COMBATING TERRORISM

Opportunities to Improve Domestic Preparedness Program Focus and Efficiency
Concerned that terrorists might move beyond using conventional weapons to weapons of mass destruction (WMD)—chemical, biological, radiological, or nuclear devices—Congress authorized the federal government to improve capabilities to respond to such incidents, particularly at the local level. As requested, we reviewed the status and other aspects of the Domestic Preparedness Program, a training, assistance, and equipment loan program led by the Department of Defense (DOD). Specifically, we evaluated (1) the training and other benefits offered to cities under the Domestic Preparedness Program and (2) the methodology for designing and implementing the program, including the way in which cities were selected to participate, how cities’ capabilities and needs were assessed, and the effectiveness of interagency coordination on this and other similar consequence management training and equipment programs. You also asked us to determine the potential cost of equipping and maintaining the capability of a city to respond to a terrorist incident involving WMD. This matter will be the subject of a report to be issued later.

**Results in Brief**

The training and equipment that DOD is providing to cities through the Domestic Preparedness Program have clearly increased cities’ awareness of and should better prepare them to deal with a potential chemical or biological terrorist incident. Local officials in the seven cities we visited praised the training program’s content, instructors, and materials as well as DOD’s willingness to modify the program 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.
In designing the training and equipment program, DOD selected 120 cities based solely on city population. This decision resulted in 14 clusters of 44 cities within 30 miles of at least 1 other city selected. By dealing directly with cities, DOD did not build upon the states’ existing emergency management and training structures. Had it used existing structures such as counties, response regions, mutual aid agreements, or other similar arrangements that reflect how emergency response is actually organized, DOD could have consolidated training and equipment purchases to cover more jurisdictions in fewer locations than presently planned, at less cost. Because less than one-third of the cities had received training at the time of our review, DOD or any subsequent lead agency could still refocus its approach for greater efficiency, economy, and effectiveness.

DOD’s loan of equipment in support of the training program has caused frustration and confusion among local officials. The legislation authorized DOD to lend rather than give or grant equipment to local jurisdictions, and DOD established a 5-year renewable loan agreement to govern the provision of about $300,000 worth of equipment to each city. This agreement restricts the use of the equipment to training and requires the cities to repair, maintain, and replace the equipment, even though DOD program officials intend for the loans to be permanent and will allow the use of equipment for operational purposes. Cities were concerned about the lack of federal sustainment money to maintain, repair, and replace the equipment. Also, the program has raised expectations among some local officials that the federal government may provide additional funding for operational equipment.

The interagency coordination process provided a valuable information-sharing forum but was of limited success in helping steer the design and development of the program. According to some Senior Interagency Coordination Group members, DOD did not heed their advice on designing the program. For example, DOD did not adequately leverage existing training programs. However, the Group did influence the timing of the first cities to be trained. The Group also disapproved of DOD’s method of assessing the 120 cities’ needs or requirements but did not develop an acceptable alternative assessment approach. No threat and risk assessment was applied to help determine cities’ requirements or needs or to establish a roadmap or defined end state of preparedness. While it is not possible to eliminate or reduce the risk to all potential targets against WMD terrorism, threat and risk assessments can help ensure that localities...
receive the most appropriate training and equipment based on the level of protection desired.

Federal agencies' individual efforts to enhance consequence management of possible incidents involving WMD terrorism are not guided by an overarching strategy for achieving a defined end state. Local officials in most of the cities we visited raised the issue that the many WMD training, equipment, and consequence management programs are evidence of a fragmented and possibly wasteful federal approach toward combating terrorism. Cities pointed to similar federal agency training and equipment programs, such as those offered by the Department of Justice and FEMA and the new initiative to give the National Guard a WMD response role, as examples of the unfocused federal approach to combating terrorism.

Background

Concerned that WMD are increasingly available to terrorists, Congress passed the Defense Against Weapons of Mass Destruction Act of 1996, commonly known as the Nunn-Lugar-Domenici Act (P.L. 104-201, Sept. 23, 1996). The act designates DOD as the lead agency to enhance domestic preparedness for responding to and managing the consequences of terrorists' use of WMD. Under the act, DOD can provide training, exercises, and expert advice to emergency response personnel and lend equipment to local jurisdictions.

The Secretary of Defense designated the Assistant Secretary for Special Operations and Low-Intensity Conflict as the policy office and the Secretary of the Army to carry out the Domestic Preparedness Program. Because of its subject matter expertise, the Army's Chemical and Biological Defense Command (CBDCOM) was tasked to implement the program through the Army Director of Military Support. The Director of Military Support and CBDCOM designed a training program to build on the existing knowledge and capabilities of those who would first deal with a WMD incident locally—fire, law enforcement, and medical personnel and hazardous materials technicians. This generally week-long program takes a train-the-trainer approach. On the last day of the week-long program, local officials role-play their responses to a specific terrorism scenario through a tabletop exercise. The act also authorizes (1) funds for DOD to assist the Secretary of Health and Human Services in establishing Metropolitan Medical Strike Teams (MMST) to help improve local jurisdictions' medical response capabilities for a WMD incident; (2) a

Training for consequence management would include measures to alleviate damage, loss of life, or suffering; protect public health and safety; restore essential government services; and provide emergency assistance.
telephonic link to provide data and expert advice for the use of state and local officials responding to emergencies involving WMD; (3) a rapid response information system, including an inventory of rapid response assets and a database on chemical and biological materials; and (4) a chemical/biological rapid response team.

Agencies that participate in the program include the Federal Emergency Management Agency (FEMA), the Federal Bureau of Investigation (FBI), the Department of Energy, the Department of Health and Human Services' Public Health Service (PHS), and the Environmental Protection Agency. The act also requires that DOD coordinate with state and local emergency preparedness agencies. Until June 1998, the coordinating body for the Domestic Preparedness Program was the Senior Interagency Coordination Group on Terrorism.3

DOD received $36 million in fiscal year 1997 to implement the program. An additional $6.6 million was provided for PHS to establish medical strike teams. DOD’s fiscal year 1998 and 1999 budget estimates are $43 million and $50 million, respectively, to continue the program. DOD estimates that the last 2 years of the 5-year program will cost about $14 million to $15 million each year. DOD expects its portion of the 5-year program to cost at least $157 million, but it expects to incur costs of about $5 million per year in fiscal years 2002 and 2003 to conduct program-related exercises. Appendixes I through III show more detailed actual and projected DOD Domestic Preparedness Program costs for fiscal years 1997-99.

Cities Benefit From Domestic Preparedness Program

Cities that have received training under the Domestic Preparedness Program have a greater awareness of how to respond to a potential chemical or biological terrorist incident. Local officials praised the training program content, instructors, and materials as well as DOD’s willingness to act on constructive criticism and adjust the courses. 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 expected to have trained about one-third of the 120 cities it selected for the program and planned to complete the entire training program by fiscal year 2001. Those trained—fire fighters, hazardous materials technicians, emergency medical services personnel,

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3In March 1998, FEMA, which established and chaired the Senior Interagency Coordination Group, withdrew from the Group. Currently, a National Security Council working group under the new National Coordinator for Security, Infrastructure Protection and Counter-Terrorism—a position established in May 1998 by Presidential Decision Directive 62—is responsible for interagency coordination.
law enforcement personnel, hospital personnel, and dispatchers—are expected to train other emergency responders through follow-on courses. The seven cities we visited were planning to institutionalize various adaptations of the WMD training, primarily in their fire and law enforcement academies. A related exercise program to allow cities to test their response capabilities also has begun. As authorized under the Nunn-Lugar-Domenici legislation, DOD is in the process of providing $300,000 in training and operational equipment—personal protection, detection, decontamination, and training aids—selected by each city after it is trained. As of June 1998, nine cities had received equipment and other cities were developing their lists. See appendix IV for DOD’s suggested equipment list.

Other Program Aspects Are Being Implemented

The other aspects of the Domestic Preparedness Program either have been implemented or are in process. DOD established a hot line for reporting incidents and requesting technical assistance through the existing National Response Center for hazardous materials spills, and a help line was established through which CBDCOM experts can provide information and advice. The Command also has an internet web site to provide information on the Domestic Preparedness Program. FEMA established the Rapid Response Information System to allow federal and state agencies controlled computer access to a database on federal response capabilities, WMD substances, equipment, and other information. (An internet web site allows general access to an abbreviated version of the system.) A number of city and state officials we interviewed had limited knowledge about these communications systems, and some were skeptical of their value during a crisis. These officials indicated that the systems seemed redundant to existing emergency response reporting channels and information sources, and they did not expect to take the time to use any of these systems in the event of an incident.

In association with the cities of Baltimore and New York, CBDCOM is identifying ways to improve the response to chemical and biological WMD incidents, respectively. The Command is also testing first responder equipment, such as protective clothing and chemical detectors, to enable cities to make more informed decisions about equipment purchases or requests through the DOD equipment program. At the time of our review, DOD had not finalized a joint command structure for a Chemical/Biological Rapid Response Team, which is intended to support federal, state, and

*Training aids are a standard package provided by DOD. Cities have flexibility in selecting items from the other three equipment categories as long as the items relate to WMD response. Vehicles are not among the authorized equipment items.
local agencies in dealing with a WMD incident. The team will comprise existing military units from more than one military service and possibly from National Guard and Reserve units.

PHS continues to establish and equip MMSTs for which the initial 27 program cities are developing concept of operations plans for medical systems. PHS has contracts with the 27 cities and expects them to complete their plans, including how MMSTs are being incorporated into the local emergency response and medical systems, by December 31, 1998. At the time of our review, PHS further planned to establish MMSTs in all 120 program cities. These teams are eligible for unmatched federal funding to acquire an average of $350,000 worth of equipment, supplies, and pharmaceuticals based on the requirements related to their concept of operations plans.5

Cities Selected Based Upon Population

DOD decided to implement its Domestic Preparedness Program in the 120 largest U.S. cities based on city population (1990 census, revised Apr. 1995).6 This equated to all U.S. cities with more than 144,000 people at the time. Figure 1 lists the cities DOD selected. 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 states7 and the U.S. territories have no cities in the program, and 25 percent of the cities are in California and Texas.

5Unmatched federal funding for equipment, supplies, and pharmaceuticals ranges from $300,000 for smaller cities to $800,000 for New York City. All MMST cities are required to have sufficient pharmaceutical stocks to initially treat at least 1,000 casualties. See appendix V for an example of the types of equipment being acquired for MMSTs.

6The decision to select the most populated 120 cities was discussed within the Senior Interagency Coordination Group.

**Figure 1: Cities Selected for Domestic Preparedness Program (in order of population)**

1. New York, N.Y.  
2. Los Angeles, Calif.  
3. Chicago, Ill.  
8. Dallas, Tex.  
10. San Antonio, Tex.  
11. San Jose, Calif.  
12. Baltimore, Md.  
13. Indianapolis, Ind.  
15. Columbus, Ohio  
16. Columbus, Ohio  
17. Memphis, Tenn.  
18. Washington, D.C.  
22. Cleveland, Ohio  
25. Denver, Colo.  
26. Austin, Tex.  
27. Fort Worth, Tex.  
28. Oklahoma City, Okla.  
29. Portland, Oreg.  
30. Kansas City, Mo.  
31. Long Beach, Calif.  
32. Tucson, Ariz.  
33. St. Louis, Mo.  
34. Charlotte, N.C.  
35. Atlanta, Ga.  
36. Virginia Beach, Va.  
38. Oakland, Calif.  
40. Sacramento, Calif.  
41. Minneapolis, Minn.  
42. Tulsa, Okla.  
43. Honolulu, Hawaii  
44. Cincinnati, Ohio  
45. Miami, Fla.  
46. Fresno, Calif.  
47. Omaha, Nebr.  
48. Toledo, Ohio  
49. Buffalo, N.Y.  
50. Wichita, Kans.  
51. Santa Ana, Calif.  
52. Mesa, Ariz.  
53. Colorado Springs, Co.  
54. Tampa, Fla.  
55. Newark, N.J.  
56. St. Paul, Minn.  
57. Louisville, Ky.  
58. Anaheim, Calif.  
59. Birmingham, Ala.  
60. Arlington, Tex.  
62. Las Vegas, Nev.  
63. Corpus Christi, Tex.  
64. St. Petersburg, Fla.  
65. Rochester, N.Y.  
66. Jersey City, N.J.  
67. Riverside, Calif.  
68. Anchorage, Alaska  
69. Lexington, Ky.  
70. Akron, Ohio  
71. Aurora, Col.  
73. Raleigh, N.C.  
74. Stockton, Calif.  
75. Richmond, Va.  
76. Shreveport, La.  
77. Jackson, Miss.  
78. Mobile, Ala.  
79. Des Moines, Iowa  
80. Lincoln, Nebr.  
81. Madison, Wis.  
82. Grand Rapids, Mich.  
83. York, N.Y.  
84. Hialeah, Fla.  
85. Montgomery, Ala.  
86. Lubbock, Tex.  
87. Greensboro, N.C.  
88. Dayton, Ohio  
89. Huntington Beach, Calif.  
90. Garland, Tex.  
91. Glendale, Calif.  
92. Columbus, Ga.  
93. Spokane, Wash.  
94. Tacoma, Wash.  
95. Little Rock, Ark.  
96. Bakersfield, Calif.  
97. Fremont, Calif.  
98. Fort Wayne, Ind.  
100. Virginia Beach, Va.  
103. Knoxville, Tenn.  
104. Modesto, Calif.  
105. Orlando, Fla.  
106. San Bernardino, Calif.  
107. Syracuse, N.Y.  
108. Providence, R.I.  
109. Salt Lake City, Utah  
110. Huntsville, Ala.  
111. Amarillo, Tex.  
113. Cleveland, Ohio  
114. Irving, Tex.  
115. Chesapeake, Va.  
117. Metairie, La.  
118. Ft. Lauderdale, Fla.  
119. Glendale, Ariz.  
120. Warren, Mich.

*Not a city government.

Source: U.S. Army Chemical and Biological Defense Command.

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 to receive equipment. But in selecting cities, DOD did not take into account a city’s existing level of preparedness or financial need. Also, DOD did no analysis to determine whether all cities on the list actually had a perceptible level of threat and risk of terrorism or whether a smaller city with high risk factors might have been excluded from the program due to its lower population. No federal agency determined and assessed cities’
risk factors based on intelligence assessments, critical infrastructure points, national symbols, future special events drawing large crowds, sensitive government or corporate activities, or similar analyses and data to help evaluate cities’ key assets and vulnerabilities to WMD. In fact, in no city 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.\(^8\)

### Linking Future Training to Existing Structures Would Be More Efficient and Economical

DOD has set out to deliver training without taking advantage of existing 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 replicates training sessions in nearby cities that also qualified for the program and might even be part of the same response system or mutual aid jurisdiction. Mutual aid agreements, unified emergency service districts, councils of government, hazardous materials response regions, and traditional state roles in fire and emergency management training (as well as links to the federal response system),\(^9\) would allow DOD to consolidate training and could result in far fewer training iterations. Training in fewer locations and taking advantage of existing emergency response structures could hasten the accomplishment of program goals and have the added benefit of reinforcing local response integration. Such an approach could also cover a greater percentage of the population and make effective use of existing emergency management training venues.

Under this approach, WMD training could be delivered over the long term through existing state training systems. Table 1 compares the difference in coverage that results from selecting 120 cities, counties, or standard/primary metropolitan statistical areas.

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\(^8\)Although the FBI and the intelligence community see growing interest in WMD by groups and individuals of concern, the intelligence community concluded that explosives or other conventional weapons will continue to be the most likely form of terrorist attack over the next decade.

\(^9\)Federal, state, and local responders have a well-established command structure that can expand and contract as needed. FEMA uses this incident command structure in disaster response to coordinate activities with state and local authorities.
Table 1: U.S. Population Covered Based on Size of Area Selected

<table>
<thead>
<tr>
<th>Size of area selected</th>
<th>Total population of area (millions)</th>
<th>Percentage of U.S. population covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>City population</td>
<td>54.9</td>
<td>22.0</td>
</tr>
<tr>
<td>County population</td>
<td>108.9</td>
<td>43.6</td>
</tr>
<tr>
<td>Standard/primary metropolitan statistical area</td>
<td>160.2</td>
<td>64.1</td>
</tr>
</tbody>
</table>

Note: Largest 120 areas based on 1990 census, updated 1994-95.

Table 2 shows that DOD could have selected fewer areas to cover 22 percent of the population.

Table 2: Areas Needed to Cover 22 Percent of the U.S. Population, by Type of Area

<table>
<thead>
<tr>
<th>Type of area selected</th>
<th>Total area</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>120 cities</td>
</tr>
<tr>
<td>County</td>
<td>24 counties</td>
</tr>
<tr>
<td>Standard/primary metropolitan statistical area</td>
<td>12 statistical areas</td>
</tr>
</tbody>
</table>

DOD’s approach resulted in clusters of program cities, each of which is to receive training and equipment. Figure 2 shows the location of the cities nationwide and the clustering effect resulting from DOD’s decision to base training delivery on city population.
Figure 2: Clustering of Cities Selected for Domestic Preparedness Program
Note: City locations are approximate.

Source: U.S. Army Chemical and Biological Defense Command.
Figure 3 shows 14 clusters of 44 different cities within 30 miles of at least 1 other program city, or 37 percent of the total number of cities, that DOD selected for the program. Increasing the distance to 60 miles between cities produces 18 clusters involving 58 cities, or nearly half of the total number of cities in the program.
Figure 3: Program Cities Within 30 Miles of Another Program City

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Program city</th>
<th>Program city</th>
<th>Distance in miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern California</td>
<td>Los Angeles</td>
<td>Glendale</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Santa Ana</td>
<td>Anaheim</td>
<td>10.9</td>
</tr>
<tr>
<td></td>
<td>Long Beach</td>
<td>Huntington Beach</td>
<td>13.4</td>
</tr>
<tr>
<td></td>
<td>Riverside</td>
<td>San Bernardino</td>
<td>17.0</td>
</tr>
<tr>
<td></td>
<td>Santa Ana</td>
<td>Huntington Beach</td>
<td>17.4</td>
</tr>
<tr>
<td></td>
<td>Anaheim</td>
<td>Huntington Beach</td>
<td>18.1</td>
</tr>
<tr>
<td></td>
<td>Long Beach</td>
<td>Anaheim</td>
<td>19.9</td>
</tr>
<tr>
<td></td>
<td>Long Beach</td>
<td>Santa Ana</td>
<td>20.2</td>
</tr>
<tr>
<td></td>
<td>Los Angeles</td>
<td>Long Beach</td>
<td>25.3</td>
</tr>
<tr>
<td></td>
<td>Los Angeles</td>
<td>Anaheim</td>
<td>26.0</td>
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<tr>
<td></td>
<td>Long Beach</td>
<td>Glendale</td>
<td>29.6</td>
</tr>
<tr>
<td></td>
<td>Long Beach</td>
<td>Glendale</td>
<td>30.3</td>
</tr>
<tr>
<td></td>
<td>Anaheim</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern California</td>
<td>San Francisco</td>
<td>Oakland</td>
<td>8.8</td>
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<tr>
<td></td>
<td>San Jose</td>
<td>Fremont</td>
<td>12.9</td>
</tr>
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<td></td>
<td>Oakland</td>
<td>Fremont</td>
<td>30.1</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York Metro</td>
<td>Newark</td>
<td>Jersey City</td>
<td>5.4</td>
</tr>
<tr>
<td></td>
<td>New York</td>
<td>Yonkers</td>
<td>13.4</td>
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<td>Jersey City</td>
<td>13.6</td>
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<td>New York</td>
<td>Newark</td>
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<td>Newark</td>
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<td>23.7</td>
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<tr>
<td>Dallas Metro</td>
<td>Fort Worth</td>
<td>Arlington</td>
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<tr>
<td></td>
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<td>Tidewater</td>
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<td>Virginia Beach</td>
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<td>Newport News</td>
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<td></td>
<td>Newport News</td>
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<tr>
<td>Arizona</td>
<td>Phoenix</td>
<td>Glendale</td>
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<td></td>
<td>Mesa</td>
<td>Mesa</td>
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<td>28.0</td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Central Florida</td>
<td>Tampa</td>
<td>St. Petersburg</td>
<td>24.6</td>
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<tr>
<td>Cluster</td>
<td>Program city</td>
<td>Program city</td>
<td>Distance in miles</td>
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<tr>
<td>Southern Florida</td>
<td>Miami</td>
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<td></td>
<td>Miami</td>
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<td></td>
<td>Hialeah</td>
<td>Ft. Lauderdale</td>
<td>25.6</td>
</tr>
<tr>
<td>Kansas City</td>
<td>Kansas City, Mo.</td>
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<tr>
<td>Capitol</td>
<td>Washington, D.C.</td>
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<td>New Orleans</td>
<td>Metairie</td>
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<tr>
<td>Minnesota</td>
<td>Minneapolis</td>
<td>St. Paul</td>
<td>9.6</td>
</tr>
<tr>
<td>Colorado</td>
<td>Denver</td>
<td>Aurora</td>
<td>10.0</td>
</tr>
<tr>
<td>Michigan</td>
<td>Detroit</td>
<td>Warren</td>
<td>12.1</td>
</tr>
</tbody>
</table>

*Driving distance, city center to city center.

Source: GAO analysis, based on mileage from GeoSystems Global Corporation, Inc.

The Southern California area shows the greatest effect of clustering. Under the California Standardized Emergency Management System, there are countywide operational areas within six mutual aid regions (see fig. 4).
In Los Angeles County, the sheriff is in charge of the consolidated interagency response to an incident occurring in any of the 88 cities and 136 unincorporated areas within the county. The Los Angeles county operational area includes the cities of Los Angeles, Long Beach, and Glendale, all of which are treated as separate entities in the Domestic
Preparedness 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 are also treated as separate entities. Through mutual aid and under California’s statewide system, Los Angeles county could conceivably assist or be assisted by these other neighboring cities or any other jurisdictions in the state in the event of a major incident.

Similarly, as shown in figure 5, Virginia has 13 regionalized hazardous materials teams to respond to a WMD incident. Through these regional teams that operate under state control, four adjacent program cities—Norfolk, Virginia Beach, Newport News, and Chesapeake—could assist one another in the event of a WMD incident.

Figure 5: Virginia’s Regional Hazardous Materials Response Teams

Legend:
A - Wise County Team  E - Danville Team  I - Northern Virginia Team
B - Bristol Team  F - Central Shenandoah Valley Team  J - Fredericksburg Team
C - Giles County Team  G - Henrico County Team  K - Newport News City Team
D - Roanoke Valley Team  H - Winchester Team  L - Southside Tidewater Team
M - Eastern Shore Team
Texas has four program cities less than 30 miles from each other: Dallas, Fort Worth, Irving, and Arlington. And the Washington, D.C., MMST is based on a metropolitan area council of governments agreement involving six jurisdictions (and two program cities) in Virginia, Maryland, and the District of Columbia that would support Washington, D.C., or other metropolitan area first responders in the event of a WMD incident. MMSTs in other cities are also 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 program and training equipment package. Cities may invite representatives from neighboring jurisdictions and state agencies, but classroom space tends to be limited, and if the neighboring city is a program city, it will eventually receive its own on-site training.

States have existing training structures that DOD could have used to deliver its training courses. California’s Specialized Training Institute, for example, provides emergency management training to first responders statewide. In Texas, the state’s Division of Emergency Management conducts training for local first responders, and fire protection training is provided through the Texas Engineering Extension Service. FEMA said that it delivers numerous courses through and in cooperation with state and local fire training academies and emergency managers.

Under current circumstances, it is up to the individual cities whose personnel were trained as trainers to ensure the appropriate courses are delivered to the rank-and-file emergency response personnel. Cities we visited were adapting the DOD courses differently and used different venues to deliver the training. Cities plan to deliver the courses through their local academies and in most cases will also deliver the courses directly. One delivery method that DOD could consider to reach large numbers of first responders while minimizing travel costs is distance learning. For example, the U.S. Army Medical Research Institute of Infectious Diseases has successfully used distance learning techniques through satellite-to-television links, and FEMA provides training to emergency responders nationwide through its Emergency Education Network. CBDCOM has been considering distance learning technology to provide training to cities other than the 120 selected for the Domestic Preparedness Program but is not using it to train first responders in multiple cities in the existing program.
Terms of DOD Equipment Agreement Concern Cities

Because of the Nunn-Lugar-Domenici legislative language authorizing DOD to lend equipment (50 U.S.C. 2312 (e)), DOD provided equipment as a 5-year renewable loan for training purposes rather than giving or granting equipment to the cities. DOD’s loan agreement terms have caused frustration and confusion among local officials. Under the terms of the loan agreement, cities are to repair, maintain, and replace the equipment and are to use it only for training purposes. Officials from 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 assure them that the equipment could be used operationally and that DOD did not intend for the equipment to be returned. Although such assurances contradict the loan agreement, DOD program officials acknowledged that DOD will not require cities to repair, maintain, replace, or return the equipment and that cities can use it for operational purposes as well as for training. 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, if not to provide even more equipment toward meeting cities’ perceived operational requirements. DOD officials said that the $300,000 equipment package was intended only for cities’ training needs. Also, DOD wanted to encourage cities to share in the burden of preparing for WMD terrorism by funding additional equipment themselves. DOD’s basis for determining the $300,000 value of the equipment program and allowing all cities the same amount, regardless of their existing capabilities or financial need, is unclear and undocumented. Moreover, no federal agency has made assessments as a part of the program to help determine requirements needed for WMD over and above what is needed for a response to an industrial hazardous materials incident.

Interagency Coordination Has Been Limited

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 were 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.\textsuperscript{10} DOD made most program decisions and presented them to the Group for discussion. According to DOD, the Group was often unable to form consensus or reach a decision, DOD was obligated to move forward with the program without interagency agreement.

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 and gave 7 cities higher priority in terms of timing for the training than their population would otherwise warrant. The Group made this decision to account for special events, geographical balance, and the remoteness of Honolulu, Hawaii, and Anchorage, Alaska, from the continental United States. Also, concerned about an assessment guide that DOD developed for the cities and cities’ presumed negative perceptions, the Group recommended that DOD abandon its plan to have cities conduct formal self-assessments of their capabilities and needs. The Group did not press for a more acceptable 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 or to guide DOD in defining individual cities’ requirements.

In addition, the Senior Interagency Coordination Group did not resolve the issue of similar or potentially overlapping terrorism-related courses. Some agency officials told us that in developing its training program, DOD did not take advantage of existing terrorism-related courses or curriculums. For example, 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. Department of Justice officials described the course as being more detailed and technical than the WMD awareness portion of the 5-day DOD program. They said that the training materials were available if DOD had wanted to use them for the awareness and operations modules of its training program, but a DOD program official said that the materials were draft at the time and could not be used.

FEMA and Department of Justice officials said they made available to DOD materials from existing Emergency Management Institute and National Fire Academy courses or workshops on terrorism-related subjects. Other

\textsuperscript{10}The International Association of Fire Chiefs said that it also recommended a metropolitan area approach, given that many fire departments are countywide. Another firefighter organization criticized DOD’s city approach because it excludes large numbers of first responders in smaller jurisdictions.
federal agencies also have training that includes WMD or other terrorism-related topics. DOD did not adopt these materials, and the Department of Justice and FEMA continued developing additional terrorism-related courses as well. Some city and state officials and national first responder organizations faulted DOD for not seeking their input or heeding their advice in the early stages of program development so that DOD could have a better appreciation of state and local emergency management and training structures and incident command systems.11

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 a National Guard Bureau’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 PHS initiatives 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.12

The DOD and PHS equipment segments of the Domestic Preparedness Program, which were designed and implemented separately, overlap as both include personal protection, decontamination, and detection equipment. The separation of the DOD equipment and, where applicable, the PHS equipment, supplies, and pharmaceuticals 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. This was particularly important because the two equipment initiatives overlap. According to the Office of the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, DOD intentionally separated the two equipment

11DOD did include local representatives in discussion groups used to help establish training objectives.

12In Combating Terrorism: Observations on Crosscutting Issues (GAO/T-NSIAD-98-164, Apr. 23, 1998) and Combating Terrorism: Observations on the Nunn-Lugar-Domenici Domestic Preparedness Program (GAO/T-NSIAD-99-16, Oct. 2, 1998), we testified before the Subcommittee on National Security, International Affairs and Criminal Justice, House Committee on Government Reform and Oversight, on the growing number of players in the counterterrorism arena and the need for improved interagency coordination. Also, in Combating Terrorism: Spending on Governmentwide Programs Requires Better Management and Coordination (GAO/NSIAD-98-39, Dec. 1, 1997), we recommended that governmentwide priorities for terrorism-related spending be established and that resources be allocated based on the established priorities and assessments of the threat and risk of terrorist attack.
segments of the program. A joint, coordinated equipment program could have alleviated the administrative burden on city officials and lowered the level of confusion and frustration. Although PHS circulated cities’ proposed equipment lists among the Domestic Preparedness Program’s interagency partners for comments, this coordination at the federal level did little to simplify the process for the cities.

The separation of the two equipment packages also required local officials to deal with two federal agencies’ differing requirements and procedures. Since the PHS equipment program is offered through a contract with unmatched federal funds, the cities had to meet certain requirements, including the development of a concept of operations plan for MMSTs to fit into the local area’s overall medical response system. The DOD equipment loan program required a different process. Other equipment initiatives, such as a new Department of Justice equipment grant program, may add to the local governments’ perception of an unfocused federal strategy.

State and local officials and some national firefighter organizations also raised concerns about the growing number of federal response elements being formed, including the new initiative to train and equip National Guard units for a WMD response role. 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 numerous other military and federal agency support units can already provide assistance to local authorities as requested. These units include the Army’s Technical Escort Unit, the Marine Corps’ Chemical Biological Incident Response Force, and the PHS’ National Medical Response Teams. These officials were more supportive of the traditional National Guard role in providing 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 report and in our April 1998 and October 1998 testimonies, 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 duplication, fragmentation, and gaps. Recent interagency coordination initiatives to deal with the increasing number of consequence management training and equipment programs are underway both within and outside the National Security Council. A key

13For 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).
proposal involves the transfer of the Nunn-Lugar-Domenici Domestic Preparedness Program to the Department of Justice. We did not examine the effectiveness of these coordination efforts or the details of the proposed transfer of the program to the Department of Justice.

Conclusions

Because DOD has trained only about one-third of the program cities and the FBI and the intelligence community conclude that conventional weapons will be terrorists’ weapons of choice for the next decade, there is adequate time to refocus the Domestic Preparedness Program and to conduct the threat and risk assessments recommended in our April 1998 report. DOD or any subsequent lead agency could improve the efficiency, economy, and effectiveness of the Domestic Preparedness Program if it consolidated training on a more regional basis, particularly where it will reinforce existing state, mutual aid, and other similar multijurisdictional emergency response structures. The program could also benefit from involvement of the states, particularly where state or regional training structures are in place and could be leveraged to provide first responder training. Additionally, the Nunn-Lugar-Domenici legislative language providing for the loan of equipment could allow for greater flexibility, given the issues arising from the equipment segment of DOD’s Domestic Preparedness Program and the practical difficulty of implementing DOD’s loan agreements. Moreover, the many federal WMD consequence management training, equipment, and response initiatives could benefit from a coordinated, integrated approach with a defined end state.

Recommendations

We recommend that the Secretary of Defense—or the head of any subsequent lead agency—in consultation with the other five cooperating agencies in the Domestic Preparedness Program, refocus the program to more efficiently and economically deliver training to local communities. We also recommend that the Secretary, or the head of any subsequent lead agency, use existing state and local emergency management response systems or arrangements to select locations and training structures to deliver courses and consider the geographical proximity of program cities.

We recommend that the National Coordinator for Security, Infrastructure Protection and Counter-Terrorism actively review and guide the growing number of WMD consequence management training and equipment programs and response elements to ensure that agencies’ separate efforts leverage existing state and local emergency management systems and are
coordinated, unduplicated, and focused toward achieving a clearly defined end state.

### Matter for Congressional Consideration

Congress may wish to amend the Nunn-Lugar-Domenici legislation to provide DOD or any subsequent lead agency greater flexibility in the conditions under which it provides the $300,000 worth of equipment to local jurisdictions. That is, the legislation could be amended to allow DOD or any subsequent lead agency to provide equipment to local jurisdictions on such terms and under conditions that it deems appropriate.

### Agency Comments and Our Evaluation

DOD, the Departments of Justice and Health and Human Services, and FEMA provided written comments on a draft of this report. DOD did not agree with our recommendation to refocus the Domestic Preparedness Program or that Congress should consider amending the program’s legislation to allow greater flexibility on the provision of equipment to local jurisdictions. It also provided specific comments on our findings related to threat and risk assessments. Justice generally agreed with the substance of our report but did not comment specifically on our recommendation to refocus the program. FEMA noted that our report provided an in-depth examination of the program. Health and Human Services and FEMA provided technical comments, which we incorporated as appropriate. The comments of these four agencies and our evaluation of them appear in appendixes VI to IX. We also provided a draft of this report to the Department of Energy, the Environmental Protection Agency, and the National Security Council, and they did not provide comments.

DOD stated that we suggest a regional approach to domestic preparedness but that such an approach is not efficient because the command and control structure is more difficult to define and is less able to control first responder training resources within multi-entity jurisdictions. DOD also stated that it is better to have redundant coverage than to wait until regional first responders can reach the scene of the incident—the bureaucratic process at the city level is such that each city would likely exhaust its integral resources before calling on regional actors for support.

Our report discusses gains in efficiency and effectiveness in delivering training that could occur if DOD or a succeeding lead agency were to take advantage of and reinforce the existing emergency response and training structures at the local and state levels. Our evaluation showed that local jurisdictions, states, and federal agencies are already linked through
long-standing emergency response plans and structures with defined command and control systems. A number of localities respond to, or receive back-up support for, emergencies through well-established county or regional response structures and through mutual aid arrangements. Under a more consolidated approach to the training, emergency response personnel from nearby cities who might be called upon to assist one another could receive program training together in one location rather than in separate training sessions.

Further, DOD stated that critical to the goal of helping municipalities establish their own emergency response programs is the ability to interface with a single entity authorized to direct appropriate and competent first responder trainers to attend the instruction. Regarding DOD’s goal of helping municipalities establish their own emergency response programs, we note that the legislation authorized support to improve state and local emergency response agencies’ capabilities and did not mandate that municipalities receive assistance to establish their own emergency response programs. Regarding the selection of training participants, a consolidated approach to delivering training would not prevent participating jurisdictions from selecting appropriate and competent personnel to attend the training sessions. Conversely, DOD’s city-by-city approach does not guarantee that the most appropriate personnel receive the DOD training. Some program cities we visited filled their training slots on the basis of who was available rather than the training qualifications of participants.

DOD also commented that redesigning the program would negatively impact cities’ readiness because cities scheduled to receive training in fiscal year 1999 have already begun to prepare. We do not believe that refocusing the program to use existing emergency response and training structures or to train nearby cities together would materially delay program completion or harm cities’ readiness. First, the cities we visited did not spend lengthy periods in advance of the training to identify training venues or participants. Second, under the approach we recommend, nearby program cities currently in clusters could receive training earlier, if appropriate. The efficiencies gained should compensate for any time spent to reconfigure the program. This approach should enhance readiness. Also, if existing state emergency management training structures were used, the training could be institutionalized statewide and ensure the training is sustained over the longer term.
DOD noted that conducting threat and risk assessments would negatively affect cities’ readiness. However, as discussed in our April 1998 report, it would take only about 2 weeks per city to conduct a threat and risk assessment and determine a prudent and affordable level of response capability. DOD further said that sufficient data is not available to conduct threat and risk assessments, there is no credible pre-attack predictor, and the FBI has not identified a specific WMD threat. As discussed in our April 1998 report, perfect intelligence data or pre-attack predictors are not needed to perform a sound qualitative threat and risk assessment, although threat information would be one factor to consider. Our prior report showed that a multidisciplinary risk assessment team would use the best available intelligence information to generate valid scenarios to perform the risk assessment process.

DOD also stated that the threat and risk methodology described in the report is intended for point targets with controlled perimeters and internal traffic, not for area targets such as cities with virtually no control over entry, exit, or internal traffic. The model highlighted in our April 1998 report has diverse applications and is not limited to point defense applications. Additionally, the President’s Commission on Critical Infrastructure Protection recommended that threat and risk assessments be performed on such nonpoint targets as the telecommunications and banking and finance infrastructures. A rational, businesslike, collaborative assessment by city, state, and federal representatives can help determine the appropriate minimum requirements for preparedness, given the threats, risks, and vulnerabilities for that city. In our view, such assessments are conducive to preparedness and awareness. Assessments can enhance preparedness by helping decisionmakers prioritize and target investments of federal and local resources. Moreover, in nearly every city we visited, local officials told us they would welcome such an assessment because they currently have no sound basis for determining their requirements.

DOD stated that it does not recommend that Congress amend the Nunn-Lugar-Domenici legislation to provide greater flexibility for providing equipment to local jurisdictions as it intends to transfer the program lead to another agency—the Department of Justice—as soon as possible. As stated in our report, DOD’s equipment loan agreement terms have caused frustration and confusion among local officials. As a practical matter, because the loan agreement terms are not likely to be fully implemented, we question the benefits of using this type of instrument for providing equipment. Regardless of which agency leads the program to
completion, the program would benefit from a more practical, less confusing arrangement for providing equipment to local jurisdictions.

Scope and Methodology

We reviewed the Nunn-Lugar-Domenici legislation to determine the Domestic Preparedness Program’s objectives, and we discussed program design, coordination, and implementation with—and obtained documents from—several Department of Defense organizations, including the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, the U.S. Army Director of Military Support, and the U.S. Army Chemical and Biological Defense Command. We discussed the same topics with headquarters and many regional officials of the Federal Emergency Management Agency, the Federal Bureau of Investigation, the Public Health Service, the Environmental Protection Agency, and the Department of Energy and also with the International Association of Fire Chiefs, the International Association of Fire Fighters, the National Volunteer Fire Council, and the International Association of Chiefs of Police.

We interviewed and obtained documents regarding the Domestic Preparedness Program, including MMSTS, from local officials of emergency management agencies, fire departments, law enforcement agencies, and health departments in New York, New York; Los Angeles, California; Denver, Colorado; Seattle, Washington; Honolulu, Hawaii; Columbus, Ohio; and Washington, D.C. We also interviewed state emergency management officials for most of these locations and obtained information on their organizations for emergency planning and response. We observed domestic preparedness training and examined equipment in Philadelphia, Pennsylvania, and discussed MMSTS with the Arlington County, Virginia, fire department. We discussed related initiatives with the Department of Justice.

We analyzed Domestic Preparedness Program city clusters based on city center to city center mileage calculations, and we based our analysis of population coverage on 1990 census data, revised in 1994-95. We also obtained information on and examined and analyzed, in the context of program city clusters, state and local emergency response and training systems and structures in California, Colorado, the District of Columbia, Hawaii, Ohio, Texas, Virginia, and Washington. We did not analyze and compare the content of program training courses with other agencies’ terrorism-related courses to evaluate the extent of commonality, nor did we fully evaluate other program initiatives to assist cities by providing
equipment or training. While we obtained information about PHS' MMST program, we did not evaluate its implementation.

We conducted our work from October 1997 to August 1998 in accordance with generally accepted government auditing standards.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution of this report until 5 days after its issue date. At that time we will send copies to the appropriate congressional committees; the Secretaries of Defense, Energy, Health and Human Services, and Justice; the Administrator of the Environmental Protection Agency; and the Directors of the Federal Emergency Management Agency and the Office of Management and Budget. We will make copies available to other interested parties upon request.

If you have any questions about this report, please contact me at (202) 512-3504. Major contributors to this report were Davi M. D'Agostino, Richard A. McGeary, Marc J. Schwartz, and Madelon B. Savaides.

Richard Davis
Director, National Security Analysis
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Abbreviations

DOD  Department of Defense
CBDCOM  Chemical and Biological Defense Command
FBI  Federal Bureau of Investigation
FEMA  Federal Emergency Management Agency
MMST  Metropolitan Medical Strike Team
PHS  Public Health Service
WMD  weapons of mass destruction
### DOD Domestic Preparedness Program

**Costs, by Fiscal Year**

<table>
<thead>
<tr>
<th>Program category</th>
<th>1997 actual</th>
<th>1998 projected</th>
<th>1999 estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency response preparedness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment, training development, training</td>
<td>$9.5</td>
<td>$7.9</td>
<td>$8.6</td>
</tr>
<tr>
<td>Hot line, help line, database</td>
<td>2.8</td>
<td>3.8</td>
<td>3.2</td>
</tr>
<tr>
<td>Technical support</td>
<td>0.2</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Equipment testing</td>
<td>0.9</td>
<td>1.9</td>
<td>1.2</td>
</tr>
<tr>
<td>Equipment</td>
<td>5.1</td>
<td>12.1</td>
<td>11.0</td>
</tr>
<tr>
<td><strong>Exercises and preparedness testing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training exercises</td>
<td>1.4</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Response improvement, testing, and exercise</td>
<td>4.0</td>
<td>3.7</td>
<td>9.2</td>
</tr>
<tr>
<td>Major exercise</td>
<td>2.4</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Chemical/biological response</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C/B-RRT&lt;sup&gt;a&lt;/sup&gt; support</td>
<td>1.0</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>C/B-RRT&lt;sup&gt;a&lt;/sup&gt; equipment</td>
<td>5.5</td>
<td>2.0</td>
<td>5.1</td>
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<tr>
<td>Training</td>
<td>0.0</td>
<td>0.2</td>
<td>0.2</td>
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<tr>
<td><strong>Program management</strong></td>
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<td>Program management</td>
<td>3.2</td>
<td>4.5</td>
<td>4.1</td>
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<tr>
<td><strong>Total</strong></td>
<td>$36.0</td>
<td>$43.1</td>
<td>$49.8</td>
</tr>
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<sup>a</sup>Chemical/Biological Rapid Response Team.

Source: Office of the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict.
## DOD Contractor Costs, Fiscal Year 1997

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Fiscal year 1997 award</th>
<th>Percentage of fiscal year 1997 total</th>
<th>Main purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booz-Allen &amp; Hamilton</td>
<td>$12,554,500</td>
<td>59.7</td>
<td>Equipment packages, training support and preparation, program management integration and support, hot line concept, help line, web page, database</td>
</tr>
<tr>
<td>Response Planning, Inc.</td>
<td>2,769,300</td>
<td>13.2</td>
<td>Exercise support</td>
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<tr>
<td>Science Applications International Corporation</td>
<td>1,495,300</td>
<td>7.1</td>
<td>Medical training support</td>
</tr>
<tr>
<td>Battelle</td>
<td>1,404,700</td>
<td>6.7</td>
<td>Technical and program support, training assessment</td>
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<tr>
<td>Sonalist</td>
<td>833,100</td>
<td>4.0</td>
<td>Training videos</td>
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<tr>
<td>Innovative Emergency Management</td>
<td>799,000</td>
<td>3.8</td>
<td>Hot line setup, operations, and equipment database</td>
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<tr>
<td>EA Procurement</td>
<td>485,200</td>
<td>2.3</td>
<td>Personal protection equipment for testing</td>
</tr>
<tr>
<td>GEO Centers</td>
<td>298,100</td>
<td>1.4</td>
<td>Response communications study</td>
</tr>
<tr>
<td>Others (4)</td>
<td>374,500</td>
<td>1.8</td>
<td>Hardware, storage containers</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$21,013,700</strong></td>
<td><strong>100.0</strong></td>
<td>Program management, expert assistance, training, exercises, chemical/biological response</td>
</tr>
</tbody>
</table>

*aIncludes subcontractor costs. For example, EAI Corporation is a subcontractor of Booz-Allen & Hamilton for equipment packages.

Source: U.S. Army Chemical and Biological Defense Command.
## DOD Contractor Costs, Fiscal Year 1998

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Fiscal year 1998 award</th>
<th>Percentage of fiscal year 1998 total</th>
<th>Examples of purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booz-Allen &amp; Hamilton</td>
<td>$16,811,850</td>
<td>58.0</td>
<td>Equipment packages, training support, program management, help line, database, workshops</td>
</tr>
<tr>
<td>Response Planning Inc.</td>
<td>5,817,683</td>
<td>20.1</td>
<td>Exercise support, response improvement support</td>
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<td>Science Applications International Corporation</td>
<td>2,992,148</td>
<td>10.3</td>
<td>Medical training support</td>
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<td>Battelle</td>
<td>1,069,708</td>
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<td>Response improvement support, training assessment</td>
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<td>Hot line operation</td>
</tr>
<tr>
<td>GEO Centers</td>
<td>521,757</td>
<td>1.8</td>
<td>Equipment testing, response improvement support, rapid response team support</td>
</tr>
<tr>
<td>SoBran</td>
<td>335,000</td>
<td>1.2</td>
<td>Multimedia development</td>
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<td>Others (4)b</td>
<td>442,849</td>
<td>1.5</td>
<td>Information technology, cell phones, assessment, support</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$28,990,943</strong></td>
<td><strong>100.0</strong></td>
<td>Program management, expert assistance, training, exercises, chemical/biological response</td>
</tr>
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</table>

Note: Projected contractor costs for fiscal year 1999 total $29,796,551, but contractors have not yet been selected. Costs are expected to include equipment packages for cities, training support, hot line operation, exercises, multimedia development, and program management.

*Includes subcontractor costs. For example, EAI Corporation is a subcontractor of Booz-Allen & Hamilton for equipment packages.

*Also includes contractors who provided materials for equipment testing.

Source: U.S. Army Chemical and Biological Defense Command.
## DOD Equipment Categories and Suggested Items

### Personal Protection
- Fully encapsulated chemical suits with boots and gloves (level A maximum protection)
- Chemical suits with boots and gloves (level B medium protection)
- Self-contained breathing apparatus
- Disposable decontamination suits

### Detection
- M256A1 chemical agent detector kit
- Chemical warfare agent detector kit and tubes
- Improved chemical agent detector

### Decontamination
- Portable shower kits
- Emergency shelter
- Sample collection equipment kits

### Training Aids
- M256A1 training detector kit
- M28 simulator detector tickets
- M29 simulator detector tickets
- Biological detection tickets
- M18A2 chemical detector kit
- M8 chemical agent detector paper
- M9 chemical agent detector paper
- Chemical warfare agent detector kit and tubes
- Mark I auto injector trainers
- Chemical agent monitor simulator
- Reference materials
- Course materials
Appendix V

Metropolitan Medical Strike Team

Equipment Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal protection</td>
<td>Level A maximum protection for entry into contaminated zone and level C protection for decontamination operations</td>
</tr>
<tr>
<td>Detection</td>
<td></td>
</tr>
<tr>
<td>Decontamination</td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td></td>
</tr>
<tr>
<td>Ancillary equipment</td>
<td></td>
</tr>
<tr>
<td>Antidotes and pharmaceuticals</td>
<td>for 1,000 casualties</td>
</tr>
</tbody>
</table>
Appendix VI
Comments From the Department of Defense

Note: GAO's comment supplementing those in the report text appear at the end of this appendix.

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301-2500

October 2, 1998

Mr. Richard Davis
Director, National Security Analysis
National Security and International Affairs Division
U.S. General Accounting Office
Washington, DC 20548

Dear Mr. Davis:

This is the Department of Defense (DoD) response to the General Accounting Office (GAO) draft report, "COMBATING TERRORISM: Opportunities Exist to Gain Focus and Efficiencies in the Nunn-Lugar-Domenici Domestic Preparedness Program," dated September 2, 1998 (GAO Code 701125), OSD Case 1686.

Conducting Threat and Risk Assessments:

The Department non-concurs with the report's recommendations to redesign the domestic preparedness program and to conduct threat and risk assessments to help determine cities' requirements or needs. To do so would negatively impact cities' readiness, as cities scheduled to receive training in Fiscal Year 1999 have already begun to prepare for training.

Moreover, GAO assumes that sufficient data is available to conduct threat and risk assessments. That is not the case. Given what little data is available and our experience with post-operational analysis in the wake of terrorist attacks, we do not believe a credible pre-attack predictor is available. We have asked the Federal Bureau of Investigation (FBI), the lead federal agency for domestic intelligence, about specific weapons of mass destruction (WMD) threats to Nunn-Lugar-Domenici (NLD) cities and found no specific identifiable threat. The threat and risk assessment methodology described in the GAO report is intended for point targets with controlled perimeters and internal traffic, i.e. airports. Cities are area targets with virtually no control over entry, exit or internal traffic.

Finally, the program is a preparedness effort, not a response to a quantifiable or predictable threat. Preparedness training must focus on ensuring awareness across the entire first responder community - not just where risks or threats are perceived. Terrorist attacks are not easily predicted - overseas threat assessments determined both Kenya and Tanzania to be low threat countries prior to the recent bombings there, while no threat was present in Oklahoma City prior to the bombing of the Murrah building. The NLD program should continue its focus on preparedness and awareness, not risk or threat.
Senior Interagency Coordination Group Effectiveness:

The GAO states that the Senior Interagency Coordination Group (SICG) fell short of its potential for an interagency decision making body and that its meetings primarily served as a vehicle for DoD to brief the interagency representatives on DoD’s progress in implementing the program. In fact, the organization and composition of the SICG was based on National Security Council (NSC) guidance and Presidential Decision Directive (PDD) 39. The group was chaired by the Federal Emergency Management Agency (FEMA), the lead federal agency for consequence management as outlined in PDD-39, and included senior representatives from six federal agencies. The SICG served as an excellent information exchange forum and program design and description body. However, it was not an ideal decision making body in that only DoD was Congressionally funded for and charged with the task of executing a national city training program. At times, the Group was unable to achieve consensus on how to move the program forward. In these instances, DoD did drive on. For example, a sense of urgency prevailed at DoD to train the first eight to 10 cities before the funds appropriated for Fiscal Year 1997 expired. The Secretary of Defense was charged with program execution and we moved forward without consensus in instances when we deemed it necessary to do so.

Grouping Cities:

GAO concludes that if we had used existing structures, such as counties, response regions, mutual aid agreements, councils of government or other similar arrangements that reflect how emergency response is actually organized, we could have consolidated training and equipment purchases to cover more jurisdictions in fewer locations than presently planned and with less expenditure of resources. A regional approach to domestic preparedness, as suggested by GAO, is not an efficient approach as the command and control structure is more difficult to define and less able to control first responder training resources within multi-entity jurisdictions.

A key element of domestic preparedness is to enhance the ability of state and local first responders to deal with the unique aspects of nuclear, radiological, chemical and biological weapons situations. The train-the-trainer program is designed to help municipalities establish their own emergency response programs. Critical to accomplishing that goal is the ability to interface with a single entity authorized to direct appropriate and competent first responder trainers to attend NLD instruction. As designed, the NLD program provides, through the city mayor and his or her emergency management chain of command, a single point of contact.

The ability of state and local governments to deal with the immediate effects of a WMD terrorist attack is essential to the success of any response. That first hour will be crucial to containing the attack and reducing casualties. The ability of first responders to correctly identify an incident as a terrorist WMD attack – and respond accordingly – will mean the difference between life and death in the outcome and will prevent first responders from becoming victims. It is better to have redundant coverage than to wait until the regional first responders can reach the scene of the incident. In addition, the bureaucratic process at the city level is such that each city would likely exhaust its integral resources before calling on regional actors for support.
Congressional Amendment:

GAO suggests that the Congress may wish to amend the Nunn-Lugar-Domenici legislation to provide DoD greater flexibility in the conditions under which it provides the $300,000 worth of equipment to local jurisdictions. DoD does not recommend an amendment to the NLD legislation, as it is our intention to transfer the program to the Department of Justice (DOJ) as soon as possible. Additionally, the NSC has formed several Senior Management Groups and related Subgroups to coordinate and deconflict the growing number of federal WMD consequence management training, equipment and response programs. In late August 1998, the Attorney General hosted a state and local domestic preparedness “Stakeholders Forum” in Washington, DC. The forum consisted of more than 200 state and local emergency response planners and practitioners, who convened to discuss current federal efforts to help them prepare for and respond to acts of terrorism. The overarching strategy proposed by the forum to address these areas culminated in a request for the President to designate a single lead federal agency to be responsible for the overall coordination and implementation of terrorism-related domestic preparedness programs and activities. DoD fully supports the DOJ assuming the lead for the domestic preparedness program and is prepared to play a vital support role in all appropriate aspects of this important national preparedness program.

Specific comments for accuracy and clarification have been forwarded separately. The Department appreciates the opportunity to comment on the draft report.

Sincerely,

[Signature]

H. Allen Holmes
The following is GAO’s comment on the Department of Defense’s (DOD) letter dated October 2, 1998.

1. We modified the text to reflect DOD’s comments, as appropriate.
September 30, 1998

Richard Davis
Director
National Security Analysis
National Security and International Affairs Division
U.S. General Accounting Office
441 G Street, N.W.
Washington, D.C.

Dear Mr. Davis:

On September 2, 1998, you provided the Department of Justice copies of a General Accounting Office draft report entitled “COMBATING TERRORISM: Opportunities Exist to Gain Focus and Efficiencies on the Nunn-Lugar-Domenici Domestic Preparedness Program.” The draft was reviewed by representatives of the Federal Bureau of Investigation, the Criminal Division, and the Office of Justice Programs. The Department generally concurs with the substance of the report as it relates to the program and the Department’s participation in it.

The Department appreciates the opportunity to review the report in draft. If you have any questions concerning the Department’s comments, you may contact me on (202) 514-0469.

Sincerely,

Vickie L. Sloan
Director, Audit Liaison Office
Justice Management Division
Appendix VIII

Comments From the Department of Health and Human Services

Note: GAO comments supplementing those in the report text appear at the end of this appendix.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General
Washington, D.C. 20201

Mr. Richard Davis
Director, National Security Analysis
United States General Accounting Office
Washington, D.C. 20548

Dear Mr. Davis:

Enclosed are the Department’s comments on your draft report entitled, “Combating Terrorism: Opportunities Exist to Gain Focus and Efficiencies in the Nunn-Lugar-Domenici Domestic Preparedness Program.” The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

June Gibbs Brown
Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the Department's response to this draft report in our capacity as the Department's designated focal point and coordinator for General Accounting Office reports. The OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.
Appendix VIII
Comments From the Department of Health
and Human Services

Comments of the Department of Health and Human Services on the General Accounting
Office Draft Report, "Combating Terrorism: Opportunities Exist to Gain Focus and
Efficiencies in the Nunn-Lugar-Domenici Domestic Preparedness Program"

The Department of Health and Human Services thanks the General Accounting Office (GAO) for
providing the Department an opportunity to comment on GAO’s draft report.

The Department would like to share some thoughts with GAO that reflect our perspective on the
Domestic Preparedness Program, including some technical corrections to GAO’s report.

See comment 1.

Reference is made in the report regarding the lack of a "...sound assessment process, such as a threat and risk
assessment, ..." for the 120 cities' needs or requirements. Such an assessment is virtually impossible without valid
intelligence depicting potential threat(s). This intelligence has been and is currently unavailable. Furthermore,
intelligence is in a continued state of flux. What may be valid today may not be valid in the future. We believe that
the size of the population is probably the best and most reasonable yardstick by which to measure potential impact if
not risk.

See comment 2.

The report refers to the useful lifetime of the equipment provided as being 3 to 5 years, while the projected threat
during this time is from conventional weapons. The report says the equipment provided will be useless when the threat
of weapons of mass destruction (WMD) is increased. We believe that this does not abrogate the United States
Government's responsibility to assist local jurisdictions in becoming better equipped and prepared. We also believe
that the threat of a WMD incident is real and not necessarily 3 to 5 years away based on actual events such as the Sarin
attack in Tokyo.

See comment 3.

The report states that local authorities "...also had to do their own local coordination to ensure compatibility and
interoperability and to maximize the benefit from the two related equipment programs." We believe that local
authorities should indeed be achieving this coordination as a part of their own planning process. In addition, the
Department's Office of Public Health and Science (OPHS) program is a health systems development program, not an
equipment program.

See comment 2.

The report mentions that the training subcommittee formed by the interagency group made little progress in compiling
a list of terrorism-related courses. The Department was represented on this training subcommittee and through
substantial effort, the subcommittee did, in fact, generate a rather comprehensive compendium of existing courses.

See comment 4.

The report concludes that a more consolidated approach could have resulted in far fewer training iterations. A more
consolidated training approach may in fact be beneficial. However, from an operational point of view, we believe it
is important to work with and enhance existing, locally developed response systems. It is important to note that such
an approach is applicable only to a response involving chemical WMD. Response to a biological event would require
a much different approach.

See comment 5.

The report recommends consolidating training and equipment delivery locations on a regional basis. In a chemical
WMD response, it is important to note that capabilities and assets are almost immediately required. A regional
approach could negatively impact the response time for local jurisdictions. The time factor in a chemical response is
crucial.

See comment 6.

References in the report imply that both Nunn-Lugar-Domenici programs (the Department of Defense and the
Department's) are equipment programs. The Department's program is not primarily an equipment program but a
health systems development program. In addition, it is not correct to refer to the OPHS National Medical Response
Teams as being part of the equipment program. Equipping these Federal OPHS teams is an internal enhancement
program of the National Disaster Medical System under the lead responsibility of the Department's OPHS.
Appendix VIII
Comments From the Department of Health
and Human Services

The report implies that agencies' efforts have not leveraged existing State and local emergency management systems. It should be noted that coordination of local plans with State plans is a stated OPHS contract requirement.

Technical Comments:
At the bottom of page 2, "...the Army's Chemical and Biological Command (CBDCOM)..." should be amended to read "...the Army's Chemical and Biological Defense Command (CBDCOM)..."

The last full sentence beginning on page 7, should be changed from "...proposed MMST equipment and pharmaceutical lists..." to read, "...proposed MMST equipment lists..." Only equipment lists were circulated.

The footnote at the bottom of page 11 should be changed from "Grant amounts..." to "Contract amounts..." The MMST cities receive their equipment through a contract, not a grant process.
The following are GAO’s comments on the Department of Health and Human Services’ letter dated September 22, 1998.

GAO Comments

1. We disagree that the lack of valid intelligence depicting an actual threat prevents a threat and risk assessment. The threat and risk process requires assumptions regarding a number of inputs and is not dependent on definitive intelligence on terrorists.

2. This comment pertains to a matter discussed in the draft report that is not included in the final report.

3. We acknowledge in the report that the Department seeks to develop health systems through the Metropolitan Medical Strike Team (MMST) program, but there is also an equipment segment of the program that overlaps with the equipment segment of the DOD Domestic Preparedness Program. The fact that the Nunn-Lugar-Domenici initiative contains two separate, unintegrated, federally funded equipment components has caused confusion and placed the full burden of coordination on local agencies.

4. We agree that federal agencies should work with locally developed response structures and believe the report is consistent with this comment.

5. Our report suggests that efficiencies can be gained by using and reinforcing existing response structures for domestic preparedness training or by otherwise consolidating training for nearby cities. We believe that federally funded equipment should be allocated as best fits the state and local response structure. The report does not suggest creating new regionalized response systems for a weapons of mass destruction (WMD) incident.

6. Both the DOD and the Health and Human Services portions of the Nunn-Lugar-Domenici initiative have equipment components. Reference to National Medical Response Team equipment in the draft report was deleted in the final report.

7. The report discusses the design and implementation of DOD’s training program. We did not evaluate the integration of MMSTs into state and local response structures. We do note, however, that the Public Health Service (PHS) plans to replicate MMSTs in all 120 Nunn-Lugar-Domenici program
cities, which is not clearly leveraging state and local emergency response structures.

8. We modified the text to reflect the Health and Human Services’ comments, as appropriate.
Appendix IX

Comments From the Federal Emergency Management Agency

Note: GAO comments supplementing those in the report text appear at the end of this appendix.

Federal Emergency Management Agency
Washington, D.C. 20572

SEP 25 1998

Ms. Davi M. D’Agostino, Assistant Director
U.S. General Accounting Office
National Security and International Affairs Division
441 G Street N.W.
Washington, D.C. 20548

Dear Ms. D’Agostino,

Thank you for the opportunity for the Federal Emergency Management Agency (FEMA) to comment on the draft GAO report “Combating Terrorism, Opportunities Exist to Gain Focus and Efficiencies in the Nunn-Lugar-Domenici Domestic Preparedness Program.”

We circulated the draft report widely within FEMA to ensure that cognizant program offices could review the document.

The report provides an in-depth examination of the Nunn-Lugar-Domenici program. We have provided detailed comments, in a few areas, which pertain to FEMA.

If you, or your staff, have any questions on our comments, or desire additional information, please do not hesitate to contact me at (202) 646-4145 or Rob Weiderhold, of my staff, at (202) 646-7041.

Sincerely,

Catherine H. Light, Director
Office of National Security Affairs
FEMA Comments on GAO Report: Combatting Terrorism, Opportunities Exist to Gain Focus and Efficiencies in the Nunn-Lugar-Domenici Domestic Preparedness Program

- P-3, second paragraph: line 5 should be modified to read “The legislation directed FEMA to establish a telephonic...”

- P-6, top of page: Insert an example. Such as, “FEMA’s National Fire Academy and Emergency Management Institute have had longstanding working relationships for delivering State and local training.”

- P-7, second paragraph: While we agree that an overarching strategy would be beneficial, there are multiple legislative requirements, including the Anti-Terrorism and Effective Death Penalty Act and the Robert T. Stafford Disaster Relief and Emergency Assistance Act, which must be recognized.

- P-9: Regarding the Rapid Response Information System (RRIS), the draft comments that “Some were skeptical of their value during a crisis.” We did not initially intend for the RRIS to be an operational tool, but rather a preparedness aid to help with training and orientation, and a source of general information. FEMA took this approach to complement and encourage use of CBDCOM’s hotline which is made available through the National Response Center. During a crisis responders can obtain information and ask for guidance from a fully qualified staff of experts who have immediate access to a full range of expertise and information including selected databases in RRIS that can be used to support course of action development during the planning cycle as was recently done during the DOD exercise Eclipse Alpha in June of 1998.

- P-10, first full paragraph: It may be helpful to note that Federal, State, and local responders already have a well established command structure (the Incident Command System), which can expand and contract as needed. FEMA uses this incident command system, to good effect, in disaster response to coordinate external activities with State and local authorities.

- P-16, first full paragraph, third sentence: “…traditional state roles in fire and emergency management training...”.

- P-22, third paragraph, first sentence: Recommend changing “some states” to “most states”. Recommend adding the following 2 sentences after the first sentence: “The National Fire Academy and the Emergency Management Institute deliver hundreds of courses each year on a wide range of topics of interest to first responders and emergency managers. These courses are delivered, both on and off campus, through, and in cooperation with, State and local fire training academies and emergency managers.”

- P-23, paragraph at top of page add a new sentence before the last sentence in the paragraph as follows: “...techniques through satellite-to-television links. “FEMA has the Emergency Education Network (EENET) that provides training via satellite to
Appendix IX
Comments From the Federal Emergency Management Agency

Now on pp. 8 and 22. See comment 6.

hundreds of thousands of emergency management and emergency services personnel across the nation.” CBDCOM has been considering...

- P-24 & 25: The application made of the intelligence community conclusion on the bottom of page 24 and the top of page 25 i.e. that “conventional explosives will continue to be the most likely form of terrorist attack over the next decade” is troublesome. This is a rather large leap of faith that therefore there is no urgency in developing WMD capability. This is certainly at variance with the general understanding and sense of urgency that is behind PDD 39 and 62. It certainly should be critically re-examined before being used to serve as the basis for redirecting program efforts.
The following are GAO’s comments on the Federal Emergency Management Agency’s (FEMA) letter dated September 25, 1998.

**GAO Comments**

1. The legislation did not direct FEMA to establish a telephonic link. The Chemical and Biological Defense Command (CBDCOM) established the hot line. FEMA established the Rapid Response Information System.

2. Reference to FEMA’s National Fire Academy and Emergency Management Institute is made on page 19. We did not review in detail federal training programs other than the Domestic Preparedness Program.

3. We agree that an overarching strategy for consequence management training, equipment, and response initiatives should be developed with full consideration of legislative and statutory requirements.

4. City and state officials commented on the newly established communications systems in general. At the time of our review, they had a limited understanding of the Rapid Response Information System and its intended use.

5. We modified the text to reflect FEMA’s comment, as appropriate.

6. We accurately portrayed the intelligence community’s assessment of the WMD threat. We did not suggest that the domestic preparedness effort be canceled or substantially delayed.
Related GAO Products


Terrorism and Drug Trafficking: Threats and Roles of Explosives and Narcotics Detection Technology (GAO/NSIAD/RCED-96-76BR, Mar. 27, 1996).


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