EXECUTIVE SUMMARY

Overview

In the aftermath of the September 11, 2001, terrorist attacks on the World Trade Center and the Pentagon, and following the creation of the national Office of Homeland Security, Missouri Governor Bob Holden established the Missouri Office of Homeland Security to review the state's preparedness for terrorist incidents and recommend necessary improvements. As part of this effort, the Missouri Security Panel was formed to assess state and local capabilities to prepare for, respond to and recover from a terrorist incident. At the request of local elected officials, the homeland security review for the Kansas City metropolitan area was facilitated by the Mid-America Regional Council (MARC). The results of this local review are presented in this report, which describes current capabilities, identifies findings and makes recommendations to enhance regional security across seven functional areas recommended by the Missouri Security Panel. These functional areas include the following:

- Health, medical, environmental
- Government operations & facilities
- Transportation
- Utilities
- Critical technologies
- First responders
- Public awareness and public-private partnerships

Although this review primarily focuses on the Missouri side of the greater Kansas City metropolitan area, adjacent counties in Kansas were also considered because their facilities, infrastructure, population and capabilities are interwoven with the aforementioned Missouri jurisdictions.

Functional area recommendations are presented below. It should be noted that, given the time constraints placed on the assessment and limited resources, this review is not comprehensive and does not provide a complete picture of the Kansas City metropolitan area's needs related to homeland security. Rather, it focuses on some of the region's most immediate needs and recommended improvements.

Highlights of Recommendations

Health, Medical and Environment

- Expand the computerized early warning and surveillance system developed by the Kansas City, MO Health Department and MAST to cover the entire region so that local health departments, hospitals and first responders can be alerted in a timely manner of an unusual increase in medical symptoms that could indicate a bioterrorism event.

- Provide resources to allow public health departments to add trained personnel to conduct surveillance, investigate suspicious incidents, plan and deliver services, analyze samples and communicate with local officials and the public.

- Provide funding to support additional laboratory resources in the greater Kansas City metropolitan area to test and analyze samples of suspicious products.

- Develop a regional plan and protocols for protecting first responders and health care professionals with vaccines in the event of a bioterrorism event involving smallpox or other biological agent.

Government Operations and Facilities

- Identify funding to assist local jurisdictions in planning, preparing for and responding to terrorist events. Allow grant funds to be used for hiring additional staff to assist with the new demands on their workload caused by terrorist threats.

- Increase Emergency Management Assistance grants to local governments for hiring additional staff and making productivity improvements. Base grants on population. Create an Emergency Management Trust fund for all-hazard preparedness.

- Support the development of facilities for regional coordination of emergency operations. Provide federal funding to develop or procure virtual information management systems to link all of the appropriate agencies.

- Reimburse local governments for costs directly related to responding to the terrorist acts of September 11, 2001 and to the anthrax scares that followed. Allow local jurisdictions to apply for Public/Infrastructure Assistance to cover the costs of responding to these events.

- Provide funding and planning support to local governments or regional organizations to develop and execute comprehensive terrorism response plans and protocols.

Transportation

- Coordinate the security plans of all regional transit operators with other regional security plans.

- Develop an emergency operations plan for the Kansas City Scout advanced traffic management system.

- Coordinate the security plans of all regional railroad operators with other regional security plans.

Utilities

- Improve communication and coordination between utilities and between utilities and local governments and other emergency preparedness agencies.

- Improve interconnectedness among utilities and local governments and develop procedures for using this interconnectedness during emergencies.

- Enact legislation to exempt information related to vulnerabilities of utilities from the provisions of the federal Freedom of Information Act and Missouri "Sunshine Law."

- Provide funding to enhance the physical and cyber-security of key telecommunications, water, sewer, electric, natural gas or other facilities.

Critical Technologies

- Upgrade emergency services communications and information systems. Obtain funding to maintain, sustain and further enhance these systems.

- Ensure wireless telecommunications companies implement technological enhancements to determine the location of wireless calls and pass state legislation to enable counties to ask their voters to consider a 9-1-1 surcharge on wireless services to operate and maintain 9-1-1 systems.

- Fund the Kansas City, MO Police Department's Critical Incident Site Management System.

- Provide funding for a mobile critical communications system to link disparate radio and communications systems during a large-scale event.

- Provide the staffing and equipment necessary to operate a regional information coordination center to monitor the regional situation during emergencies and provide information to local governments, hospitals and the news media.

First Responders

- Provide funds for equipment, resources and training to enhance local emergency response capabilities and replace used or expired items.

- Provide the resources required to develop and conduct exercises, particularly those that are multi-jurisdictional and interdisciplinary.

- Provide basic and advanced WMD response and related training for first responders, hospital staff, and public health, public works, public information and other local government personnel.

- Fund additional staff and other resources to coordinate planning and preparedness activities between public, private and not-for-profit organizations.

Conclusion

Implementing these recommendations may not be rapid, easy or inexpensive. In fact, the opposite may be true. Fortunately, the emergency services agencies and health care institutions of the Kansas City area have a history of working together to address complex problems. The structures, relationships and level of cooperation among these organizations were instrumental in bringing the metropolitan area up to its current level of preparedness and capabilities. Much work remains to be done, however. In the shadow of September 11th, public, private and not-for-profit organizations from across the region must continue to work together to effectively address new threats and secure the future of the greater Kansas City metropolitan area. Given the new threats facing the region and the new responsibilities of local agencies, new resources must be made available to the community from the state and federal governments; the community is well-prepared to invest these resources wisely.

CHAPTER I

INTRODUCTION

Purpose

In the aftermath of the September 11, 2001 terrorist attacks on the World Trade Center and the Pentagon, and following the creation of the national Office of Homeland Security, Missouri Governor Bob Holden established the Missouri Office of Homeland Security to review the state's preparedness for terrorist incidents and recommend necessary improvements. As part of this effort, the Missouri Security Panel and similar local-level panels in the St. Louis and Kansas City metropolitan areas were formed to assess state and local capabilities to prepare for, respond to and recover from a terrorist incident. At the request of local elected officials, these efforts in the Kansas City metropolitan area are being facilitated by the Mid-America Regional Council (MARC). The goals of this effort include the following:

- Enhance communication and effectiveness
- Evaluate what, if any, state or federal requirements and procedures should be modified or enhanced
- Conduct a "security audit," i.e., identify the most critical physical assets and infrastructure in the region and how their security might be enhanced
- Propose recommendations for improvements with respect to public safety, i.e., legislative, funding, policy and/or procedures

Scope

MARC is facilitating local efforts to identify findings and make recommendations related to regional security across seven functional areas recommended by the Missouri Security Panel. These functional areas include the following:

- Health, medical, environmental
- Government operations & facilities
- Transportation
- Utilities
- Critical technologies
- First responders
- Public awareness and public-private partnerships

While the Missouri Security Panel proposed the formation of seven committees corresponding to these functional areas, the security assessment for the Kansas City metropolitan area is being conducted through existing emergency services and related committees; no new committees were created, since much of this work is currently being accomplished by existing emergency services-related committees and organizations, including the region's Metropolitan Medical Response System (MMRS).

Although this assessment primarily focuses on the Missouri side of the greater Kansas City metropolitan area, i.e., Cass, Clay, Jackson, Platte and Ray counties, the Kansas counties of Johnson, Leavenworth and Wyandotte across the state line must also be considered because their facilities, infrastructure, population and capabilities are interwoven with the aforementioned Missouri jurisdictions.

Project Methodology

The methodology for this regional security assessment involves the following actions:

1. MARC will draft a preliminary review of the region's security, based on work already completed by MARC's emergency services committees, the Kansas City MMRS and related organizations. This review will address the following questions (in the context of the seven functional areas recommended by the Missouri Security Panel):

    a. What are the region's capabilities?

    b. What are the region's limitations and/or needs?

    c. What are the region's principal critical assets and infrastructure?

    d. What are the region's priorities for state and federal funding?

    e. What legislative, regulatory or procedural impediments, if any, exist?

2. Key local officials have been asked to serve as points of contact for coordination of this review and for liaison with Missouri Security Panel functional area representatives. Points of contact for the Kansas City metropolitan area include the following:

    a. Liaison to the Kansas City Mayor's Office – Richard DeHart, Director of Administration, Office of the Mayor, (816) 513-3507

    b. Liaison to the Jackson County Executive's Office – Susan Reese-Duncan, Director of Administration, Office of the Jackson County Executive, (816) 881-3333

    c. Health, Medical and Environmental – Gary Brown, Manager of Emergency Services, Mid-America Regional Council, (816) 474-4240

    d. Government Operations and Facilities – Mike Karl, Director, Kansas City Office of Emergency Management, (816) 513-1375

    e. Transportation – Ron Achelpohl, Manager of Operations and Management, Transportation Department, Mid-America Regional Council, (816) 474-4240

f. Utilities – Dean Katerndahl, Manager of Government Innovations Forum, Mid-America Regional Council, (816) 474-4240

g. Critical Technologies – Dean Katerndahl, Manager of Government Innovations Forum, Mid-America Regional Council, (816) 474-4240

h. First Responders – Domenic Serrone, Deputy Chief of Special Operations, Kansas City Fire Department, (816) 513-1726; Captain Tom Dailey, Kansas City Police Department, (816) 234-5030

i. Public Awareness and Public-Private Partnerships – Jody Craig, Manager of Public Affairs, Mid-America Regional Council, (816) 474-4240

3. The above-listed functional area points of contact, working in close cooperation with region's MMRS Oversight Committee, will serve as the coordinating body for this effort. Upon completion of the final draft of the review, it will be provided to the state as the Kansas City metropolitan area response to the Missouri Security Panel's request for a security assessment. This process will be completed by January 25, 2002.

CHAPTER II

A REVIEW OF CURRENT EMERGENCY PREPAREDNESS CAPABILITIES AND EFFORTS IN THE GREATER KANSAS CITY METROPOLIAN AREA

Overview of Critical Facilities and Infrastructure

The greater Kansas City metropolitan area is a bi-state area comprised of eight counties: Cass, Clay, Jackson, Platte and Ray counties in Missouri and Johnson, Leavenworth and Wyandotte counties in Kansas. This metropolitan area contains 114 cities and a population of nearly 1.7 million. The Kansas City area is a major federal regional center, has offices of both Missouri and Kansas state government and a multitude of local government facilities. The region is located between two major military installations. Fort Leavenworth is approximately 25 miles northwest of Kansas City and is home to several U.S. Army activities, including the 35th Infantry Division and the U.S. Army Command and General Staff College. Whiteman Air Force Base, approximately 80 miles southeast of Kansas City, is home to the 509th Bomb Wing and the nation's B-2 bomber force.

Kansas City is the headquarters of major businesses, including Hallmark Cards, U.S. Sprint, Russell Stover Candies, H&R Block, Interstate Bakeries, AMC Theaters, American Century Investments, DST Systems, Kansas City Southern Industries and many others. The Kansas City area is an agri-business center, with Farmland Industries' headquarters in Kansas City. The area is also home to numerous chemical and industrial facilities, including those of Honeywell Corporation, Bayer Corporation, Aventis Pharmaceuticals, Proctor & Gamble and National Starch and Chemical Company; has sizable research operations, such as the Midwest Research Institute and the Stowers Institute for Medical Research; and a number of electric generating plants and telecommunications facilities.

As a major transportation hub, the region is one of only five U.S. metropolitan areas served by three intersecting interstate highways (I-70, I-35 and I-29) and numerous federal and state highways. The Kansas City area has the most freeway miles per capita of any urban area in the nation. Major trucking concerns, including Yellow Corporation, operate out of the Kansas City area. Kansas City is the second busiest railroad center in the nation, with major rail yards for Union Pacific, Burlington Northern, and Canadian Pacific in the region. The region is also well-served by barge transportation, with 11 regulated barge lines transporting goods through Kansas City on the Missouri River. Finally, air transportation, including considerable air freight operations and general aviation activity, is served by Kansas City International Airport and a number of smaller airports throughout the region.

Appendix E[1] contains a listing, by county, of the region's critical facilities and infrastructure. ***Note: The information in Appendix E is not releasable to the public and is governed by the National Guard's exemption to Missouri's "Sunshine Law."***

[1] Appendix E, *Critical Facilities and Infrastructure*, is a separate document.

Communicating, Organizing, Training and Equipping for New Threats

General

The greater Kansas City metropolitan area's strategy for preparing for and responding to a terrorist incident or other large-scale emergency focuses on the development of a standardized level of equipment and training across the entire metropolitan area, so that an adequate level of trained personnel and required specialized resources can quickly, safely and effectively respond to an incident anywhere in the metropolitan area. Over the last several years, local emergency services agencies, public health departments and hospitals have dramatically improved their ability to respond to a terrorist incident or other large-scale emergency involving weapons of mass destruction (WMD). To a large extent, these enhanced capabilities are the result of several sizeable federal domestic preparedness grants to metropolitan area jurisdictions and the formation of a regional MMRS. Despite the existence of considerable response capabilities across the metropolitan area, local agencies and hospitals still have many needs. The area's capabilities and needs are described below in the context of the Missouri Security Panel's seven functional areas.

Health, Medical and Environmental

There are 25 acute care hospitals in the greater Kansas City metropolitan area, including 10 trauma centers. Eight hospitals have been designated as "MMRS hospitals" and have the capability to decontaminate and treat multiple patients. These hospitals have either fixed or portable decontamination facilities and personal protective equipment (PPE) for their emergency department staff. Many area hospitals have initiated a cooperative purchasing program through MARC to obtain PPE and decontamination equipment to enhance their ability to decontaminate and treat patients (to implement a standardized baseline capability among area hospitals). Hospitals in the metropolitan area have implemented a standardized hazardous materials training program for their emergency department personnel and support staffs, including hospital hazardous materials awareness level, operations level and WMD response training.

Area hospitals and emergency medical services (EMS) agencies use several communications and information systems to enhance emergency operations. These include:

a. The Medical Channel system, managed by the Mid-America Regional Council Emergency Rescue Committee (MARCER), is a two-way communication system allowing EMS field crews from over 30 agencies to communicate with Kansas City area hospitals on pre-hospital patient care or to alert the hospitals to in-coming patient situations. This system may be upgraded in 2002, depending on the availability of resources.

b. EMSystem is a web-based program managed by MARCER. The system provides real-time information on emergency department status for the region's 25 hospitals, including hospital patient capability, availability of staffed beds, the availability of specialized treatment capabilities and hospital diversion status. EMSystem is used to coordinate

"routine" and emergency medical operations (e.g., mass casualty incidents, or MCIs) throughout the region.

c. The Hospital Emergency and Administrative Radio (HEAR) system links all acute care hospitals in metropolitan Kansas City and many area EMS agencies on a single channel radio system (155.340 MHz bandwidth). The HEAR system serves as a backup to the EMSystem in the event of a mass casualty incident (MCI). The HEAR system is also used for communication between basic life support (BLS) ambulances and area hospitals.

d. The Metropolitan Ambulance Services Trust's (MAST) communications system provides wide area communications between MAST and other EMS agencies and hospitals, and provides direct patching capabilities with Kansas City, MO and Kansas City, KS agencies.

e. Area emergency services and health care agencies, in conjunction with the region's MMRS, are developing a Metropolitan Emergency Information System (MEIS). MEIS will feature a secure server housing databases accessed through the Internet. This system will allow metropolitan area emergency services agencies and hospitals to access a multitude of emergency services-related information, i.e., emergency operations plans, standard operating procedures, protocols, site-specific response and floor plans, etc. The system will also provide a means to launch distant/remote training programs and to provide consistent, standardized instruction across jurisdictions and for area hospitals. In addition, the system will allow local fire agencies to use a uniform system to track personnel at emergency scenes.

The metropolitan region is served by city and county public health departments, including agencies in Cass, Clay, Jackson, Platte and Ray counties and the cities of Independence and Kansas City in Missouri. These departments assess health conditions and needs, educate and inform the public, monitor and investigate infectious disease outbreaks, provide health services to the public and other support services. Recently, local public health agencies have improved their surveillance and communications' capabilities to respond to terrorist incidents involving biological weapons.

a. The Kansas City, MO Health Department and MMRS implemented an active computer surveillance system with MAST to monitor certain defined medical conditions on all ambulance calls. With this system, if a certain threshold number of cases are reached within any 12 hour period, a duty officer is paged. This system is also being used by MAST in Kansas City, KS, and is being implemented by Med-Act in Johnson County, KS. Additional work is required to tie these three data systems together and add other EMS providers and area hospitals.

b. In 1999, the Kansas City, MO Health Department established *Think Outbreak* following an anthrax scare. This program is aimed at health care providers and offers access to a public health duty officer around the clock to report unusual clusters of diseases or illnesses.

c. The Health Alert Network operated by the State of Missouri distributes information to area health care professionals regarding bioterrorism activity or naturally occurring outbreaks of disease. It is a fax system with the capability to quickly notify large numbers of medical providers and laboratories. The Kansas City, MO Health Department is a local node for this network.

Government Operations and Facilities

The major local governments in the Kansas City region have emergency managers and emergency operations plans. In the event of an emergency or disaster, local governments have the capability to activate their emergency operations centers. In most cases, local emergency operations centers (EOCs) operate from city or county government or public safety facilities.

Transportation

Greater Kansas City's transportation infrastructure is an important asset to facilitate response to terrorist attack. Nearly every other functional area described in this report will rely in some measure on the region's transportation systems to respond effectively to terrorist threats or attacks.

The region's transportation system is currently comprised of six primary subsystems:

- An extensive street and highway network
- Commercial and general aviation facilities
- Fixed-route public transportation operations
- Freight and passenger rail facilities
- Public and private ports on the Missouri River
- Privately-owned pipelines

Of these existing systems, all but the public transportation systems are addressed in detail elsewhere in the statewide Transportation Task Force report or in the Utility Task Force report. In the near future Kansas City Scout, an advanced traffic management system (ATMS) for the region's freeways network, will augment the street and highway system.

The region is served by three public transit operators, the Kansas City Area Transportation Authority (KCATA), the Johnson County Transit and Kansas City, Kansas Transit agencies. Public transit service has been expanded in recent years, although it remains limited primarily to serving work trips within Kansas City, MO and from the inner suburbs to downtown Kansas City. Recent declining revenues for the Kansas City Area Transportation Authority may result in service cutbacks in 2002.

As part of the regional response to the terrorist attacks of September 11th, the City of Kansas City, MO restricted vehicular access to, and parking in, the downtown government district. The KCATA played an important role in providing transit access to this area, allowing city, state and federal workers to continue to perform their duties under heightened security. In instances where

restricted vehicular access to sensitive areas may be part of an incident response plan, public transportation can play an important role in mitigating the negative impacts of these closures.

Each of the region's transit providers currently has some level of security plan in place under Federal Transit Administration requirements and each is also currently reviewing and revising these plans in response to the events of September 11th.

The Missouri and Kansas Departments of Transportation are currently implementing an ATMS called "Kansas City Scout." This project will provide the capability to visually monitor the highest volume freeway segments in the region and coordinate responses to incidents on these facilities from a Traffic Operations Center located at the MoDOT District 4 offices in Lee's Summit, MO.

The Kansas City region has an expansive highway system that allows motorists, freight movement and emergency response vehicles to reach most destinations in reasonable time frames. The interstate and highway system is generally in good condition, although there is increasing need for bridge and roadway repair and replacement.

Area passenger and freight air service is primarily handled by the Kansas City International Airport. General aviation and some air freight operations are handled by other area airports, such as the Kansas City Downtown Airport, Lee's Summit Airport, Clay County Airport, New Century Airport (Johnson County, KS) and Johnson County Executive Airport.

The Kansas City region is generally considered the nation's second most important rail center (after Chicago, IL), with service by four of the eight Class I railroads, three regional carriers and a local switching carrier. Burlington Northern and Santa Fe, Kansas City Southern, Norfolk Southern and Union Pacific have significant operations and facilities in the region. Gateway Western, I & M Rail Link and Missouri and Northern Arkansas are regional carriers. The Kansas City Terminal is the local switching carrier. Amtrak serves the Kansas City area with four trains daily, offering stops at stations adjacent to Union Station in Kansas City, in Independence and in Lee's Summit. Disruptions to key rail infrastructure in the region would have significant adverse impacts on rail operations in Missouri and could cause cascading impacts throughout the country. Railroad assets are private property, and as such, railroad owners have been responsible for developing their own security plans, with some coordination with the Federal Railroad Administration and Missouri Department of Transportation.

Utilities

The greater Kansas City metropolitan area has the usual compliment of critical urban utilities including electricity distribution facilities, gas distribution facilities, water and sewer facilities and telecommunication facilities. In addition to this standard critical utility capacity, the metropolitan area also has special utility service capabilities.

The metropolitan area has electric generating capacity sufficient to provide 100 percent of local needs, assuming the distribution facilities are intact. Although a minimal amount of natural gas is produced in the metropolitan area, the community is relatively close to natural gas resources in

Kansas. There is no extraordinary telecommunications capability in the metropolitan area that serves this area; however, the metropolitan area does have a well-developed system of landline, underground and above ground, telephone and cable capacity and wireless capacity. All major utilities have disaster recovery plans, which were greatly enhanced during preparations for Y2K and are being reviewed and updated in the wake of the September 11th terrorist attacks.

Critical Technologies

The region's 9-1-1 emergency communication system is currently undergoing a complete upgrade that will allow the system to more effectively handle landline calls and wireless calls, given the new wireless caller number and location mandates of the federal government. In addition, 9-1-1 personnel are undergoing additional training to ensure they are prepared to use the full capabilities of the new technology. This new system is expected to be fully operational by the summer of 2002. The regional 9-1-1 system has three back-up facilities. Disaster recovery plans for the system are being reviewed to determine if additional back-up facilities are needed.

Local governments have reviewed their emergency communication systems and many cities and counties have upgraded them in response to Y2K. These improvements mean that all key points in the emergency communication system have adequate capacity and redundant facilities.

Many local governments, medical facilities, utilities and other key establishments have reviewed and upgraded communications and information technology infrastructure as a result of preparations for Y2K. In addition, local governments developed contingency plans and continuity of service plans to ensure that critical systems would be operable in times of emergency.

Local government information technology managers have formed a metropolitan organization to share information and act jointly. Known as the Regional Information Technology Managers Association, or RITMA, this organization is a resource for assessing local technology preparedness and coordinating joint activities to address deficiencies.

First Responders

Many area emergency response agencies (fire, law enforcement and EMS agencies, as well as hospitals and public health agencies) participate in the region's MMRS. The MMRS is a system that consolidates and coordinates all components and disciplines associated with emergency operations. It is designed to support and assist local jurisdictions with emergency response operations, incident management, responder safety and the public health consequences of biological, nuclear, incendiary, chemical, and/or explosive agents or events. MMRS resources will also readily integrate with state and federal emergency operations in response to incidents involving WMD. The greater Kansas City area MMRS represents the development of enhanced capabilities among area emergency services agencies to effectively respond to, manage and mitigate an incident involving WMD. It is important to note that the Kansas City MMRS is a capability, not a physical entity. The MMRS is designed to provide initial on-site response and provide for safe patient transportation to hospital emergency rooms in the event of an incident

involving WMD. This capability will extend to providing medical and mental health care to victims of such attacks and prepare to move victims to other regions should local health care resources be overrun. Specially trained responders, available special pharmaceuticals and decontamination equipment, on-site health care and enhanced emergency medical transportation and emergency room capabilities characterize this system.

The emergency response agencies serving the Kansas City region have developed reasonably strong capabilities to respond to hazardous materials releases, to protect the public from criminal activity and to provide for pre-hospital emergency and emergency department medical care. These agencies have both formal and informal mutual aid agreements. Area law enforcement agencies also work together in a variety of ways, including responding to methamphetamine labs and other drug trafficking issues, and investigating major crimes, particularly homicides. Area law enforcement first responders have an increased awareness of the importance of scene control and a containment of an incident site, yet allowing efficient traffic flow for emergency apparatus.

The bomb and arson units of the Kansas City, MO Police Department and the Olathe, KS Fire Department serve the entire metropolitan area and have enhanced training and equipment to respond to terrorist incidents. The Kansas City, MO Police Department's Bomb and Arson Unit has updated protective armor for limited chemical protection and a remote detector that is adapted to work with the unit's remote controlled robot. In addition, area bomb and arson units train, exercise and work together with area hazardous materials response teams.

There are seven fire departments in the metropolitan Kansas City area (four on the Kansas side) with hazardous materials response teams; additional teams are planned in Independence, the Northland area and in Cass County (there are no hazardous materials response teams north of the Missouri River in the metropolitan area, making reliable transportation that much more critical). The operational teams have specialized equipment and their personnel are trained to the hazardous materials technician level. Most of the other fire departments in the metropolitan area, particularly those in the more urban communities, have some personnel trained at the hazardous materials awareness, operations and technician levels. These hazardous materials response teams respond to incidents throughout the region, on both sides of the state line.

Many of the region's first responders have received basic training to allow them to better recognize the signs and symptoms of a terrorist event. The hazardous materials response teams are better equipped and trained in the detection and identification of agents, including the detection of those of a radiological origin. The area hazardous materials response teams and bomb and arson units now have the ability to communicate directly with each other through a dedicated radio system.

With a combination of federal grants, the metropolitan area has seen a remarkable improvement in the arsenal of response equipment. Attention was given to the important areas of equipping and outfitting the emergency responders with personal protective equipment, detection and monitoring and decontamination equipment. Through the MMRS project, broad consensus has been reached among emergency response agencies for standardization of equipment throughout the region. In addition, three MMRS response trailers have been acquired, equipped and housed at strategic locations allowing for immediate response to all parts of the Kansas City area.

Advanced Life Support (ALS) services are provided by over 30 public and private EMS agencies and fire protection districts. Basic Life Support (BLS) services are provided by many fire departments. Most EMS agencies have trained personnel to the hazardous materials awareness level. Johnson County, Kansas Med-Act, an ALS provider serving all of Johnson County, Kansas, has a hazardous materials support team and other EMS resources that are available to assist other EMS agencies throughout the metropolitan area.

Through the MMRS project, EMS personnel have developed protocols that allow immediate treatment for the acute effects of chemical and biological agents. Many first responders have the capability to use the Mark I kits for treatment of specific agents on-scene.

The MMRS group has implemented a paging system to allow all participating agencies to better communicate the possibility of any credible terrorist threat. This paging system allows the various departments, disciplines and agencies to have immediate notification and updates on the size and scope of the response and to call parties to a scene when needed. Currently, the paging group includes local fire departments, hazardous materials response teams, EMS agencies, law enforcement agencies, the Kansas City Bomb and Arson Unit, city and county health departments, the FBI, and the U.S. Dept. of Health and Human Services.

Recently, 70 conventional 800 MHz mobile radios were purchased as part of Jackson County's second domestic preparedness grant. These radios will be placed in each of the metropolitan area's communications centers, mobile command posts and key command vehicles and will allow for the implementation of a comprehensive interoperable radio communications system across the entire Kansas City metropolitan area. This system will provide a practical, affordable and comprehensive interoperable radio system to communicate with emergency agencies during a WMD or other large incident in the metropolitan area.

Another important aspect of response, improved by the MMRS project, is the ability to seamlessly move from the standard Incident Management System to the Unified Command system. The Unified Command system is designed to deal with the stresses and chaos inherent in a large multi-agency response situation.

Public Awareness and Public-Private Partnerships

The events of September 11th and subsequent anthrax threats raised new issues for local government officials on the need to better communicate with one another, with the area media and with area residents. On September 11th, at the request of local officials, the MARC set up a regional information coordination center to facilitate the sharing of information among local emergency operations centers and agencies on local efforts to respond to terrorist threats. An e-mail system was developed and key officials were identified at each local emergency operations center to obtain and share back information. This system lasted into the early evening on that date, and was recognized by local officials as an effective means to share timely information.

As a result of planning for Y2K among local government public information officers, a Regional Association of Public Information Officers (RAPIO) was formed. This group meets monthly, and began working together following September 11 to develop a common message to the public

regarding local capabilities and to identify cooperative public information materials. Through a combined effort, two brochures were produced through MARC. The first was a flyer on regional readiness describing the capabilities to respond to terrorism within the region. The reverse side was designed to allow each local government to fill in information about its own readiness and capacity. The second flyer was "Frequently Asked Questions" designed for city and county customer service personnel to help them answer calls from the public. Both documents were made available in PDF and desktop publishing program versions.

MARC created a regional website, www.marc.org/emergency/readiness.htm where all information related to the region's preparedness could be consolidated. The website was publicized in the early stages of post 9/11 and is still immediately accessible at the top of MARC's home page. The website includes information on committees, training, local events, local emergency plans, public health departments, related news releases, what citizens can do to be prepared, contact information and links to other appropriate websites.

The MMRS initiative has identified the need to develop common information for area media and establish direct contacts with key media outlets in order to inform the public about terrorist threats or incidents. The MMRS initiative is developing a media kit template to allow individual agencies or regional groups to more effectively work with the area media.

Through MARC, various local emergency personnel and industry representatives work together to improve the region's security, its readiness to respond and its ability to help the region recover from natural or man-made threats. MARC coordinates the region's 9-1-1 system and regularly communicates with dispatch supervisors and managers at each of the region's 43 public safety answering points. Following initial anthrax threats in September and October, directions on handling citizens' calls to report possible anthrax was developed to assist dispatchers throughout the region.

The Mid-America Local Emergency Planning Committee (LEPC), serving Cass, Clay, Jackson, Platte and Ray counties on the Missouri side of the Kansas City region, was established in 1987 to bring private industry together with public emergency response agencies. The LEPC helps reduce the community's risks from accidental or deliberate releases of hazardous materials. The LEPC provides hazardous materials planning, training, public education and information services. There are county LEPCs on the Kansas side of the metro area, and the Mid-America LEPC works with these Kansas side organizations, particularly on issues of public education.

The Mid-America Regional Council Emergency Rescue Committee (MARCER) promotes regional coordination and cooperation in emergency pre-hospital care for the bi-state Kansas City region. MARCER members include state-licensed emergency ambulance services and other EMS providers, area hospitals, emergency department nurse managers, representatives of the Heart of America Fire Chiefs Council and the Health Alliance of Mid-America. MARCER is closely tied to the region's MMRS effort and has developed a Mass Casualty Plan for the region. MARCER operates two emergency medical communications and information systems, including the Medical Communications Radio System allowing ambulance personnel in the field to communicate with area hospital emergency departments; and EMSystem, a web-based program providing real time information on emergency department status and capabilities.

The Metropolitan Emergency Managers Committee (MEMC) is composed of local government emergency managers and representatives of human services organizations charged with prevention or response to natural disasters. The committee cooperates on public information and education activities, and operates a Metropolitan Emergency Radio System, which provides a regional communications and warning capability for severe weather and other emergency events.

The Health Alliance of Mid-America is a health care-related organization serving health care institutions in the states of Kansas and Missouri to ensure that adequate hospital services are available to local communities. The Alliance includes the Missouri and Kansas Hospital Associations, the Mid-America Transplant Services and Midwest Transplant Network. The Health Alliance of Mid-America works with local EMS agencies on regular exercises to test the region's capabilities to respond to a mass casualty event. The Alliance has worked closely with area hospitals to develop training on WMD events and identify hospitals to be designated to receive and treat patients from such an incident.

The ability to recover from any disaster starts with the planning process. The American Red Cross and the Salvation Army have been involved in the MMRS project to assist with victim identification, victim tracking, notification of family and other support services. These agencies have worked closely with the region's emergency services community for years. In addition, a coalition known as the Kansas City Organizations Active in Disaster (KCOAD) is modeled after a similar national group. KCOAD works closely with SEMA and its statewide volunteer program.

Following the Hyatt Hotel disaster in the early 1970s, a committee of the Heavy Constructors Association of Greater Kansas City and the Kansas City Chapter of the Associated General Contractors of America began identifying equipment and expertise available from the area's construction companies that could be made available in the event of a large incident. Their "Plan Bulldozer" Emergency Resources Catalog is updated annually and published by the Heavy Constructors Association, and provides information on resources that can be made available at no cost during the first 24 hours of a disaster, and at cost for the next 48 hours. The directory includes information on the company, its resources and contact information.

CHAPTER III

FINDINGS AND RECOMMENDATIONS

General

The emergency services agencies, local governments and health care institutions of the greater Kansas City metropolitan area have been working hard over the past several years to enhance their ability to respond to and recover from a domestic terrorist incident involving WMD. Due to the potentially massive and complex scope and catastrophic nature of such an incident, however, there is much to be done in order to adequately prepare for, respond to and recover from a large-scale WMD incident.

Through past and present work, discussions and forums, findings and recommendations related to domestic terrorism prevention, preparedness, response and recovery have been identified by the regional MMRS, emergency services groups and local officials of the Kansas City metropolitan area. The top five findings and recommendations in each functional area are listed below:

Health, Medical and Environmental

1. Existing systems to provide metropolitan area public health, health care and emergency services personnel with early information on the presence of biological agents are not adequate.

   Recommendation: Expand the computerized early warning and surveillance system developed by the Kansas City, MO Health Department and MAST to cover the entire region so that local health departments, hospitals and first responders can be alerted in a timely manner of an unusual increase in medical symptoms that could indicate a bioterrorist event. The surveillance system should feature fully automated data collection and analysis from EMS agencies, hospitals and other health care providers. The system should also automatically notify appropriate public health and emergency services officials of unusual increases in certain medical symptoms.

2. Public health agencies in the Kansas City metropolitan area do not have adequate personnel to undertake surveillance, investigation and service delivery in response to a major bioterrorist event.

   Recommendation: Provide resources to allow public health departments to add trained personnel to investigate suspicious incidents, to plan and deliver services, to analyze samples and to communicate with local officials and the public. In particular, epidemiologists to assist with critical early surveillance, investigation and warning and dedicated public information officers to communicate with the public are needed. The Kansas City, MO Health Department has estimated the need for 30 additional personnel. The annual budget for personnel and overhead is $1,350,000. One-time equipment expenses are estimated at $750,000.

3. The region's MMRS is developing a plan for the mass distribution of pharmaceuticals and vaccines. However, area public health departments will require additional personnel and resources to allow for the delivery of these and other services.

   Recommendation: Provide additional personnel and resources to area public health departments to enhance public health services to residents, including the capability for mass distribution of pharmaceuticals and vaccines.

4. During the rash of suspected anthrax threats across the nation and in the Kansas City metropolitan area, local agencies were stressed to respond to these incidents, secure the scene, determine the credibility of the incidents, take custody of the material and send it to a state laboratory for testing. There is a need for more laboratory capabilities in the region that can provide timely and accurate results for diagnostic and investigative public health. These capabilities would allow agencies to determine the presence of biological agents (or lack thereof) and permit rapid reporting of results.

   Recommendation: Provide funding to support additional laboratory resources in the greater Kansas City metropolitan area to test and analyze samples of suspicious products. The Kansas City, MO Health Department estimates it will cost $200,000 annually to address this deficiency.

5. No plans or programs exist to vaccinate health care and emergency services personnel against biological agents that could potentially be used in a WMD event.

   Recommendation: Develop a regional plan and protocols for protecting first responders and health care professionals with vaccines in the event of a bioterrorism event involving smallpox or other biological agent.

Government Operations and Facilities

1. Many counter-terrorism planning, training and equipping efforts subsequent to September 11th, including this one, have been mandated without the provision of additional resources to accomplish them. Accordingly, important planned work, especially in those jurisdictions and regions that have already been actively planning against terrorism, are forced to delay or abandon planned activities to prepare for natural hazards. Continued emphasis on counter-terrorism, without additional funding and staff, may place our residents at greater risk from natural and other, non-terrorism related hazards.

   Recommendation: Immediately identify funding to assist local jurisdictions in planning, preparing for and responding to terrorist events. Specifically, allow grant funds, both currently awarded and those to be awarded, to be used for hiring additional staff to assist with the current workload. Develop and promulgate a multi-year work plan to allow local jurisdictions to incorporate national and state preparedness needs into their programs without undue hardship on existing work plans, budgets, staffs and the public we serve.

2. Local emergency managers are responsible for providing overall pre-disaster planning, training and exercising for natural and human-caused disasters, including acts of terrorism. They are also required to maintain a well equipped and staffed facility from which to coordinate jurisdictional response to a disaster. Many, if not all, of the routine planning activities required for natural hazards directly translate to planning for responding to acts of terrorism. The local emergency management mandate has steadily grown to include ever increasing planning, training, exercise and procedural requirements while simultaneously decreasing the availability of local funding. Additional funding, directly in support of local emergency management efforts, is sorely needed.

   Recommendations: The Federal Emergency Management Agency (FEMA) and the Office of Homeland Security, and their state counterparts, should immediately increase, or recommend increasing, Emergency Management Assistance grants to local governments for hiring additional staff and making productivity improvements. The State Emergency Management Agency (SEMA) should review their process for apportioning grants and make adjustments so that they are equitable, based on population served rather than on historical outlays. SEMA should propose legislation creating an Emergency Management Trust fund to increase funding to local jurisdictions for all-hazard preparedness.

3. Most, if not all, *Top Off* (Top Official) exercises failed in the area of inter- and intra-jurisdictional coordination. Many reasons were cited, but most boiled down to the fact that either there was no appropriately sized, equipped and staffed EOC from which to conduct coordinated operations, or the major players could not agree to a single location from which to conduct coordinated operations. As we continue to improve our regional ability to respond to acts of terrorism and incorporate new or developing interoperability procedures with state and federal entities, it becomes ever more important to have a suitable facility from which to coordinate a multitude of activities in support of the principal responding agencies. A recent report by the International Association of Emergency Managers to the National Association of Counties Homeland Security Task Force stated the following: "If local communities are truly expected to be the first line of protection in the new 'Homeland Defense' system, they must be properly equipped to facilitate efficient and effective decision-making in an adequate emergency operations center (EOC)."

   Recommendation: Build or designate facilities for regional coordination of emergency operations. Provide federal funding for facility improvements that will allow local EOCs to be equipped to accommodate representatives from all agencies and organizations involved. Provide federal funding to develop or procure virtual information management systems to link all of the appropriate agencies.

4. Government operations in general have become much more expensive as a result of new mandates to counter terrorism. New activities exist in the realms of security, planning, equipping, training, procedural development and others. Virtually all local terrorism preparedness-related activities have been accomplished using funds which had been appropriated for other, often critical, work which must now be deferred. This funding

problem has been compounded by the downturn in the economy. Some form of reimbursement assistance is urgently needed.

Recommendations: Congress and the President should develop and approve legislation authorizing full or partial reimbursement to local government for costs directly related to responding to the terrorist acts of September 11, 2001 and to the anthrax scare that followed. FEMA should declare a national emergency and allow local jurisdictions to apply for Public/Infrastructure Assistance to help defray some of the costs of responding to these events.

5. The added complexities associated with planning and responding to acts of terrorism warrant a comprehensive training program coordinated among all levels of government and all relevant agencies. The fruits of coordinated training need to be evaluated on a regional basis. Accordingly, we need planning, organizing and monetary support for full-scale exercises to test coordinated plans and procedures and to discover weaknesses that can then be addressed.

   Recommendations: FEMA, the federal Office of Homeland Security or other agency should provide funding and planning support to local governments or regional organizations to develop and execute comprehensive exercises to evaluate regional counter-terrorism planning. State and federal agencies should commit to realistically participating in these exercises. Exercises should be developed at the local or regional level, with state and federal support, thereby paralleling the planning function with the way we are expected to respond.

Transportation

1. The emergency operations plans of regional transit operators may not be coordinated with other area emergency plans, and vice versa.

   Recommendation: The security plans of all regional transit operators should be coordinated with other regional security plans to ensure that key transit facilities are identified and that transit services are incorporated into local, regional, state and federal response plans, as appropriate.

2. Improved emergency planning and coordination between the Kansas City Scout advanced traffic management system (ATMS) and local, regional and state emergency services agencies is needed. In addition, the capabilities and utility of the Kansas City Scout Transportation Operations Center (TOC) are not currently incorporated into area emergency plans, protocols and operations.

   Recommendation: A detailed emergency operations plan for the Kansas City Scout ATMS should be developed with input from local, regional and state emergency response agencies. The Kansas City Scout TOC is a potential asset that should be incorporated into regional terrorist and emergency response plans as it becomes operational.

3. The emergency operations plans of regional railroad operators may not be coordinated with other area emergency plans, and vice versa.

   Recommendation: The security plans of all regional railroad operators should be coordinated with other regional security plans to ensure that key transit facilities are identified and incorporated into local, regional, state and federal response plans, as appropriate.

Utilities

1. Utilities generally have adequate national and regional integration through existing mechanisms, such a federal and state regulatory bodies and private coordination entities, such as ISOs in the electricity field. However, this level of systematic cooperation and integration does not always extend to the local level. This need spans both the ability to more fully share and coordinate plans and better integrate operations. Specifically, metropolitan emergency management officials need direct contacts with local recovery centers for all major utilities, if such contact does not already exist.

   Recommendation: Improve communication and coordination between utilities and between utilities and local governments and other emergency preparedness agencies. This could be accomplished by adding representatives of utilities to emergency services forums or through the creation of special groups, committees or other forums to bring these officials together.

2. There is a need to assess "interconnectedness" for each utility service and develop plans to increase this interconnectedness when warranted. Such interconnectedness and coordination would assure that adequate utility capacity was provided to those services, functions, businesses and individuals that were most in need of such capacity.

   Recommendation: Improve interconnectedness and develop procedures for activating and using this interconnectedness during emergencies. This will require a regional system for prioritizing the use of such capacity.

3. Information on the vulnerability of security limitations of utilities may be available to the general public through the Freedom of Information Act or other laws, and through Missouri's "Sunshine Law" at the state level. Utility and public safety officials are concerned that the availability of this information to the general public may permit individuals with criminal intentions to gain access to this information.

   Recommendation: Enact legislation at the federal level to exempt information related to vulnerabilities and/or limitations of utilities from the provisions of the Freedom of Information Act or other federal laws and enact similar legislation at the state level exempting this information from the provisions of the Missouri "Sunshine Law."

4. Many critical utilities and infrastructure are not adequately protected against intrusion or illicit activities, physically and electronically, i.e., through cyberspace. Improved physical

security of these facilities is important; however, the costs of these security enhancements may be more than many utilities can afford.

Recommendation: Provide funding through state and/or federal grants to enhance the physical and cyber-security of key telecommunications, water, sewer, electric, natural gas or other facilities. Physical security enhancements could include fences, barriers, detection and monitoring systems, etc. Cyber-security enhancements could include firewalls, advanced encryption systems, enhanced password protection, etc.

Critical Technologies

1. Enhance interoperability of emergency communication systems. Local governments and emergency services agencies are currently working on improving the ability of emergency response agencies from across the metropolitan area to communicate effectively. It is critical in a metropolitan setting with large numbers of jurisdictions and agencies to develop a means to communicate with each other. This is difficult because a wide range of equipment and technology is used, which is often not compatible.

   Recommendation: Current enhancements, such as the interoperable 800 MHz radio system, upgrades to MARCER's Med Channel system, upgrades to the region's EMSystem and the development of the Metropolitan Emergency Information System should be implemented as soon as possible. In addition, funding to operate, maintain and sustain these systems must be obtained. Additional technological improvements to these and other communications systems must also be explored.

2. Wireless telecommunications companies need to install the necessary technology and protocols so that the location of wireless 9-1-1 calls can be determined by communications centers.

   Recommendation: Legislation and regulations at the state and/or federal levels must be enacted to ensure wireless telecommunications companies implement technological enhancements necessary to determine the location of wireless calls. In addition, legislation should be enacted in Missouri and Kansas to institute a 9-1-1 surcharge on wireless services to provide sufficient resources to operate and maintain 9-1-1 systems.

3. Site plans should be readily available to a community's police officers or sheriff's deputies, who respond first to the scene of most emergencies. Critical incident site management plans (including maps and floor plans; information regarding command, evacuation and triage sites; containment and cover information; perimeter control and traffic locations; and general site information) should be easily assessable to police officers and other first responders. Technology is available to allow this information to be displayed on the mobile data terminals in patrol cars, allowing instant assess to critical information for effective planning and critical response operations.

Recommendation: Funding should be made available to support the Kansas City, MO Police Department's Critical Incident Site Management System proposal. The proposal requests funding for the program costs associated with start-up and system maintenance.

4. Reliable and consistent communications are critical during emergency response and can be especially difficult in incidents involving responders from many different jurisdictions. To alleviate communications problems, a method must be developed to link different radio system technologies during multi-jurisdictional response operations. One solution is a mobile critical communications system shared by the entire metropolitan area. This system would include a crank up tower, a generator, and mobile communications radios and equipment that can be quickly mobilized at the scene of an incident to link all responding agencies.

   Recommendation: Funding should be made available to purchase and maintain a mobile critical communications system, which could be used anywhere in the metropolitan area to link radio and communications systems during a large-scale response.

5. Local government agencies, hospitals and the MMRS effort have identified the need for coordination in dealing with the media, communicating with the public and sharing information between government agencies and hospitals during a WMD incident or other large-scale event. This coordination can be addressed through enhancements to MARC's regional information coordination center.

   Recommendation: Grants should be made available to provide the staffing and equipment necessary to effectively operate a regional information coordination center (ICC). The ICC will serve as the region's central point of contact for information related to large-scale events or emergencies, particularly those adversely impacting public safety or involving problems, disruptions or outages of critical facilities or systems that affect multiple jurisdictions across the region. The ICC will monitor the regional situation during these events and provide information to local governments, hospitals and the news media. The ICC will also provide the public with relevant information via the news media.

First Responders

1. Additional personal protective equipment (PPE), detection and monitoring equipment, decontamination equipment and pharmaceuticals are needed to enhance capabilities and replace expired or used items.

   Recommendation: Grants should be provided to local governments to purchase equipment or other resources required to enhance local emergency response capabilities and to replace used or expired items. Training on the use of this equipment is also required. As examples, Attachment 1 to Appendix A contains a detailed list of items needed by the Kansas City regional MMRS over a five-year period. Attachment 2 to Appendix A contains a list of items needed by the Kansas City Police Department.

2. The Kansas City community has made considerable progress in developing regional and local plans to respond to terrorist threats and other emergency situations. These plans are only as good as the ability of local personnel to implement them effectively. There is a need to conduct exercises, tabletop through full-scale, on a regular basis to test these plans. The exercise process is one of the largest drains on staffing and financial resources.

   Recommendation: Grants should be made available to provide the substantial resources required by local governments to develop, oversee and critique tabletop, functional and full-scale exercises. In particular, multi-jurisdictional, interdisciplinary exercises need to be funded.

3. Although considerable training has been conducted for first responders and hospital personnel, additional WMD training for fire, law enforcement and EMS personnel is needed. Other disciplines, such as public health personnel, public works personnel, public information officers and elected officials, also require training in how to respond to and recover from a WMD incident.

   Recommendation: Grants should be made available to provide additional basic and advanced WMD response and related training for first responders (fire, law enforcement and EMS personnel) and hospital staff, as well as public health, public works, public information and other local government personnel, including elected officials.

4. Local agencies recognize the need for additional professional and administrative staff support for the coordination and planning required to prepare the Kansas City metropolitan area for a large-scale incident involving WMD.

   Recommendation: Grants should be made available to local governments and regional organizations to fund additional staff and other professional and administrative resources necessary to coordinate planning and preparedness activities between local, state and federal agencies, hospitals, human services agencies, businesses and other community organizations.

APPENDIX A

SUMMARY OF FUNCTIONAL AREA RECOMMENDATIONS

Health, Medical and Environmental

1. Expand the computerized early warning and surveillance system developed by the Kansas City, MO Health Department and MAST to cover the entire region so that local health departments, hospitals and first responders can be alerted in a timely manner of an unusual increase in medical symptoms that could indicate a bioterrorism event. The surveillance system should feature fully automated data collection and analysis from EMS agencies, hospitals and other health care providers. The system should also automatically notify appropriate public health and emergency services officials of unusual increases in certain medical symptoms.

2. Provide resources to allow public health departments to add trained personnel to investigate suspicious incidents, to plan and deliver services, to analyze samples and to communicate with local officials and the public. In particular, epidemiologists to assist with critical early surveillance, investigation and warning and dedicated public information officers to communicate with the public are needed. The Kansas City, MO Health Department has estimated the need for 30 additional personnel. The annual budget for personnel and overhead is $1,350,000. One-time equipment expenses are estimated at $750,000.

3. Provide additional personnel and resources to area public health departments to enhance public health services to residents, including the capability for mass distribution of pharmaceuticals and vaccines.

4. Provide funding to support additional laboratory resources in the greater Kansas City metropolitan area to test and analyze samples of suspicious products. The Kansas City, MO Health Department estimates it will cost $200,000 annually to address this deficiency.

5. Develop a regional plan and protocols for protecting first responders and health care professionals with vaccines in the event of a bioterrorism event involving smallpox or other biological agent.

6. Provide funding through federal and/or state grants to increase staffing of local public health departments. In particular, epidemiologists to assist with critical early warning and surveillance and dedicated public information officers to communicate with the public are needed.

Government Operations and Facilities

1. Immediately identify funding to assist local jurisdictions in planning, preparing for and responding to terrorist events. Specifically, allow grant funds, both currently awarded and those to be awarded, to be used for hiring additional staff to assist with the current workload. Develop and promulgate a multi-year work plan to allow local jurisdictions to incorporate

national and state preparedness needs into their programs without undue hardship on existing work plans, budgets, staffs and the public we serve.

2. The Federal Emergency Management Agency (FEMA) and the Office of Homeland Security, and their state counterparts, should immediately increase, or recommend increasing, Emergency Management Assistance grants to local governments for hiring additional staff and making productivity improvements. The State Emergency Management Agency (SEMA) should review their process for apportioning grants and make adjustments so that they are equitable, based on population served rather than on historical outlays. SEMA should propose legislation creating an Emergency Management Trust fund to increase funding to local jurisdictions for all-hazard preparedness.

3. Build or designate facilities for regional coordination of emergency operations. Provide federal funding for facility improvements that will allow local emergency operations centers (EOCs) to be equipped to accommodate representatives from all agencies and organizations involved. Provide federal funding to develop or procure virtual information management systems to link all of the appropriate agencies.

4. Congress and the President should develop and approve legislation authorizing full or partial reimbursement to local government for costs directly related to responding to the terrorist acts of September 11, 2001 and to the anthrax scare that followed. FEMA should declare a national emergency and allow local jurisdictions to apply for Public/Infrastructure Assistance to help defray some of the costs of responding to these events.

5. FEMA, the federal Office of Homeland Security or other agency should provide funding and planning support to local governments or regional organizations to develop and execute comprehensive exercises to evaluate regional counter-terrorism planning. State and federal agencies should commit to realistically participating in these exercises. Exercises should be developed at the local or regional level, with state and federal support, thereby paralleling the planning function with the way we are expected to respond.

6. FEMA and the Office of Homeland Security should begin a program of temporarily assigning local personnel to national staffs working on counter-terrorism and domestic preparedness issues. This will spread the knowledge and develop a cadre of individuals who can better facilitate harmonious relationships when coordinated response becomes necessary.

7. Reaffirm the goal of close coordination between all agencies and all levels of government. Identify a single agency at each level of government with the staff and experience to coordinate the necessary activities.

Transportation

1. The security plans of all regional transit operators should be coordinated with other regional security plans to ensure that key transit facilities are identified and that transit services are incorporated into local, regional, state and federal response plans, as appropriate.

2. A detailed emergency operations plan for the Kansas City Scout advanced traffic advanced traffic management system (ATMS) should be developed with input from local, regional and state emergency response agencies. The Kansas City Scout TOC is a potential asset that should be incorporated into regional terrorist and emergency response plans as it becomes operational.

3. The security plans of all regional railroad operators should be coordinated with other regional security plans to ensure that key transit facilities are identified and incorporated into local, regional, state and federal response plans, as appropriate.

Utilities

1. Improve communication and coordination between utilities and between utilities and local governments and other emergency preparedness agencies. This could be accomplished by adding representatives of utilities to emergency services forums or through the creation of special groups, committees or other forums to bring these officials together.

2. Improve interconnectedness and develop procedures for activating and using this interconnectedness during emergencies. This will require a regional system for prioritizing the use of such capacity.

3. Enact legislation at the federal level to exempt information related to vulnerabilities and/or limitations of utilities from the provisions of the Freedom of Information Act and enact similar legislation at the state level exempting this information from the provisions of the Missouri "Sunshine Law."

4. Provide funding through state and/or federal grants to enhance the physical and cyber-security of key telecommunications, water, sewer, electric, natural gas or other facilities. Physical security enhancements could include fences, barriers, detection and monitoring systems, etc. Cyber-security enhancements could include firewalls, advanced encryption systems, enhanced password protection, etc.

Critical Technologies

1. Current enhancements, such as the interoperable 800 MHz radio system, upgrades to MARCER's Med Channel system, upgrades to the region's EMSystem and the development of the Metropolitan Emergency Information System should be implemented as soon as possible. In addition, funding to operate, maintain and sustain these systems must be obtained. Additional technological improvements to these and other communications systems must also be explored.

2. Legislation and regulations at the state and/or federal levels must be enacted to ensure wireless telecommunications companies implement technological enhancements necessary to determine the location of wireless calls. In addition, legislation should be enacted in Missouri and Kansas to institute a 9-1-1 surcharge on wireless services to provide sufficient resources to operate and maintain 9-1-1 systems.

3. Funding should be made available to support the Kansas City, MO Police Department's Critical Incident Site Management System proposal. The proposal requests funding for the program costs associated with start-up and system maintenance.

4. Funding should be made available to purchase and maintain a mobile critical communications system, which could be used anywhere in the metropolitan area to link radio and communications systems during a large-scale response.

5. Grants should be made available to provide the staffing and equipment necessary to effectively operate a regional information coordination center (ICC). The ICC will serve as the region's central point of contact for information related to large-scale events or emergencies, particularly those adversely impacting public safety or involving problems, disruptions or outages of critical facilities or systems that affect multiple jurisdictions across the region. The ICC will monitor the regional situation during these events and provide information to local governments, hospitals and the news media. The ICC will also provide the public with relevant information via the news media.

First Responders

1. Grants should be provided to local governments to purchase equipment or other resources required to enhance local emergency response capabilities and to replace used or expired items. Training on the use of this equipment is also required. As examples, Attachment 1 to this appendix contains a detailed list of items needed by the Kansas City regional MMRS over a five-year period. Attachment 2 contains a list of items needed by the Kansas City Police Department.

2. Grants should be made available to provide the substantial resources required by local governments to develop, oversee and critique tabletop, functional and full-scale exercises. In particular, multi-jurisdictional, interdisciplinary exercises should be funded at the local level.

3. Grants should be made available to provide additional basic and advanced WMD response and related training for first responders (fire, law enforcement and EMS personnel) and hospital staff, as well as public health, public works, public information and other local government personnel, including elected officials.

4. Grants should be made available to local governments and regional organizations to fund additional staff and other professional and administrative resources necessary to coordinate planning and preparedness activities between local, state and federal agencies, hospitals, human services agencies, businesses and other community organizations.

ATTACHMENT 1

MMRS REQUIREMENTS: FIVE-YEAR PLAN

	YEAR 1			YEAR 2			YEAR 3		
ITEM/CATEGORY	**QTY**	**COST EACH**	**TOTAL COST**	**QTY**	**COST EACH**	**TOTAL COST**	**QTY**	**COST EACH**	**TOTAL COST**
Pharmaceuticals									
Doxycyline 100mg, 500/bottle 24/case	2	574.00	1148.00			0.00			0.00
Cyprofloxin 500mg, 1000 bottle, 144/case	2	20268.00	40536.00			0.00			0.00
Repackaging Bottles			0.00			0.00			0.00
MARK I Kits 240/case			0.00			0.00	30	4048.00	121440.00
MARK I Trainers 25	4	835.00	3340.00	4	835.00	3340.00	4	835.00	3340.00
Diazepem 10mg 1000/case			0.00		0.00		4	1000.00	4000.00
Thermo Luminescent Dosimetry Badges			0.00			0.00			0.00
Surgical Gloves Latex 50/box	80	590.00	47200.00			0.00			0.00
Surgical Gloves Nitrile 50/box	80	8.94	715.20			0.00			0.00
Surgical Mask N95 20/box	50	19.50	975.00			0.00			0.00
Surgical Mask P100 per 100	20	400.00	8000.00			0.00			0.00
		Subtotal	**101914.20**		Subtotal	**3340.00**		Subtotal	**128780.00**
Detection Equipment									
PIDs MiniREI	10	2800.00	28000.00			0.00	5	2800.00	14000.00
PID Lamps	16	250.00	4000.00			0.00			0.00
Multi-Ray (with PID)	10	3600.00	36000.00	10	3600.00	36000.00			0.00
Passport 5 Gas	15	2500.00	37500.00	10	2500.00	25000.00			0.00
M9 Paper	50	6.00	300.00			0.00			0.00

	YEAR 1			YEAR 2			YEAR 3		
ITEM/CATEGORY	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST
M8 Paper			0.00			0.00			0.00
M256 Kits (10 per box)	10	52.00	520.00			0.00	50	520.00	26000.00
M256 Trainer (10/box)	10	135.00	1350.00	20	135.00	2700.00	20	135.00	2700.00
Saw MiniCad	6	6000.00	36000.00	10	6000.00	60000.00			0.00
Rad Detectors Bicron	25	1300.00	32500.00	5	1300.00	6500.00	5	1300.00	6500.00
Draeger CDS Replacement Tubes (5 tube sets1&5)	60	200.00	12000.00	60	200.00	12000.00	60	200.00	12000.00
Draeger CDS (WMD Kits)	10	2700.00	27000.00			0.00	10	2700.00	27000.00
Dosimeters			0.00			0.00			0.00
Bio-Assay Meters			0.00			0.00			0.00
Assorted Draeger Tubes (Perox, Poly, Nitrate, etc)	250	60.00	15000.00			0.00	250	60.00	15000.00
ADP 2000			0.00			0.00	1	10000.00	10000.00
Maintenance Contract on Meters (Per Quarter)	4	1600.00	6400.00	4	1600.00	6400.00	4	1600.00	6400.00
		Subtotal	**236570.00**		**Subtotal**	**148600.00**		**Subtotal**	**119600.00**
Personal Protective Equipment									
Vapor Tight Fully Encapsulated (Level A)	18	550.00	9900.00	18	550.00	9900.00			0.00
CPF IV Full Coverage	25	88.00	2200.00			0.00	25	88.00	2200.00
CPF II Hooded 12/case	10	150.00	1500.00			0.00	10	150.00	1500.00
Sarynex 12/case	20	148.00	2960.00			0.00	20	148.00	2960.00
TyChem 12/case	20	240.00	4800.00			0.00			0.00
APR	50	200.00	10000.00			0.00			0.00
Hooded Supplied Air for Emergency Departments	32	700.00	22400.00			0.00	32	700.00	22400.00

	YEAR 1			YEAR 2			YEAR 3		
ITEM/CATEGORY	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST
PAPRS	50	550.00	27500.00			0.00			0.00
SCBAs (1hr)	6	3000.00	18000.00			0.00	6	3000.00	18000.00
Gloves Viton pr	75	42.53	3189.75	75	42.53	3189.75	75	42.53	3189.75
Gloves Neoprene pr	75	3.50	262.50	75	3.50	262.50	75	3.50	262.50
Gloves Nitrile pr	200	1.50	300.00	200	1.50	300.00	200	1.50	300.00
Gloves Butyl pr	75	15.00	1125.00	75	15.00	1125.00	75	15.00	1125.00
		Subtotal	**104137.25**		**Subtotal**	**14777.25**		**Subtotal**	**51937.25**
Decontamination Equipment									
Salamanders	8	653.00	5224.00			0.00			0.00
Decontamination Shelters	4	7430.00	29720.00			0.00	8	7430.00	59440.00
Water Heaters	2	9885.00	19770.00			0.00	4	9885.00	39540.00
Belongings Bags	2000	0.50	1000.00			0.00			0.00
Body Bags	300	36.00	10800.00			0.00	300	36.00	10800.00
		Subtotal	**66514.00**		**Subtotal**	**0.00**		**Subtotal**	**109780.00**
Miscellaneous Equipment									
Computer (Pharm Labeling and Distribution Tracking)	2	6000.00	12000.00			0.00			0.00
Generator	1	2909.00	2909.00			0.00			0.00
		Subtotal	**14909.00**		**Subtotal**	**0.00**		**Subtotal**	**0.00**
Training (Train-the-Trainer)									
IC per 25	4	3000.00	12000.00	4	3000.00	12000.00	4	3000.00	12000.00
Awareness per 25	8	2500.00	20000.00	8	2500.00	20000.00	8	2500.00	20000.00
Response Operations per 25	10	5000.00	50000.00	10	5000.00	50000.00	10	5000.00	50000.00

	YEAR 1			YEAR 2			YEAR 3		
ITEM/CATEGORY	**QTY**	**COST EACH**	**TOTAL COST**	**QTY**	**COST EACH**	**TOTAL COST**	**QTY**	**COST EACH**	**TOTAL COST**
Haz Mat Tech per 25	2	7000.00	14000.00	2	7000.00	14000.00	2	7000.00	14000.00
EMT Tech per 25	2	7000.00	14000.00	2	7000.00	14000.00	2	7000.00	14000.00
Hospital per 25	2	7000.00	14000.00	2	7000.00	14000.00	2	7000.00	14000.00
		Subtotal	**124000.00**		**Subtotal**	**124000.00**		**Subtotal**	**124000.00**
Training (Direct Delivery)									
Fire Fighter per 100	20	20000.00	400000.00	20	20000.00	400000.00	20	20000.00	400000.00
EMS per 100	20	20000.00	400000.00	20	20000.00	400000.00	20	20000.00	400000.00
ED Doctors and Nurses per 50	5	2000.00	10000.00	5	2000.00	10000.00	5	2000.00	10000.00
Police per 100	20	15000.00	300000.00	20	15000.00	300000.00	20	15000.00	300000.00
Haz Mat per 25	4	20000.00	80000.00	4	20000.00	80000.00	4	20000.00	80000.00
Public Works per 50	5	7500.00	37500.00	5	7500.00	37500.00	5	7500.00	37500.00
Misc per 50	3	7500.00	22500.00	3	7500.00	22500.00	3	7500.00	22500.00
		Subtotal	**1250000.00**		**Subtotal**	**1250000.00**		**Subtotal**	**1250000.00**
Exercises									
Full scale 1 per/ year	1	60000.00	60000.00	1	60000.00	60000.00	1	60000.00	60000.00
EOCs Tabletop 1/year 6 major EOCs	6	5000.00	30000.00	6	5000.00	30000.00	6	5000.00	30000.00
Haz Mat Teams 1/year Two teams combined	4	20000.00	80000.00	4	20000.00	80000.00	4	20000.00	80000.00
Hospital 2/year 8 hospitals combined	1	25000.00	25000.00	1	25000.00	25000.00	1	25000.00	25000.00
Health Bio Tabletop 5 major health depts.	5	7500.00	37500.00	5	7500.00	37500.00	5	7500.00	37500.00
		Subtotal	**232500.00**		**Subtotal**	**232500.00**		**Subtotal**	**232500.00**
		Total Year 1	**2141184.45**		**Total Year 2**	**1773217.25**		**Total Year 3**	**2016597.25**

	YEAR 4			YEAR 5			CUMULATIVE		
ITEM/CATEGORY	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST			TOTAL COST
Pharmaceuticals									
Doxycyline 100mg, 500/bottle 24/case			0.00			0.00			1148.00
Cyprofloxin 500mg, 1000 bottle, 144/case			0.00			0.00			40536.00
Repackaging Bottles			0.00			0.00			0.00
MARK I Kits 240/case			0.00			0.00			121440.00
MARK I Trainers 25	4	835.00	3340.00	4	835.00	3340.00			16700.00
Diazepem 10mg 1000/case			0.00			0.00			4000.00
Thermo Luminescent Dosimetry Badges			0.00			0.00			0.00
Surgical Gloves Latex 50/box			0.00			0.00			47200.00
Surgical Gloves Nitrile 50/box			0.00			0.00			715.20
Surgical Mask N95 20/box			0.00			0.00			975.00
Surgical Mask P100 per 100			0.00			0.00			8000.00
		Subtotal	**3340.00**		**Subtotal**	**3340.00**		**Subtotal**	**240714.20**
Detection Equipment									
PIDs MiniREI			0.00			0.00			42000.00
PID Lamps			0.00			0.00			4000.00
Multi-Ray (with PID	15	3600.00	54000.00			0.00			126000.00
Passport 5 Gas	10	2500.00	25000.00			0.00			87500.00
M9 Paper			0.00			0.00			300.00
M8 paper			0.00			0.00			0.00
M256 Kits (10 per box)			0.00	50	520.00	26000.00			52520.00

	YEAR 4			YEAR 5			CUMULATIVE		
ITEM/CATEGORY	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST			TOTAL COST
M256 Trainer (10/box)	20	135.00	2700.00	20	135.00	2700.00			12150.00
Saw MiniCad	5	6000.00	30000.00			0.00			126000.00
Rad Detectors Bicron	5	1300.00	6500.00	5	1300.00	6500.00			58500.00
Draeger CDS Replacement Tubes (5 tube sets1&5)	60	200.00	12000.00	60	200.00	12000.00			60000.00
Draeger CDS (WMD Kits)			0.00	10	2700.00	27000.00			81000.00
Dosimeters			0.00			0.00			0.00
Bio-Assay Meters			0.00			0.00			0.00
Assorted Draeger Tubes (Perox, Poly, Nitrate, etc)			0.00	250	60.00	15000.00			45000.00
ADP 2000			0.00			0.00			10000.00
Maintenance Contract on Meters per/Quarter	4	1600.00	6400.00	4	1600.00	6400.00			32000.00
		Subtotal	**136600.00**		**Subtotal**	**95600.00**		**Subtotal**	**736970.00**
Personal Protective Equipment									
Vapor Tight Fully Encapsulated (Level A)	18	550.00	9900.00	18	550.00	9900.00			39600.00
CPF IV Full Coverage			0.00	25	88.00	2200.00			6600.00
CPF II Hooded 12/case			0.00	10	150.00	1500.00			4500.00
Sarynex 12/case			0.00	20	148.00	2960.00			19520.00
TyChem 12/case			0.00			0.00			4800.00
APR			0.00			0.00			10000.00
Hooded Supplied Air for Emergency Departments			0.00			0.00			44800.00
PAPRS			0.00			0.00			27500.00
SCBAs (1hr)			0.00			0.00			36000.00

	YEAR 4			YEAR 5			CUMULATIVE		
ITEM/CATEGORY	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST			TOTAL COST
Gloves Viton pr	75	42.53	3189.75	75	42.53	3189.75			15948.75
Gloves Neoprene pr	75	3.50	262.50	75	3.50	262.50			1312.50
Gloves Nitrile pr	200	1.50	300.00	200	1.50	300.00			1500.00
Gloves Butyl pr	75	15.00	1125.00	75	15.00	1125.00			5625.00
		Subtotal	**14,777.25**		**Subtotal**	**21437.25**		**Subtotal**	**217706.25**
Decontamination Equipment									
Salamanders			0.00			0.00			5224.00
Decontamination Shelters			0.00			0.00			89160.00
Water Heaters			0.00			0.00			59310.00
Belongings Bags			0.00			0.00			1000.00
Body Bags			0.00			0.00			21600.00
		Subtotal	**0.00**		**Subtotal**	**0.00**		**Subtotal**	**176294.00**
Miscellaneous Equipment									
Computer (Pharm Labeling and Distribution Tracking)			0.00			0.00			12000.00
Generator			0.00			0.00			2909.00
		Subtotal	**0.00**		**Subtotal**	**0.00**		**Subtotal**	**14909.00**
Training (Train-the-Trainer)									
IC per 25	4	3000.00	12000.00	4	3000.00	12000.00			60000.00
Awareness per 25	8	2500.00	20000.00	8	2500.00	20000.00			100000.00
Response Operations per 25	10	5000.00	50000.00	10	5000.00	50000.00			250000.00
Haz Mat Tech per 25	2	7000.00	14000.00	2	7000.00	14000.00			70000.00
EMT Tech per 25	2	7000.00	14000.00	2	7000.00	14000.00			70000.00

	YEAR 4			YEAR 5			CUMULATIVE		
ITEM/CATEGORY	QTY	COST EACH	TOTAL COST	QTY	COST EACH	TOTAL COST			TOTAL COST
Hospital per 25	2	7000.00	14000.00	2	7000.00	14000.00			70000.00
		Subtotal	**124000.00**		**Subtotal**	**124000.00**		**Subtotal**	**620000.00**
Training (Direct Delivery)									
Fire Fighter per 100	20	20000.00	400000.00	20	20000.00	400000.00			2000000.00
EMS per 100	20	20000.00	400000.00	20	20000.00	400000.00			2000000.00
ED Doctors and Nurses per 50	5	2000.00	10000.00	5	2000.00	10000.00			50000.00
Police per 100	20	15000.00	300000.00	20	15000.00	300000.00			1500000.00
Haz Mat per 25	4	20000.00	80000.00	4	20000.00	80000.00			400000.00
Public Works per 50	5	7500.00	37500.00	5	7500.00	37500.00			187500.00
Misc per 50	3	7500.00	22500.00	3	7500.00	22500.00			112500.00
		Subtotal	**1250000.00**		**Subtotal**	**1250000.00**		**Subtotal**	**6250000.00**
Exercises									
Full scale 1 per/ year	1	60000.00	60000.00	1	60000.00	60000.00			300000.00
EOCs Tabletop 1/year 6 major EOCs	6	5000.00	30000.00	6	5000.00	30000.00			150000.00
Haz Mat Teams 1/year Two teams combined	4	20000.00	80000.00	4	20000.00	80000.00			400000.00
Hospital 2/year 8 hospitals combined	1	25000.00	25000.00	1	25000.00	25000.00			125000.00
Health Bio Tabletop 5 major health depts.	5	7500.00	37500.00	5	7500.00	37500.00			187500.00
		Subtotal	**232500.00**		**Subtotal**	**232500.00**		**Subtotal**	**1162500.00**
		Total	**1761217.25**		**Total**	**1726877.25**		**Grand Total**	**9419093.45**

ATTACHMENT 2

KANSAS CITY POLICE DEPARTMENT REQUIREMENTS

Training

In order to safely and effectively address a WMD incident, it is critical that all responding personnel be able to accurately assess the existence of a WMD incident and to subsequently put into motion proper containment and response. Due to this need, the Kansas City Police Department recommends the following:

a. An 8 hour training block for all sworn personnel on recognition of, and response to WMD incidents. Estimated per-officer cost is $150.00 for an estimated total cost of $180,000.00.

b. A 32 hour training block on WMD incident management for all commanders. Estimated per-commander cost is $400.00 for an estimated total cost of $30,000.00.

c. A 16 hour training block on tactical operations within a WMD environment for all tactical personnel. Estimated per-officer cost is $400.00 for an estimated total cost of $18,000.00.

Total estimated cost for the above training is **$228,000.00.**

Response Equipment

A contaminated WMD scene presents an escalated level of risks to the responding officers. In order to meet this elevated risk it is necessary to properly equip those officers. In addition, the contaminants will necessitate the establishment of a remote command and control area and thus accentuate the need for viable means of communication. Due to these needs, the Kansas City Police Department recommends the following:

a. *Periphery Personnel* – It is quite possible that a WMD incident will require the assignment of up to 100 officers to work near-periphery assignments. Although the exposure level of these officers is lower than that of personnel entering the site, it is greater than that of outer perimeter officers. Near-periphery officers can utilize the department issued MSA masks but will need additional protective gear as follows:

    1. 100 Level B Tyvex protective suites with respirator hoods and booties. At an estimated $72.00 each, for an estimated total of $7,200.00.

    2. 100 pairs of butyl protective gloves. At an estimated $30.00 per pair, for an estimated total of $3,000.00.

    3. 100 biohazard filters for the MSA masks. At an estimated $30.00 each, for an estimated total of $3,000.00.

The estimated cost to equip periphery personnel is **$13,200.00**.

b. *Tactical Personnel* – These officers may be required to enter a contaminated environment in order to address a tactical situation, scout for additional threats, or assist in evacuations. Because of this, they will require extensive protective equipment and adequate communications tools. The Kansas City Police Department recommends the following:

1. 20 self-contained breathing apparatus (SCBA). A minimum of 60 minute air tanks with quick-replace fittings is recommended. These items have been ordered under an MMRS grant but have not yet been received.

2. 20 Level B protective suites with respirator hoods and booties. Level B suites are most applicable for tactical operations because they allow the officer to carry a gun belt and other equipment on the outside of the suit. At an estimated $72.00 each, this would result in an estimated cost of $1,400.00.

3. 20 pairs of butyl protective gloves. At an estimated $30.00 per pair, this results in an estimated total of $600.00.

4. 20 closed communication systems. The ability to communicate despite wearing protective gear is critical and the SCBAs require a compatible communications system. At an estimated $600.00 each, this results in an estimated total of $12,000.00.

5. 6 digital video/still cameras. With each tactical supervisor carrying a digital camera, the ability to download near-real-time images will greatly enhance intelligence gathering and decision-making. At an estimated $2,000.00 each, this results in an estimated total of $12,000.00.

6. 2 portable lighting systems. Consisting of an outside generator, extension cords and portable lights, this system allows for illumination of areas where standard power sources are damaged or unavailable. At an estimated $4,000.00 each, this has an estimated total of $8,000.00.

7. 2 one-ton cargo vans. As the above noted equipment is bulky and must be transported quickly to the scene, it is imperative to have a dedicated means of transport. Past experience has proven the one-ton cargo van to be the most maneuverable and expedient method of transport. At an estimated $20,000.00 each, this results in an estimated total of $40,000.00.

8. 15 satellite phones. To prepare for and maintain effective communications in the event of possible loss of land or conventional wireless communications. At an estimated $500.00 each, this results in an estimated total of $7,500.00.

The estimated total cost for the tactical items is **$81,500.00**

c. *Bomb and Arson Personnel* - These personnel may be called upon to enter a contaminated area to analyze and remove possible explosive devices. They are already equipped with protective gear but feel their mission would be better served with the addition of the following:

1. Full containment explosives carrier with air scrubber. This item allows for removal, transport and decontamination of possible explosive devices. This item is estimated to cost $150,000.00.

2. 5 laptop computers. These items would allow for on-scene analysis and communication with the command post. At an estimated $2,000.00 each, the estimated total is $10,000.00.

3. 4 digital still cameras. Allowing for intelligence gathering and dissemination. At an estimated $500.00 each, the estimated total is $2,000.00.

4. 2 mid-size 4x4 SUVs. To transport bomb and arson equipment to the scene. At an estimated $30,000.00 each, this results in an estimated total of $60,000.00.

The estimated total cost for bomb and arson items is **$220,000.00.**

Replacement Equipment

Police operations within or near a WMD incident may result in the necessity to dispose of contaminated protective equipment and outer-gear. In order to quickly return the involved officers to regular assignments and to be prepared for any additional incidents a reserve supply of this equipment must be kept on hand. Due to this need, Kansas City Police Department recommends the following:

a. 120 Level B protective suites. At an estimated $72.00 each, this has an estimated total of $8,640.00.

b. 120 butyl protective gloves. At an estimated $30.00 per-pair, this results in an estimated total of $3,600.00.

c. 100 biohazard filters for MSA masks. At an estimated $30.00 each, the estimated total is $3,000.00.

d. 20 complete sets of duty uniforms to include leather gear. At an estimated $600.00 per-set, the estimated total is $12,000.00.

The estimated total cost for replacement equipment is **$27,240.00.**

Technology and Communications

Response to WMD incidents will require enhanced technology in the areas of detection, analysis

and handling of possible contaminants. As a result, the department will need to research and acquire advanced detection, analysis and handling equipment. The Crime Scene Investigations Unit and the regional crime lab should prove to be valuable resources when determining needs for this area.

Additionally, a WMD incident magnifies the need for uninterrupted and effective communications with internal and external resources. The department must enhance its ability to share information and intelligence with agencies at the local, state, and federal level.

Due to the need to upgrade in the areas of technology and communications, the Kansas City Police Department recommends consideration of the following:

a. Enhanced interconnectivity and interoperability software for maximized communications with both internal and external entities.

b. Enhanced mobile communications abilities to include cell phones and laptop computers.

c. Global positioning systems (GPS) and wireless identification systems for monitoring and tracking suspicious parcels or hazardous cargo in conjunction with state and local agencies.

d. X-ray and neutron scanners for expedient explosive device detection in large capacity containers.

As the area of technology and communications is an evolving science, this is not a comprehensive list for items related to technology and communications. Because product development is on-going, we have not estimated costs for this area.

This is the most comprehensive analysis we were able to develop within the projects time-constraints. However, it is possible that additional needs may arise as the department becomes more familiar with the management of WMD events. If each of the above recommendations is adopted (excluding the enhancements to technology and communications), the estimated total expenditure is **$571,940.00.**

APPENDIX B

RECOMMENDATIONS PROPOSING LEGISLATIVE ACTION

The following legislative actions are recommended:

1. Legislation providing funding to develop and implement, or expand existing, early warning and surveillance systems to alert local health departments, hospitals and first responders to the presence of any biological agents is recommended. In addition, this legislation should provide funding for hiring public health specialists, epidemiologists and other critical public health personnel at the local level. This legislation should also provide adequate funding to train public health personnel in WMD response, particularly in the detection and surveillance of conditions related to biological warfare agents.

2. Legislation providing substantial funding to local governments to enhance their capabilities to prepare for, respond to and recover from a WMD incident is recommended. Grants under such legislation should provide the following:

    a. Purchase of equipment required by local agencies to respond to WMD incidents and to replace used or expired items. Training on the use of this equipment is also required.

    b. Provide the resources required by local governments to develop, oversee and critique tabletop, functional and full-scale exercises. In particular, multi-jurisdictional, interdisciplinary exercises should be funded at the local level.

    c. Provide additional basic and advanced WMD response and related training for first responders (fire, law enforcement and EMS personnel) and hospital staff, as well as public health, public works, public information and other local government personnel, including elected officials.

    d. Fund additional staff and other professional and administrative resources necessary to coordinate planning and preparedness activities between local, state and federal agencies, hospitals, human services agencies, businesses and other community organizations.

3. Exceptions should be made to the State of Missouri's "Sunshine Law" with respect to sensitive information (such as the identification of critical facilities and infrastructure as potential targets), which if published, could provide a "roadmap" for terrorists.

4. Legislation and regulations at the state and/or federal levels must be enacted to ensure wireless telecommunications companies implement technological enhancements necessary to determine the location of wireless calls. In addition, legislation should be enacted in Missouri and Kansas to institute a 9-1-1 surcharge on wireless services to provide sufficient resources to operate and maintain 9-1-1 systems.

5. Congress and the President should develop and approve legislation authorizing full or partial reimbursement to local government for costs directly related to responding to the terrorist

acts of September 11, 2001 and to the anthrax scare that followed. FEMA should declare a national emergency and allow local jurisdictions to apply for Public/Infrastructure Assistance to help defray some of the costs of responding to these events.

6. Legislation at the federal and state levels to provide adequate financial reimbursement for ambulance services from Medicare and Medicaid is recommended. Massive cutbacks in Medicare reimbursement for ambulance services are scheduled for 2002. These cutbacks are so severe they may bankrupt many private ambulance providers and financially cripple most other ambulance providers, thus significantly compromising their ability to effectively respond to mass casualty incidents. Medicaid reimbursement for ambulance services in both Missouri and Kansas is even lower than Medicare reimbursement will be under the scheduled cutbacks. To preserve the needed surge capacity of ambulance services in both states, Medicare and Medicaid reimbursement should be adequate to cover the costs of providing such services.

APPENDIX C

RECOMMENDATIONS FOR THE STATE'S BUDGET (2002 AND BEYOND)

To the extent that the state has responsibility for allocating federal resources to respond to the war on terrorism, MARC encourages the legislature to support the following:

1. Short turn-around time in dispersing funds to local communities.

2. Ensure that a majority of the funds are dispersed to major metropolitan areas.

3. Ensure maximum flexibility by local agencies in using the funds to address specific needs, such as:

    a. A long-term program to train and equip responders, including a plan to track and monitor training, and to maintain and replenish equipment and supplies. First responders (fire, EMS, law enforcement, health care and public health personnel) need the equipment, supplies and specialized training to respond to and manage an incident in its initial hours; assistance from state or federal agencies during this time may be limited. Initial response actions associated with any biological, nuclear, incendiary, chemical or explosive incident will primarily be handled by "host incident" local forces and similarly equipped mutual aid personnel from other local sources.

    b. The ability to design and equip a modern direction and control facility capable of handling a major terrorist incident and if necessary, capable of serving as a regional EOC.

    c. Improved communications capabilities for both first responders and the EOC (such as satellite telephones) to help provide a reliable, redundant communications capability.

APPENDIX D

RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT AND THE UNITED STATES CONGRESS

General

The events of September 11th and terrorist acts since that date have required extraordinary responses from local governments across the nation, including those in the Kansas City metropolitan area. Government officials at all levels recognize that international terrorism on American soil will require a whole new level of resources for local communities to both protect and to respond.

Following meetings between local government officials and U.S. Representatives Dennis Moore and Karen McCarthy, and based on input from its various emergency services committees, local officials, and others, MARC developed a public policy agenda addressing the actions required by the federal government to address the new threats to the health and well-being of the Kansas City metropolitan area's citizens.

This public policy agenda was adopted by the MARC Board of Directors at their October 30, 2001 meeting, and has been communicated to the area's congressional delegation and to local and state officials serving the Kansas City metropolitan area.

The public policy agenda contains the following recommendations for the federal government and the United States Congress:

1. **Office of Homeland Security – A Single Point of Contact and Support**

    a. Congress should authorize this office and provide budgetary authority over all federal programs and personnel related to the domestic protection of the nation.

    b. The new office should be accessible to local government officials, both in providing input and in being kept informed of events and actions that impact local communities.

2. **New Federal Resources to Local Communities**

    a. A National League of Cities' survey conducted in late September of 456 cities found that the vast majority had hired additional personnel; expanded security at airport, water supply, public facilities and major events; updated emergency response equipment; and reassessed local plans. There is a heightened urgency among local officials to respond in ways that reassure the public and ensure their protection.

    b. These actions have and will require new resources. At the same time that local communities are being required to spend more resources on defending their cities and counties, the regional economy has softened and local budgets are stretched to provide

basic services. These new threats require a federal response and new resources from the federal government to local agencies:

(1) The federal government should appropriate new resources to assist local communities to address public education, personnel, training, equipment, planning, and command and control costs. The grant program should be designed in ways that provide local communities with maximum flexibility to use the new resources on the most critical needs identified by local experts.

(2) Funding guidelines should be broad to allow local communities to address all categories of weapons of mass destruction, including biological, nuclear, incendiary, chemical and explosive weapons and/or agents.

(3) Funds should be allocated to ensure that major metropolitan areas and cities receive adequate funds to protect significant facilities and large numbers of citizens.

(4) Grant programs should allow local communities to be reimbursed for expenses that they are now incurring to protect and respond to potential terrorist threats, but not to supplant existing local resources for emergency management and response.

(5) Recognizing that the threat of terrorist actions will be a long-term reality, funding should be structured to provide local communities with on-going support.

(6) The federal government should recognize the regional nature of emergency response in major metropolitan areas, and encourage regional and intergovernmental responses to protection and response efforts.

3. **Funding for Local Agencies to Prevent and Respond to Domestic Terrorism**

a. Local government budgets are being strained as they respond to needs created by recent terrorist acts in New York and Washington, D.C. Increased security is required at public and private facilities and at major public events. Biological weapons threats have caused public concerns that are taxing local police, fire and health department resources. Local agencies have identified resource needs in training, equipment and personnel. The federal government has pledged assistance to local communities in responding to this war on terrorism, and the funds may be allocated to the states for redistribution to local areas.

b. Congress may want to use the model developed by the U.S. Department of Transportation to fund transportation investments. Funds are distributed to each state, but local communities, working through metropolitan organizations such as MARC, determine how federal funds are invested within metropolitan areas in partnership with the states. Funds are provided in broad categories and the states and metropolitan planning organizations (MPOs) have the ability to move resources among funding categories depending upon needs.