

Written Testimony of

Thomas J. Kilday, Jr., NREMT-P

Homeland Security Program Manager
State of Rhode Island Emergency Management Agency

Before the

U.S. House of Representatives
House Committee on Homeland Security
Subcommittee on Emerging Threats, Cybersecurity, and Science
and Technology

Field Hearing on

***“Emerging Biological Threats and Public Health
Preparedness: Getting Beyond Getting Ready”***

Presented

Tuesday, July 22, 2008

10:30 AM

Rhode Island State House, Room 313

Mr. Chairman and members of the committee, my name is Thomas J. Kilday, Jr. NREMT-P. I serve as the Homeland Security Program Manager for the State of Rhode Island Emergency Management Agency. Additionally, I serve as a practicing Paramedic for the Rhode Island Disaster Medical Assistance Team. I previously served as the Emergency Response Coordinator at the Center for Emergency Preparedness and Response, at the Rhode Island Department of Health where I worked on public health preparedness activities.

Since 1999 I have worked in various capacities serving in local, state, federal and international arenas. Most recently, I served as a public health preparedness manager who transitioned to working in the field of emergency management. This experience provides me with a broad perspective on the all-hazards approach to preparedness focusing on the collaboration between public health and emergency management, which is the focus of this testimony.

I want to thank you for inviting me to speak with you today to discuss the current successes and ongoing challenges in planning and preparing for all hazards events. I am eager to share with you my dual perspective as both the Homeland Security Program Manager and a former public health preparedness team member for our nation's smallest state. As of today, although the progress made in preparing Rhode Island has been significant there is still considerable work that needs to be done, and there are challenges both of scope and depth of preparation that need to be addressed.

Rhode Island Emergency Management Agency (RIEMA)

The Rhode Island Emergency Management Agency serves as the state's primary coordinating agency for statewide preparedness and response to all hazards events. Rhode Island Emergency Management is provided authority under RI General Law 30-15 to provide the following:

- To reduce vulnerability of people and communities of this state to damage, injury, and loss of life and property resulting from natural or man-made catastrophes, riots, or hostile military or paramilitary action or acts of bio-terrorism.
- To authorize and provide for coordination of activities relating to disaster prevention, preparedness, response, and recovery by agencies and officers of this state, and similar state-local, interstate, federal-state, and foreign activities in which the state and its political subdivisions may participate .
- To provide the state with the ability to respond rapidly and effectively to potential or actual public health emergencies or disaster emergencies.

Additionally "***The mission of the Rhode Island Emergency Management Agency is to reduce the loss of life and property in natural and man-made incidents by utilizing an all-hazards approach to prevention, preparedness, response and recovery through a program of leadership and expertise in comprehensive emergency management while providing strategic partnerships, innovative programs, and coordination of state, regional and federal resources.***"

The Emergency Management Agency provides this support to the citizens of Rhode Island through the efforts of our 27 employees led by its Director Major General Robert T. Bray, Adjutant General, Homeland Security Advisor and Executive Director J. David Smith who is responsible for day to day operations and agency coordination.

Rhode Island's History of Preparedness

Prior to 2001, preparedness efforts in RI were focused in the state's Emergency Management Agency. This work was limited to managing the new Domestic Preparedness grant program activities and the continuing mission to prepare for natural disasters. The events of September 11, 2001, followed by the anthrax attacks in October 2001 catapulted public health into the preparedness arena and forced cooperation with emergency managers and other first responders. The Rhode Island Department of Health (HEALTH) was charged with managing both the CDC's Bioterrorism Preparedness Program and HRSA's National Hospital Bioterrorism Preparedness Program. With the implementation of the preparedness grant programs, the State and HEALTH, in coordination with federal, regional, tribal, state, and local partner agencies, have implemented many preparedness systems and response capabilities.

A Culture of Preparedness

The strength of Rhode Island's preparedness efforts rests in the ability of the government, public, and private sectors to organize and plan through multiple committees and working groups, all focused on the primary goal of preparing Rhode Island for the worst, most probable disaster. Rhode Island's small geographic size, diverse culture, lack of county government and the close inter-working relationships are the key ingredients that enable Rhode Island to have effective preparedness planning program. At the core of Rhode Island's preparedness program is the Emergency Management Advisory Council (EMAC). Chartered by statute, this group advises the Governor on preparedness activities within the state. EMAC is co-chaired by the Lieutenant Governor and the Adjutant General, who also serves as the Homeland Security Advisor for Rhode Island. The group has a total of 30 representatives from all sectors of Rhode Island. The challenge encountered with the above described committee is ensuring that all partners remain actively engaged in the planning process.

Interstate Regional Coordination

Rhode Island has a strong relationship with our regional partners at many working levels. Given current systems and government structures, these regional activities focus primarily on planning. Because no overarching governmental system and therefore, no oversight, exists at the regional level, there is great disparity in the types and levels of planning that occur at the regional level. Despite this lack of oversight, Rhode Island has forged forward to involve other New England partners in building relationships and discussing response mechanisms.

Current agency goals pertinent to this testimony include the following:

- Development of Situational Awareness (SA) tools and Common Operating Picture (COP) solutions linking the state and local agencies with RI Emergency Management
- Development of RI Statewide Communications Network (RISCON) which is a border to border 800MHz Digital Radio System to provide seamless digital voice communications to all responders
- Grant management activities including the coordination of more than fifteen (15) federal grant programs and their reporting requirements
- Statewide continuity of operations (COOP) planning including the development of the statewide pandemic flu plan in cooperation with the Department of Health

Situational Awareness (SA) Common Operating Picture (COP)

Rhode Island's small geographic size, coupled with its ample supply of critical energy and transportation infrastructure, suggests that the state's first responders and public safety community would have seamless and discreet interoperable capabilities second to none. Yet, our 39 cities and towns, and a number of state agencies have fostered a stove pipe mentality with limited guidance for implementation of consistent and comprehensive technological systems and policies. To date a number of systems both linked and disparate have been created to enhance Rhode Island's operability and interoperability within the technological environment of day-to-day operations as well as systems designed to enhance emergency response capability. Examples include the following:

- Hospital Capacity System (HCS)
- Web EOC
- Port Security Camera System
- Traffic Management System
- Mesh Network System

Many of these systems serve useful purposes, however; there is little integration of the systems currently in use in the state. RIEMA is working to link the disparate systems into a consolidated information hub to facilitate situational awareness and common operating picture for all responders and policy decision makers.

RI Statewide Communications Network (RISCON)

The vision of the RISCON project is to have interoperable communications which will enable all public safety and first responder agencies to communicate within and across departmental and jurisdictional borders. The system is APCO 25 Compliant data capable system. The current capabilities of RISCON include eleven sites in the Washington County (southern) system and four in the North Providence system and five in the Providence system with three in construction stage and two in the site assessment stage. Over 2,500 subscriber units have been purchased for local, state, and tribal agencies. Radios have been purchased for each front line fire, police and EMS vehicle in the state. Also, both U.S. Coast Guard Stations in Rhode Island, Capitol Police, Regional Teams including the Urban Search & Rescue, Disaster Medical Team,

HazMat, Decon and Law Enforcement WMD teams and cabinet level state agencies just to name a few have equipment and network access enabling them to operate on the RISON network. Current funding will allow the system to expand to a total of 19 sites and provide 90+% coverage statewide. The total users on the system will increase to close to 4000 by 2009. Additionally, a cache of radios and repeaters are being developed.

Grant Management and Federal Reporting

RIEMA currently facilitates numerous grant programs, has an established monitoring program and is able to assist sub-grantees with questions regarding allocated funds and also with the grant application process. Additionally, the agency is required to submit reports to federal agencies describing current programmatic activities.

As the State Administrative Agency (SAA) to over fifteen (15) grant programs the small team that is currently managing these funds is not sufficient. RIEMA aims to have a more robust grant management team who can accurately and fastidiously award and monitor grant funding and complete reporting requirements. Presently, we complete a number of federal reports, of which the purpose is not clear. We are told we are completing them "for congress", but are unsure if that is actually the case. We seldom receive constructive feedback on the reports that we submit, which would be helpful in evaluating our efforts and future planning. The multiple grant programs, disparate timelines and numerous reporting requirements detract from our programmatic preparedness efforts. Locally, a larger grant management team would help, but federal support such as combining grants, multi-year funding and alignment of program deadlines would allow for much more efficiency.

Continuity of Operations and Pandemic Preparedness

Over the past few months, the state of Rhode Island took unprecedented steps to enhance our pandemic flu preparedness. In response to the *Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans*, the Rhode Island Emergency Management Agency and the Rhode Island Department of Health led a collaborative effort to respond to this request for submission.

Under an unrealistic deadline, new partnerships were forged on the state level. Non-traditional partners such as the Department of Labor and Training, the Office of the General Treasurer, and the Department of Education were included in the planning effort and provided important insight on areas of responsibility which allowed them to learn more about emergency management. The relationships that were created have allowed for further offshoots of preparedness including training state workers in Incident Command System (ICS) and a Pandemic Flu/Continuity of Operations Working Group with the state's colleges and universities. This effort served as an important gap analysis and relationship builder. It now allows the state of Rhode Island to target our planning efforts to specific areas which will bolster overall state preparedness. Additionally, Rhode Island, along with many other states, has begun to focus heavily on our ability to provide continuity of operations (COOP) during a pandemic influenza event. This process has allowed us to produce many COOP plans for our various state

government agencies and our critical infrastructure areas based on what appears to be the worst case scenario threat of pandemic influenza.

Despite the successes Rhode Island has enjoyed in state COOP and pandemic planning, considerable work needs to be done. The challenges include:

1. Training and Exercising existing COOP and Pandemic Plans.
2. Limited funding to purchase equipment needed to support COOP and pandemic related planning for information technology and redundant systems.
3. Inadequate Department of Homeland Security support for Critical Infrastructure Protection programs as it relates to COOP and Pandemic Preparedness.
4. Guidance fails to take into account the unique organizational environment found in states like Rhode Island.

Mr. Chairman in addition to the responsibilities that my agency is involved in I also feel it is important to mention the following preparedness efforts that I have been involved in over the past several years.

Medical Surge Capacity Efforts

From the beginning of the implementation of the Health Resources and Services Administration (HRSA) grant, surge capacity was identified as a planning priority. In RI, the Station Nightclub fire served as an important event highlighting the need for improved coordination and management of surge capacity and patient management. The Station Nightclub in West Warwick, RI caught fire at 11:12PM on February 20, 2003 with an estimated 400 persons attending a rock concert. The fast-moving fire caused ninety-six immediate fatalities and hundreds were sent to or self-transported to area hospitals. Four victims subsequently died in hospitals making it the fourth deadliest fire in United States history.

The emergency planning community in RI continues to revisit actions and lessons learned from this incident. The response of the first responders and hospitals to the incident has provided RI with a real-world exercise of the capabilities of the first responder community and hospitals to a mass casualty/fatality event. RIEMA and HEALTH have worked with hospitals to establish procedures and protocols for the activation of surge capacity plans in the event of a similar incident. Over the last five years, the hospitals and health centers have established and exercised their plans for a surge of patients. HEALTH, in conjunction with RIEMA, has established notification procedures and communications protocols to activate a Mass Casualty Response. The Southern New England Mutual Aid Plan was established with support of RIEMA to coordinate a response by first responders to intra and interstate emergencies. A mutual aid agreement amongst all hospitals within the state to share personnel, supplies, and equipment during a public health emergency has been implemented.

Pandemic flu planning has necessitated the expansion of hospital surge capacity planning to surge management of the entire healthcare system. HEALTH has established healthcare service regions to allow hospitals to facilitate the management of resources within their regions and to establish Alternative Care Sites (ACS).

Rhode Island Disaster Medical Response Team (RI-1 DMAT)

The Rhode Island Disaster Medical Assistance Team (RI-1 DMAT) is a Category One team of the National Disaster Medical System (NDMS). The team consists of more than 250 medical professionals and support personnel, supported by a cache of medical and logistical equipment and is prepared to deploy anywhere in the country with only six hours notice. In the event of a federal deployment of the team, approximately thirty-five members would accompany the entire federal cache for up to two weeks, and provide medical care to patients without outside support for up to seventy-two hours. Until recently nearly all of the team's equipment was federal property and, as such, would not be available for use within the state of Rhode Island if the team were deployed. This shortfall in equipment would leave the un-deployed two hundred members of the team without the resources needed to care for patients within the state.

Through efforts led by Department of Health the state acquired a comprehensive cache of medical and logistical equipment that will enable RI-1 DMAT to provide care to patients within the state even if the team has been deployed out of state with their federal cache. The team is also able to deploy its field hospital as an alternative care site for a mass casualty incident, or situate it in the proximity of a hospital emergency department to care for patient overflow. The structure, its equipment and supplies could also be configured to serve as a mass immunization or medication distribution facility almost anywhere in the state or deployed through the emergency management assistance compact to other states. The RI Medical Reserve Corps is a federal initiative which is managed in Rhode Island by the RI DMAT team. The addition of this corps of volunteer healthcare providers has had a positive impact on the team's ability to manage its mission in Rhode Island in the wake of the removal of the RI team's federal cache and the current inability of HHS to enroll new members on the DMAT teams.

Until recently, DMAT category one teams under the National Disaster Medical System (NDMS) have been supplied with a cache of logistics and medical equipment that they used to support the treatment of the victims of disasters in the country. This cache, termed the "Basic Load", was also available to be used by the teams to serve their local communities, and there are many positive examples of this from around the country.

NDMS leadership has recently decided to regionalize DMAT caches & close multiple team warehouses throughout the country. The RI DMAT cache was relocated to north of Boston at the end of June and their warehouse was closed. This move effectively eliminates the ability of the Rhode Island team to utilize their cache to serve their own community during disasters, and denies them access to the equipment for maintenance and training. This is of special concern to state planners during a pandemic flu event when state borders are closed and movement of materials is restricted.

While NDMS claims cost savings, in the case of the RI team, there is a GSA lease that will have to be paid for the next four and a half years (4 1/2) for a now empty building. The total bill to the government for this lease will be more than \$700,000, again, for an empty building. Apparently GSA will be responsible for the rent, but NDMS will see a positive impact on their budget. This development reinforces the foresight of RI in developing and supporting their DMAT team's local capability.

Conclusion

Efforts outlined in this testimony are just a snap shot of the numerous programs and activities designed to enhance the preparedness of Rhode Island. There are many agencies and individuals that work hard each day to make Rhode Island a safer place to live and work.

It is important to mention that the ever increasing number of grant programs, reporting requirements and unfunded mandates all require considerable planning time and utilization of resources in order to be effective. In many cases, these resources are being stretched very thin, both at the state and local level. It is critical that all federal preparedness grant programs be more closely aligned and coordinated so that we at the state level can more effectively develop an appropriate response to whatever emergency may occur.

Lastly, we cannot discuss local, state and national emergency preparedness if we do not discuss the aggressive efforts needed to impress upon the American people the need and critical requirement for personal and family preparedness. I feel that personal and family preparedness is an integral part of the overall preparedness continuum.

Mr. Chairman and members of the committee, I thank you for the opportunity to discuss these important issues with you this morning and would be happy to answer any questions at this time.

Thomas J. Kilday Jr.
Homeland Security Program Manager
Rhode Island Emergency Management Agency
645 New London Ave
Cranston, RI 02920
tom.kilday@us.army.mil
401-462-7107

Introduction

Rhode Island Emergency Management Agency (RIEMA)
Rhode Island's History of Preparedness
A Culture of Preparedness
RI Statewide Communications Network (RISCON)
Situational Awareness (SA) Common Operating Picture (COP)
Grant Management and Federal Reporting
Continuity of Operations and Pandemic Preparedness
Medical Surge Capacity Efforts
Rhode Island Disaster Medical Response Team (RI-1 DMAT)
Conclusion