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Defining a Real Threat
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Evolving the Scope of the Strategic National Stockpile

By Greg Burel



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Pictured on the Cover: (top row) Schoeberl & Mottola, Source: ©iStock. com/domoskanonos; Rush, Source: HHS Office of the Assistant Secretary for Preparedness and Response and HHS Centers for Medicare & Medicaid Services (second row) Feinman, Source: ©Flickr/Tim Evanson; Burel, Source: Strategic National Stockpile

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Laying the Groundwork for Combating Future Threats

By Catherine L. Feinman



Inderstanding history is a critical component of emergency preparedness, response, and resilience. History has a way of exposing preparedness and response gaps and providing a roadmap for best practices going forward. Unfortunately, when not examined and taken into consideration, history tends to repeat itself. As threats evolve over time, the same response to a similar threat (like an active shooter, biological attack, domestic terrorism, or natural disaster) could have even greater

consequences. For this and many other reasons, the past must be studied, lessons must be learned, and new approaches must be applied.

When examining past incidents, it is important to observe patterns and identify similar threats. In a global society, foreign threats can quickly become domestic threats. In 2014, for example, the Ebola virus suddenly went from being a threat overseas to a domestic threat through easily accessible air travel. Over the years, international terrorism movements have rapidly spread through the internet and now pose a domestic threat. However, some still are resistant to calling it "domestic terrorism."

Chemical, biological, radiological, nuclear, and high-yield explosive (CBRNE) threats also continue to change. Historical patterns related to CBRNE incidents and those who initiate them can help predict future threats and how to counteract them. The <u>Strategic National Stockpile</u> is a good example of how a critical resource for countering such threats has evolved and continues to evolve over time. By identifying the risks, more effective efforts can be made to mitigate them.

Regardless the type of threat, a growing number of public-private collaborative efforts are underway to meet the expanding planning and response needs. The National Capital Region, for example, is an area where multiple law enforcement agencies and military branches converge and are learning to coordinate their responses. After action reports from the 2013 Navy Yard shooting highlighted communication gaps that are now being addressed in a multijurisdictional effort.

One caveat to consider when looking at historical disaster statistics is that disasters do not end when the smoke clears, the fire is extinguished, or the water recedes. Secondary and tertiary effects can be overlooked in the immediate aftermath of disaster or observed well into the future. For example, patients who have chronic health problems may not be counted in <u>disaster mortality figures</u>, even though their inability to obtain life-sustaining treatment as a result of the disaster ultimately led to their deaths.

For all types of disasters, historical research helps to lay the groundwork for combating future threats. Threat patterns and lessons learned make emergency preparedness and response professionals more informed and more prepared to face evolving threats and meet everchanging resource needs. The authors in this edition of the <u>DomPrep Journal</u> share their insights on historical events and ways in which to better prepare for future threats.

Domestic Terrorism – Defining a Real Threat

By Richard Schoeberl & Anthony (Tony) Mottola

Over the past two decades, the United States has focused heavily on preventing attacks from Islamic terrorism movements – or those inspired by these movements. However, recent attacks in the United States over the past few years have prompted much debate on how to combat the threat of domestic terrorism. Particularly concerning is that the recent surge in white supremacy and right-wing/left-wing extremist movements could inspire others to commit further violent attacks. In response to the most recent attacks in Ohio and Texas, the Federal Bureau of Investigation (FBI) says it "remains concerned that U.S.-based domestic violent extremists could become inspired by these and previous high-profile attacks to engage in similar acts of violence." Equally concerning for law enforcement agencies is that a domestic terrorist attack is just as likely as a threat from abroad.





In November 2019, the FBI arrested Richard Holzer, a self-identified "skinhead" and a white supremacist in Colorado for plotting to blow up a Jewish synagogue. In the court affidavit, Holzer promoted white supremacy, advocated for a racial holy war, and promoted violence against Hispanics and Jews. According to Title 18 USC Ch. 113B: Terrorism, the term "domestic terrorism" is defined as activities that:

- (A) involve acts dangerous to human life that are a violation of the criminal laws of the United States or of any State;
- (B) appear to be intended: (i) to intimidate or coerce a civilian population; (ii) to influence the policy of a government by intimidation or coercion; or (iii) to affect the conduct of a government by mass destruction, assassination, or kidnapping; and
- (C) occur primarily within the territorial jurisdiction of the United States."

Holzer, who can clearly be viewed by definition as a "domestic terrorist" would typically not be charged as a terrorist, but rather under laws related to firearms, conspiracy, or the hate crimes statute. In this case, Holzer was charged with <u>Title 18</u>, <u>United States Code</u>, <u>Section 247</u> (damage to religious property; obstruction of persons in the free exercise of religious beliefs).

A year ago, Robert Bowers killed 11 people and seriously injured 6 at a synagogue in Pittsburgh after he began shooting and screaming antisemitic statements. Bowers is linked

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to white nationalists and members of the far-right. He was charged under the Federal Hate Crimes Statute. More recently - on 3 August 2019 in El Paso, Texas - Patrick Crusius killed 22 people and injured dozens more when he stormed a Wal-Mart with an assault rifle and targeted Hispanic people. Crusius was charged under the capital murder statute. Also, in August 2019, Conner Betts killed 9 and injured 27 in Dayton, Ohio. Betts was killed and no motive was determined.

Hate as a Crime - Or Not

Congress has considered creating variations of domestic terrorism laws to combat white supremacy and right-wing/left-wing extremist movements since 1992. In 2006, the amended Animal Enterprise Protection Act was signed into law to target animal rights extremist groups involved in criminality. This was the first step for testing the waters of creating laws to combat extremists in the United States. Extremists groups

were utilizing ideologies and technologies similar to those of foreign terrorist organizations. Therefore, it was essential for politicians to initiate the process.

The FBI is limited when investigating hate groups because hate is not a crime. In addition, much of the social media, flyers, and rallies are protected by the First Amendment.

The U.S. Code of Laws are the federal statutes that define

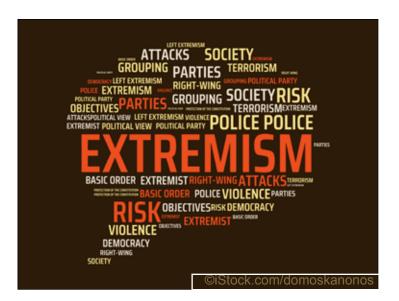
international terrorism, which were specifically created to fight international terrorist organizations. If the domestic terrorism law was drafted with the same wording, it would infringe on the First Amendment of the U.S. Constitution, specifically Freedom of Speech. Under this statute, it is a crime for someone to provide support to organizations like al-Qaida or the Islamic State. Recently, two men in Chicago, Illinois – Edward Schimenti and Joseph Jones - were charged under Title 18, United States Code, Section 2339B(a)(1) (providing material support or resources to designated foreign terrorist organizations). Among other acts, they shared grisly Islamic State videos online and were found guilty of a conspiracy to provide material support to the Islamic State.

However, the FBI is limited when investigating hate groups because hate is not a crime. In addition, much of the social media, flyers, and rallies are protected by the First Amendment. The FBI defines a hate crime as a "criminal offense against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity." Title 18 is the law that the FBI will charge in place of terrorism because there is no law in place to charge the person(s) with terrorist activities.

Deadly Attacks: WMDs vs. Mass Shootings

The <u>FBI categorizes domestic terrorism</u> as the acts that are "perpetrated by individuals and/or groups inspired by or associated with primarily U.S.-based movements that espouse extremist ideologies of a political, religious, social, racial, or environmental nature." Unfortunately, it is basically just a definition with no power in the federal courts. Federal prosecutors refer domestic terrorism cases to state prosecutors if the state in question has a terrorism statute. Of the 50 U.S. states and the District of Columbia, <u>only 34 states have terrorism laws</u> with varying definitions. Sixteen states do not have anti-terrorism laws at all.

In 12 states, the law asserts the perpetrator(s) must use weapons of mass destruction (WMD) in order to be charged with the statute. The <u>Department of Homeland Security defines</u> a WMD as "a nuclear, radiological, chemical, biological, or other device that is intended to harm a large number of people." With this narrow focus, the last WMD attacks in the United States that could be charged using the state law verbiage would be the biological <u>anthrax</u>



attacks in the days after 9/11 in 2001. The anthrax-laced envelopes killed 5 people and infected 17 people before the letters stopped, but hoax letters from copycat assailants continued for months. Those anthrax letters severely crippled federal, state, and local agencies in monetary costs well over \$300 million in clean up, training, and overtime costs. No one was ever brought to justice and the FBI's one person of interest, Bruce Irvins, took his own life prior to his arrest.

There have been more people murdered by mass shootings in 2019 than killed by WMD attacks in the past 35 years. So far in 2019, mass shootings have led to the murder of 129 people, including the recent Halloween party shooting in Orinda, California. Most of the current anti-terrorism statutes were signed into law after the 9/11 attacks, with only three states (Louisiana, New York, and Ohio) and the District of Columbia stipulating murder and kidnapping within their anti-terrorism laws. Michigan's wording for the law adds life imprisonment "if death was caused by the terrorist act." However, states avoid adding murder to their anti-terrorism laws because most states have murder as a statute. It is easier to charge and prosecute for murder than build a case for terrorism.

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If the FBI is conducting a terrorism investigation in a state with no anti-terrorism laws, the investigation must take on a new dynamic. Prosecutors and agents must find laws related to hate crimes or weapon charges to link to the case. Unfortunately, these fall short on statistically monitoring domestic terrorism incidents. Investigations must be altered to adhere to other crimes, basically changing the investigation. Investigators must restructure the case and look for variables that can link to other federal or state laws. This could lead to a failed investigation or not enough probable cause for arrest.

Enhancing Federal Laws

New York has some of the harshest gun laws. Recently, Governor Andrew Cuomo proposed the Hate Crimes Domestic Terrorism Act, which defines a "hate-fueled murder with the intent to cause mass casualties" as an act of domestic terrorism. The proposed law would sentence a person(s), if found guilty, with life in jail without the possibility of parole. Federal policymakers could propose a similar act to provide federal investigators with another law to strengthen their cases.

Recent events unfolding in the extremist movements within the United States have renewed Congress's interest in enhancing domestic terrorism laws to give federal authorities the needed tools to detect, disrupt, and dismantle terrorist threats before they happen. Proposed bills in both the Senate and U.S. House of Representatives would help federal law enforcement agencies disrupt and combat domestic terrorism. According to Illinois Congressman Brad Schneider, "The threat posed by white supremacists and other violent farright extremists is growing, and we need to update our laws to reflect this dangerous source of domestic terrorism." In March 2019, the Domestic Terrorism Prevention Act of 2019 was introduced to the Senate to address the recent threat and surge in white supremacy groups and right-wing/left-wing extremist movements. This bill has garnered significant support among federal law enforcement communities and was most recently endorsed by the FBI Agents Association (FBIAA), which stated:

FBIAA supports the bipartisan Domestic Terrorism Penalties Act of 2019 because it would make domestic terrorism a federal crime, helping ensure that FBI Agents and prosecutors have the best tools to fight domestic terrorism. Domestic terrorism is a threat to the American people and our democracy. Acts of violence intended to intimidate civilian populations or to influence or affect government policy should be prosecuted as domestic terrorism regardless of the ideology behind them.

Months following the introduction of Domestic Terrorism Prevention Act, bipartisan support was demonstrated with the introduction of similar bills that were introduced by Republican Senator Martha McSally and Democratic Representative Adam Schiff. McSally

<u>introduced a bill</u> to make domestic terrorism a federal crime. <u>Adam Schiff introduced a similar bill</u> that not only makes a federal domestic terrorism crime, "it would cover, among other things, terrorist acts by domestic actors without links to foreign organizations."

The Call for Action

The rise in support of groups that support white supremacy and right-wing/left-wing extremist movements clearly can no longer be ignored. Revamping and creating laws that provide the much-needed tools for law enforcement to better combat these threats are long overdue. As stated by Representative Lou Correa, "Ensuring Americans are safe from domestic terrorism is a commonsense issue we should all support. Our nation's law enforcement must be empowered to address domestic terrorism with the same vigor we confront international threats."

Americans are uncertain if current policymakers can secure the borders, protect American citizens in the United States and abroad, and create laws that will not infringe on American's rights. In 1755, Benjamin Franklin wrote a letter to the Pennsylvania colonial governor stating, "Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety." This quote has been widely used when arguing against giving up alienated rights of freedom for more security. Of course, in 1755, nobody could not have predicted the internet, cellphones, and video surveillance. The world is everchanging, and laws must change to protect Americans from both international and domestic terrorist organizations.

Richard Schoeberl, has 25 years of security and law enforcement experience, including the Federal Bureau of Investigation (FBI) and the National Counterterrorism Center (NCTC). He has served in a variety of positions throughout his career, ranging from supervisory special agent at the FBI's headquarters in Washington, D.C., to acting unit chief of the International Terrorism Operations Section at the NCTC's headquarters in Langley, Virginia. Before these organizations, he worked as a special agent investigating violent crime, international terrorism, terrorist financing, cyberterrorism, and organized drugs. He was also assigned numerous collateral duties during his FBI tour – including a certified instructor and member of the agency's SWAT program. In addition to the FBI and NCTC, he is an author and has served as a media contributor for Fox News, CNN, PBS, NPR, Al-Jazeera Television, Al Arabiva Television, Al Hurra, and Sky News in Europe. Additionally, he has authored numerous articles on terrorism and security. He is currently a professor of Criminology and Homeland Security at Martin Methodist College and works with Hope for Justice – a global nonprofit combatting human trafficking.

Anthony (Tony) Mottola has over 35 years of law enforcement and security experience including the New York City Police Department and the United States Air Force. He retired as a sergeant detective (SDS) after 25 years as a member of NYPD. He served as executive officer for the NYPD Intelligence Bureau's Strategic Unit, which is a covert counterterrorism initiative and director of the Domestic Liaison Program. He represented the Intelligence Bureau in numerous investigations to include the Boston Bombing, civil unrest, mass shootings, and large-scale incidents outside New York City. During his tenure with the NYPD, he worked additional assignments in Counter Terrorism, Gang Intelligence, Detective Bureau, Task Force, Street Narcotics Enforcement Unit, anti-gang/graffiti units, and patrol. He was a first responder/search leader for recovery efforts and supervisor of security details in the immediate aftermath of World Trade Center attacks. He holds a master's degree from Marist College and a doctoral candidate at Nova Southeastern University. Additionally, he is a professor with Iona College's Criminal Justice Department and Martin Methodist College.

Post-Disaster Death Figures Do Not Tell the Whole Story

By James M. Rush Sr.

In any disaster, there is a cost beyond the immediate mortality figures following a disaster due to a lack of proper medical supplies and treatment in mass care shelters. The Centers for Disease Control and Prevention publishes a weekly "Morbidity and Mortality Weekly Report," which serves as a clearinghouse for epidemiological reports submitted by state health departments. However, a public health method must go beyond the death tolls and rates and estimate the years of life lost for people who were without medications and treatments (like dialysis) for extended periods of time during and following disasters.



Soon after a disaster, officials publish the death tolls and rates associated with the event. The severity of a disaster is often judged by the number of people who died during or immediately after a disaster. What officials have not adequately evaluated are the effects of the disaster on the lifespans of those with chronic diseases who lived through each disaster without proper care. There is a measure called Years of Potential Life Lost (YPLL), which can and should be calculated for the long-

term, life-shortening health effects of disasters.

From a Federal Perspective

Even for disaster mortality rates, there has been an issue of which deaths after a disaster can be attributed to that disaster as opposed to those who would have died anyway. As an example, for Hurricane Maria in Puerto Rico in September 2017, a <u>study was commissioned and executed</u> by the Milken Institute School of Public Health of George Washington University after some felt that the Puerto Rican government grossly underestimated the number of deaths attributable to the hurricane. Other papers built upon this foundation to propose methodologies – for example, "<u>Modeling Excess Deaths After a Natural Disaster With Application to Hurricane Maria</u>" and "<u>Differential and Persistent Risk of Excess Mortality From Hurricane Maria in Puerto Rico: A Time-Series Analysis</u>." These studies attempted to accurately calculate mortality rates attributable to the hurricane during and in the immediate months following the disaster, but not the YPLL for those who survived.

Many people who stayed in mass care shelters during recent hurricanes were already suffering from a number of chronic health conditions, known as comorbidities. Some of those with chronic diseases ran out of their medicines during their stay in the shelter. Others forgot their medicines at home in their hurry to evacuate to shelters. Still others may have run out of medicines while sheltering at home. People with diabetes went many days without insulin and other medicines that kept their blood sugars under control before the hurricane made landfall. People with heart, lung, and psychiatric medicines went for days and, in many cases, longer before they were given the appropriate medicines. People requiring dialysis went for days and suffered the consequences of going without timely treatment. It would seem self-



With help from the U.S. Department of Health and Human Services, more than 6,000 dialysis patients get life-saving treatment after Hurricanes Irma and Maria in Puerto Rico and the U.S. Virgin Islands (Source: HHS Office of the Assistant Secretary for Preparedness and Response and HHS Centers for Medicare & Medicaid Services, 2017).

evident that lack of proper care and medical treatment for these populations during a disaster could have lasting effects and potentially shortened life spans. By conducting YPLL studies, federal health leaders would be better equipped to take actions that could prevent or mitigate these devastating effects.

From a Medical Perspective

From a medical logistics standpoint, developing procedures to have medications and treatments available to mass shelter populations at the proper time during a disaster is not only possible but

very doable. Recent advances in providing dialysis during and after disasters may represent a significant advancement in emergency management during future events. The next hurdle to be overcome is the ordering, receiving, and dispensing of chronic care medicines to those in mass care shelters who do not have their required medicines.

One attractive solution to determine the best mass care shelter pharmaceutical dispensing procedures could be in the form of a Federal Emergency Management Agency (FEMA) pilot program. This pilot program could also serve as a proof of concept for supplying required medicines to those with chronic conditions while residing in mass care shelters. This effort may require support from local Medical Reserve Corps chapters, and using pharmacists, pharmacy technicians, nurses, and physicians or physician extenders for prescribing medicines. The easiest way to move this idea forward is for a pharmacy retailer like Walgreens, CVS, Sam's Club, or Walmart to sponsor and lead the pilot program.

The ultimate goal is to develop systems that ensure persons with chronic diseases never again have to go without medicines or treatments while in mass care shelters. A key tool to reach this goal is to create a more targeted public health study on the long-term effects of being without medicines and treatments for prolonged periods of sheltering. With a commitment from community leaders, public health professionals, shelter managers, federal agencies, and pharmacy retailers, this public-private collaborative effort could create this tool and together reach this ultimate goal.

James M. Rush Sr. has over 45 years of healthcare administration and community emergency management experience in the U.S. armed forces, the U.S. public-health community, and the nation's civilian healthcare industry. He served as the Region III project officer for the National Bioterrorism Hospital Preparedness Program, and the CDC's National Pharmaceutical Stockpile, always dedicated to assisting healthcare and public health organizations prepare for "all hazards" events and incidents. He is author of, among other published works, the "Disaster Preparedness Manual for Healthcare Materials Management Professionals," and a selfpublished book "Unprepared."

2013 Navy Yard Shooting: Lessons Learned, Actions Taken

By Catherine L. Feinman

There is no way to list or train for the innumerable mass casualty scenarios that a responder could face on any day, at any time, in any place. This means that no emergency response can be perfect and no plan flawless. However, rather than focusing on the "what ifs" after an incident, responders need to decide on the "what nows." The military and civilian responders to the 16 September 2013 Washington Navy Yard shooting have done that. Not only have the involved agencies created their own lessons learned, they have also coordinated with each other to bridge the response gaps that were exposed. Key takeaways from the shooting as well as actions that have been taken since the incident were shared on 17 September 2019, when public safety agencies throughout the National Capital Region convened to reinforce communications efforts and address any remaining interoperability concerns.



n 16 September 2013, building 197 at the Washington Navy Yard became the site of 60+ minutes of violence that continues to inspire policy change among the Capital Region agencies that responded that day as well as other public safety agencies that have read and heeded their lessons learned in after-action reports. The District of Columbia's Homeland Security and Emergency Management Agency (DC HSEMA), Office of the Statewide Interoperability Coordinator in conjunction with the U.S.

Department of Homeland Security, Cybersecurity and Infrastructure Security Agency, DHS Emergency Communications Division has been conducting an analysis of after-action reports from that active shooter incident.

The September 2019 DC HSEMA Interoperability Summit on "The Navy Yard Shooting Review: 6 Years Later" addressed the chain of events that occurred before, during, and after the shooting, and showcased the efforts that have been made to address after-action report recommendations related to communications and interoperability gaps that affected the incident response. Three key takeaways from the summit involved: communication; practices, procedures, and policies; and experience and training.

Communication

Communication in extreme circumstances saves lives, but after-action reports following the Navy Yard shooting exposed communication gaps. Based on lessons learned, Charles Guddemi, statewide interoperability coordinator for DC HSEMA, emphasized the need to create a healthy ecosystem in interoperability communications. In fact, common communication procedures for emergency scenarios – for example, activating the fire alarm – can hinder the ability of responders to communicate effectively. Something as simple as having an earpiece and moving people who are not part of the incident to another radio channel can bridge this communication gap.

U.S. Park Police pilot, Ken Burchell, discovered another communication gap as he provided aviation support on the day of the shooting. Despite having a sophisticated \$14 million helicopter with multiple communication channels, he was unable to communicate with the Metropolitan Police Department (MPD) officers on the ground. To resolve that problem, he promptly landed at Anacostia Park and recruited an MPD K9 unit with a handheld radio and personal radio earpiece to serve as a radio liaison between the air and ground responders.

Another emergency response task that can hinder communication involves call-taking, where procedures and policies of call-taking agencies vary. When there is more than one call center, information can be disconnected or missed altogether. However, during an ongoing active response effort, normal call-center operations must be able to integrate innovative approaches that gather all pertinent information in a timely manner (e.g., "tactical dispatching," "text to 911").

Even when all policies and procedures are effectively executed, technological communication may hinder response efforts. For example, maps and the addresses in

"Collaboration is no longer an option. In today's interconnected society, agencies and organizations must communicate with each other, coordinate resources, and align priorities." -Charles Guddemi (Protecting Life and Civil Liberties: Masters of Collaboration, 2013)

computer automated dispatch (CAD) technology must be regularly reviewed and updated to ensure that all street names and locations are identifiable by call-takers and can be conveyed in real-time to the boots on the ground. Not having exact building locations during the Navy Yard shooting slowed response from non-military law enforcement agencies.

Karima Holmes, who is the director of the Office of Unified Communications (OUC), described some of the changes that OUC has undergone as a result of the gaps exposed during the 2013 incident. CAD is now more complex and missing addresses and locations for both the Navy Yard and District universities have been added. OUC also now has direct connect capability with surrounding regions and is able to rapidly transfer to other call centers. By using "plain-talk," interagency communication is clearly understood by all involved.

When technology fails, back-up plans and procedures should be in place. To overcome communication challenges, lessons learned from the Navy Yard shooting provided some possible solutions. David Mulholland, administrator of the Arlington County Emergency Communication (911) Center, suggested stripping away capabilities throughout trainings and exercises to build contingency thinking. Often, trainings and exercises are predictable for participants. This tactic introduces uncertainties that can be introduced or altered in realtime based on the participants and their responses. When exercises are predictable, it is difficult to build a preparedness culture that expects the unexpected. Mulholland warned that, even with multiple redundancies in place, responders should not be lulled into a false sense of security.

Practices, Procedures & Policies

In addition to communication, the practices, procedures, and policies of the Navy and civilian law enforcement responders created response delays. For example, standard lockdown procedures at the Navy Yard hindered entrance and movement of outside law enforcement responders. In fact, the various security measures that were designed to prohibit intruders had the same effect on those attempting to neutralize the threat.

Throughout any response scenario, needs change as the incident progresses. Therefore, responders need to be able to adapt their knowledge, skills, and training to fit the current scenario. What works for one incident may not be effective for another. Valerie Parlave, who served as the assistant director in charge of the Washington Field Office of the Federal Bureau of Investigation (FBI) during the incident, noted that special events planning provides many coordination and collaboration opportunities to explore various scenarios and build local-federal relationships.

Following the Navy Yard shooting, Rear Admiral Carl Lahti, Naval District of Washington, acknowledged that the Navy's security force needed to be augmented. That event showed that the internal resources of the Navy are not as robust for active shooter events as they are for defending assets overseas. Traditionally, the Department of Defense (DOD) has worked in silos, but events like the Navy Yard shooting highlight the need for the DOD to learn how to work between forces – both military and civilian.

Scott Boggs, managing director of homeland security and public safety for the Metropolitan Washington Council of Governments (MWCOG), reminded participants that "interoperability is not just about technology, it's about relationships." COGs are a valuable resource for building relationships, identifying resources, and overcoming interoperability barriers.

Such relationships can help fill various resource gaps. For budget-restricted agencies, it may not be possible to purchase equipment for low-frequency events. However, as Guddemi pointed out, "You don't always need to buy, sometimes you just need to borrow." Having relationships and interagency procedures in place would facilitate this possibility.

In addition to having critical resources, they also must be strategically positioned in order to help rather than hinder responses. For example, parking without designated staging areas can prevent resources from accessing the scene or delay resources from leaving the scene. This occurred during the Navy Yard shooting. Cathy Lanier, who is now chief of security for the National Football League, recommended having "go kits" at the entrances to facilities to provide access and navigational tools for complex responses.

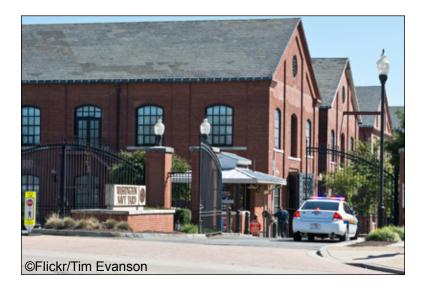
Experience & Training:

As Chief Peter Newsham of the Metropolitan Police Department (MPD) said, the likelihood of responding to a mass casualty with people who have actually experienced such events is unlikely. This makes responding to a complex incident like active shooters even more difficult.

Prevention and deterrence through regular background checks to help detect potential insider threats is critical, but not fail-proof. An active shooter response will be needed again, at some unpredictable time in some undisclosed location, so responders need to be vigilant and prepared. Interagency training exercises provide opportunities for response teams to work together and familiarize agencies with each other, their tactics, their plans, and their capabilities.

Pre-incident familiarization of large-scale venues would help responders pinpoint specific locations and maneuver through complex facilities. Although this was not done before the Navy Yard shooting, efforts have been made to bridge this familiarization gap between military and civilian agencies. In fact, Lahti announced that the Navy Yard would like to host an active shooter training with summit participants to be able to exercise as a team and close some of the existing response gaps.

A discrepancy in command structures was another lesson learned from the Navy Yard shooting. Keil Green, who is the chief executive officer of Lafayette Group, described emergency and interoperability challenges that occurred at the Navy Yard and similarly at the Fort Hood shootings in 2014. As a result of after-action reports, it was recommended that base personnel have dispatch in speed dial rather than calling 911 to avoid response delays. However, unified command with interoperable communications between military bases and civilian agencies is the ultimate goal. During a large-scale, ongoing incident, unified command



provides a common operating picture, but it has to contain the right people. During the Navy Yard shooting, two incident command centers were working separately to achieve the same goal, but without either having a comprehensive operating picture. As such, some efforts were unnecessarily duplicated, and others were hindered.

Mass casualty incidents draw many responders with good intentions. However, Lanier pointed out that officers' instincts to respond made it

challenging to control who was entering the building, so a staging area should have been set up earlier. In addition, during such incidents, some officers are still needed at their daily posts and should not abandon their current responsibilities. Others who should respond should not take on inappropriate or less effective roles – for example, an incident commander entering the building in tactical formation rather than leading from the command center. Such position-specific roles and responsibilities should be designated in advance to provide the most robust coordinated effort.

Throughout responders' careers, they must learn to embrace critical thinking techniques. Whether a mass shooting or another mass casualty situation, responders must be empowered to act rapidly within their abilities and scope of practice without having to delay response. They need to be able to instinctively engage even when direct orders from leadership cannot be immediately obtained. This type of thinking can be leveraged during planned events to prepare for unplanned, no-notice incidents.

What Now?

The Navy as well as law enforcement agencies in and around D.C. continue to make changes to address recommendations made in the Navy Yard shooting after-action reports. Rob Shaffer is the director of operations for Naval District Washington and discussed how lessons from the Navy Yard incident as well as other significant shaping events have helped to guide and improve response efforts, which include: improved interoperability, overarching policy changes, Incident Command System compliance, and new training initiatives. However, there will always be more relationship building and joint training opportunities to leverage.

The agencies who responded to the Navy Yard shooting in 2013 included some responders who had past experience with mass casualty incidents and many more who experienced their first active shooter event on that day six years ago. Although examining lessons learned and implementing after-action recommendations will not change the past and will not address all possible gaps that could be encountered in the future, these critical post-incident actions will enhance future responses and better prepare all public safety agencies for the next unexpected incident.

It is important to note that, although the odds of any particular responder being involved in a mass casualty incident like the Navy Yard shooting – let alone two or more – is not high, it is still imperative for all agencies to absorb the lessons learned and recommendations from those who have. By building relationships, changing policies and procedures, and learning from those who have been there, public safety agencies will be better positioned to respond no matter who is scheduled to work on the day the next mass casualty incident occurs.

Special thanks to Charles Guddemi for inviting DomPrep to this important event and for always being open to share valuable lessons learned and recommendations that benefit public safety agencies across the country. Thanks also to all the summit participants who not only played key roles in neutralizing the Navy Yard threat in 2013, but continue to serve and protect the public within their capacities every day.

Additional Resources

DC HSEMA, Government of the District of Columbia, and U.S. Department of Homeland Security, "The District of Columbia Communications Interoperability Summit: A 6 Year Review of the Washington Navy Yard Shooting"

Department of the Navy, "Report of the Investigation Into the Fatal Shooting Incident at the Washington Navy Yard on September 16, 2013; And Associated Security, Personnel, and Contracting Policies and Practices"

Metropolitan Police Department, "After Action Report Washington Navy Yard September 16, 2013; Internal Review of the Metropolitan Police Department Washington, D.C."

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Evolving the Scope of the Strategic National Stockpile

By Greg Burel

While the mission of the Strategic National Stockpile (SNS) has not changed since Congress established this national repository of emergency medicines and supplies, public health events in the United States during the past 20 years have led to a dramatic expansion of the scope of the stockpile's capabilities. Originally focused on protecting Americans from bioterrorist threats surrounding the year 2000, or Y2K, the stockpile has grown and evolved to a greater than \$8 billion enterprise that contains more than just medical countermeasures (MCMs) for biological and chemical threats. The mission authorized is broad enough to encompass virtually any threat to national health security, and the progress SNS has made operationally lends it to encompassing a continually evolving landscape of risks that might be mitigated.



oday's stockpile, now managed by the U.S. Department of Health and Human Services' (HHS) Assistant Secretary for Preparedness and Response (ASPR), is poised to respond to a wide variety of threats – including both long characterized and newly emerging bacterial and viral diseases, pandemic influenza, and natural disasters, as well as chemical, biological, radiological, and nuclear incidents. When a public health emergency is severe enough to cause readily available MCMs to run out, the stockpile can deliver medicines and supplies to supplement response efforts.

In fact, as the sole source for several important licensed products, the stockpile often steps in immediately. Even if the needed products are not currently held in house, stockpile experts have purchasing power to get what is needed to protect Americans. The mission is the same: to provide the right material at the right place at the right time to secure the nation's health. Flexibility and scalability are the only ways to ensure success in the ever-evolving world of emergency preparedness and response.

Incorporating Natural Disaster Preparedness and Response

While stockpile experts were rapidly building the SNS formulary in its early years, HHS assigned the program with a new project in 2004 to develop "Public Health Contingency Stations," which were the early versions for the modern-day Federal Medical Station (FMS). The goal was to create 250-bed modular units with the ability to support quarantine, light treatment, or triage needs of an affected area. Today's FMS serves as a non-emergency medical center set up during a natural disaster to care for displaced persons with special health needs – including those with chronic health conditions, limited mobility, or common mental health issues. These are people who have needs that cannot be met in a shelter for the general population during an incident.

Just one year following the initiation of this project, the Gulf Coast was ravished when Hurricanes Katrina and Rita made landfall within just a few weeks of each other. This was the first time the SNS was called upon to assist with a natural disaster. Initially, the stockpile program deployed a 12-hour Push Package, a broad spectrum of supplies that could meet hurricane disaster needs. This was the second time the SNS had deployed a push package; the first one deployed to New York City in response to the events of 9/11.

As the hurricane response developed and more was known about the magnitude of the disaster, shipments of managed inventory were sent, and the stockpile purchased supplies that were needed but not part of the SNS formulary. Rapid purchasing power is a cornerstone of today's stockpile operation, but this was a novel action at the time. In addition to the deployment of pharmaceuticals and medical supplies sent for hurricane victims, the SNS also deployed 16 FMSs, each which could support 250 patients for up to three days before resupply was needed. Thirty-three SNS experts deployed with the product to assist on the ground in the Gulf Coast jurisdictions.

Every response brings lessons learned to those involved. These hurricane responses revealed the importance of coordination and communication among federal, state, and local partners, especially to connect people to the right resources. These responses also highlighted the issue of shortages of chronic care medications such as blood pressure medicine

following a natural disaster. Hurricanes Rita and Katrina solidified the SNS's natural disaster response capability and set the stage for future responses - including Red River flooding, Superstorm Sandy, and Hurricane Maria. Lessons learned often lead to innovation in design and new technology that improves capability. For example, just recently under ASPR's leadership, the SNS was able to work with other ASPR organizations to add a capability to deploy a limited amount of dialysis equipment to the site of an emergency with an FMS or as a standalone set.



Federal Medical Stations were set up during the federal response to Hurricane Katrina to provide medical care for non-acute patients who could not be served by a general shelter. (*Source:* Strategic National Stockpile)

Incorporating Influenza Pandemic Response Capabilities

In 2003, the SNS added 400,000 doses of antiviral drugs to its formulary in preparation for a pandemic influenza. This was the first procurement for the formulary beyond the original mission focused on terrorist incidents and represented an entirely new and different scope. When the 2009 H1N1 influenza pandemic began affecting populations worldwide, the SNS was prepared. This response proved the biggest deployment and longest activation in the stockpile's history. No response since has exceeded the scope and magnitude of the 2009 H1N1 response.

The federal response to H1N1 was massive. The stockpile alone deployed 12.5 million regimens of antiviral drugs, 19.6 million pieces of personal protective equipment (PPE), 85.1 million N95 respirators, and 2,129 doses of IV peramivir. The SNS delivered medicines and supplies to all 50 states, four directly funded localities, and eight territories and island jurisdictions in the Caribbean and the Pacific Ocean. The SNS also assisted with efforts to attempt to contain this disease threat by working with other governments to provide access to antiviral drugs.

Just like other response efforts, H1N1 was a learning experience for the SNS. First, the program proved that a nationwide full-scale deployment was possible, and it worked. Other lessons learned included realizing the importance of communicating inventory and shipping data and that commercial supply chain visibility was paramount to good decision making. The federal response to the 2009 H1N1 pandemic marked the beginning of the stockpile's work to establish lasting and trusting planning relationships with commercial supply chain partners. This further served as a lesson to the world in planning for stockpiling globally. The 2009 H1N1 response was the largest known response of a national stock of drugs and medical material, and it was successful.

Planning for Unknown Threats

In the next five years, the international public health community faced two specific emerging diseases that threatened to spread between countries and continents, which was not unrealistic considering the ease of air travel over great distances. Ebola and Zika both presented challenges to public health because neither had pharmaceuticals or therapies to effectively cure the diseases, and the SNS held little to combat either disease.

For Ebola, the SNS strengthened its connections with commercial supply chain partners to help alleviate shortages of PPE needed by healthcare facilities in the United States. The SNS accumulated a limited stock of PPE, but primarily served as the link between the commercial supply chain and public health to inform and prioritize orders of PPE by facilities most



During the 2014 Ebola response, the SNS procured a small cache of personal protective equipment that was prepared and ready to deploy if supplies ran out for a U.S. healthcare facility that was treating an Ebola patient. (*Source:* Strategic National Stockpile)

likely to receive an Ebola-infected patient. SNS experts realized the value of supply chain integration in an emergency response and tested its capabilities to support MCM requirements even when product is not available in SNS holdings. By working directly with commercial partners, SNS experts help inform the distribution process to direct supplies to those healthcare facilities most in need rather than deploying the limited stock from SNS inventory.

Zika also challenged stockpile operations by requiring preventative products and services that were not in SNS inventory. Testing again its capability to respond with items not held by the SNS, personnel procured

and assembled products for Zika Prevention Kits, which contained items like bug sprays, mosquito dunks, mosquito nets, and more. SNS staff also served as liaisons for the kitting and distribution process as well as for vector control services. Broad SNS authority to provide for public health enabled innovative solutions to fight Zika that were beyond pharmaceuticals. A clear lesson in the response to Zika was that the SNS could rapidly acquire non-medical

countermeasures to limit disease spread. This response further emphasized to SNS that the importance of stakeholder and community engagement to reach buy-in could not be underestimated.

Adapting to New Emergency Response Landscape

The evolving world of public health emergency response is not unique to the stockpile, but the variety of U.S. public health emergencies in the last 15 years have shaped the SNS response capability and allowed the organization to mature its operations. Perhaps the most important aspect of these formative years was the connection the SNS made with its commercial supply chain partners.

To truly engage all elements of the medical supply chain in the United States, the SNS took the unusual step of inviting the private sector to participate in tabletop exercises to explore supply and demand challenges during public health emergencies. Representatives from a variety of suppliers, many of whom had no previous relationship with the SNS, attended these exercises. Notably, the Health Industry Distributors Association – a key SNS partner – was instrumental in bringing its member organizations to the table. This effort has since expanded into a second round of exercises to reach even more commercial sector suppliers. Based on feedback from participants, the SNS has helped sensitize this sector to public health challenges, such as the impact of a surge in demand for products, that must be addressed before an emergency occurs.

Solidifying these relationships only strengthens the work of both the private sector and government and allows for better preparation against threats that can harm communities nationwide. Today, ongoing collaboration between government and private industry allows the integration of the SNS and commercial supply chain response planning and capabilities. The benefit of this public-private collaboration is that it simplifies the emergency response for greater efficiency, can potentially reduce stockpiling requirements for SNS, and has the potential to strengthen commercial capacity and resilience. All of these aspects mean that more partners are involved and dedicated to ensuring that all Americans are protected from public health threats whenever and however they arise.

This article is the second of a three-part series:

Part 1 (published in October 2019): <u>The Early Years: Shaping a National Stockpile for Preparedness</u> Part 3 (to be published in December 2019)

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