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Combating Terrorism

How Prepared Are State and Local Response Organizations?

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Prepared for the Office of the Secretary of Defense

Approved for public release; distribution unlimited



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The research described in this report was prepared for the Office of the Secretary of Defense (OSD). The research was conducted in the RAND National Defense Research Institute, a federally funded research and development center sponsored by the OSD, the Joint Staff, the Unified Combatant Commands, the Department of the Navy, the Marine Corps, the defense agencies, and the defense Intelligence Community under Contract DASW01-01-C-0004.

Library of Congress Cataloging-in-Publication Data

Davis, Lois M.

Combating terrorism : how prepared are state and local response organizations? /

Lois M. Davis, Louis T. Mariano, [et al].

p. cm.

Includes bibliographical references.

ISBN 978-0-8330-3738-1 (pbk. : alk. paper)

1. Civil defense—United States—Evaluation. 2. Terrorism—United States—Prevention—Evaluation. 3. Emergency management—United States—Evaluation. I. Mariano, Louis T. II. Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction (U.S.) III. Title.

UA927.D38 2006

363.325'17—dc22

2006034901

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Published 2006 by the RAND Corporation

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Summary

Since the 9/11 attacks on the World Trade Center and the Pentagon, state and local governments and response organizations have focused attention on preparing for and responding to acts of domestic terrorism. Of particular concern has been improving state and local response capabilities for dealing with terrorist incidents involving weapons of mass destruction (WMD), i.e., biological, radiological, chemical, or nuclear weapons. Much activity has focused on what the federal government itself can do to better support the efforts of state and local organizations in the war on terrorism.

The Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction (also known as the Gilmore Commission) was established by Congress on October 17, 1998, to evaluate the progress of federal preparedness programs for local emergency response and to recommend strategies for effective coordination of preparedness and response efforts between federal, state, and local government and response organizations.

As part of its support for this effort, just prior to the 9/11 terrorist attacks, RAND conducted the first wave of a nationwide survey to gather in-depth data about state and local response organizations' assessments of federal preparedness programs for combating terrorism. Follow-on surveys were conducted in 2002 and 2003. The surveys gathered in-depth data on the planning and preparedness activities of the key professional communities involved in preparedness and emergency response: law enforcement, fire services, offices of emergency management (OEMs), emergency medical services (EMSs), hospitals, and public health agencies.

This national survey provides the first comprehensive picture of efforts in the two years following the 9/11 attacks to improve the nation's preparedness for terrorism. It enables us to gauge what is going right and what is going wrong, and it allows us to identify areas for improvement. This report presents a summary of results from the third wave of the survey, conducted in 2003. The report addresses six key issues: (1) intelligence information and warning; (2) what organizations did in response to 9/11 to improve their preparedness capabilities; (3) which types of incidents state and local organizations consider most important to prepare for; (4) organizations' views about funding support needs and the association between receipt of funding and preparedness activities; (5) differences between state and local organizations in their participation in federal programs and in their expectations of the federal government; and (6) involvement of response organizations with the private sector.

Also, where appropriate, we discuss changes that have occurred since the survey was completed.

What Is Going Right and Areas That Need Improvement

Stepping back from the detail of the survey responses, we can take a broader view of what has gone right following the 9/11 terrorist attacks and what still needs to be worked on.

Following 9/11, Preparedness Received a Lot of Attention

In response to 9/11, state and local response organizations undertook a number of steps to improve their preparedness. They updated mutual-aid agreements for emergencies in general and response plans for chemical, biological, and radiological (CBR) incidents, and they conducted risk assessments. As one might expect, the types of incidents local response organizations focused on tended to follow the organizations' missions. However, there was considerable variation in the priority organizations assigned to investing departmental resources in terrorism preparedness.

In light of the catastrophic impact of hurricanes Katrina and Rita, controversy has arisen over whether state and local organizations have overemphasized preparedness for terrorism at the expense of emergency preparedness for natural disasters. Our survey results suggest that the events of 9/11 spurred response organizations not only to undertake preparedness activities for terrorism-related incidents—e.g., updating response plans to address chemical, biological, radiological/nuclear, and explosives (CBRNE) incidents—but also to make general improvements in emergency response, including updating mutual-aid agreements and participating in joint preparedness activities with other organizations. All these activities support overall preparedness for any catastrophic event.

However, we cannot tell from the survey how much better prepared the United States is to deal with a terrorist attack as a result of these activities. Although state and local organizations undertook a range of activities following the 9/11 terrorist attacks to improve their response capabilities, it is difficult to quantify the preparedness of those organizations without standardized measures of organizational and community preparedness. We are also unable to tell the extent to which resources may have been diverted from other areas of preparedness (or other agency responsibilities). We found substantial variation among organizations in the way in which they financed their efforts: Some increased internal spending or reallocated departmental resources to improve terrorism preparedness following 9/11, while others used external funding to support those activities. Our results suggest that by taking on these additional demands, some local response organizations may have been stretched thin in the years following 9/11. This is an area that warrants further examination.

Threat Information Appears to Be Reaching the Right Organizations

Threat information appears to be reaching the right organizations, but given the central role law enforcement plays in receiving and sharing threat information, it is of some concern that only half of the U.S. law enforcement agencies in 2003 had received guidance from the Federal Bureau of Investigation (FBI) about what information to collect and pass on. Further, very few law enforcement agencies had applied for

security clearances; rather, they relied primarily on the FBI and other sources for threat information. And although the majority of state OEMs applied for security clearances, less than half had received them at the time of our survey. While a number of state and local officials have federally sponsored clearances, the Department of Homeland Security (DHS) was unable to provide an accurate count of how many such clearances had been issued to states and localities.

Current trends suggest that law enforcement also may play an increasingly important role in investigating terrorist-related incidents (Davis et al., 2004). These trends underscore the importance of improving coordination between the FBI and law enforcement. At the same time, it will be important for DHS and the Department of Justice (DOJ) to monitor the role and function of the specialized terrorism and criminal intelligence units and the intelligence training law enforcement personnel receive.

Organizations That Believed the Threat to Be Higher for Their Jurisdictions Were More Proactive in Improving Preparedness

Local response organizations that felt their jurisdictions faced a higher threat of terrorism were more likely to take action to improve their response capabilities than were others that felt the threat was lower. For example, law enforcement agencies and paid/combo fire departments that perceived the threat to be high were more likely to have assigned a higher priority to investing departmental resources in terrorism preparedness. Local OEMs behaved similarly.

Among health organizations, local public health agencies that perceived the threat to their jurisdiction to be high were more likely to update their response plans for CBRNE and to create new organizational structures (e.g., units or positions) or assign personnel to focus on terrorism preparedness. In addition, health agencies that perceived the threat to be high were more likely to assign a higher priority to investing resources in terrorism preparedness and to increase spending or reallocate departmental resources following 9/11 than were departments that perceived the threat to be low. Hospitals that perceived the threat to be high for their jurisdiction were more likely to pur-

chase both monitoring and detection equipment and decontamination equipment.

Views Varied on Whether Funding Is Reaching the Communities and Organizations with the Greatest Need

State OEMs and state public health agencies (the organizations responsible for distributing federal funding and resources within the state for emergency and bioterrorism preparedness) tended to believe that federal support was reaching the communities and organizations with the greatest need. However, at the local level, law enforcement agencies, in particular, felt that federal funding was not reaching those with the greatest need, regardless of whether the funding was distributed through the state or directly to localities.

These differences of opinion might partly reflect differential receipt of funding from the federal level. For example, initial federal monies for bioterrorism preparedness targeted public health, while funding for first responders was not as rapidly forthcoming, and there were delays in distribution.

Funding Appears to Have Gone to Localities That Response Organizations Believed Faced a Higher Threat of Terrorism

Local response organizations that perceived the threat of terrorism to be high for their jurisdictions, particularly law enforcement, were more likely to report receipt of external funding after 9/11 to support their preparedness activities.

Receipt of funding, not surprisingly, was positively correlated with being proactive in improving an organization's level of preparedness. That is, local response organizations (except volunteer fire departments) that received an increase in external funding or resources or agency-specific federal support following 9/11 were more likely than other organizations of their same type to have, for example, increased spending or reallocated resources to focus on terrorism preparedness.

These survey results suggest that in 2003, federal preparedness funding and resources were appropriately being targeted to jurisdictions that local response organizations believed faced a higher threat of terrorism. It is difficult to assess whether the targeting was actually

better or whether other factors were influencing this relationship. It could be that the law enforcement agencies and combination paid/volunteer fire departments in the high-threat category, for example, were more proactive in general about seeking federal funding and assistance and were more successful in obtaining it. Also, because our findings are based on the self-reports of local organizations, we were unable to verify the extent to which different organizations had received federal funding.

Receipt of Funding Was Variable Across Organizations

The reported receipt of funding was highly variable across state and local organizations. The differences are partly the result of the grant mechanisms in place and of differences among response communities about when federal support was made available to them. Following 9/11, federal funding to the states was initially focused on public health preparedness; state public health agencies and, to a lesser degree, state EMSs received federal support early in 2002 to undertake comprehensive assessment and planning efforts to improve their states' overall preparedness for bioterrorism. Funding to first responders, however, did not begin to flow in any substantial amounts until spring 2003, when the newly created DHS announced the release of funding to be distributed to the first-responder community. In summer 2003, when the third wave of this survey was undertaken, federal funding distributed through the states was just beginning to reach local response organizations. However, as discussed below, distribution of these grant funds encountered a number of obstacles.

Organizations Have Differing Expectations About the Role of the Military in Terrorism Response

In the aftermath of hurricane Katrina, events in Louisiana highlighted the differing expectations that state and local officials have with respect to the role of the federal military and the National Guard in responding to a major catastrophe. We found that state and local response organizations varied similarly in what they expected of the military in the event of a large-scale terrorist-related incident.

In some cases, the differences may reflect misunderstandings about the roles and responsibilities of the federal military under the Federal Response Plan or the new National Response Plan, as well as a lack of knowledge about legal restrictions on the domestic use of the federal military. Nevertheless, these differences raise an important question about whether state and local organizations are planning under very different assumptions about the role they expect the military to play in the response to a terrorist-related incident or a major disease outbreak. This is an area that warrants greater awareness training and possibly a reexamination of planning assumptions.

Coordination with the Private Sector Needs Improvement

Enhancing coordination with the private sector is critical for ensuring the preparedness of states and localities and for protecting vital critical infrastructure (e.g., utilities, transportation). The 2003 survey provides several indicators of how much coordination is occurring between emergency responders and the private sector, and what we see indicates that there is considerable room for improvement. There is limited interaction with the private sector, either in sharing threat information or in participation in joint preparedness activities (e.g., planning, training). These results suggest that significant room for improvement remains in the area of public/private-sector coordination.

Coordination Between Public Health Agencies and Emergency Responders Needs Improvement

During a public health emergency or a bioterrorist attack, law enforcement and other emergency response organizations might be called on to enforce quarantines, manage crowds, or participate in joint investigations with public health officials. Many have expressed concern about the lack of integration between the public health and medical communities and other local emergency responders to address preparedness for bioterrorism or other acts of domestic terrorism (Hamburg, 2001).

The 2003 survey revealed important differences in the way health agencies and law enforcement agencies and fire departments viewed this relationship. Specifically, only one-quarter of the law enforcement organizations and one-third of the paid/combination fire departments

that had participated in joint preparedness activities since 9/11 indicated that those activities involved local health agencies. At the same time, the majority of the local health agencies that reported participation in joint preparedness activities following 9/11 indicated that those activities had involved law enforcement and fire departments.

These survey results clearly suggest a disconnect between how emergency responders and public health agencies view the degree to which they are integrating their preparedness activities. These results may reflect differences in the way these organizations interpreted the question or in what they consider joint activities might entail. Nevertheless, public health and emergency responder coordination remains an area where additional efforts are needed.

Support Needs and Expectations of DHS

Beyond helping us understand what is working well and what is in need of improvement, the survey results were useful in identifying what state and local organizations felt were their most urgent support needs and what expectations they had about support from DHS.

Protection of Response Personnel, Training, and Equipment Were Identified as Important Support Needs, but Funding Was Viewed as a Limiting Factor

The survey revealed that first responders were primarily concerned about protection of response personnel and their ability to decontaminate victims and provide mass care, results that are consistent with the emergency responder protection needs reported in LaTourrette et al. (2003). In structured discussions with representatives from the emergency responder community, a common concern expressed was the need for adequate protection against terrorist attacks and the need to deal with the vulnerability of nonspecialist responders. A majority of state and local public health agencies were also concerned about protecting response personnel, decontamination of victims, and mass care capabilities. Also, despite the fact that the 9/11 Commission hearings highlighted communications problems emergency responders

had encountered in responding to the attacks—in particular, lack of interoperability—our survey results did not show this to be a particularly important concern. This was somewhat surprising in light of the 9/11 experience and the numerous examples of communications and coordination problems reported for other recent disasters.

Organizations cited limited training and equipment procurement budgets, as well as competing or higher departmental budget priorities, as factors limiting their ability to purchase specialized equipment for terrorism preparedness and to participate in federally sponsored training or equipment programs.

Volunteer Fire Departments' Support Needs Merit Closer Examination

Given the limited resources and the small size of many volunteer fire departments, one might argue that they should focus primarily on their firefighting duties and leave terrorism preparedness to full-time, professionally staffed fire departments. And indeed, volunteer fire departments reported lower levels of involvement in terrorism-specific preparedness activities. However, given that the majority of fire departments in the United States are volunteer rather than paid/combination departments, their limited participation in joint preparedness activities and training should raise some concerns; this suggests that attention will need to be given to finding ways to ensure increased participation in the future.

Expectations of DHS Are High

Most of the organizations surveyed were looking toward DHS for funding support. In addition, state and local organizations wanted more information about the terrorist threat and expressed a number of views on how to improve DHS's Homeland Security Advisory System. They expected DHS to improve coordination between the federal, state, and local levels, streamline grant processes and requirements, consolidate training courses/programs and equipment programs, and facilitate integration of the private sector.

Since the 2003 survey, some of these expectations have been met, while others have been met with only limited success. For example,

many survey responders hoped that DHS would standardize the grant application process across federal agencies and consolidate multiple grant application requirements. In September 2003, DHS announced that a single point of access for state and local grants would be established, partly to streamline the process. However, delays in the distribution of grant funding from the federal to the state level and from the state to the local levels have hampered efforts to get funding to state and local response organizations.

Delays in the distribution and spending of federal first-responder grant funds resulted from a number of problems. In some instances, states were delayed in developing plans and detailed guidelines for distributing funds to the local level. Some state and local jurisdictions also were delayed in developing detailed spending plans and in completing statewide risk assessments and homeland security strategies needed to inform the distribution of first-responder grant funds.

In addition, the overall appropriations for federal homeland security assistance have been steadily decreasing, from a total of \$3.82 billion in FY 2003 to \$3.61 billion in FY 2005; the FY 2006 budget request represents a further reduction, to \$3.36 billion. As noted by the Congressional Research Service, although the intent was to use federal funding to help create a base for states and localities to build upon, attempts to establish that base may have been inadequate, and further reductions in federal homeland security assistance may impair state and local attempts to meet such goals as implementing the National Incident Management System (NIMS) and the National Response Plan (NRP); expanding regional homeland security collaboration; improving detection, response, and decontamination capabilities for CBRNE; and strengthening medical surge and mass prophylaxis capabilities, among other areas (Reese, 2005).

Next Steps

Our survey results provide a broad national picture of what state and local response organizations were doing in 2003 to improve preparedness to deal with a terrorist incident. They also constitute a valuable

database and a useful set of baseline measures for tracking improvements in U.S. preparedness over time. However, these data are now more than three years old. Periodic updates of the survey and assessments of results would be useful for determining what has changed in the intervening years. Although changes have occurred, the issues identified probably remain relevant today. And so do the challenges.