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JANET NAPOLITANO
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December 9, 2005

Richard Stavneak
Director
Joint Legislative Budget Committee
1716 W Adams
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Gary Yaquinto
Director
Office of Strategic Planning and Budgeting
1700 W Washington, Ste 500
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Dear Mr. Stavneak and Mr. Yaquinto:

Thank you for your letter on November 29, 2005 regarding the JLBC's and OSPB's joint findings and recommendations for the Arizona Office of Homeland Security (OHS) Strategic Program Area Review (SPAR) final draft report. I appreciate you giving me the opportunity to review and make comments to the SPAR report. Please find our recommendations below:

Collaborative Efforts (page 5):

OHS currently submits a quarterly report to the JLBC, which includes past awards for approved projects, encumbered and unencumbered amounts and any amount reverted back to the federal government, though it should be noted that no funds allocated to Arizona under the State Homeland Security Grant Program will be reverted back to the federal government. In addition to the report furnished to JLBC and Governor Napolitano, a briefing has been provided to the Homeland Security Coordinating Council (HSCC). Furthermore, OHS funds its operations entirely from federal homeland security grants. It also allocates only federal grant dollars to county, local, State and Tribal entities. Similar to that of the Arizona Department of Health Services, OHS does not distribute any state sources of funding related to Homeland Security. The Legislature does not appropriate federal homeland security grants, as this is the responsibility of the Director of the Arizona Division of Emergency Management, who is appointed by the Governor as the State Administering Agency for the Federal Homeland Security Grant Program. The current reporting requirements sufficiently keep the public and stakeholders informed regarding OHS activities and funding.

Furthermore, some of the performance measures identified in the JLBC's recommendations are not within the functions of OHS. For example, OHS does not conduct threat and vulnerability assessments of critical infrastructure sites. This is the responsibility of the Arizona Counter-Terrorism Information Center (ACTIC). Likewise, OHS does not establish plans for hospitals to respond to epidemics involving a minimum of 500 patients, as this is a Department of Health Services function.

Establishment of a Homeland Security Committee (page 6):

Currently, RAC membership, which includes local and Tribal representation from a variety of disciplines such as emergency management, law enforcement, and fire services make funding recommendations to OHS. The creation of a separate legislative committee to make recommendations to the RACs and OHS would be duplicative and confusing. The current process allows for local and Tribal representatives to make recommendations regarding the appropriate distribution of the monies within their regions. This is a very effective form of ensuring that Homeland Security monies are effectively allocated. The RAC's Charter is included for your additional review.

Publish a "Best Practices" Guide (page 6):

Although no "best practices" guide currently exists on the national level for non-health related homeland security efforts, the State Homeland Security Strategy, which is based on guidelines from the federal government, sets forth specific guidance to the Regional Advisory Councils (RACs). These guidelines include eligibility requirements for purchases and expenditures by grantees. For example, Homeland Security funding may be used for terrorist prevention training, weapons of mass destruction exercises, and certain types of equipment. Thus, this funding may not be used for firearms or ammunition.

Interoperability Communications Equipment Grant Criteria (page 6):

OHS continues to work closely with the Public Safety Communications Advisory Commission (PSCAC) on issues of interoperability to ensure that the purchased equipment satisfies not only State Homeland Security Strategy guidelines, but also furthers the state towards full interoperability. The equipment that is eligible for interoperability is defined under the Federal guidelines and the PSCAC.

Please see below some technical corrections:

Overview (page 1):

Page 1, first paragraph, first sentence. Capitalize the words "state", "tribal," and "federal". The final sentence would be as follows: Hundreds of local, State, Tribal, and Federal agencies participate in Homeland Security activities in Arizona.

Program Description (page 3):

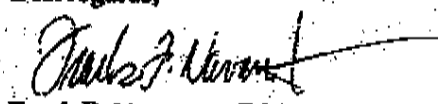
Page 3, second paragraph. At the end of the paragraph insert the first sentence from the fourth paragraph. Then, insert the following sentence, "The SAA ensures that all projects are within grant guidelines, supports the State Homeland Security Strategy (SHSS) and awards the projects accordingly." The final paragraph should read, "Within each RAC, each council then prioritizes annual funding requests, which are submitted by jurisdictions within the region. Projects are then evaluated by determining how they compare to the goals and objectives contained within the State Homeland Security Strategy. Each RAC then recommends which projects are to be funded based on this evaluation. The Department of Emergency and Military Affairs (DEMA) serves as the State Administering Agency (SAA) for Homeland Security funds. The SAA ensures that all projects are within grant guidelines, supports the State Homeland Security Strategy (SHSS) and awards the projects accordingly."

Page3, third paragraph, third sentence. After "SHSS" insert ", and grant guidelines." The sentence should read, "Allocations made by OHS to state agencies are also based on criteria contained within the SHSS, and grant guidelines."

Page 3, third paragraph. Merge the remaining text from paragraph 4 into paragraph three. The final paragraph will read: "Funding to state agencies is provided through allocations from OHS. Agencies seeking Homeland Security funding submit requests to OHS, who determines which projects will receive funding. SHSS" insert ", and grant guidelines." The sentence should read, "Allocations made by OHS to state agencies are also based on criteria contained within the SHSS, and grant guidelines. The state award process occurs on an annual basis. DEMA receives Homeland Security grants from the U.S. Department of Homeland Security, which it redistributes to agencies or governments based upon allocations made by either OHS or each RAC."

Once again, thank you for the opportunity to review your recommendations and findings prior to publication. I commend your staff's efforts in putting this substantive report together. As always, I am available to meet with you at your convenience should you desire additional information concerning these matters.

Best regards,



Frank F. Navarrete, Director
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Enclosures

FFN/ko

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ARIZONA OFFICE OF HOMELAND SECURITY

CHARTER

HOMELAND SECURITY REGIONAL ADVISORY COUNCIL

PURPOSE. This Charter provides guidance and direction for the operation of Arizona's Homeland Security Regional Advisory Councils.

SCOPE AND OBJECTIVES. Five Advisory Councils shall be appointed by the Director of Arizona's Office of Homeland Security (AOHS), on behalf of the Governor. The five Councils shall be divided geographically as follows: (West) – Mohave, La Paz and Yavapai County boundaries; (North) – Coconino, Navajo and Apache County boundaries; (Central) – Maricopa (East) – Graham, Greenlee, Gila and Pinal County boundaries (South) – Pima, Santa Cruz, Cochise, and Yuma County boundaries. The Councils will serve the Director, AOHS in an advisory capacity to advance Arizona's State Homeland Security Strategy (SHSS).

DUTIES.

1) Develop, implement and maintain respective Regional Homeland Security Strategies.
2) Incorporate Arizona's SHSS into Council planning and processes.
   a. Support and assist in implementation of Arizona's Comprehensive Statewide Risk Assessment.
   b. Support and assist in implementation of equipment procurement through Arizona's Prime Vendor Program.
   c. Support and assist an integrated regional approach to homeland security in Arizona.
3) Advise the Director, AOHS on all homeland security matters pertaining to respective regions through regional planner.
4) In conjunction with respective regional planner:
   a. Establish baseline prevention and response capabilities through anchor cities consistent with state and regional plans.
   b. Collaborate with other regional councils and organizations to ensure successful integration of programs and initiatives aimed at homeland security and securing Arizona.
5) Implement standard operating guidelines established by the AOHS.
6) Other duties and responsibilities as determined by the Director, AOHS.

DURATION. Continuing, until disbanded by the Director of the AOHS.

TO WHOM COUNCIL REPORTS. The Council will report to the Director, AOHS through respective regional planner.

MEMBERSHIP. The Council will consist of a total of ten members from residents of the state of Arizona: 2 members from fire service (1 urban, 1 rural); 1 police chief; 1 sheriff; 1 member from tribal government; 1 emergency manager; 1 mayor; 1 county supervisor; 2 at large members from the public and private sector (e.g. - medical, public health, information technology, agriculture, utilities); 1 ad hoc member from the Arizona Department of Public Safety. The at large disciplines for each region shall be decided upon by existing Advisory Council members. Each member shall reside in or have employment duties within the region to be served. Except for the Central Region, no region shall have membership that exceeds three individuals from any one county within its boundary. Tribal government members shall not be considered as a county representative.

The Director of AOHS will appoint each member for a one-year term.

Members may only be removed by the Director, AOHS for cause.

Members shall not hold membership with the Homeland Security Coordinating Council (HSCC) or the state's Technical Standards Committee (TSC).

COUNCIL OFFICERS. The full, ten member, Advisory Council will appoint a chairperson from the respective membership to oversee the operation and activities of each regional Advisory Council. Chairpersons will serve one-year terms. Once a chairperson's term has expired he or she cannot serve in that capacity in a consecutive year.

SUBCOMMITTEES. The Councils may create other subcommittees to address specific issues; the creation of subcommittees requires approval of the Director, AOHS.

MEETINGS. Councils will meet at least on a quarterly basis and as needed. Each meeting will be coordinated with respective regional planners. Meetings of the Advisory Councils are not subject to the Arizona Open Meeting Law. Members of the public may be invited to file statements with the Council and when appropriate may attend meetings by invitation from the Council.

A quorum exists when a majority of the appointed members are present. A quorum must exist for any official action, including voting. In any situation involving voting, the majority vote of members present will prevail. Telephonic voting is permissible. Voting by proxy is also permitted provided the representative substitute is approved by the AOHS Director and is a peer from another jurisdiction or an executive level deputy.

REPORTS. The Council shall provide detailed minutes of each meeting to the Director, AOHS through respective regional planners. The minutes contain a record of the persons

present, a complete and accurate description of matters discussed and conclusions reached. Repository for copies of all reports received, directed, issued or approved by the Council will be the AOHS.

COSTS. All members serve without compensation and on a voluntary basis.

AVAILABILITY OF RECORDS. All official meeting records, except for those containing classified, law enforcement sensitive documents, sensitive homeland security information, or critical infrastructure information shall be made available to the public when required by Arizona law.

MODIFICATIONS. Charter modifications require the approval of the Director, AOHS.

FILING DATE. September 11, 2004 is the effective date of this Charter, which will expire three years from this filing date unless terminated or extended by the Director, AOHS.

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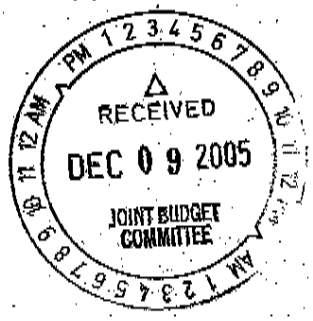
December 9, 2005



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Dear Director Stavneak and Director Yaquinto:

Thank you for the opportunity to review and respond to the Homeland Security Strategic Program Area Review (SPAR.) While the report addresses activities of both the Arizona Office of Homeland Security (OHS) and the Arizona Department of Health Services (DHS), our response will only reference the DHS emergency preparedness activities.

The report presents a fair and comprehensive review of DHS' role as the lead agency for public health preparedness and response throughout Arizona, including readiness and response to health and medical services and bioterrorism emergencies. DHS is very proud of the progress and accomplishments it has made since 2001 in addressing public health emergency preparedness and response issues. Our comments regarding the SPAR findings and recommendations are included herein.

JLBC Findings and Recommendations:

DHS is grateful for the work done by JLBC to highlight the importance of coordinated, statewide emergency preparedness and response efforts in Arizona and to identify issues that warrant special attention or renewed awareness. In response to the JLBC findings and recommendations, DHS presents the following comments.

Both the Office of Homeland Security (OHS) and the Department of Health Services (DHS) should be required by statute to submit a homeland security award and expenditure report, which would be submitted annually to the Legislature: DHS agrees with JLBC that reporting regarding federal homeland security and emergency preparedness monies is necessary. DHS already prepares and submits federal reports regarding the expenditures and activities related to the CDC and HRSA monies. Financial Status Reports (FSRs) are required for both the HRSA and the CDC Grants 90 days prior to the end of a Grant period and one year after the last day of the Grant period. There are also reports required for changes or balances in Information Technology percentages. In addition to the FSRs, there are reports required at different times in the year at the request of CDC or HRSA. These reports are usually required to further justify fund requests or fund expenditures at the time DHS requests an award or if DHS is requesting to change plans or redirect grant funds during a grant period. DHS believes that instead of requiring DHS to prepare another award/expenditure report regarding the CDC and HRSA funds it receives, JLBC and OSPB could receive copies of all or some of the federal reports. Regarding performance measures, DHS agrees that performance measures that accurately demonstrate improvements made to the state's capabilities to respond to a terrorist attack are necessary and should be included in the Master List of State Government Programs and, possibly, in the budget. DHS has a number of performance measures that track statewide preparedness and response capabilities and is already working with OSPB and JLBC to identify performance measures in the Strategic Plan and Master List that best demonstrate DHS' progress in the areas of reduction, readiness, recognition, response, and recovery.

The Legislature should consider the creation of a legislative homeland security committee, which would offer recommendations to OHS, DHS, and the legislative Appropriations Committees regarding project priorities: DHS recognizes the need for coordination and oversight of Arizona's homeland security activities. However, since there already exist a number of oversight or advisory bodies that help direct the State's homeland security and emergency preparedness activities, a legislative Homeland Security Committee may not be necessary. The Homeland Security Coordinating Council, established by the Governor, provides guidance to the Office of Homeland Security, as do Regional Advisory Councils. In addition, DHS makes determinations regarding future projects based upon federal grant guidance, input from four EMS Regional Councils, input from four Public Health Emergency Preparedness Regional Planning Councils (that include representation from EMS Regional Councils, regional hospitals, community and tribal health departments, community health centers, emergency management, EMS, Red Cross, and Arizona's Metropolitan Medical Response System), and input from specialized professionals.

DHS and OHS should coordinate with federal authorities to create a "best practices" guide to ensure that terrorism monies distributed to different jurisdictions help establish effective response plans: DHS supports the establishment of a best practices guide, and supports coordinated efforts among local, state, and federal authorities to establish effective response plans. However, DHS is distinguished from OHS in that DHS actually is operating emergency preparedness programs with federal money, unlike OHS, which exists to manage the distribution

of federal money to state and local authorities. DHS employs best practices in the form of specific grant guidelines for the use and distribution of the federal emergency preparedness monies. The CDC and HRSA federal guidelines ensure that DHS uses the emergency preparedness funding to develop streamlined and coordinated response plans that are not duplicative and that maximize resources. These CDC and HRSA grant guidelines are aligned with a broader federal effort to develop metrics related to reduction, readiness, recognition, response, and recovery, which will serve as nationwide best practices. In keeping with federal guidelines, DHS provides guidance to local authorities about the use of emergency preparedness funds. DHS is committed to ensuring that statewide public health emergency preparedness practices result in timely and effective planning efforts among local entities and that there are clear routes for local entities to communicate with each other and discuss planning. For example, monies received and used by DHS and monies distributed by DHS to local programs are tracked through targeted performance measures that are aligned with the grant goals. Further, in 2005, DHS adopted a collaborative team approach to emergency preparedness funding. This team consists of four local health officers (one from each of the Public Health Emergency Preparedness Regional Planning Councils) who meet with DHS staff to coordinate planning and expenditure of grant funds throughout the state. Finally, DHS requires local programs to submit monthly reports on grant fund expenditures. These local program grant expenditure reports and other related information, such as the CDC and HRSA guidelines followed by DHS, can be made available to JLBC and OSPB for review.

DHS should demonstrate coordination between state and local officials to determine how successful state and local entities are in coordinating efforts: Coordination between state and local jurisdictions is essential in emergency preparedness planning and response. The process DHS uses to measure success in this area, involves DHS emergency preparedness and response training exercises, actual activation of DHS' Public Health Incident Management System (PHIMS), and the After-Action Reports generated at the conclusion of the exercise or incident response. The After-Action Report includes a chronology of events, lessons learned, potential changes to processes, and recommendations for improvements to emergency preparedness programs. Post exercise and post incident analysis is intended as a tool to gauge where improvements can be made in the communication, coordination, and execution of a joint response effort. In addition, post exercise and post incident meetings are conducted with involved and affected entities and agencies, including local jurisdictions, to discuss lessons learned and to coordinate corrective actions. It should also be noted that in 2005, Arizona's local health officers provided letters to CDC expressing support of DHS' emergency preparedness efforts and planning processes.

Other Issues for Legislative Consideration/Preparedness Training: DHS agrees that training exercises are an essential step in statewide emergency preparedness. A key component of DHS' emergency preparedness activities involves participation in training exercises, including "table top," "functional," and "full-scale" exercises. DHS has a written plan regarding conducting exercises and schedules training in advance to ensure readiness and to continuously evaluate its programs and make process improvements. Plans are updated regularly to include county and local exercises as DHS becomes aware of them. Exercises are conducted on a regular basis and

the outcomes of these exercises result in lessons learned (identifying deficiencies and proficiencies and proposing modification to plans and procedures.) Although not every plan is tested annually, aspects of plans that are utilized in multiple plans are typically exercised annually. Until the current grant year, there were no specific requirements for the number of exercises in which DHS needed to be involved or for DHS' level of participation in exercises being conducted by local, state and federal partners. The following list highlights exercises conducted since 2004:

On May 2004, a series of hospital table-top exercises to test plans to receive and distribute the Strategic National Stockpile (SNS) were held in four regions. Each county produced a list of five best practices and five gaps based on their verbal discussions. The after-action report identifies the strengths and weaknesses in these plans.

On June 9, 2004, the ADHS Office of Hospital and Community Preparedness and Response sponsored a hospital drill to address the identification of patients exposed to a biological agent (smallpox) as a result of a possible terrorist incident. Partners included the Office of Public Health Preparedness and Emergency Response and county health departments. The after action report identifies the strengths and weaknesses in these plans.

The Office of Public Health Emergency Preparedness and Response had proposed to sponsor a flu vaccination exercise in follow-up to the hospital table-top exercises that were held in May 2004. Participants were to include ADHS, county health departments, law enforcement and hospitals statewide. The purpose of this exercise was to test the distribution and receipt portions of the participants' SNS plans. This exercise was canceled due to the flu vaccine shortage, but enhancements have been made to the SNS plans based on the planning activities.

On March 1, 2005, Health Emergency Operations Center (HEOC) call-down of the Public Health Incident Command System (PHIMS) command staff. Among lessons learned were to keep designated office supplies in the HEOC, along with a phone list at each station and generic job descriptions. These have been implemented. The exercise was also used to train staff on the SIREN alert system.

On May 19, 2005, a pandemic influenza scenario-driven discussion was held for ADHS staff. The purpose of this table-top-like exercise was to assist staff in identifying key issues and missing pieces in the pandemic influenza plan.

During July 2005, a series of regional TTXs were conducted with the hospitals to address the suspicious powders protocol and how to handle a possible anthrax exposure. This was followed up with functional exercises being conducted at multiple hospitals throughout the state; again addressing a possible anthrax exposure.

On July 29, 2005, ADHS participated in a TTX conducted by the Arizona Division of Emergency Management (ADEM). This exercise involves the release of a biological agent in Mexico and tested communications between Mexico and Arizona and between various Arizona agencies.

On August 22, 2005, the scenario-driven discussion was presented to our county partners to assist them with their pandemic flu plan writing.

On October 14, 2005, the Arizona Division of Emergency Management held their full-scale exercise. ADHS was a support player in this exercise.

In addition to exercises, DHS has also activated its Public Health Incident Management System (PHIMS) eight times since July 1, 2004, including the Katrina Relief Effort and the Palo Verde Exercise. The following list identifies the PHIMS activations:

Feb 04 - Palo Verde (exercise)
May 04 - Small pox TTX (exercise)
July 04 - W.Nile Virus
Oct. 04 - Influenza Vaccine Shortage
Summer 05 - Ricin (activated twice)
Summer 05 - Pertussis
Sept. 05 - Katrina (Operation Good Neighbor)
Nov. 05 - Palo Verde (exercise)

Other Issues for Legislative Consideration/Development of Regional Response Plans: DHS agrees that the development of regional response plans, including collaborative efforts with other states, is essential. DHS actively and aggressively facilitates and coordinates state and regional committees on response and preparedness activities. DHS works with the Arizona Office of Homeland Security (OHS), Indian Health Services, County and Tribal Health Departments, individual hospital CEOs, the Arizona Association of Community Health Centers, the Arizona Healthcare and Hospital Association, individual community health center CEOs, Metropolitan Medical Response System and fire departments, Department of Public Safety and local police, state and local emergency management, and region poison control centers to address a statewide plan for preparedness.

DHS is currently very active in national preparedness planning and currently has six representatives on National Committees charged with developing national guidelines for statewide preparedness. DHS also works in conjunction with many other state and national partners to protect the health of our communities, including Arizona Department of Emergency and Military Affairs, Arizona Department of Public Safety, Federal Bureau of Investigation, U.S. Department of Health and Human Services, U.S. Department of Homeland Security, Volunteer Agencies (e.g., American Red Cross), and all three State Universities.

In carrying out its responsibilities for public health emergency preparedness and response, DHS recognizes that regional participation is essential. Accordingly, DHS conducts emergency preparedness planning in conjunction with the four EMS Regional Councils (Arizona Emergency Medical Systems (AEMS) covering the central portion of Arizona, Northern Arizona Emergency Medical Services (NAEMS) covering the northern portion of Arizona, Southeastern Arizona Emergency Medical Services Region (SAEMS) covering the southeastern region of Arizona, and Western Arizona Council of EMS (WACEMS) covering the western portion of Arizona. See Attachment); four Regional Planning Councils that include representation from the EMS Regional Councils, as well as regional hospitals, community and tribal health departments, community health centers, emergency management, EMS, Red Cross, and Arizona's Metropolitan Medical Response System; and the five OHS Regional Advisory Councils.

DHS also collaborates with the OHS through representation on the Homeland Security Coordinating Council. DHS and OHS meet monthly to discuss planning and implementation strategies. OHS also provides security briefings to Department staff as appropriate; and DHS has a non-voting representative on the Homeland Security Regional Planning Councils.

DHS also maintains several public health networks that enhance regional cooperation and planning. The Secure Integrated Response Electronic Notification (SIREN) system is a secure web-based collaboration and alerting network to support response and disease surveillance applications for our emergency preparedness partners; OHS staff has access to SIREN for emergency communication. The MEDSIS system is designed to improve the reporting and surveillance of infectious disease; OHS will be able to request reports from MEDSIS as needed during emergencies. The EMSystem provides hospitals and first responders with the ability to communicate information regarding hospital capacity to receive emergency room patients; OHS would have access to this information during an emergency event.

Other Issues for Legislative Consideration/Private Sector Partnerships: DHS agrees that public-private partnerships are important. DHS has strong and active public-private partnerships with the Arizona hospital community, including hospitals, long term care facilities, ambulatory services, health care providers, and health plans. Federal emergency preparedness funds provided to assist hospitals are considered supplementary and complimentary to the efforts Arizona hospitals have already taken on of their own accord to meet emergency preparedness goals. Together, DHS and Arizona's hospitals have created consensus and developed a framework for hospital emergency preparedness and response goals and objectives.

An innovative approach, unique to Arizona, is the use of the Arizona Telemedicine Network in redundant communication, education, and real-time consultation in an emergency event. The network has both private and public partners. DHS is also in the planning and development process to create Burn and Trauma capacity for the state, by using the network for both training and consultation in a public health emergency event.

OSPB Findings and Recommendations:

DHS agrees with the OSPB findings and appreciates OSPB's thorough analysis and recognition of DHS' progress and achievements. In response to the OSPB findings and recommendations, DHS presents the following comments.

DHS is fulfilling its statutory mandates to plan response, recovery, and mitigation, to coordinate with private, local and federal authorities, and to facilitate the dissemination of public information in the event of a public health emergency: DHS agrees that DHS is fulfilling its statutory mandates. This finding properly reflects DHS' evolving role, following the events of September 11, 2001 and the ensuing anthrax attacks, to ensure public health preparedness capability throughout Arizona.

DHS has identified and is prepared to report comprehensive metrics related to public health emergency preparedness in five key areas: reduction of threats, readiness for response, recognition of threats, response to and recovery from public health emergencies: DHS supports this finding and agrees with the recommendation. As OSPB identifies, DHS is currently working with OSPB and JLBC to identify performance measures in the Strategic Plan and Master List that best demonstrate DHS' progress in the areas of reduction, readiness, recognition, response, and recovery. DHS is eager to ensure that its emergency preparedness activities are accurately represented and to identify its progress in developing an operable statewide public health system that includes the counties, tribes, hospitals, long term care facilities, ambulatory services, health care providers, and health plans.

The State Laboratory scientists maintain their skills in readiness and recognition of threats by completing state and federally mandated testing, and through the establishment of many partnerships with other entities, both public and private, in Arizona: DHS agrees with OSPB and remains committed to ensuring state-of-the-art laboratory services capable of rapid recognition of threats and response in emergencies. Arizona State Laboratory scientists maintain up-to-date skill levels and partnerships with other authorities and state agencies maximize testing capacity and address surge capacity issues.

DHS tracks the procurement, maintenance, and replacement of highly sensitive and specialized Public Health Response and Bioterrorism related equipment: DHS supports this finding and agrees with the recommendation. The Arizona State Laboratory maintains bioterrorism and chemical terrorism testing equipment, most purchased and maintained with federal funds, that when not in use for federally funded activities is utilized for other testing involving state funded testing activities. DHS agrees that information regarding procurement and use of emergency preparedness equipment should be maintained and used for statewide planning purposes.

Public Health and Bioterrorism Response is properly located within DHS: As OSPB rightly concludes, public health emergency preparedness and response is properly located within DHS and should remain there. DHS agrees that DHS should retain the authority for public health emergency preparedness, including bioterrorism programs, and funding if a State Homeland Security agency is authorized in statute.

Again, thank you for allowing DHS to comment on this report. Should you have any questions regarding this response or require additional information, please contact me.

Sincerely,

Susan Gerard
Director

SG:dmm