), which is currently based at Indian Head, Maryland, can deploy to treat and evaluate casualties, and provide local security, detection, and decontamination. The Joint Special Operations Command also has units that are manned, equipped, and trained to deal with WMD threats. The Explosive Ordnance Disposal teams and the Army’s Technical Escort Unit also respond to emergencies and have been involved in the development of response plans and procedures.

In December 1999, Brigadier General Bruce M. Lawlor was appointed the commander of Joint Task Force-Civil Support (JTF-CS). This command has been given the mission to plan for the use of the

military to support the civilian sector in response to a chemical, biological, or nuclear attack. The JTF-CS is within the Joint Forces Command.

In the event of a WMD incident against the civilian population within the United States, the military, for the most part, will be required to support local law enforcement agencies and many other federal, state, and local entities. If a WMD attack occurs, the response must be immediate in order to mitigate casualties and/or damage. Emergency medical care must be given. Protective gear, medication, and vaccines will have to be distributed and areas will have to be evacuated and/or quarantined. The military is trained and equipped to provide this logistical support and has the unique ability to quickly mobilize resources. The military is also capable of specialty support such as providing decontamination equipment to an area or otherwise lending its expertise. For example, in a Las Vegas anthrax seizure, a terrorist suspect's car was taken to Nellis Air Force Base (AFB) where federal chemical and biological experts studied its contents.¹⁵

The DOJ is “the lead agency for threats or acts of terrorism within U.S. territory.”¹⁶ DOJ assigned the Federal Bureau of Investigation (FBI) as the lead for all operational response to a WMD incident in the United States. In that capacity, the FBI “operates as the on-scene manager for the Federal Government.”¹⁷ The National Domestic Preparedness Office (NDPO) of the FBI is the single program and policy office for WMD. The NDPO is tasked to provide “one-stop shopping” to local authorities with centralized access to financial assistance for the acquisition of special equipment, training courses, and technical assistance for chemical and biological incidents. The FBI also manages the Domestic Emergency Support Team (DEST), an interagency team activated in 1995 to provide expert advice and assistance to the FBI on-scene commander regarding the capabilities of domestic agencies and to coordinate follow-on assets. The DOJ is providing money for the training of local responders (also referred to as “first responders”), such as the local police and fire officials and for local responder equipment. DOD transferred control of the facilities at Fort McClellan, Alabama, to the DOJ’s Center for Domestic Preparedness for the training of local responders. This should help improve the response process because DOJ has a natural relationship to first responders, particularly law enforcement

FEMA is the lead agency for consequence management and supports the FBI by coordinating the consequence management of a WMD incident. FEMA's responsibility includes ensuring that the Federal Response Plan (FRP) is adequate for consequence management activities regarding terrorist and WMD attacks. The FRP "brings together twenty-six Federal departments and agencies and the American Red Cross to organize Federal disaster response and recovery efforts and coordinate them with the affected State."¹⁸ FEMA developed the Terrorism Incident Annex to the FRP, which describes the coordination relationships between the various federal agencies.

Other agencies providing technical operations support are the Department of Energy in the area of radiological response; the Department of Health and Human Services (DHHS) regarding medical support; and the Environmental Protection Agency (EPA) for hazardous materials operations. The DHHS response may include agent identification, epidemiological investigation, hazard detection and reduction, decontamination, and public health support. The Center for Disease Control (CDC) has been designated by DHHS to lead its public health preparedness effort for chemical and biological terrorism. The CDC and the Public Health Service Office of Emergency support state and local governments by coordinating the health and medical response. The Public Health Service is establishing 25 Metropolitan Medical Strike Teams throughout the country.¹⁹

The immediate response to a chemical or biological attack is at the local and municipal level. However, municipal governments and non-governmental organizations are largely unprepared to prevent or effectively manage the consequences of such an attack, especially bioterrorism. The federal government is a source to assist state and local authorities in responding to WMD incidents. The federal responders will be available to supplement the resources of cities, counties, and states across the United States, but specific guidelines should be in place for the division of labor between the military and civilian sectors as well as federal, state, local, and non-governmental agencies.

IV. Are We There Yet?

“The FBI and our police officers, fire fighters, and emergency medical services personnel have quietly replaced our military forces as the first line of defense and the primary instrument of national security against the threat of terrorism.”²⁰

While there is high-level guidance regarding the roles of federal agencies, those roles are still being defined. So the answer to the question of “Who’s in charge?” currently is, “It depends.” Federal response to a chemical or biological event will depend upon the nature and severity of the incident. In a chemical or biological attack, the disaster site is also a crime scene and the event is a national security problem. There may be no clear point at which an incident moves from crisis management to consequence management. “Indeed these phases may occur simultaneously or, in some cases, the consequence management phase may actually precede the identification of a terrorist event.”²¹ A domestic chemical or biological attack could be of such magnitude and complexity that it would quickly draw on and require resources far beyond what any one agency or service could handle. Medical treatment, distribution of protective gear, medication and vaccines, and a possible evacuation or area quarantine are but some of the demands following such an incident. Many people believe that the federal government is ready and able to respond to such an attack. While there are many assets from both military and civilian agencies upon which the federal government can rely, the major problem is that these resources probably will not be there in a timely manner. The actual role of the federal response is to support state and local governments. Local responders will be the first to arrive at the scene and will have to handle the immediate consequences of an incident. Additionally, a catastrophic chemical or biological event will present medical response challenges. In the event of bioterrorism, the initial major impact would probably be upon emergency medical personnel rather than the traditional first responder community. No one may know that anything has happened until people start showing up at doctors’

offices and hospitals. It will be extremely difficult to decide whether the problem is a natural incident or a biological attack and to determine what actually happened and why. While the worst effects of a chemical attack are soon over, the devastation following a biological outbreak, such as smallpox or anthrax, can continue as the disease begins to spread. While the federal government has been funding programs to train emergency responders for a chemical or biological incident, such WMD preparedness programs have only minimally involved hospitals and the health care professionals working in them.²² This points to a gap in preparedness to deal with a biological weapons threat. Preparedness exercises for such a catastrophe should also include hospital and public health personnel. The U.S. Public Health Service is attempting to address this problem by converting a closed hospital at Ft. McClellan into a center to train emergency medical personnel in the treatment of victims of biological and chemical attacks. They will also be taught how to protect themselves and the hospital buildings.²³

The federal bureaucratic structure is so complex that it appears to be fragmented and uncoordinated. “State and local officials consistently express frustration in understanding where or how to enter this bureaucratic maze to obtain information, assistance, funding, and support.”²⁴ However, U.S. government initiatives are addressing this problem. DOD and DOJ have been coordinating improvement in the area of domestic preparedness. The creation of the NDPO provides federal coordination, integration, and interagency cooperation and has improved support to state and local responders. The NDPO is coordinating a list of standardized equipment for the local responder community and is working with FEMA, OSHA, and the National Fire Protection Association to support the acquisition of comparable equipment. FEMA and the DOJ have been working together to better coordinate the interagency efforts for “domestic preparedness in the areas of planning, training, exercises and equipment to further assist the State and local response community.”²⁵ FEMA has developed, delivered, and coordinated a number of courses with the National Fire Academy and the Emergency Management Training Institute using the National Emergency Training Center to provide local responders with training and information. The FEMA-developed Rapid Response Information System (RRIS) is an on-line

planning and training tool to assist federal, state, and local emergency responders to prepare for and respond to WMD incidents. Among its contents are a database of chemical and biological weapons materials characteristics, effects, and indicators; hotlines and helplines; and an inventory of federal capabilities available to support local response.

V. Conclusion

“We must ensure that plans and procedures are developed, fully coordinated across all level of government, to reduce to a minimum the chaos and confusion that is inherent in the response itself.”²⁶

There is no absolute protection against terrorist attacks. Terrorist incidents involving biological agents probably will be markedly different than those involving chemical agents and require different preparation and response. The various chemical/biological response teams being developed at the local, state, and federal levels are almost entirely focused on the detection, decontamination, and quick treatment of chemical casualties. An attack with chemical agents is similar to a hazardous materials incident that local responders contend with on a regular basis. Although the federal government is better prepared for a chemical attack, federal help will probably be of little use in a chemical attack because of the rapidity with which chemical agents react.

“Vulnerability and capability, two pre-requisites of bioterrorism, are in place.”²⁷ The task of preparing for a covert act of biological terrorism is especially daunting since such an attack would not be recognized until a substantial number of cases, and possibly fatalities, have been reported. Preparing for such an attack will require organization, training, equipment, therapies, procedures and adequate and sustaining resources. Public health departments and the medical community must be included in the planning and training for chemical and biological incidents. Strengthening existing mechanisms for dealing with unintentional releases of chemical hazards, monitoring food safety, and detecting and responding to infectious disease outbreaks also should be included in our domestic preparedness plans.

Military approaches to chemical and biological defense are applicable to domestic civilian situations involving these agents, but some military standard operating procedures, could be difficult to implement in the civilian sector, such as vaccination requirements. Help from deployable military teams will only be optimal if intelligence allows for pre-deployment or the attack occurs near the team’s home base. The creation

of the JTF-CS should provide the planning and coordination necessary for the civil and military to be effective in response to this threat.

Detection and identification of agents in both chemical and biological attacks are often based on individual symptoms. Diagnosis problems and limited detection capabilities eventually may be overcome by technological solutions. Recognition of the need for local, regional, and national preparedness, especially for bioterrorism, should provide the impetus for civilian and military personnel to join together to address the issues of planning, education, training and equipment, and applying technology.

The United States government is not yet fully organized to conduct homeland defense with regard to the chemical-biological threat. According to a 1998 GAO report, “the many and increasing number of participants, programs, and activities in the counterterrorism area across federal departments, agencies, and offices pose a difficult management and coordination challenge to avoid program duplication, fragmentation, and gaps.”²⁸ No single federal or local agency is capable of coping with all of the consequences of a chemical or biological attack. It will take coordination among law enforcement, emergency response, military and medical personnel at all levels. Deterrence, defense, and preparation must come through the efforts of both military and civilian resources. The U.S. government, through the National Coordinator for Security, Infrastructure Protection, and Counter-terrorism, should take the lead in organizing the federal, state, and local governments for federal planning, programs, training, equipment, and response to homeland defense with regard to chemical-biological threats.

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USAF Counterproliferation Center

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