



Support to Local Authorities (When They Are Overwhelmed)

Survey & Report

Support to Local Authorities (When They Are Overwhelmed)

Prepared by Catherine L. Feinman

Foreword by H. Steven Blum

March 2014

© Copyright 2014, by IMR Group, Inc. publishers of DomesticPreparedness.com, the DPJ Weekly Brief, and the *DomPrep Journal*; reproduction of any part of this publication without express written permission is strictly prohibited.

IMR Group Inc., 517 Benfield Road, Suite 303, Severna Park, MD 21146, USA;
phone: 410-518-6900; email: subscriber@domprep.com; also available at www.DomPrep.com

~ This page was left blank intentionally ~

ACKNOWLEDGEMENTS

Last November, we traveled to Colorado Springs to host another in a series of thought-leadership roundtables. It was terrific. Having the support of Northcom, 8th Civil Support Team, Federal Emergency Management Agency, law enforcement agencies, and other public and private organizations was instrumental in this project's success. It was heartwarming to have 30 top-notch professionals share their experiences in an open forum. Also, hosting a roundtable at the U.S. Air Force Academy's Falcon Club was an honor. My thanks to LTG Steven Blum, USA (ret.), who led and stimulated the discussion.

Also, Catherine Feinman did a terrific job of bringing together all the pieces to author this report. She was supported by Susan Collins, who did her usual terrific job in layout and production. A special thank you goes to both of them.

This report, of course, would not be possible without the support of its underwriters, BioFire Defense, Emergent BioSolutions Inc., FLIR Systems Inc., Proengin USA, Salamander Technologies, and Thermo Scientific. It is important to note that all underwriters also are experts in their respective fields of preparedness and have a vested interest in the nation remaining vibrant and strong.

Last, but certainly not least, thank you to more than 680 DomPrep readers, who each provided valuable feedback that led to the discovery of important insights.

A changing global threat environment, coupled with increasingly interdependent societies and aging infrastructures, are a dangerous combination that preparedness leaders must address. Once again, it is gratifying that DomPrep and the newly created Preparedness Leadership Council International serve as a catalyst for this type of interaction as the community searches for solutions.

Martin D. Masiuk
Publisher of DomPrep

~ This page was left blank intentionally ~

FOREWORD

When a quarterback calls a huddle, everybody on the field is in that huddle. The same is true for emergency planners, responders, and receivers. Even the best athletes do not always get it right but, unlike a football game, emergency incidents have many serious and often life-threatening implications – law enforcement, medical, infrastructure, health, agricultural, business, economic, and political. Emergency planners, responders, and receivers must be able to bring all the players to the field for regular practices in order to work as a cohesive unit on “game day.”

The team members must establish good working relationships with each other well in advance of any real-life disaster scenario. By building relationships early, the players will know what resources – personnel and supplies – are available from neighboring jurisdictions. They also will have time to determine who will be in charge and what position each person or agency will play. A common operating picture also is critical for the successful outcome of any incident.

The survey results outlined in this report highlight the need to do more to improve collaboration, planning efforts, recognition of underutilized resources, information sharing, and general preparedness for any potential natural or manmade incident. Disasters often touch everyone within an affected jurisdiction. However, as seen on 9/11 and following many other disasters over the years, they also affect many people outside the immediate impact area and even around the world.

The National Guard’s Civil Support Teams and the Federal Bureau of Investigation’s fusion centers are two ways the federal government can support the nation’s local jurisdictions when the local authorities are overwhelmed. Unfortunately, according to the DomPrep survey, these two resources seem to be underutilized at the local level. This poses a challenge to the state and federal agencies to get more information about such resources to the local jurisdictions. It also poses a challenge to the local jurisdictions to actively explore all of the resources available to them.

Everyone has a place on the team, but each player must come prepared, trained, and ready to go when time is critical. The collective efforts of the team members will determine the outcome of the game and the amount of time it will take to recover from any game-day injuries.

LTG H. Steven Blum
(Ret.) USA

~ This page was left blank intentionally ~

TABLE OF CONTENTS

Acknowledgements.....	i
Foreword.....	iii
Summary.....	2
I. Building Relationships.....	5
II. Identifying Resources.....	10
III. Knowing Who Is in Charge.....	14
IV. Understanding the Incident.....	20
Key Findings & Action Plan.....	24
Appendix A – DomPrep40 Advisors.....	26
Appendix B – Contributors.....	28
Appendix C – Demographics of Respondents.....	34

SUMMARY

As government agencies cut grant dollars, many U.S. citizens worry about the readiness of local authorities to deal with the aftermath of a natural or manmade disaster. To address this topic, DomPrep brought together more than 20 subject matter experts to discuss the assets needed for support following such incidents – when local authorities are overwhelmed. LTG H. Steven Blum, (Ret.) USA, led the roundtable discussion at the U.S. Air Force Academy’s Falcon Club in Colorado Springs, Colo., on 13 November 2013.

From the questions, comments, and insights raised during that roundtable discussion, DomPrep formulated questions and sent them to its nationwide audience of preparedness professionals. Qualitative and quantitative feedback from both the roundtable and the questionnaire are included in this unclassified final report. The overall goal of this report is to examine how support to local authorities is critical, even though the efforts required are not widely understood. Four key suggestions that emerged to better prepare local jurisdictions for large-scale disasters involve building relationships, identifying available resources, knowing who is in charge under different circumstances, and understanding the incident itself.

- I. *Building Relationships* – It takes time to cultivate relationships within and between jurisdictions. Only through frequent and direct contact are agencies and organizations able to coordinate and integrate the planning and response efforts necessary to address catastrophic incidents.
- II. *Identifying Resources* – The size, budget, and experience of local jurisdictions can all limit the availability of resources, including personnel and supplies. To address this concern, local jurisdictions must identify and develop contracts to access resources from neighboring jurisdictions, the state, and the federal government before disaster strikes.

- III. *Knowing Who Is in Charge* – When disaster incidents overlap jurisdictional boundaries, it sometimes can be difficult to recognize who is or should be in charge. Following a pre-established command structure with open lines of communication and active information sharing will eliminate much of the confusion.
- IV. *Understanding the Incident* – Each jurisdiction has its own unique challenges. As such, the response efforts may vary depending on the type of incident, its geographic location, and the resources available at the time. Developing a common operating picture with response partners and having a way to monitor the incident are critical.

~ This page was left blank intentionally ~

I. BUILDING RELATIONSHIPS

Relationships should not begin on the “playing field.” Connecting with teammates, developing a memorandum of understanding, and training for “game day” all must occur before a disaster is imminent. Planning and training in isolation does not fully prepare a team to quickly respond to a non-isolated incident that requires working with external agencies. The first step for building effective relationships is to determine the key players – the planners and the doers, including technology manufacturers.

It is important for the players to know each other in advance to facilitate information sharing and to build value and trust. This process includes embracing public-private sector planning and collaboration. Both the public and private sectors, at times, have failed to share critical information, denied access to valuable resources, and chose to not collaborate. Resilience, though, involves efforts from all stakeholders before, during, and after an incident to support the community, its businesses, and its residents.

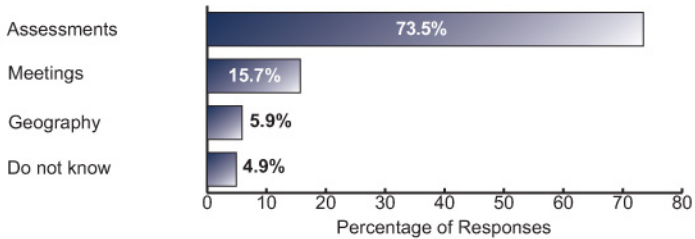
After the key players meet, they can begin to establish a response framework, to understand the rules and regulations for each jurisdiction, and to determine the response capabilities of neighboring jurisdictions. In addition to local capabilities, the federal government also has restrictions on what it can and cannot do under law. Federal response plans and policies outline available resources for response efforts.

When no plans are in place, it is difficult to coordinate the response efforts. A memorandum of understanding answers key planning questions – for example, determining which jurisdictions’ rules and priorities are going to be used and setting up contractual vehicles to get resources when needed. Planners must invest time and effort to audit available capabilities and resources, including those of the private sector. One website that shares resource information is [Connect Colorado](#), which is a “cooperative initiative for emergency capability tracking in Colorado.”

At the Colorado roundtable, Blum stressed the importance of involving the private sector during the planning stage: “The private sector is underutilized by the public sector. The federal government

Figure 1:

What is the best method for determining the key players when planning for an incident?



tends to be too rigid to the plan and policy, but the recovery time for some past incidents could have been reduced significantly if cooperative agreements were made with private sector companies. You have to have a base (local, state, and private sector) before you put the top (federal) on. The public sector should have policies that support that base.”

Survey Responses – Building Relationships

The majority of survey respondents (73.5 percent) indicated that assessments – formal and informal – are the best method for determining the key players when planning for an incident (Figure 1). Assessment factors may include: past history, exercises, real-life incidents, lessons learned, access to resources, after-action reports, consequences of potential incidents, and organizational missions. However, it can be difficult to conduct a thorough, realistic assessment. One person from a privately owned company stated, “The challenge is making sure that the assessments are not biased. Mitigation may be to have multiple entities conduct ‘mini-assessments,’ which are then aggregated and validated.” Available tools such as Federal Emergency Management Agency’s [Threat and Hazard Identification and Risk Assessment](#) can help local and state agencies assess potential risks and necessary resources for such threats.

Some respondents stated that determining the key players depends on the size of the agency, type of incident, or experience of the individual players. These factors, however, may limit the scope of those who *should* be involved – including public agencies (local, state, federal,

and tribal), private industries, career responders, volunteers, community members, and neighboring jurisdictions. Ray Pena, professional emergency management consultant, stated, “The point is moot. All of the agencies involved in community emergency management are key players and should be involved when planning for an incident.”

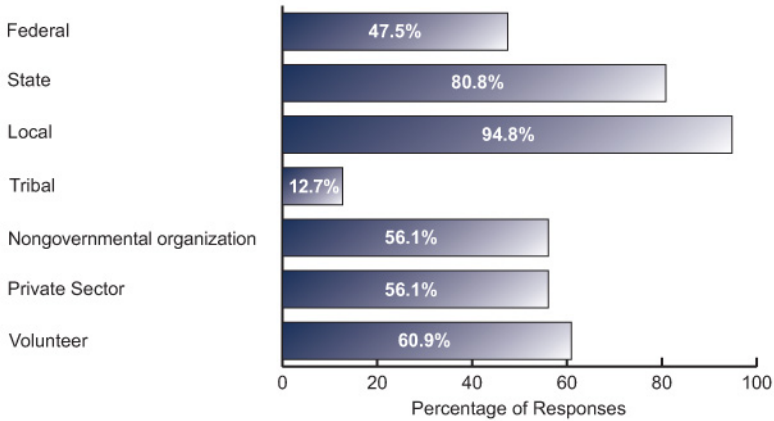
Patrick J. Hoy, emergency management specialist in the Safety and Emergency Management Department of Billings Clinic, shared his positive experience in Montana. “The State of Montana, Yellowstone County, City of Billings, and our community partners already have an excellent working relationship in emergency preparedness. With few exceptions, all organizations are well represented at regular planning and assessment meetings. I can’t imagine a scenario where we would have to designate ‘key players,’ because every organization is already recognized as a critical and cherished team member.”

Not all respondents are as satisfied with their interaction with planning partners. Another concern is getting all the key players involved and being able to rely on them to attend meetings, exercises, and ultimately a real-life disaster. Some planners organize networking events, meetings, and scenario-based exercises to determine who is willing to “come to the table.” Unfortunately, not everyone who attends these events may be reliable during an actual incident, as mentioned by a respondent in the military, “If a responder’s home or family is threatened, then he will most likely focus his attention on his first priorities. This includes paid first responders as well as volunteers. Also, people who routinely show up at meetings may not be inclined to do so at zero dark thirty.”

Although most local plans for natural or manmade disasters involve various agencies and organizations, the majority of people who responded to the survey report that local (94.8 percent) and state (80.8 percent) agencies are most involved (Figure 2). Specific examples include Community Emergency Response Teams (CERT), community group leaders, healthcare agencies, amateur radio operators, academic institutions, hospitals, private mortuary services, county career and volunteer emergency services personnel (fire, emergency medical services, law enforcement), Volunteer Organizations Active in Disasters (VOAD), faith-based and nongovernmental organizations,

Figure 2:

Which agencies/organizations are involved when your local jurisdiction plans for natural or manmade disasters? (Check all that apply)



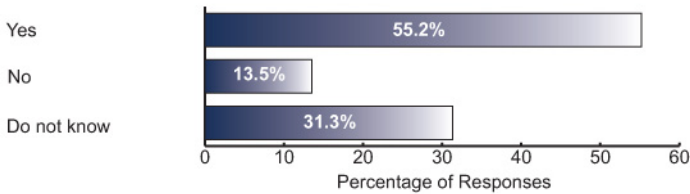
industry leaders, schools, regional coalitions, National Guard, military bases, Council of Governments, Local Emergency Planning Committees (LEPCs), regional task force planning groups, and the U.S. Coast Guard.

Planning efforts that include a diverse group of partners expose differences in training levels, requirements, and regulations. These differences, though, should not be a deterrent. Such gaps already exist between the various emergency preparedness disciplines, so it is important to recognize where they are and make steps toward closing them. Federal agencies can assist local jurisdictions by playing a supportive role in reviewing the final plans and offering advice.

Robert H-H. Harter, emergency management staff officer (hazardous materials) at Department of Emergency Management, City and County of Honolulu, Hawaii, explained the necessity and benefit of his jurisdiction to collaboratively plan. “Because we live on an island (Oahu) in the middle of the Pacific Ocean, over 2,400 miles from our nearest mutual aid support, we need to be good team players with each other for that is all we have during an emergency. We really do come together as one ohana (family) during a crisis/emergency. Not to mention, we are very dependent upon sea and airports for all our support.”

Figure 3:

In the event of a catastrophic incident, are thresholds in place by local or state authorities to request civil support team assistance?



The National Guard’s Civil Support Teams (CSTs), at the request of a state governor, provide assistance to local and state agencies. With specialized capabilities for handling chemical, biological, radiological, or nuclear (CBRN) incidents, CSTs may offer additional resources during other disaster incidents when local resources are overwhelmed. In the event of a catastrophic incident, many of the respondents are uncertain (31.3 percent) whether there are thresholds in place by local or state authorities to request CST assistance (Figure 3). For those that do have thresholds in place (55.2 percent), the threshold varies by incident type and severity and must be reevaluated periodically or following any catastrophic incident.

Paula Smith, director of the disaster task force/special operations at Catastrophic Planning and Management Institute, stated that, “Lines aren’t always clear and communication back-up plans are not consistent or assured. Collaboration in the event of different types of incidents is also not clear.”

A respondent in the fire service offered one reason for not having consistent thresholds, “Each incident commander determines when to call for additional resources, including the CST. The result is a haphazard and inconsistent approach.” A military respondent suggested, “[The threshold] could be better assessed through planning, training, and exercising to ensure a broad common understanding.”

Several respondents stated that CSTs are only useful for a CBRN incident, but one respondent provided additional information about the CST in Washington, D.C., “Though 33rd WMD CST [DC NG] is most visible on standby for National Special Security Events, especially mass events on the Mall, it is part of the ‘local’ Washington toolkit because the national capital region is national priority.”

II. IDENTIFYING RESOURCES

When a federal-local relationship already exists, it is easier to know what the local jurisdictions need and what the federal agency can offer based on the memorandum of understanding. At least one CST is available in each state to offer local support as needed. Although priority targets for CSTs have changed over time, the equipment list has not dramatically changed since its inception. In addition, boundaries of how these teams respond have not changed much, and when they respond – after an incident occurs – remains the same. It is time to start putting CSTs into the prevent, detect, and deter modes, *in addition* to the response mode. Even a great plan requires revisions because circumstances, environment, politics, and other factors change.

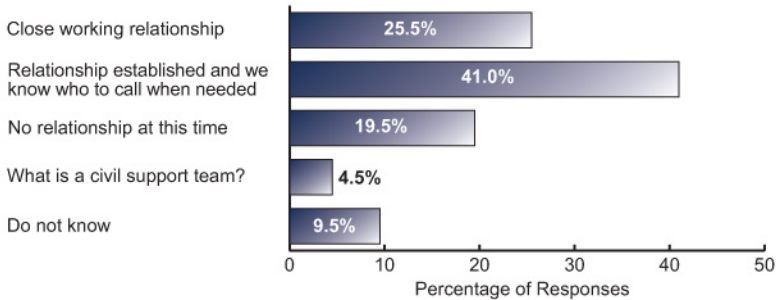
Risk assessments can help determine the type and quantity of resources that may be necessary under various scenarios. Based on those assessments, agencies can anticipate and streamline the technologies into their everyday efforts, rather than pulling them off the shelf for a specific incident. Sharing information and creating partnerships and agreements in advance of an incident will facilitate resource sharing when time is critical.

If jurisdictions know what resources they have and what resources their neighboring jurisdictions have, then they will know where to find what they need. A memorandum of understanding can help define communication needs – for example, radios or cellphones – mutual aid agreements, regional medical support, and other resource concerns. In today's interconnected societies, not collaborating with neighboring jurisdictions could have a negative effect on the area impacted as well as on the surrounding areas.

Once again, the private sector plays a critical role in resource management. Real cutting-edge knowledge and experience are not being used to their fullest, particularly within the cyber infrastructure, because those resources are located within the private sector. The public and private sectors must find effective ways to collaborate as a team.

Figure 4:

What is the relationship between your agency or organization and the local Civil Support Team?



Survey Results – Identifying Resources

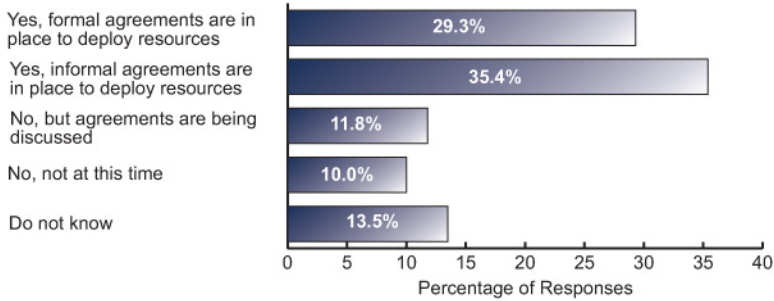
CSTs and private sector organizations are two resources that often are underutilized. Only a quarter (25.5 percent) of the respondents stated that their organizations have close working relationships with their local CSTs when referring to planning, training, and regular communication (Figure 4). The level of interaction with CSTs ranges significantly: altogether unfamiliar with CSTs; no local contact; infrequent contact; some joint trainings, but no ongoing communication; and good working relationships.

Some reasons suggested for not interacting regularly with CSTs include: the distance to the nearest CST; the small number of CST team members; the large size of the CST service area; and the time required to keep CST members involved in local activities. In states that have broad response capabilities, the benefits of including CSTs in regular training exercises may not be apparent. For example, Alan Byrd, Area 7 coordinator for North Carolina Emergency Management, stated, “Our CST is not the primary response resource for hazmat situations in North Carolina. We have an effective regional response program that ensures a Type 1 hazmat team is available to respond within a multicounty region at a moment’s notice.”

In other areas of the country, more integration would be welcome. One member of the fire service made the following suggestion, “The national guard bureau (NGB) should consider a program to create

Figure 5:

Are private sector resources included in your jurisdiction's resource planning?



formal relationships between CSTs and local hazmat teams. This formal relationship would fund the NGB to conduct standardized outreach training on sampling, chain of custody, and field-testing of suspicious substances for local hazmat teams in each state.”

In addition to CSTs, the private sector has a wealth of resources that should be considered in a jurisdiction’s resource planning process. More than half (64.7 percent) of the respondents reported that either formal or informal agreements are already in place to deploy resources when needed (Figure 5). These agreements include involvement in: business emergency operations centers; private sector integration programs; private sector-driven area recovery councils (primarily for economic recovery); joint trainings and exercises; memoranda of understanding; databases that list private sector resources; participation in local and regional planning groups; pharmacy retail chains providing assistance during pandemics and mass vaccinations; and contracts for environmental cleanup services.

Unfortunately, many other respondents from various disciplines reported difficulty in creating agreements with the private sector:

- “Most private sector resources in the area are for medical response to large-scale incidents. Most industrial agencies and commercial entities do not have physical resources to bring other than financial.” (Fire service)

- “This varies widely depending on the private sector organization. We have many that are very active in planning and many that never show up.” (Hospital)
- “There are some contracts. The contracts are not transparent.” (Public health)
- “Although agreements are in place, response is still considered voluntary for our private partners.” (Public health)
- “This is a big gap that needs to be addressed.” (Emergency management)
- “This has always been a problem and has yet to be resolved. Everyone wants to be ‘in charge.’ To a great extent, many governmental agencies have no idea what is available to them in the private sector – for example, Civil Air Patrol and ARES/RACES [Amateur Radio Emergency Services/Radio Amateur Communications Emergency Service]. Too many potential volunteers sit at home waiting for the call that never comes.” (Military)

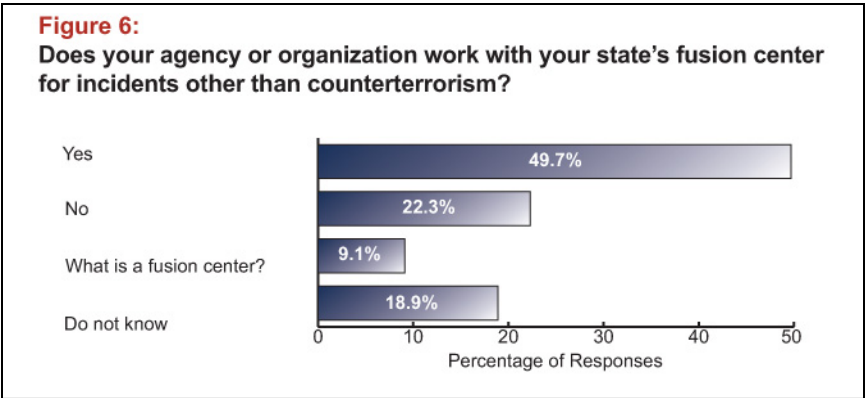
To overcome some of these challenges, it is important to create a comprehensive and transparent agreement. A common language and common expectations will help jurisdictions reach the common goal of building a resilient community. One public health respondent stated, “Formal agreements are often a lot of work to establish, but partners are very willing to help out in preparedness, and the partnerships and agreements are very valuable in long-term planning and response.”

III. KNOWING WHO IS IN CHARGE

In many cases, leaders must make decisions before having all the necessary information. This means that whoever is in charge must be capable of making good decisions under pressure and uncertainty. Building relationships before an incident gives people the confidence to make such life and death decisions – economic, operational, logistical, and quantitative decisions, for example. The [National Incident Management System](#) and [Incident Command System](#) are viable systems that work well when jurisdictions use and exercise them regularly, but not all agencies and organizations are familiar with these national systems. When an incident grows from a local to a multiple-jurisdiction response, determining who is in charge becomes even more complicated. A unity of effort is the key to any emergency response.

Established relationships in advance of an incident help when leaders must clarify rules, share resources, understand critical needs, define financial agreements, and determine responsibilities. As the situation changes, responsibilities and duties also may change; therefore, the plan must be flexible and agile to change with it. With a doctrine for how to respond, everybody would understand the expectations, but they may have to change what they are going to do with the resources they already brought to the table.

All emergencies begin locally. As the incident grows, the response expands to outside agencies. Ultimately, at a certain threshold, the federal government steps in. However, Blum warned, “Don’t get trapped into thinking that is the only way things happen. Considering any of the threats occurring in the national capital region, what would happen if loss of infrastructure, casualties, and other incidents converge, what is the plan for continuation of government and continuation of operations? Who will help them and where does it come from? Federal installations fall victim and lose their ability to respond. By reducing military redundancies, it makes it easier for the adversary to breach a single point of failure. All the technological advances are a double-edged sword because they can be of great assistance when they are working, but can be dangerous if nobody is trained to perform without



them – for example, after Hurricane Katrina in 2005, there were no radios, television, electricity, phone lines, cell service, email.”

The terrorist attacks of 9/11 spurred the U.S. Department of Homeland Security and the U.S. Department of Justice to create [fusion centers](#), which provide outlets for information sharing networks within each state. The primary mission of fusion centers initially was to promote counterterrorism; however, following events such as Hurricane Katrina, opportunities arose for fusion centers to morph into all-hazards and all-crimes information resources. Many agencies are exploring the collaborative opportunities that fusion centers could provide during any disaster, but gaps still exist.

Survey Results – Knowing Who Is in Charge

Almost half (49.7 percent) of the survey respondents work with agencies or organizations that have used fusion center resources for incidents not related to counterterrorism (Figure 6). Some liaisons – including fire, emergency medical services, emergency management, private sector, health services, state operations centers, and state and federal agencies – consider their fusion centers as important stakeholders for sharing information during storms, special events, and trainings, for general situational awareness and as situations unfold.

Other respondents from various disciplines have very different views and do not consider fusion centers as major players for incidents unrelated to terrorism or, in some cases, for any incident. Some opinions shared about fusion centers include:

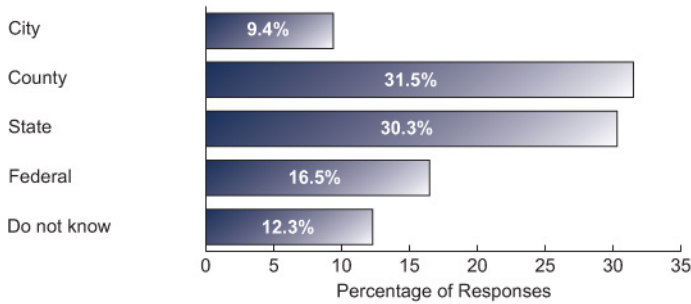
- “Our fusion center is pretty narrowly focused, run by the state patrol, and don’t really understand anything other than officer safety and missing persons.” (State/local government)
- “We get some intel, but there is really no mechanism in place for the locals to feed information to the fusion center.” (Emergency management)
- “Law enforcement seems to be reluctant to share information from fusion centers with non-law enforcement entities.” (Hospital)
- “There is little knowledge of the fusion center from the public health perspective at either the local or state level. Furthermore, there is little interest from the fusion center in reaching out to other disciplines to broaden the reach or situational awareness that I believe a fusion center could offer.” (Public health)
- “This is an area of contention and limited two-way communication from management to line supervisors and operations personnel. Nobody knows if all or even some of the information is being seen or shared.” (Fire service)
- “All fusion center activities are treated as sensitive/classified. I think they are over-categorized and should be more transparent.” (Privately owned company)
- “When it comes to natural and manmade disasters, the relationship should be from government to governing bodies, and that means emergency operation centers not fusion centers.” (Publicly traded company)

For some respondents, basic awareness about fusion centers could help close some of the gaps that prevent collaboration through fusion center resources. Other challenges that agencies must address include operational coordination, training to access and use fusion center networks, and legal or privacy concerns.

More than 40 percent of the respondents’ report that their jurisdictions have developed an interagency incident command structure to the city (9.4 percent) or county (31.5 percent) command level (Figure 7). In such cases, though, once an incident expands beyond the resources at the local level, it may be difficult to know who is in charge and to

Figure 7:

To what command level has your jurisdiction developed an interagency incident command structure?



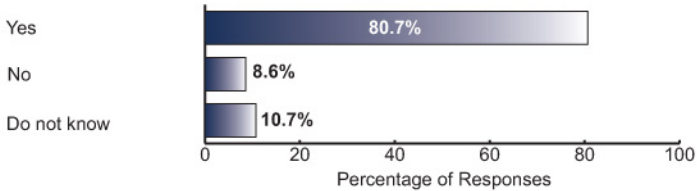
smoothly transition within a broader chain of command. Some agencies have internal command structures, but many have institutionalized the National Incident Management System and Incident Command System to promote a uniform approach between agencies and jurisdictions for any emergency incident. This structure continues expanding to disciplines beyond the first responder communities including, but not limited to, emergency management agencies, hospitals, volunteer organizations, and the private sector.

Web-based emergency operation centers facilitate information sharing and create a common operating picture during an incident. In advance of an incident, jurisdictions should collaborate with their regional and state incident management teams, all-hazards teams, volunteers, regional task forces, government and military forces, regional Councils of Governments, and other valuable resources. Although it may be uncertain who exactly will be in charge when an incident occurs because the command structure will vary depending on the scope of the incident and the speed of the response, there are actions that can help prepare a jurisdiction for any incident, including:

- Conduct ongoing meetings, training, exercises, and unified command drills;
- Discuss cyber concerns, emergency support functions, mutual aid, evacuation plans, transportation issues, and sharing of information, tools, and equipment;

Figure 8:

Are the various agencies under your command aware and knowledgeable of your incident command structure?



- Develop a memorandum of understanding, incident action plans, emergency operation plans, situational awareness, and outline of leadership; and
- Coordinate assets and resources.

Responses to pandemics, terrorist threats, ice storms, tornadoes, hurricanes, chemical spills, nuclear reactor incidents, floods, snowstorms, and other natural and manmade disasters often require a joint effort by multiple agencies. Some jurisdictions have “very good command structures,” while others “have not been that successful.” Regardless of who is ultimately in charge, all agencies should be aware and knowledgeable of their jurisdictions command structure. Most of the respondents (80.7 percent) said this is true within their jurisdictions (Figure 8).

Shay Simmons, emergency preparedness coordinator at McLean County Health Department (Bloomington, Ill.), shared this experience working with multiple agencies:

“Our jurisdiction has had a county disaster council since the 1960s. We do planning/training for different contingencies, with an annual exercise sponsored by one of the members (this year was an aviation crash scenario and mass-casualty exercise hosted by the local airport). During H1N1, weekly meetings were held by the Health Department (lead agency, with key community partners) and the county Emergency Management Agency (with fire and police departments) to determine necessary courses of action, public information requirements, and

resource allocation for public points of dispensing. More recently, in 2012 and 2013, multiple county agencies responded to the Illinois Plan for Radiation Accident exercises (full-scale and tabletop). Community partners in both public and private sectors are/were well-represented at exercises and in the EOC.”

IV. UNDERSTANDING THE INCIDENT

When agencies and organizations regularly plan, train, and exercise for incidents, they begin to develop a common operating picture for disaster preparedness. Not every state has the same challenges, resources, and situations as other states; therefore, the resources and response capabilities may vary from one jurisdiction to another. The previously established relationships will establish a baseline for managing the incident and responding to it after the nature, severity, and duration of the incident are determined.

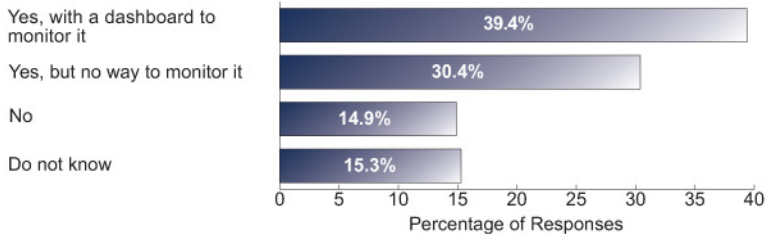
Risk analysis creates an understanding of the threats, magnitude of those threats, and available capabilities across and between jurisdictions. The risk to a community includes the types of threats – both natural and manmade – coupled with potential geographical locations that may be affected by those threats. Every level of the command chain should conduct a risk assessment. The state risk assessments can address and fill the gaps from the local risk assessments; and the national level can address and fill the gaps from the state risk assessment.

Some incidents expand beyond a community's ability to effectively respond. In such cases, when demand is greater than the resources available, other jurisdictions may reach out or be asked for assistance. Those jurisdictions have many factors to consider and questions to ask, including but not limited to the following:

- Who are the key players?
- What critical information, questions, etc. are needed before getting involved in something or “pulling the trigger” on efforts, resources, and capabilities?
- What is already known and what information is still needed to accomplish the goal?
- What is the situation, concept of operation, and operational period?
- Do some resources need to be kept in reserve?
- What is the incident classification?
- What are the support agencies and civil involvement?

Figure 9:

Does your jurisdiction have a common operating picture for disaster preparedness?



- What is the culture or personality of the affected community?
- Does the affected community want outside help?

Survey Results – Understanding the Incident

Although having a common operating picture is important, it is also important to be able to monitor it. Some respondents (39.4 percent) stated that their jurisdictions do have a common operating picture and a “dashboard” to monitor it, but almost one-third of respondents (30.4 percent) do not have a monitoring mechanism (Figure 9). Some dashboards that respondents use within their jurisdictions include: WebEOC, EMSsystems, Intelligent Accountability Suite, Groove, Disaster LAN, EM Constellation, E Team, Veoci Software, Response Information Management System, and Georgia Online Disaster Awareness Geospatial System (GODAWGS).

Even with a dashboard, respondents have some concerns. The tools alone are not effective unless the agencies adequately institutionalize them, train enough people to monitor the data, and have the right people who can make decisions based on the inflow of information. Even with the right tools and trained staff, the data may not be complete; all players must input and update their information. During a disaster, Internet connectivity is not reliable and power outages may occur. Cyber threats add another dimension that may hinder monitoring of the common operating picture. Disconnects between

TABLE 1:
On a scale of 1 (very prepared) to 5 (least prepared), how prepared are your local authorities for potential natural/manmade incidents?

	1 (Very prepared)	2	3 (No opinion)	4	5 (Least prepared)
Risk analysis	20.7%	51.6%	10.7%	14.8%	2.2%
Interagency partnerships	28.4%	49.6%	8.4%	11.8%	1.9%
Utilization of volunteer organizations	14.8%	40.9%	16.9%	21.9%	5.4%
Communication	19.0%	51.3%	12.1%	15.9%	1.6%
Planning	24.0%	49.4%	10.8%	13.3%	2.5%
Training	14.6%	45.8%	14.2%	20.1%	5.2%

agencies and jurisdictions may lead to data gaps and confidence levels in the information available on the dashboards.

Despite these gaps in information sharing, connectivity, and common operating pictures, most of the respondents reported that their local authorities are generally prepared for potential natural or manmade incidents (Table 1). Respondents ranked the following categories for level of preparedness: interagency partnerships (78.0 percent), planning (73.4 percent), risk analysis (72.3 percent), communication (70.3 percent), training (60.4 percent), and utilization of volunteer organizations (55.7 percent).

~ This page was left blank intentionally ~

KEY FINDINGS & ACTION PLAN

“If a disaster were to occur today,” Blum told the attendees of the roundtable, “I can’t imagine any condition or circumstance that would not touch everyone in this room.” Regardless of the type of incident – flood, cyber, chemical, biological, agricultural, health, medical or combination thereof – many people with many different skills are required to reduce the suffering, minimize the property damage, and return the community back to “normal” as soon as possible. When disaster strikes, communities must be prepared with a full toolbox:

- Preparedness mitigation to get ahead of the situation
- Resilience
- Situational awareness
- Lessons learned
- Accurate monitoring of the situation (evacuation zones)
- Effective response and capacity to respond
- Teamwork, collaboration, and unity of effort
- A leader
- Information sharing
- A common purpose and operating picture

Jurisdictional statutes often drive response efforts, but a shift may be necessary to build resilient communities. What is missing is doctrine – that is, a national framework that allows for flexibility and adaptability for changes in technology, policies, threats, and weather patterns. As a team, the president and the state governors can create a cooperative agreement to build something that everyone would find useful.

Blum closed the roundtable with an analogy between community response and the London Philharmonic Orchestra. Skilled individuals play many different instruments, but each person cannot come into the room and start playing what they want just because they do it well. The sheet music brings all those skills together in a unity of effort of individual expertise at the right time and capacity to generate a harmonious and appreciated response. With a disaster, each person must bring his or her own expertise to contribute to a coordinated and harmonious response effort.

~ This page was left blank intentionally ~

APPENDIX A

DomPrep40 Advisors



Elizabeth Armstrong
Chief Executive Officer,
International Association of
Emergency Managers (IAEM)



Ross Ashley
Executive Director, National
Fusion Center Association (NFCA)



James Augustine
Emergency Physician, Clinical
Associate Professor, Department
of Emergency Medicine, Wright
State University



William Austin
Homeland Security Coordinator,
Connecticut Capitol Region
Council of Governments



Ann Beauchesne
Vice President, National Security
& Emergency Preparedness, U.S.
Chamber of Commerce



H. Steven Blum
Lieutenant General USA (Ret.),
Former Deputy Commander,
U.S. Northern Command



Marko Bourne
Principal, Booz Allen Hamilton
(BAH)



Joseph Cahill
Medicolegal Investigator,
Massachusetts Office of the
Chief Medical Examiner



John Contestabile
Assistant Program Manager,
Homeland Security, Johns Hopkins
University Applied Physics Lab



Craig DeAtley
Director, Institute for Public
Health Emergency Readiness



Dane Egli
National Security & Homeland
Security Senior Advisor, Johns
Hopkins University Applied
Physics Laboratory



Kay Goss
CEM, Chief Executive Officer,
GC Barnes Group LLC,



Jack Herrmann
Senior Advisor & Chief, Public
Health Programs, National
Association of County & City
Health Officials (NACCHO)



Robert Kadlec
Managing Director, RPK
Consulting LLC



Douglas Kinney
Senior Manager, Emergency &
Continuity Practice, BDA Global
LLC



Amy Kircher
Director, National Center for Food
Protection & Defense



Stanley Lillie
Brigadier General (Ret.)
USA Army



Anthony Mangeri, Sr.
Manager, Strategic Relations,
Fire Services & Emergency
Management, American Public
University



Joseph McKeever
Vice President Counterterrorism
& Private Sector Programs,
CRA Inc.



Vayl Oxford
National Security Executive
Policy Advisor, Pacific Northwest
National Laboratory, National
Security Directorate



Joseph Picciano
Deputy Director, New Jersey
Office of Homeland Security &
Preparedness



Stephen Reeves
Major General USA (Ret.), Former
Joint Program Executive Officer
Chem/Bio Defense, DoD



Glen Rudner
Instructor, Security & Emergency
Response Training Center



Jeff Runge
Managing Member, Vigilant LLC



Dennis Schrader
Senior Manager, Integrity
Consulting Solutions



James Schwartz
Chief, Arlington County Fire
Department



Robert Stephan
Executive Director, Gryphon
Scientific LLC



Maureen Sullivan
Supervisor, Emergency Preparedness
& Response Laboratory Unit,
Minnesota Department of Health
Public Health Laboratory



Joseph Trindal
President & Founder, Direct
Action Resilience LLC



Craig Vanderwagen
Senior Partner, Martin Blanck, and
Associates (MBA)



Kelly Woods Vaughn
Managing Director, InfraGard
National Members Alliance



Thomas Zink
Associate Professor,
Environmental & Occupational
Health (Biosecurity & Disaster
Preparedness)

APPENDIX B

Contributors

Alvin Aaron, Military

William Ackley, EMS

Erik Angle, RN, MICN, Emergency Preparedness Coordinator, Sutter Roseville Medical Center

Ray Apodaca, Hospital Preparedness Program (HPP) Team Lead, Texas Department of State Health Services

Francesca Austin, Regional Emergency Manager, VHA Office of Emergency Management

William H. Austin, Homeland Security Coordinator, Capitol Region (Hartford, CT) Council of Governments

Kristin Baja, Climate and Resilience Planner, City of Baltimore (MD)

Marc Barbieri, Public Health Emergency Management Coordinator, Fairfax County Department of Health (VA)

Laurie Boston, Public Health

Samuel Boyle, Public Health

Eric Brandmeyer, Manager, EMS & Emergency Preparedness, Anderson Hospital

Donald Brannen, Epidemiologist, Greene County Combined Health District (OH)

John Browning, Volunteer, LSW

Julie Bulson, MPA, BSN, RN, Director, Emergency Preparedness, Spectrum Health (Grand Rapids, MI)

Alan Byrd, Area 7 Coordinator, NC Emergency Management

Byron Callies, Hospital

Brian Carr, Firefighter/Paramedic/Hazardous Materials Technician, Jackson Hole Fire/EMS

Richard Carroll, Deputy Coroner, Calhoun County Coroners Office

Joseph Casper, Team Leader, Southtowns Hazmat Team

Bill Chalgren, President, Safer Cleaner Technology LLC

Michael J. Chanat, Monroe Volunteer, Ambulance Corps

Elden C. Cheatham, CIH,CSP, NREMT, FF-1, WX5HSO, Safety Officer, OK-1 DMAT, HHS/ASPR/OPEO/NDMS

Jason C. Chenault, PhD, CEM, CMCO, FACEM, Senior Director of Emergency Services, University of Pittsburgh Medical Center

Brent Christopherson, Fire Service

Steven Cicala, EMS and Emergency Management, Englewood Hospital

Thomas Ciciora, Director, Emergency Management Agency (Sandwich, IL)

Mike Click, RN - CEO, Brownfield Regional Medical Center (Brownfield, TX), Regional Advisory Council, Area B (BRAC) & South Plains Emergency Services, Governor's EMS & Trauma Advisory Council

Lynn Corliss, PHN, Public Health Emergency Preparedness Coordinator, Siskiyou County Public Health

Gil Cosnett, EMS

Edward Costello, Law Enforcement

Thomas Craighton, Emergency Management

Ken Curtin, Federal Disaster Recovery Coordinator, FEMA, Region II (New York, NY)

Patrick Cusick, RS MSPH, Project Coordinator, Office of Emergency Preparedness, Cleveland Department of Public Health

Craig DeAtley, PA-C, Director of the Institute for Public Health Emergency Readiness, Washington Hospital Center

David DeCapria, Hazmat Response Team Deputy Chief, The Pennsylvania State University

Lori DiRienzo, Public Health

Donald A. Donahue, DHEd, MBA, FACHE, American Board of Disaster Medicine/ American Academy of Disaster Medicine

Thomas Donnay

Dave Donohue, Director, Franklin County (PA) Department of Emergency Services

Robert Doty, Assistant Warden, Westchester County Department of Correction (Westchester County, NY)

L. Keith Dowler, MA, CEM, Assistant Director, Near Southwest Preparedness Alliance (Roanoke, VA)

Roy Eckerdt, Law Enforcement

Frances L. Edwards, MUP, PhD, CEM, Professor, San Jose State University

Dr. Dane Egli, Johns Hopkins University APL

Michael A. Elliott, LP, Division Chief, Emergency Management, Austin-Travis County EMS

Tod Ferguson, Academic Institution

Chris Fine, Master Marshal, Kingsford Heights, Police Department (IN)

Jennifer Foster, RN, BSN, BS, Regional Healthcare Preparedness Program Manager, Eastern Virginia Healthcare Coalition

Kenneth Franklin, Senior Analyst, National Guard Bureau Strategic Plans, Policy, Admin & Interagency Collaboration, National Guard Bureau (NGB) Joint Staff (J5)

Jennifer Frenette, Regional Coordinator, DCVMRC

Debbie Fulmer, Self-Employed

Stacey Gantt, Emergency Management Coordinator, Central Texas Veterans Health Care System

Jeff Gerald, Advisor, SDMI, Stephenson Disaster Management Institute, Louisiana State University

Michael J. Godbold, M.A., MPH, CEM, NPQS, Cert Fire Officer IV, Emergency Management Director, City of Garden City

Kay C. Goss, CEM, Executive in Residence, University of Arkansas; Chief Executive Officer, GC Barnes Group LLC

Peter Grady, Driver/Engineer, Paramedic-Hazmat Tech, Rockford Fire Department (IL)

James Greenstone, Law Enforcement

Brenda Guzic, Assistant Director for Telehealth, Saint Francis University

Kurt W. Hahn, Emergency Manager, Cornwall Office of Emergency Management

Alexander J. Hammerle, Deputy Director of Emergency Management, City of Sanford (ME)

Kelly J. Hamilton, Secretary for Jeff Witte, State of New Mexico Department of Agriculture

Lucien R. Harlow-Dion, Accounts Director, Veoci Software

Walter Harris, Federal Government

Robert H-H. Harter, Emergency Management Staff Officer (Hazardous Materials), Department of Emergency Management, City & County of Honolulu (HI)

Michelle Heckle, Hospital

Robert Heintzelman, Commander, Calhoun County Hazmat Team (Jacksonville, AL)

Cathlene Hockert, State Continuity of Government Planning Director, State of Minnesota

Russell Hopkins, Director, Public Health Emergency Preparedness

Patrick J. Hoy, Emergency Management Specialist, Safety & Emergency Management Department Billings Clinic (Billings, MT)

Patrick Hughes, Emergency Management Department Director/EMC, City of Sugar Land, Texas Department of Emergency Management

Major Gordon S. Hunter, Deputy Commander, 8th Civil Support Team, COANG

Masaaki Iwaki, Publicly Traded Company

Michael Jacoby

Foy Jenkins, Fire Service

Chris Johnson, BHS, Emergency Management Program Manager, Virginia Mason Medical Center

David Johnson, Emergency Management

James Johnson, RN, Paramedic Liaison Nurse, Community Hospital Southern California, Inland Region

Melinda Malamoco, MPP, Denver MMRS Program Coordinator

Pete Judiscak, Sr., Consultant, Integrity Consulting

Mac Kemp, EMS

Douglas Kinney, Senior Manager, Crisis and Continuity Practice, BDA Global LLC

Tom Korty, State/Local Government

Joe LaFleur, Manager, GP Strategies Corporation

Joseph Lakatos, Federal Government

Dean Larson, President, Larson Performance Consulting LLC

David Leary, State/Local Government

Gregory Lee, EMS

Battalion Chief Scott Legore, Metropolitan Washington Airport Authority

Patrick Lenihan, Academic Institution

Dr. Leonard A. Levy, Director, Institute for Disaster & Emergency Preparedness, Fort Lauderdale, FL

Daniel Mack, Fire Service

Jason Mahoney, Hospital

Mike Maloy, IT Manager/Network Administrator, King County Crisis Clinic & 2-1-1

Joe Manous, Group Manager & Team Leader for Future Directions, Institute for Water Resources, USACE

JoAnn Martin, Administrator, Pettis County Health Center (Sedalia, MO)

Daniel P. McCartan, RN, MS, CNS, Emergency Preparedness Coordinator, Erie County Medical Center, Deputy Disaster Coordinator, Town of West Seneca

Alan B. McCoy, Emergency Department Technician, Northlake Methodist Hospital

James McGuire, Emergency Management

Randy McLeland, MEP, Public Health Preparedness Planner, Central District Health Department (Boise, ID)

Joseph K. McNiff, Sgt (Ret.) Commander HMRU, Boston Police Department

Efrain Melendez, System Director Emergency Preparedness & Security, Arnot Health

Howard E. Michaels, MD, Medical Director, Fire Department Santa Clara County (CA)

Matt Miller, Emergency Management

Teresa Miller, Chemical Threat Response Training Coordinator, Michigan Department of Community Health

Cindy Mohat, Emergency Management Coordinator

Sue Mohnkern, RN, MPH, Public Health Preparedness Program Supervisor, Washington County Department of Health & Human Services (OR)

Mitchell Moriber, Emergency Management

Kelli Murtagh, Deputy Emergency Manager, Bernalillo County (NM)

Joe Nadzady, Director of Emergency Services, Waynesboro Hospital (Waynesboro, PA)

L. Guy Napolillo, 911 Coordinator, Assistant EMA Director, Fayette County EMA (PA)

Lawrence Nelson, Director, EMGT Program, Eastern New Mexico University

Juan Nevarez, EMS

Daniel Norville, Battalion Chief/Chief Medical Officer, Norfolk Fire-Rescue (Norfolk, VA)

Thomas O'Connell, State/Local Government

Brit Oulfstad, DVM, MPH, Acute Communicable Disease Control Program, County of Los Angeles - Public Health (CA)

Ray Pena, Professional Emergency Manager, Consultant

Neill F. Piland, Dr.PH., Director and Research Professor, Institute of Rural Health, Idaho State University

Brenda Pittman, EMS & CISM Coordinator, Lancaster County (PA)

Carter Pittman, BS, EMT-P, CHEP, Emergency Response Coordinator, Hamilton County Public Health

Michael Pixton, State/Local Government

Gary Rapelje, RRT, MBA, Regional Coordinator, Michigan Region 7 Healthcare Coalition

David Reddick, Co-Manager, Bio-Defense Network LLC

Kirk Reinhart

Donald Renn, Public Health

Patrick Repman, Emergency Management

Kat Robnett, Emergency Response Planner/ Public Information Officer, Platte County Health Department

Carlos Rosales, Public Health

Mike Rose, State/Local Government

Mark R. Ros, Emergency Preparedness Manager, Hospital & Healthsystem Association of Pennsylvania

Eugene Rothman, MS/EM, NREMT-P,
Captain, Training Division, Natick Fire
Department

Glen Rudner, Instructor, Security and
Emergency Response Training Center
(Pueblo, CO)

Tom Russo, CEM, Emergency Management
Undergraduate Degree Advisory Board
Member, Columbia College (SC)

Juan Salazar

Barbara Salter, Training & Exercise
Coordinator, GA Department of Public
Health Emergency Preparedness Program

Mike Sampogna, Vice President Business
Continuity, Management CA Technologies
Inc.

Deb Scheer, Public Health

Mark Schultz, SNS Executive Coordinator,
Oklahoma State Department of Health

Marie C. Shadden, MPA, Water Security
Consultant Independent Contractor

Daniel M. Shane, On-Scene Coordinator,
Emergency Response Section, U.S. EPA
Region IX

Gary Sharp, Fire Service

John Shaw, Recovery Planner, Emergency
Preparedness Division, City of Jacksonville
(FL)

Richard Sherman, Public Health

Jane Shunney, Public Health

Shay Simmons, Emergency Preparedness
Coordinator, McLean County Health
Department (Bloomington, IL)

John Simpson, Emergency Management

Michelle Smith, RN, PHEP, Coordinator,
Yuma County Public Health Services
District

Dr. Paula Smith, Director Disaster Task
Force/Special Operations, Catastrophic
Planning & Management Institute

Teri Smith, Emergency Management

Karen Stanley, Public Health

Paul Stasaitis

John Staunton, Chief Operating Officer,
Summit Volunteer EMS

Gail A Stewart, Preparedness Coordinator,
Health and Medical, Florida Department of
Health, Leon County

Daniel Stoecker, President/CEO, National
VOAD

Christopher Strattner, Law Enforcement

Tim Sullivan, Privately Owned Company

Zsolt Szoke, Engineer, City of Charleston
Fire Department (SC)

Christine Thompson, President Humanity
Road & Member Boynton Local Emergency
Planning Committee

Lt. Alvaro Tonanez, Fire Service

Steven M. Torres, PEM, Emergency
Preparedness Coordinator, Berrien County
Health Department (MI)

Ed Vazquez

Bruce A. Watson, Program Specialist V,
Program Grants Management/Community
Preparedness Section, Texas Department of
State Health Services

Mike Whelan, Privately Owned Company

David Whiting, Fire Service

John Wilgis, Non-Government Organization

Steve Wilharm, Division Chief, Allegheny
County Emergency Management

Don Wilkinson, OCEM, Local Emergency
Response Coordinator, Oklahoma State
Department of Health

M.S. Wilkinson, RN, Emergency
Management Coordinator, Peterson
Regional Medical Center

Skip Williams, LTC (R) U.S. Army

Bill Wineman, Scotts Bluff County Health
Department

Jody Wireman, PhD, Director, Force Health
Protection NORAD and USNORTHCOM

Chris Wolf, Fire Service

Harold Wolgamott

Larry A. Woods, CEM, MoCEM, Deputy
Director-Operations, Springfield-Greene
County, Missouri Office of Emergency
Management

Norm Wrona, Team Leader, Florida
Department of Health, State Medical
Response Team, Region IV

Carl Yetter, Firefighter III-Hazmat Tech.,
Anne Arundel County Fire Department -
Special Operations

Thomas K. Zink, MD, Associate Professor,
Institute for Biosecurity, Saint Louis
University

*And others who asked to not have their
names and affiliations disclosed.*

APPENDIX C

Demographics of Respondents

In what sector are you employed?	
	Percentage of Responses
Fire Service	11.7%
Law Enforcement	5.0%
EMS	2.9%
Emergency Management	14.3%
Public Health	18.8%
Hospital (including VA)	10.7%
Federal Government	5.6%
Military	2.1%
State/Local Government	10.3%
Non-Government Organizations (NGOs)	2.7%
Privately Owned Company	4.8%
Publicly Traded Company	2.2%
Self Employed	1.6%
Not Employed	0.6%
Academic Institution	4.2%
Student	0.2%
Other	2.3%

What type of position do you hold?

	Percentage of Responses
Upper Management	27.0%
Middle Management	28.1%
Operations	17.2%
Technical	8.0%
Training	5.8%
Administration	5.5%
Other	8.4%

“Today we have the best-trained, best-equipped, best-led and most operationally experienced force of highly motivated Citizen-Soldiers and -Airmen that this nation has ever been blessed with. We must not allow this national treasure to be degraded in its capability to respond.”

LTG H. Steven Blum
GX-The Guard Experience, 2013, Vol. 10, Issue 3

Underwriters

