

TESTIMONY BY MARIA MORGAN, COL., NEW JERSEY DEPARTMENT OF
MILITARY AND VETERANS AFFAIRS BEFORE THE SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS, COMMITTEE ON VETERANS AFFAIRS

Mr. Chairman, Members of the Committee.

I am Col. Maria Morgan, Deputy Adjutant General for the New Jersey Department of Military and Veterans Affairs and the New Jersey National Guard (NJNG). I am here today to testify about the New Jersey National Guard's role in disaster preparedness and response to a Weapons of Mass Destruction (WMD) event in New Jersey. As you know the National Guard has a dual mission both State and Federal. Federally, we have always responded to Presidential call ups and rotated routinely through federal taskings such as Air Expeditionary Force (AEF) rotations, contingency operations (such as Northern Watch, Southern Watch and Allied Force) as well as NATO peacekeeping missions such as Stabilization Force (SFOR) in Bosnia and KFOR in Kosovo.

In the State, the NG has traditionally provided military support to civil authorities (MSCA) for natural disasters such as hurricanes/floods, blizzards, etc. This support is initiated when the Governor activates the NG and the process of deployment occurs through the State Office of Emergency Management operated by the New Jersey State Police. New Jersey has taken a number of dramatic steps in counterterrorism efforts and prevention through the hardening of assets/critical infrastructure by working with the public sector. This process has been managed by the NJ Domestic Security Preparedness Task Force where the NG is an active member. The role of the NG in State support changed dramatically on 9/11 and has expanded considerably. Key to managing WMD events is:

- Prevention
- Preparedness
- Response
- Mitigation

The New Jersey National Guard has a role in the following capabilities for response as identified in the State of New Jersey Emergency Operations Plan 2002:

- Communication
- Transportation
- Public Works & Engineering
- Recovery Plans
- Mass Care
- Support Services
- Health and Emergency Medical Services
- Law Enforcement (Security)
- Hazardous Materials (Decon)

Any assessment of whether New Jersey is thoroughly prepared to handle a future WMD incident would be incomplete without a discussion of the important role of WMD Civil Support Teams (CST). The Committee should be aware that like Indiana and Oregon, New Jersey failed to obtain a federally funded WMD Civil Support Team (CST)-Heavy from the Department of Defense.

A team was fielded from the traditional force (CST-Light). The mission of the WMD CST-Heavy is to be an enabling force for the incident commander providing succinct military support in response to a weapons of mass destruction emergency. The CSTs are envisioned to be employed on short notice to assist local and state governments in protecting public health and safety, restoring essential government services, and providing emergency relief to governments, businesses, and individuals affected by the consequences of terrorism.

The CST-Heavy team has capabilities in: nuclear, biological, and chemical technical expertise in the areas of early detection, sample collection, NBC reconnaissance, ***initial medical assessment***, initial assessment of security requirements and force protection, initial resource and logistics requirements and coordination of transportation or air movement.

The differences between a Light and a Heavy team are significant. For instance, the members of the CST-Light are traditional members with fulltime civilian jobs that would delay response. The light team also does not have the assets of a fully funded federally designated team including the mobile communications van and, most importantly, a ***mobile laboratory with onsite chemical and biological analysis*** (PCR-polymerase chain reaction for DNA identification) capability.

Eighteen months ago, on September 11, 2001, the NJ NG responded with direct assistance to New York City with aviation and ground assets. That mission continued over many months. The NJ Air National Guard provided combat air patrols with the F-16s at its 177th Fighter Wing refueled by the tankers of its 108th Air Refueling Wing.

The NJ Army National Guard provided security for the bridges and tunnels, the airports across NJ and at our two nuclear plants. The mission at the nuclear power plants continues today uninterrupted. Although we terminated the missions at the airports and NYC crossings late last spring, those missions were re-initiated on March 19th when the federal homeland security alert system (HSAS) raised the national alert level to orange in anticipation of the current operations in Iraq. All of our missions are continuing without incident thus far. Today we have over 1500 soldiers and airmen mobilized in either federal or state active duty status and we will be increasing that number to almost 2,000 as mobilizations continue. Our members are in NJ, five other states, and at least six countries including the CENTCOM theater of operations.

In October 2001, further complicating the events of 9/11, anthrax attacks were launched and a hub was determined to be postal locations in New Jersey. The NG assisted with gathering samples for analysis at several locations. Hundreds of residents were affected,

postal operations were compromised, and nationwide there were 23 confirmed cases of anthrax infection (11 inhalational; 12 cutaneous) resulted in 5 deaths--all inhalational. This case of bioterrorism remains unsolved today. At the time, the ability to manage the anthrax cases by the State's health system and the CDC was called into question. In addition, the NJ State Laboratory was overwhelmed with the task of sampling. An increase in the laboratory designation for the University of Medicine and Dentistry of New Jersey (UMDNJ) as a backup lab was immediately sought so that UMDNJ could begin to assist. Since then, the NJ State Health Department has formed partnerships with the private sector in order to be better able to respond to the next potential event, regardless of type. The State has continued to pursue the needed expansion of the State Lab.

There are numerous sources of subject matter experts in the field of bioterrorism: USAMRIID, Sandia Labs, CDC, Johns Hopkins Center for Civilian BioDefense. USAMRIID has the premier data on research they have conducted for over 50 years into the use and defense against a variety of agents. They produce two worthy documents: the Medical Management of Biological Casualties and the Medical Management of Chemical Casualties.

However, the distribution of material and education to the medical, nursing, and general healthcare provider communities remains one of the large gaps in the ability to prevent, prepare, and respond to another WMD event. The education of the entire healthcare provider community has been undertaken by the State Health Department with the assistance of federal grants and the Medical Society of NJ coupled with the Academy of Medicine of NJ. Consistent material and a general consensus of opinion on medical management has been identified as lacking. Certainly the results nationally on the President's smallpox program are indicative that more education of the provider community is needed.

The VA medical care system has an important role in helping to move our nation further down the path of medical preparedness to handle WMD incidents. For instance, the Veterans Health Administration (VHA) provides an enormous amount of medical training to our nation's physicians and nurses, and in fact a large percentage of all practicing doctors and nurses today received a portion of their training at a VA medical center. Therefore, it makes a lot of sense for the VA to be a key engine for disseminating standardized information on WMD treatment protocols and standards of care.

For these reasons, I believe it is important for Congress and the Administration to rapidly implement Public Law 107-287, authored by Chairman Smith and enacted by this Committee last year, which calls for the creation of at least four medical emergency preparedness centers within Department of Veterans Affairs medical centers to: (1) research and develop methods of detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, or incendiary or other explosive weapons or devices posing threats to the public health and safety; (2) provide education, training, and advice to health-care professionals; and (3) provide laboratory, epidemiological, medical, and other appropriate assistance to

Federal, State, and local health care agencies and personnel involved in or responding to a disaster or emergency.

An additional need for preparedness and education has been identified at the 85 licensed acute care hospitals in New Jersey. The hospitals have been working hard with the State Department of Health and the New Jersey Hospital Association to upgrade their capabilities relative to treating mass casualties from a WMD event. But they are in various, mostly beginning, stages of development regarding education of providers and staff as well as adding enhanced capability such as decontamination. And an additional issue for all hospitals nationwide is their capacity particularly with respect to the nursing shortage. It is our feeling that the more we do to augment our resources and improve our processes such as with the VA Program, positive outcomes will result. Maximizing our resources also includes obtaining a CST-Heavy.

New Jersey's alert level remains at orange and with our continuing security missions, we again requested a WMD CST to be stationed in New Jersey—repositioned for ready response. Our rationale was based on the fact that New Jersey's current enhanced security posture is closely coordinated with and directly supports the measures implemented in New York City. The New York National Guard's WMD CST-Heavy has been forward deployed in anticipation of a WMD attack. It is our belief based on the previous anthrax scenario of 2001 that New York would not be able to support New Jersey.

The New Jersey Domestic Security Preparedness Task Force under the direction of the Governor has taken many aggressive steps to educate more hazmat teams, strengthen law enforcement, tighten identification procedures, and upgrade counterterrorism measures. At the New Jersey State Department of Health and Senior Services a 24/7 system of medical consultation in infectious diseases has been implemented with the Commissioner's Medical Emergency and Disaster Prevention and Response Expert Panel (MEDPREP).

The New Jersey National Guard has developed and opened a state of the art Homeland Security Center of Excellence with a Joint Operations Center that has satellite capability and secure/non-secure communications. The NJNG has also developed a quick response force (QRF) configured geographically north, central and south in line with the NJ State Police theater of operations. The Joint Operations Center has been 24/7 overseeing Task Force operations on the bridges, tunnels, airports and nuclear power plants since March 18th.