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House Committee on Homeland Security
Subcommittee on Emergency Communications, Preparedness, and Response

Wednesday, October 3, 2007

House Committee on Homeland Security

TOPOFF 3: New Jersey's Perspective October 3, 2007

Opening Remarks:

Congressman Cuellar I am pleased to be here today to discuss the TOPOFF 3 exercise and the actions taken by the State of New Jersey to improve its security and emergency preparedness, and its ability to respond to bio-terrorism attacks and other emergency situations.

Since T-3, NJ has improved its preparedness posture through a statewide reorganization designed to provide a comprehensive, "all-hazards" approach to emergency management.

Through the establishment of the Office of Homeland Security and Preparedness, by Governor Corzine in March 2006, NJ has taken a new direction in Homeland Security which has resulted in improving cooperation with other Federal, state, and local agencies and a change in the way the state approaches Preparedness.

Governor Corzine has also pledged significant resources to emergency preparedness training, education, and exercises, as well as to studies and evaluations.

Toward that end, the state is committed to supporting a robust exercise program.

The Office of Homeland Security and Preparedness provides funding for a State Exercise Support Team. Staffed with individuals from the New Jersey State Police, Department of Military and Veterans Affairs, Division of Fire Safety, and the Department of Health and Senior Services, this unit provides exercise support for UASI and ODP required exercises.

In addition, the Department of Health and Senior Services supports an exercise team which provides assistance to local public health agencies and healthcare facilities for with their CDC and HRSA funded exercises.

These two teams synchronize their efforts through an annual exercise strategy meeting.

Both teams were in place during TOPOFF 3 and their membership provided the core of the state's planning group.

I would like to spend the next few moments describing how T-3 played out in NJ, how we participated in the planning process, what lessons we learned, and how we plan to remediate shortfalls that were uncovered during T-3.

NJ T-3 Exercise Overview:

On April 4-8, 2005 New Jersey joined Connecticut, Canada, and Great Britain in what was then, the largest counter-terrorism exercise ever conducted.

On Saturday, April 2nd three sports utility vehicles set out from a fictional clandestine bio-laboratory in central New Jersey. Driven by members of a fictitious terrorist organization, these vehicles had been modified to disperse a biological agent, pneumonic plague, against their target, New York City. Their attack plan was interrupted, and they released the agent in New Jersey.

This resulted in an outbreak of pneumonic plague that, by Friday, April 8th, had spread to every corner of the state. In that time frame over 30,000 people had been infected and over 8,000 died.

Throughout the course of the exercise the state's emergency operations center provided command, control, and coordination of the state's response. During the week each of the state's 84 acute-care hospitals was engaged. The state received the assets of the Strategic National Stockpile consisting of pharmaceuticals which were transported to 22 locations throughout the State to facilitate public distribution through the use of points of dispensing or PODS.

As you can imagine, the ramifications of this attack were horrific. Our healthcare delivery system was overwhelmed. The emergency management structure struggled to maintain essential services. The large number of fatalities taxed the ability of our medical examiners office.

Besides the human toll, the state suffered huge economic losses. The recovery period continued 6 months after the attack and beyond.

While NJ's primary responsibility in the event of an emergency is to ensure the safety of its citizens, there were decisions to be made that had impact at the national level. The "Robert T. Stafford Disaster Relief and Emergency Assistance Act," Public Law 93-288, as amended, which was enacted to support State and local governments when the President has declared a disaster proved to be ineffective when requesting and obtaining Presidential disaster assistance during a biological event

At this time, Congressman, I would like to highlight some of the planning activities that occurred in preparation for TOPOFF 3.

NJ T-3 Planning Effort:

In February of 2004, the New Jersey Domestic Security Preparedness Task Force, endorsed a proposal by the New Jersey Department of Health and Senior Services to participate in TOPOFF 3. The approved scenario was to test NJ's response and recovery to a terrorist biological incident. The DSPTF also approved any expenditures associated with the exercise.

The state of New Jersey, in conjunction with the US Department of Homeland Security, began the planning process 14 months prior to the exercise.

In this effort we were full partners with the Departments and Agencies of the Federal Government that were participating in the exercise, along with contractors hired by DHS.

The state presented the T-3 planners with its exercise goals and objectives. These were developed by a core state planning team composed of representatives from departments such as the Office of Emergency Management, Health and Senior Services, Environmental Protection, Attorney General and others.

This state level core planning team was augmented by planning teams at the county and municipal levels as well as facility staff, including those in the hospitals that developed discrete aspects of the exercise.

Overarching Goals

- Risk Assessment and Implementation of a Public Information Program to effectively address the consequences of the exercise scenario/hazard.
- Assess the ability of state and local government to establish, conduct, and administer effective and efficient Mass Prophylaxis
- Managing the logistics of the issuance of Quarantine and/or Isolation Orders, and/or Travel Restrictions.
- Stress and evaluate hospital Surge Capacity
- Determine the appropriate and/or necessary staffing patterns for the “comprehensive” health care system.
- Examine the sufficiency of existing Continuity of Government and Continuity of Business Operations
- Test the Case-Contact Epidemiological processes/procedures

- Engage and evaluate the in-state resources and federal support for Mortuary Care.
- Evaluate the effectiveness of the Emergency Management Assistance Compact (EMAC) among state governments.
- Exercise the Disaster Declaration Process, as related to a coordinated, multi-level, governmental response and recovery effort, in light of the on-going federal efforts to re-formulate policy regarding the National Response Plan (NRP &/or INRP) and the National Incident Management System (NIMS).
- Allow for the comprehensive assessment of existing strategies for the provision of Mental Health services for both emergency workers and the general public.
- Explore the multi-level, operational coordination of Intelligence and Investigative authorities

The state level core planning team was augmented by planning teams at the county and municipal levels as well facility staff, including those in the hospitals that developed discrete aspects of the exercise.

Select working groups were formed to work with their federal partners in developing the scenario, intelligence play, public information, volunteers, logistics, security and other aspects of the exercise.

Senior representatives from state departments and agencies provided policy oversight to the planning team. Issues such as funding, labor agreements, and public information were addressed by this group.

Monthly meeting with DHS, the support contractors and the state's planning team were conducted to coordinate the development efforts. These meeting were mirrored at the county and municipal level.

Running parallel with the exercise planning effort, DHS sponsored a series of national seminars. These seminars, referred to as building block events, brought together nationally renowned experts in their fields, along with their state counterparts, to focus on topical areas related to the exercise such as; biological terrorism, chemical terrorism, and public information. Each state as well as the District of Columbia played host to one of these seminars. In addition, each state could, and did, opt to conduct a state level seminar on topics similar to the national level events.

Equally challenging was the recruiting of a sufficient amount of volunteers as role players of patients in hospitals, individuals seeking prophylactic medications, and act as "worried well" who would flood the hospitals, clinics, and doctors offices. To achieve this goal, a separate working group was formed at the state and county/municipal level to confront and solve the challenges presented by the recruitment issues. Adding to this challenge was requirements from DHS that all exercise volunteers submit to a criminal history record check.

All of the planning, the events, and the exercise itself did not come without costs. As a participant, each state was required to provide funding for its share of the exercise expenses. A memorandum of agreement, (MOA), was negotiated between the state and DHS. This MOA outlined each party's fiscal obligations.

In New Jersey's case, the state's share came from multiple sources. The state's ODP and UASI funding streams as well as CDC and Health Resources and Services Administration grants provided the funding. The state's budget for T-3 was approximately \$964,000.00. Budget oversight was the responsibility of the senior planning group.

Evaluation

As with any exercise, the evaluation portion is every bit as important as the conduct of the exercise itself. This is the reason we conduct exercises, is to expose our short comings in a simulated environment as opposed to during a real event.

The evaluation of all of the "moving parts" of T-3 was a huge logistical challenge. Due to the scope of the exercise, every county, every hospital, every venue had "data collectors" on site to capture the actions of the participants in response to the events presented by the exercise scenario. These observations were collected, analyzed and compared against the existing plans, policies and procedures of the participants. Again, running parallel with the federal effort, New Jersey developed an after-action report and a specific improvement action plan which is being implemented at this time.

Lessons Learned

Some key lessons learned:

The following indications for needed improvement, not coincidentally related to one or several of our Exercise Goals, were revealed in our after-action reviews and are thought to be the most significant. With each I've illustrated the steps we are, or have taken to address each area:

- **Information Management**, we discovered gaps in the information sharing process especially at the federal state level. During the exercise senior New Jersey emergency management planners operated in an information vacuum and decisions were made based on incomplete information.

The remediation of this information management gap has been addressed by the development a management system that is consistent with HSPD 5.

In 2007 we dedicated a Regional Operations Intelligence Center which is staffed with state and federal personnel and is designed to collect, analyze, and fuse intelligence into actionable information.

- **Information Technology collaboration**, specifically a review of the various systems of data management / data sharing that are currently operating independent of each other due to agency and/or organizational specific purposes.

As a result of T-3 the Department of Health and Senior Services has developed an all-hazards situational awareness platform, Hippocrates, which provides the state's emergency management planners with a real time common operating picture of the state of health care and public health.

We are now taking steps to integrate each state department's information management systems into a single, interoperable, platform.

- **Federal-State coordination** in support of response/recovery operations. Specifically, under the new National Response Plan (NRP) & the National Incident Management System (NIMS), and with certain regard to the Joint Field Office (JFO) operational processes, where resource requests were delayed, or seemingly not forthcoming.

In March of 2006 Governor Corzine created the Office of Homeland Security and Preparedness (OHS&P) and tasked this office with coordinating the state's emergency management planning activities, to include the interaction and interoperability with our federal partners.

OHS&P has taken the lead in integrating the new National Response Framework into the state's planning, training, and exercising activities.

- **Modifications** to the Federal Disaster and Emergency Relief Act (**The Stafford Act**), to address the issue of enabling Individual Assistance (IA) funds to be made available to states (and local governments) when contending with the consequences of a biological/public health disaster.

The State's legislative delegation is working to modify these programs to address the unique challenges presented by a biological disaster.

- **Development of policy and procedure** to govern the identification, credentialing and operational deployment of essential personnel from the public and private sector.

The Office of the Attorney General has formed a committee to develop a statewide credentialing system. The state has developed a roadmap forward but is hampered by insufficient funding.

- **Medical Surge Capacity** was demonstrated during the exercise to be critical gap. Hospital bed space particularly for alternate care (Isolation/quarantine) was at a premium.

Using UASI, and other funding sources, New Jersey has acquired three mobile alternate care facilities and is in the process of purchasing a mobile emergency care facility.

- **Conceptual and operational** modifications to the State's Mass Prophylaxis Plan.

We have initiated a 1st Responder Prophylaxis Plan to provide medications to these individuals and their families in the event of a biological agent attack or a naturally occurring event (pandemic influenza).

We are in the process of developing a similar program for the private sector.

- **Private Sector inclusion** in the event management process, to include information sharing, prioritization of essential services/essential employees, resource provisions and decision making processes directly involving the various sectors of business and industry.

Private Sector inclusion in the event management process, to include information sharing, prioritization of essential services/essential employees, resource provisions and decision making processes directly involving the various sectors of business and industry.

The private sector now occupies a position in the State Emergency Operations Center and is a full partner in our planning, training, and exercising programs.

- **Additional Activities**

During the T-3 exercise we exercised the Metropolitan Medical Response System in coordination with the US Department of Health and Human Services, the Air National Guard and the state's Emergency Medical Services Task Force.

We coordinated the forward movement of 100 hospitalized, uninfected individuals from hospitals in New Jersey to hospitals in Texas.

Lessons learned from this exercise were utilized in real world operations, during hurricanes Katrina and Rita.

- **Benefits**

TOPOFF III's greatest contributions to our state were the working relationships forged through the design process. The process of developing, conducting, and evaluating the exercise "forced" the coordination of multiple state, local, and federal departments and agencies. This coordination was an exercise unto itself and in the end the state was better off for having done so.

As each state and local department and agency examined their existing plans, policies, and procedures during the exercise design phase, gaps were identified. These gaps were addressed with new policies and procedures and then they were exercised during TOPOFF. Once again the state came away better prepared.

Though we struggled, at times during the exercise, to communicate our needs and understand some of the federal government's responses, we were learning about their systems, procedures and decision-making influences. The key to all of this is learning from doing, and learning from your mistakes.

After-Action reporting

Reporting the results from an exercise is a tightrope that we in exercise design have to walk.

If nothing else, our enemies have demonstrated their ability to learn from us, so any report that highlights shortfalls or gaps could, and most likely would, be exploited by them.

That being said, there has to be a way that the lessons we learned during TOPOFF, and for that matter any exercise, can benefit everyone. One method we're developing is the translation of the after-action and improvement action plans into best practices recommendations.

Once again Congressman Cuellar, I'd like to thank you for the opportunity to provide this testimony to your committee. Also I'd like to thank you and Congressman Thompson for your commitment to insure that our 1st responders are trained and equipped to respond in times of emergency.

At this time I'd be glad to address any questions you or the committee membership may have.

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