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POLITICS



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About the Cover: Politics and the media – both can be either helpful or detrimental to emergency planning and response efforts. Understanding the roles and responsibilities of each agency and organization, and building robust relationships, will help communities become more resilient and more effective in protecting their members from any existing or emerging natural, human-caused, or technological disasters. (Source: [@iStock.com/shaunl](https://www.iStock.com/shaunl))

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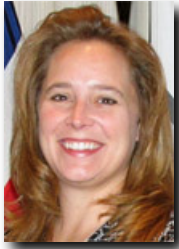
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Editorial Remarks

By Catherine Feinman



Since 2004, National Preparedness Month has served as a reminder that everyone and every discipline should prepare for and be ready to respond to any type of emergency or disaster they may face. Although disasters may begin and end locally, the media and the public are quick to point out various political components at all levels of government: leadership, legislation, funding, response management, and the list goes on. This “Politics” issue of the DomPrep Journal highlights some of these components along with suggestions on how to address them.

Jason McNamara leads this issue with an article on overcoming the real and perceived hurdles for engaging political leaders in the disaster response and recovery process. He describes the essential link between elected officials and the nation’s National Preparedness System.

Andrea Boland continues the discussion by describing existing information gaps and strong influences that can sometimes hinder the creation of effective legislation, which usually requires funding. Unfortunately, this funding is a decreasing commodity throughout various disciplines and jurisdictions, but especially in the public health field where budget cuts have become routine.

Addressing this issue, LaMar Hasbrouck urges the U.S. Congress to stop these funding cuts in order to better protect communities from disease, injury, and death in times of emergency. In addition, Kay Goss informs communities about the presidential disaster declarations process following emergencies or disasters and how to access supplemental funding to help communities recover quickly.

Romeo Lavarias and Raphael Barishansky further delve into critical roles that the government plays in conjunction with other disciplines. Lavarias introduces a counter-radicalization strategy that can be implemented at the local level with a coordinated effort that includes all levels of government. Adding to the discussion on critical roles, Barishansky examines how public health professionals can ensure that government decision makers are well informed on the issues that are pertinent to the majority of the community.

Rounding out the issue, Robert Roller and Wayne Bergeron address politics on a more personal level. Roller shares the history and continuing evolution of the U.S. Department of Homeland Security’s efforts to protect its workers from various emerging infectious diseases. Moving in a slightly different direction, Bergeron emphasizes the high stakes involved when politics involves the safety and security of children.

These article contributions outline fundamental requirements of leadership, commitment, and community interaction in order to ensure preparedness. In keeping with the theme of National Preparedness Month, DomPrep recognizes in this issue one local leader who interactively engages her community year round. Read and listen to what Baltimore City’s Health Commissioner Leana Wen is doing to share information about her city’s health concerns.

A Case for Political Leadership in Disaster Response & Recovery

By Jason McNamara

Among some professional emergency managers and media outlets, the role of senior elected officials in incident response and recovery efforts is, at best, perceived as unhelpful. However, political engagement is necessary for effective disaster response and recovery, and continuous, meaningful involvement of elected officials is an essential element of the National Preparedness System.



In the immediate aftermath of a major disaster or emergency, decisions about deploying personnel and logistics – as well as setting the overall priorities and objectives for the incident – require careful coordination and engagement by participants at all levels of government. The emergency management profession has invested significant resources in developing, promulgating, and implementing incident management systems that comprehensively address, in a coordinated fashion, the demands created by emergencies of all types. It is not surprising, then, that efforts to engage in disaster response by those “outside the system” are viewed with skepticism, if not outright hostility.

In fact, stories about the intervention and/or involvement of elected officials – both from the media and privately among response professionals – invariably note that these officials operate independently, impose their own priorities on the unified coordination group (UCG), or ignore established organizational structures to achieve specific goals. From the media’s perspective, these actions are sometimes viewed positively, as examples of politicians “cutting through red tape” to address the real needs of disaster survivors. However, from the perspectives of many emergency management professionals, the actions of elected officials cause confusion and slow effective response operations, especially when officials dedicate resources to the wrong priorities.

Leadership, Actions & Common Goals

There is no doubt that some elected officials recognize the opportunity for free publicity presented by disaster incidents, particularly the ability to easily access and take advantage of extensive media coverage. Members of Congress, who have limited statutory authority to impact immediate disaster response activities, often fall into this category. As is the case with any event that captures national interest, elected officials feel the need to express their opinions, demonstrate leadership, and show that they are taking action. Whether or not these actions are helpful depends on the elected officials’ true commitment to providing assistance to survivors versus their desire to be seen during the incident.

Assuming, however, that elected officials truly are trying to help, emergency management professionals may still underestimate or undervalue the politician’s potential contribution

to effective response and recovery operations. For at least one category of elected officials – the senior elected executive(s) in the impacted area, such as the mayor, governor, and even the president – engaged and continuous involvement is not only helpful, but also critical to success. The first reason for their criticality is straightforward: responders cannot implement the vast majority of emergency laws, regulations, and actions without an initial finding, or declaration, by one or more senior elected officials. These officials must be convinced, by a comprehensive assessment of the situation on the ground, that extraordinary measures are required to preserve life and protect property from the impacts of disasters. Still, the active involvement of elected officials should not end with the issuance of a disaster declaration.

“From the perspectives of many emergency management professionals, the actions of elected officials cause confusion and slow effective response operations, especially when officials dedicate resources to the wrong priorities.”

Sustained political leadership and support may provide enormous benefits to the UCG as decision-making becomes more complex: success depends on multiple actors to perform specific duties within a specified timeframe. In such cases, only the senior elected official at each level of government has the authority and political power to ensure that all actors and organizations are working toward a common set of goals and outcomes. U.S. governors are particularly critical in this agenda-setting role. As the chief executive within a disaster-impacted state, the governor has both a moral and political responsibility to ensure that his or her constituents are receiving all the help they need and are entitled to by law.

Therefore, governors should be fully engaged in all UCG activities, if only to provide emergency management professionals with the “political cover” they need to take actions that may benefit one group over another, or to set response priorities that may face criticism from the media. Ultimately, it is the governors – not the emergency professionals – who will pay the price at the ballot box if their response and recovery efforts fail to meet expectations.

Doctrine & Substantive Participation

In order to re-set the emergency management profession’s relationship with elected officials, emergency management organizations at all levels of government should review, assess, and revise – as necessary – incident management doctrine, training, and exercises to reflect the active and sustained engagement of political leadership. The potential benefits of adopting this approach can be enormous. In 2004 and 2005, eight hurricanes – Charley, Frances, Ivan, Jeanne, Dennis, Katrina, Rita, and Wilma – impacted the state of Florida.

These storms caused hundreds of billions of dollars in damage and plunged millions of Floridians into darkness for months. Airports, businesses, highways and millions of homes had to be rebuilt. Jeb Bush, Florida’s governor in 2004-2005, spent a significant

amount of his time commanding the state's response from a conference room at the state emergency management operations center in Tallahassee. Governor Bush's cooperation and partnership with the state's incident management system, and his hands-on approach to incident management, resulted in near-universal praise for the state's handling of two years of unprecedented storms.

Current incident management doctrine, such as the National Incident Management System (NIMS) and the National Response Framework (NRF), dedicate limited text to the roles of governors and mayors, and all but ignore these officials when illustrating recommended organizational structures. Doctrine must reflect the constitutional governmental structures that frame emergency operations, and must clearly show the primacy of elected officials in the decision-making process. Similarly, all incident management training should include a module on the Constitution and intergovernmental relations, outlining a clear explanation of why elected officials are ultimately in charge.

In addition, exercise planners must continue to ensure the substantive participation of elected officials in exercises of all types, thereby institutionalizing the presence of political decision-makers at all stages of response and recovery. Through regularized interaction in exercise environments, emergency managers can better understand the multitude of factors that drive political decision-making, and elected officials can determine how and when their involvement in disaster response will result in the greatest benefits to disaster survivors.

Programs such as the Naval Postgraduate School's Center for Homeland Defense and Security (CHDS) Executive Education Seminar have worked exclusively on enhancing the capacity of top government officials to successfully address new homeland security challenges. CHDS Mobile Education Teams (MET) bring subject matter experts directly to senior elected officials to deliver tailored Executive Education Seminars, which enhance the capacity of these top government officials to successfully address new homeland security challenges. The nation should continue to fund and advocate similar programs to prepare elected officials for worst-case scenarios.

"Go big, go fast, be smart," is an often-quoted saying of the Federal Emergency Management Agency Administrator Craig Fugate when he is asked about his philosophy regarding disaster response and the delivery of logistics to impacted areas. However, with respect to measuring the success or failure of disaster response efforts, the administrator's questions speak directly to the issue of elected official engagement: "Is the mayor happy? Is the governor happy? Did the response embarrass the president?" If emergency response personnel can answer yes to the first two questions and no to the third, then it has been a good day.

Jason McNamara is senior director for emergency management programs in CNA's Safety and Security Division. CNA is a nonprofit research and analysis organization located in Arlington, Virginia. From 2009 to 2013, he served as the chief of staff for the Federal Emergency Management Agency.

Political Realities of Legislation for Extreme Events

By Andrea Boland

The single extreme solar storm (GMD/geomagnetic disturbance) or electromagnetic pulse (EMP) attack (manmade weapon), together often known as natural and manmade EMP, or simply EMP, could cause a blackout lasting months or years. Even for government officials who have the authority to do something about it, legislation may be required to make new demands on a resistant, powerful industry.



For unfamiliar and intellectually intimidating topics, it may be necessary to educate legislators. The effort it takes to pass legislation to solve even relatively simple problems, however, may be enough to discourage legislators from voluntarily taking on this kind of new, unfamiliar challenge. Therefore, when facing the specter of a massive infrastructure problem and a powerful industry lobby, many default to a wait-and-see position.

Educating Legislators

Key sources of information for legislators are typically the legislation sponsor and supporters, the industry and its lobbyists, content experts, and outside interests, including the general public and the legislators' own supporters. The primary forum for educating legislators comes from a public hearing presented before the legislative committee that has jurisdiction over that policy area. Thus, to seek protections of the Maine electricity transmission system (the grid) from long-term blackouts due to GMD and EMP requires the public hearing to take place before the Energy, Utilities, and Technology (EUT) Committee.

As a state representative, it took a significant amount of time to learn about the threats of GMD and EMP, and to develop a substantial network of national experts on policy, science and technology, manufacturing, space weather, weapons, intelligence, and national defense. Dr. Peter Vincent Pry and the office of (now former) Congressman Roscoe Bartlett, both long-time national leaders on EMP, were significant in introducing politicians to experts who had been working on these issues at the federal level. Many of them came to Maine to testify at the hearing. These experts informed the EUT about threats to the electric grid that they had never heard about before from the power companies. They challenged the legislators to do the following:

- Acknowledge that the State has a problem (as do all the states);
- Recognize that the State has regulatory authority to fix the problem;
- Identify available solutions and their costs (GMD protections exist that are low cost);
- Provide effective leadership to protect Maine's electrical grid from long-term blackout; and
- Serve as a model for other states.

The experts were articulate, convincing, and impressive when describing a compelling but scary message, so committee members were able to understand the issue.

On the other hand, the electric power industry “representatives” (lobbyists) who had spent careers lobbying for the industry before the EUT Committee (and other legislators) were not content experts, but rather public relations experts highly paid to deliver a message. They spoke positively about the electric companies’ management of the threat, with statements including the following: “We are talking about a low-probability event; we have competing priorities; we’ve been protecting the grid for years; we are following all the NERC (North American Electric Reliability Corporation) reliability standards.” Despite sounding impressive when delivering a reassuring message, they failed to answer key questions and to win over the committee. The threat they posed to passage of the bill was that they were familiar faces to the committee members – and their ingratiating smiles can tip the balance for lazy, confused, or just undecided legislators.

The Process Behind a Maine Bill

Facing news it could not ignore, the EUT lacked the confidence to act on or confront the industry’s resistance, and amended the bill (LD 131, introduced by Andrea Boland) to a study, with the provision that the EUT could use its findings to draft permanent protective legislation the following year. The Maine Public Utilities Commission (PUC) was to conduct the study, and assured the EUT they could deliver it on schedule in January 2014. The

industry agreed to the plan. LD 131 passed unanimously in committee as emergency legislation and in the House of Representatives, and passed by a vote of 32-3 in the Senate, to become law on 11 June 2013.

Often, there is a failure of imagination to think that a projected catastrophe could actually occur, and lack of courage to lead on a new challenge.

It was a deftly designed study and internationally acclaimed as model legislation. It also was the

first ever EMP/GMD legislation passed in the nation. The Federal Energy Regulatory Commission (FERC) has an Office of Energy Infrastructure Security, which has a mission to assist states; its director, Joe McClelland, offered help with the study.

Two reports finally emerged – one influenced heavily by the electric power companies, and one supported by the independent experts – but not until 2015, and new elections had resulted in a newly configured legislature. Senator David Miramant introduced a new bill (LD 1363) to require installation of known, available protections supported in the studies. This time, the EUT split its vote, and the bill failed in the legislature – by one vote in the Maine Senate, along party lines. Low-cost solutions existed, and the prior legislature’s nearly unanimous vote had supported emergency action to protect the grid, but the industry had succeeded in defeating it.

The difference in the results of the two legislative efforts may be explained by different factors at work. In 2013, the legislation, sponsor, and experts surprised the industry, which

was unable to recover from the unexpected exposure of the threat and the apparent disinterest and/or incompetence of the power companies regarding GMD and EMP. In January 2014, the EUT chair, without a vote of the committee, had granted the PUC an extension to January 2015 to finish the study – under the direction of the biggest electric utility in Maine, Central Maine Power (CMP). By 2015, when LD 1363 was introduced, the industry had regained its political control, as the 2014 election had populated the EUT and one-third of the full legislature with new faces. Various systemic political realities also may have contributed to the industry defeat of protections:

- Uneasiness about supporting a big, new, unfamiliar issue – It may not seem advantageous to some legislators to invest the time and effort to support a bill that might not pass, or to take a politically risky position opposing a political power industry. Legislative leaders remained quiet, not signaling support, maybe for similar reasons.
- Legislators’ fears and lobbyist arguments, valid or not, to oppose the bill – lobbyists make it easy for reluctant legislators to adopt their positions when they do not conduct their own research.
- Hesitation to cause trouble with big campaign donors – Legislative leaders are expected to raise money to get themselves and their members elected, and to fulfill an agenda.
- Committee chairs in Maine are appointed by legislative leadership (Speaker of the House and President of the Senate) – These leaders typically support the agenda of those who appointed them and often of the special interests under the committee’s jurisdictions, and they are in a position to influence outcomes. The chairs never took up the PUC study reports for review, causing committee members to not be informed on their contents. Thus, they influenced the committee vote, which in turn, influenced the full legislature’s vote.
- Appointment of committee members by leadership – Only three of the 2013 members of the EUT Committee were reappointed to the 2015 committee; 10 were new, including the chairs. Therefore, the committee did not benefit from a lot of experience with the subject.
- Influence of committee chairs – In 2013, the chairs did not limit the time visiting experts had to testify. In 2015, chairs limited them to three minutes each (meanwhile, the lobbyists were working every day in committee and in the halls of the State House). With so little input from the independent, national experts, and deliberately confused by lobbyists protecting electric companies from higher standards, new members were frustrated, unable to master critical new information, and split the committee vote. They thereby weakened the message to the rest of the legislature.
- The Senate chair of the EUT, Senator David Woodsome, who had been supporting the bill all along, changed his vote in the end, probably, as a new legislator, succumbing to party pressure, and spoke against it on the floor of the Senate. This was enough to defeat the bill by one vote, even though Senator Miramant spoke strongly for it. The House of Representatives had passed it decisively, where the three veteran EUT committee members spoke in favor of it.

Future Legislative Concerns

Many legislators who are motivated to follow and be politically safe, rather than lead on tough issues, often go along with party leadership or powerful interests. The legislative hierarchy structure, campaign funding laws, and committee system can work symbiotically to marshal votes for a separate agenda. Legislators who take on serious problems may find themselves opposing powerful interests and getting little or no help from their leadership because high political costs could reflect on them personally. Their constituents and the public in general may be strongly supportive, but not enough of them raise their voices.

Not unlike other powerful industries, the electric power industry uses media and lobbyists to telegraph an image of integrity and professional authority, but then uses inaccurate data in their studies to try to prove invalid arguments that work for them. To inexperienced, often stressed legislators, it may be persuasive. NERC, the electric power industry's association and lobbying arm, has sole authority to write its own "reliability standards" that determine their level of public responsibility. The Federal Energy Regulatory Commission (FERC) is charged with regulating NERC, but often turns to NERC for answers. In the same way, the Maine PUC turned to Central Maine Power Company for the LD131 study. CMP then turned to NERC, which provided data from another country, rather than using the Maine data it had, to support the outcome it wanted: the argument against GMD/EMP protections.

First-Hand Experience in the Maine Legislature

Big money and special interests have outside influence on the legislative process. It can often compromise leaders, defeat good legislation, endanger the public, and promote regulatory capture. It is difficult to display political courage when lobbyists of powerful interests smile and create confusion about the facts. For these reasons, testimony from subject matter experts needs to be treated with great respect. In this case, the testimony of first responders was very important. The public is critically important, too. Without public support, the nation cannot expect to maintain a self-governance.

The United States is the most vulnerable country in the world to natural and manmade solar storms and EMP because of its huge, interconnected grid and its dependence on electric power and electronics. State Senator and Navy veteran Robert "Bob" Hall of Texas refers to obstruction of protections of the grid as "treason" because it is also a national defense threat. Imagine what the fifth week of a blackout would be like following an EMP or solar storm: no heating, cooling, communications, water and waste systems, banking, hospitals, transportation, food delivery, etc.

Governing bodies must take charge of protecting the nation. If Congress is too conflicted to act, the states must. Many states are initiating action, but it is a struggle. In all states, the electric companies have blanket liability protection against the costs of catastrophe from these threats, so they have no incentive to act on their own to raise standards. The public must engage more and insist on more courage and dedication by their elected representatives, and more accountability from the electric power companies. They must be made to quickly repair the electric grid to a level of realistic protection against such horrific threats, and be held legally responsible to share in the consequences and real costs of catastrophes that result from their inaction.

Right now, the nation is in another pre-Katrina or pre-9-11 moment. A small army of people is working very hard to save the electric grid, and protect the nation, but it will take many more recruits, and bigger armies, moving governments, media, and industry in more states and in Washington, D.C., to win the war and save the country from the societal collapse that a severe GMD or EMP would threaten.

State Representative Andrea Boland recently completed 8 years (or 4 terms) in the Maine legislature. She is considered a leader in safety issues of electromagnetic radiation, especially from cellphones and smart meters. She became involved in electric grid protection against electromagnetic pulse and geomagnetic solar storms (GMD) at the suggestion of her regular scientific advisor. Her work is supported by several national experts. She has a B.A. degree from Elmira College and an MBA from Northeastern University, and studied at the Sorbonne and Institute of Political Studies in Paris. She was awarded the 2011 Health Freedom Hero Award by the National Health Federation for her work on health freedom and safety. Her legislative work has led to confronting major corporate interests on matters of transparency and regulatory capture, and public protections.

In Honor of National Preparedness Month

As National Preparedness Month comes to a close, DomPrep would like to remind its readers that preparedness is a year-round process that involves practitioners at all levels, not just the public relations personnel. Emergency preparedness and response agencies are taking steps to better prepare their communities. One good example of this type of outreach comes from Baltimore City's Health Commissioner, Dr. Leana Wen, who hosts a live weekly call-in podcast to share information and to address the city's health concerns.

As in any large city, public health is a topic of great concern, as dense populations make communicable diseases easier to spread and disease investigation more time intensive. Each week, Wen engages a roundtable of subject matter experts to address lessons learned and best practices around the city on various topics of interest – for example, Ebola, rabies, 9/11, anthrax, risk assessments, prophylaxis, bioterrorism, preparedness kits, mass vaccination, civil unrest, and many others.

There is a growing awareness of the need for interdisciplinary collaboration and multijurisdictional mutual aid across the nation. For example, some Baltimore, Maryland, public health officials were surprised by the role that public health played in police matters during the city's recent civil unrest. However, it takes years to build such efforts and requires engagement by the entire community to make these efforts effective. Practitioners in all disciplines must be proactive throughout the year to keep their communities engaged and prepared for any emergency or disaster incident that may occur.

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Congress to Decide Funding for Public Health Emergencies

By LaMar Hasbrouck

Federal spending on public health emergency preparedness, response, and recovery has been falling since 2005, and Congress is now considering how much to spend in the 2016 fiscal year. The final spending figure will play a key role in determining how well the American people are protected from disease, injury, and death in times of emergency.



Public health emergencies occur all too frequently across the United States. Hurricanes, tornadoes, earthquakes, fires, floods, infectious disease outbreaks, terrorist attacks, airline crashes, train wrecks, industrial explosions, chemical and radiological emergencies, and other calamities have all hit the United States in the past – and unfortunately are certain to hit again. When they do, the nation’s 2,800 local health departments will spring into action to protect their communities, save as many lives as possible, and help communities recover.

Ready to Respond & Recover

Local health departments are in the business of expecting the unexpected, because they must be prepared 24/7 to respond to the next public health emergency. Public health emergency responders require frequent training exercises, education, medical supplies, and other equipment to do their jobs. Those who are full-time employees require salaries and benefits. All this makes public health preparedness, response, and recovery activities an expensive task. Although many state and local governments help pay for this, more than 55 percent of the nation’s local health departments rely solely on federal funds for their emergency preparedness activities.

One area where the role of public health agencies often gets overlooked is in community recovery. Recovery after an emergency requires collaboration, planning, and advocacy for the rebuilding of critical health systems to at least a level of functioning comparable to pre-incident levels. Local health departments serve a vital role in the visioning and developing of community strategic and disaster recovery planning efforts so that plans are based on communities’ needs and assets, to ensure that communities are able to build back stronger.

A recent report from the Institute of Medicine highlighted the need to leverage resources to achieve healthy, resilient, and sustainable communities after disasters. Communities become more resilient by addressing the fundamental social determinants of health. As public health agencies are tasked with addressing these determinants – such as housing, transportation, education, access to healthcare, nutrition, and others prior to a disaster –

reduction in funding to support preparedness puts communities at risk of not becoming more resilient after disasters.

Key Public Health Programs

The three key federal public health emergency preparedness, response, and recovery programs that Congress funds to aid state and local health departments are: Public Health Emergency Preparedness grants through the Centers for Disease Control and Prevention; the Hospital Preparedness Program through the Office of the Assistant Secretary for Preparedness and Response in the Department of Health and Human Services; and the Medical Reserve Corps through the Office of the Surgeon General.

Public Health Emergency Preparedness grants go to all 50 state health departments, eight health departments in territories, and four metropolitan health departments.

“Funding cuts have forced the gradual elimination of the jobs of nearly 52,000 health professionals in county, city, metropolitan, district, and tribal health departments across the United States since 2008.”

In addition, some local health departments receive funding through subcontracts with their state health departments. Health departments use the funds to pay the salaries of staff who work with hospitals, law enforcement, fire departments, and local government to develop emergency preparedness, response, and recovery plans and conduct training. Some health departments use the grants to establish and

maintain systems that make possible early detection of disease outbreaks, rapid information sharing, and public notification. The funding has been vital – for example, for programs to prepare for and respond to Ebola.

Public Health Emergency Preparedness grants provided \$919 million to local health departments in 2005, but the amount fell to \$644 million in the 2015 fiscal year – a 30-percent cut. The National Association of County and City Health Officials (NACCHO) is seeking an increase to \$675 million for the grants in the 2016 fiscal year – still \$244 million below the 2005 funding level. President Barack Obama’s 2016 budget request seeks to maintain funding at \$644 million. The House Appropriations Committee proposes spending \$675 million, while the Senate Appropriations Committee proposes spending \$644 million. Neither the full House nor Senate has voted on the spending.

The Hospital Emergency Preparedness Program provides funding for local health departments to partner with hospitals and other healthcare providers to ensure that the healthcare system at the community level can conduct activities to prepare for, respond to, and recover from emergencies. This program received \$487 million in federal funds in

2005 but only \$255 million in 2015. NACCHO is seeking an increase to \$300 million in 2016. The president's 2016 budget seeks to hold funding steady at \$255 million, and the House and Senate Appropriations Committees have both proposed spending that amount. Neither house has voted on the appropriation.

The Medical Reserve Corps costs far less than the other programs, but still has great impact. The emergency medical response program is staffed by more than 200,000 volunteers organized into a network to protect the health and safety of their communities. Sixty-seven percent of Medical Reserve Corps units are housed within local health departments. The units deploy doctors, nurses, emergency medical technicians, paramedics, mental health professionals, and nonmedical volunteers with specialized skills who assist healthcare professionals to care for people in emergencies. For example, following Hurricanes Katrina and Rita in 2005, more than 6,000 Medical Reserve Corps volunteers from 150 units supported the emergency response and recovery efforts.

The Medical Reserve Corps received \$10 million in federal funding in 2005 and \$9 million in 2015. NACCHO is seeking \$11 million for 2016, whereas the president's budget requests \$6 million. The House Appropriations Committee has proposed \$6 million for the program, whereas the Senate Appropriations Committee has proposed \$4 million – a 55-percent cut from current funding. The funding has not come up for a vote by the full House or Senate.

Dire Consequences of Funding Cuts

Previous spending cuts by federal, state, and local governments for public health programs have already taken a toll on public health emergency preparedness, response, and recovery activities. A survey of local health departments by NACCHO that was published in June 2015 found that funding cuts have forced the gradual elimination of the jobs of nearly 52,000 health professionals in county, city, metropolitan, district, and tribal health departments across the United States since 2008. Remaining employees are working hard to protect their communities, but it is impossible for them to take on all the duties performed by colleagues who held the 52,000 jobs that were eliminated.

Work to prepare for, respond to, and recover from public health emergencies is vital and deserves bipartisan support in Congress. When emergencies strike, all people are impacted, regardless of political party affiliation. The modest funding increases that NACCHO is asking Congress to approve for Public Health Emergency Preparedness grants, the Hospital Preparedness Program, and the Medical Reserve Corps would be money well spent – helping Americans live safer, healthier, longer, and more productive lives.

LaMar Hasbrouck, MD, MPH, is executive director of the National Association of County and City Health Officials (NACCHO). He has public health experience at the local, state, national, and international levels, including serving as the director of the Illinois Department of Public Health; public health director in Ulster County, New York; a member of the Epidemic Intelligence Service at the U.S. Centers for Disease Control and Prevention; and a faculty member at three medical schools.

Role of Local Government in Counter-Radicalization

By Romeo B. Lavarias

The war against terror cannot be won solely on the battlefield, but instead must be fought with a counter-radicalization strategy. Implemented at the local level (i.e., mayor's offices, sheriff's offices and/or governor's offices), with the coordinated effort of federal, state, and local organizations, this strategy could address and counter the critical factors that make people susceptible to the terrorist message.



Warfare in the 21st century has matured to the point where military technology and force are no longer the keys to victory. Parties in conflict during the 20th century began to realize that success in war meant winning the “hearts and minds” of the people and, to an extent, the enemy forces. In contrast, today’s warfare has become a war of ideas.

Faced with this unique type of threat, the United States lacks a coherent domestic counter-radicalization strategy to fight against this new type of warfare. In order to neutralize the threat, the United States must develop a counter-messaging strategy to “reinforce, integrate, and complement public communication efforts” that focuses on countering the rhetoric of al-Qaida, its affiliates and adherents, other international terrorist organizations, and violent extremists overseas. Thus, the problem statement involves communication efforts: How can the United States effectively fight the “war of ideas,” and can it develop its own counter-radicalization strategy in order to address al-Qaida’s rhetoric? The unfortunate reality is that the U.S. federal government is unable to accomplish this strategy. Thus, the role falls to local governments to directly deal with those groups that are susceptible to radicalization.

Counter-Radicalization Czars & Strategies

With many federal agencies and departments involved at different levels in their own counter-radicalization strategies, these disparate groups cannot agree on one unified strategy. Complicating the issue further are the physical breadth and unique communities within the United States that have different ideas (ranging from surveillance of targeted groups to community outreach) on how to prevent citizens from being radicalized and supporting terrorism. A possible solution would be for local governments to create counterterrorist messaging and provide programs that target individuals who may be susceptible to the terrorist message.

How local governments support the terrorism-prevention efforts of other sectors will be the key to the success of a U.S. domestic counter-radicalization strategy. Local governments must implement support systems to the key priority areas of education, health, economics, criminal justice, faith, charities, and the Internet, which all play a role in the promotion, and deterrence, of U.S. domestic radicalization. Support of these key sectors would be agencies such as the local school board, county health departments,

chambers of commerce, and the city and county court systems. Leading the strategy would be the mayor's and the local sheriff's offices to coordinate counterterrorism messaging that can be modified for local communities.

However, such a strategy involves coordinated efforts from a variety of different departments, agencies, offices, and divisions. In order to organize programs that are intradepartmental with the overall goal of counter-radicalization of local residents, perhaps the appointment of a counter-radicalization czar in local government would be appropriate. This czar would have the authority to cross departmental jurisdictions and mandate cooperation from these organizations in support of counter-radicalization efforts. To avoid accusations that the strategy is a masquerade to spy on vulnerable groups, the czar must not be connected with law enforcement, but rather have a varied professional background in government and/or business, and possibly be a member of one of the vulnerable groups.

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Current & Future Efforts

Similar outreach efforts have already been implemented. The City of Minneapolis, Minnesota, which works with the Somali Youth Group and the Broward County, Florida, Sheriff's Office “Uniting Broward” initiative are examples of programs that reach out to groups targeted for radicalization. They both implement counter-radicalization by working with communities as well as with the public and private sectors to help improve opportunities and strengthen society by reducing inequalities, especially those associated with faith and race.

Local governments seeking to accomplish the same objective should help communities that are susceptible to radicalization by improving their educational performance, employment opportunities, and housing conditions. Another effort would be to examine the roles that local areas play in forging cohesive and resilient communities by addressing the political and socioeconomic environments that extremists exploit. The local government strategy can significantly support these efforts by providing grants that incentivize local communities to mount such initiatives.

A local government strategy begins with the realization that the United States is facing a range of terrorist threats both domestically and internationally. The most serious threat is from al-Qaida, its affiliates, and likeminded organizations. These groups seek to radicalize and recruit people within the United States to their cause. Although the percentage of Americans who are prepared to support violent extremism in the United States is small, it is significantly higher among young people. During the past decade, the United States has acquired knowledge about radicalization and gained experience regarding the factors that encourage and motivate people to support terrorism and to carry out terrorism-related activities. It is imperative to understand these factors in order to prevent radicalization and

minimize the risks that such radicalization poses to U.S. national security. Based on this understanding, local governments can develop the basis of a national domestic counter-radicalization strategy as well as the strategy for their local jurisdictions.

This U.S. and local government strategy must be guided by principles that are consistent with domestic policy. The principles selected must be of a domestic nature and applicable to the proposed method that will carry it out. They must also be understood at a local level.

Framing a Strategy

The following principles could be used to frame a U.S. and local government domestic counter-radicalization strategy. This strategy:

- Should be an equal, if not greater, part of the overall U.S. counterterrorism strategy, with the primary aim to stop U.S. citizens from becoming terrorists or supporting terrorism;
- Should address the threat of radicalization from environmental groups to international groups, such as the Animal Liberation Front (ALF), the Earth Liberation Front (ELF), al-Qaida, the Islamic State group, etc.;
- Would require the balancing of privacy rights, civil liberties, and civil rights versus countering the terrorist messaging that radicalizes individuals;
- Would depend on a successful integration strategy;
- Would be built on a commitment to localism, where communities and local authorities play key roles;
- Would be fully funded by the Department of Homeland Security (DHS) as well as state and county governments; and
- Must be aligned with domestic priorities and avoid being involved in overseas counterterrorism efforts.
- The U.S. and local government counter-radicalization strategy should also address the following objectives:
 - To respond to the ideological challenge of terrorism and the threat the United States and local governments face from those who promote it;
 - To prevent people from being drawn into terrorism and ensure they are given appropriate advice and support; and
 - To work with sectors and institutions familiar with the risks that need to be addressed.

In order for the U.S. and local government domestic counter-radicalization strategy to be successful, it must be placed within the DHS to ensure effective coordination, oversight, and accountability. Using a well-thought-out and well-monitored grants program, the DHS would support local communities that wish to address counter-radicalization within their communities.

One of the criteria of the funding would be that, although the role of policing is critical to the U.S. and local government domestic counter-radicalization strategy, it must not become a police program. Therefore, funding can be divided between two key areas: (a) local authority

working in association with communities; and (b) monitoring. Through the grant program, communities must be able to implement local initiatives to manage radicalization. Conditions of the grant would require justification, a coordination plan with the different sectors, and performance measures to gauge the program's effectiveness.

The U.S. and local government domestic counter-radicalization strategy must develop, maintain, and utilize performance measures. Essentially, the strategy must have clearly stated objectives and goals, and the means by which to accomplish them. Developing such a strategy would benefit from examination of similar domestic social programs, including those outside the United States. Once established, the performance standards could be included as a condition of counter-radicalization grant programs.

Local governments must implement support systems in the key priority areas of education, health, economics, criminal justice, faith, charities, and the Internet. Each of these areas plays a role in reducing domestic radicalization. All the signs of radicalism may have been obvious in retrospect locally, such as changes in behavior at school, isolation from social groups, becoming sympathetic to terrorist ideology over a period of time, and culminating into the radicalized U.S. citizen.

Since the United States has not truly developed and/or implemented a counter-radicalization plan to handle a new kind of domestic enemy, it falls on local governments to address the issue. The United States is facing an enemy that may not be seen until it is far too late. Therefore, local governments need to develop a counter-radicalization strategy of their own that is implementable at the local level, fiscally supported at the federal level, and targets the groups that terrorists seek to persuade into joining and supporting their cause.



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Public Health & Political Knowledge

By Raphael M. Barishansky

Public health professionals fill vital roles in homeland security preparedness. One of these roles is to ensure that government decision makers are well informed on issues that may affect the life and health of – perhaps not all, but at least most of – their community members.



When referring to public health preparedness efforts, the need for a deeper understanding of the political knowledge of efforts, successes, and future challenges is paramount. Webster's defines the word "politics" as "any activities that relate to influencing the actions and policies of a government or getting and keeping power in a government." A working definition of this word should encompass a range of situations. In other words, the meaning of politics should reflect what it is for each person, in terms of his or her own agenda, and the agenda he or she purports to pursue.

Thus, politics – and the elected officials involved in the political world – are fundamentally variable as opposed to constant.

Public health, on the other hand, is based on the concept of doing the greatest good for the greatest number of people. This means that, on occasion, elected officials and decision makers need to be informed about initiatives and programs that may not benefit all, but rather most, of their constituents. A panel of experts in 2007 defined public health emergency preparedness (PHEP) – a subset of public health – as:

The capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action.

Any preparedness program that readies a community could potentially have a positive effect, even if the program has yet to be tested in a true emergency. However, the inherent difficulty working in a field such as public health preparedness is that, although there are dedicated professionals with significant awareness and even operational experience, there are other elected or appointed officials without the same subject matter expertise, who must be rapidly educated. Additionally, policy goals have been overshadowed by politics in public health preparedness on numerous occasions.

The State of Readiness & Other Successes

There have been multiple successes in public health preparedness efforts, least of which is the overall state of readiness achieved since the post-9/11 Anthrax attacks. In the time period prior to these events, the United States experienced a degradation of public health preparedness infrastructure and capacity including a lack of laboratory readiness and appropriately trained personnel.

Since then, with the assistance of multiple federal funding streams – including the PHEP, Cities Readiness Initiative, and Hospital Preparedness Program grants – the strengthening of the public health infrastructure includes qualified professionals performing the following tasks:

- Conducting surveillance for pathogens;
- Practicing mass prophylaxis distribution;
- Safe-guarding the food supply;
- Engaging in cross-jurisdictional training and communication efforts;
- Participating in media training;
- Keeping first responders healthy;
- Creating volunteer opportunities and community outreach; and
- Consistently training in incident management.

On a daily basis, these improvements in the public health infrastructure have assisted during everyday occurrences – including environmental, food-based, and terrorism-related



incidents – and have also been augmented to handle large-scale bioterrorism attacks or other emergencies affecting the public’s health. The knowledge of these successes was solidified during the 2009-2010 H1N1 pandemic and the recent Ebola situation when, moving rapidly, the federal government released funds to state and local partners to strengthen response efforts for the specific situations.

The conundrum of public health preparedness efforts is that many community members and elected officials understand response efforts, but not readiness efforts. They fail to understand that well-trained

responders responding to an emergency situation are an element of overall preparedness. The fact that experts have been trained and educated about myriad public health emergencies, conducted various drills and exercises based on relevant scenarios, and stand at the ready is not easily understood. Therefore, without seeing an incident occur, the need to have grant funding for readiness efforts may not be apparent.

Another area of success is the establishment of well-developed, operationally sound emergency plans for the wide variety of public health-specific emergencies that call for health departments to respond. Although these plans are primarily related to health emergencies, they can also include other incidents, such as weather emergencies, where the health department plays a tangential role. The National Response Framework, the National Disaster Recovery Framework, and the National Preparedness Goal all highlight the key roles

that the field of public health plays in community preparedness and resilience, specifically in the planning process.

At best, it can be difficult to get elected officials to attend necessary drills and exercises in order to understand their distinct roles in an emergency. At worst, they may be so removed from the incident that they actually hamper agencies' efforts in an emergency and provide news media with inaccurate information.

Budgets, Planning & Other Challenges

Politics, budgets, and long-term planning are dynamically intertwined in the public health preparedness context. The electoral process may impact preparedness in significant ways. Representatives' thinking about preparedness leads to adjustments in budgets and policies. Elected officials who are aware of preparedness efforts may choose to funnel resources to this area, whereas others might elect to trim budgets and focus more narrowly on specific strategic priorities. These shifts may alter, or even undermine, long-term efforts. Below are some points to keep in mind:

- At times, public health representatives must be proactive in making elected officials aware of specific community successes at the city, regional, and state levels.
- Forward-leaning politicians – local, state, or even national representatives – understand the “lay of the land” when it comes to preparedness efforts. However, for those who do not understand, local, regional, or state-based agencies must relay to elected officials that public health preparedness is a long-term issue that is affected by the term-to-term fluidity of politics.
- Subject matter experts must be able to clearly explain complex public health-specific terms such as quarantine, isolation, and patient screening realities to elected officials of all levels. This optimally should be done in a proactive manner, but may be required during an emergency.
- State and local health officials traditionally receive guidance, as well as incident-specific resources such as vaccines, from the federal government. Ensuring that elected officials understand dispensing practices and priorities before distributing antivirals or antibiotics could prevent a public relations debacle.

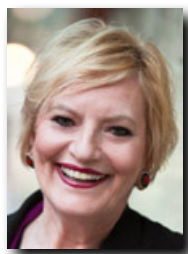
Public health preparedness programs need buy-in from all levels of government in order to build upon current successes. A strong commitment must be made at the federal, state, and local levels to maintain and improve local public health preparedness capacities and to make this effort a national priority. Without such a commitment, public health will continue to fail in its primary functions and lack the capacity to meet homeland security preparedness goals.

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The Politics of Presidential Disaster Declarations

By Kay C. Goss

Following a disaster, communities, tribes, and states typically experience years of rebuilding and recovery work. Understanding the presidential disaster declaration process and how to access supplemental disaster relief funds helps to speed the recovery efforts and potentially build back even better than before the incident.



The Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288) has delineated the presidential disaster declaration process for over 20 years. There are two paths to authorize federal supplemental assistance: emergency declarations and major disaster declarations. Although they may sound similar, these two types of declarations have key differences.

Emergency declarations are made to protect property, as well as public health and safety, in order to lessen the threat of a major disaster or catastrophe. This type of declaration is often made when a threat is recognized to supplement or coordinate with local and state efforts prior to an event – for example, launching evacuations and protecting public assets. A recent example is when the Federal Emergency Management Agency (FEMA) announced that, beginning on 13 August 2015, federal emergency aid was being made available to the State of Washington to supplement state, tribal, and local response efforts in the areas surrounding wildland fires. Although this article is primarily focused on major disaster declarations made after disasters have done their damage, these smaller, less frequent emergency declarations are an important aspect of emergency and disaster management.

On the other hand, as mentioned, a major disaster declaration is made after a natural or human-caused hazard results in a disaster or catastrophic incident and includes broader authorities to help states, tribes, territories, and local communities, as well as families and individuals, recover from the damage caused by the event.

Paying the High Costs of Disasters

Federal disaster assistance funding is contained in many supplemental appropriations bills, including those covering presidential declarations in each state and territory. These supplemental funds are placed in the Disaster Relief Fund (DRF), which is a “no-year” fund managed by FEMA that can be used only for spending related to presidentially declared disasters. A separate disaster relief account is established for each declared disaster to fund public assistance (for rebuilding public institutions and infrastructure) and individual assistance (for individual victims).

Major disasters are often the dominant story in the mass media and social media, capturing attention both for the resulting devastation as well as for presidential and agency actions. Such stories help the public to assess the effectiveness of presidential

leadership, constituent care, and emergency management knowledge, as well as that of governors, county executives, mayors, emergency managers, and other emergency services professionals during these events.

As such, disaster assistance is an almost perfect political currency. It serves humanitarian purposes, which only the most cynical could question. Funded out of supplemental appropriations, this type of assistance does not officially add to the budget deficit, making it easier to pass through Congress. It also promotes the local economy, with many communities coming back stronger and more unified than before the disaster or catastrophic event.

However, a disaster declaration is generally the result of a tragic incident that takes the lives of tens, hundreds, or occasionally thousands of people, and disrupts or devastates communities, states, or tribal lands. The economic and environmental impact of a disaster can be severe, both in the short and long term. The assistance offered from federal and private sources may not be commensurate with the damage suffered, but rather is designed to bring the area back to its status at the time of the disaster, not necessarily to bring it back better than it was. However, through hard work and excellent planning, some best practices and amazing examples exist, including:

- Joplin, Missouri, opening their schools on the regular schedule for the 2011-2012 school year, only three months after an EF5 tornado caused widespread destruction of school facilities on 22 May 2011 (the end of the 2010-2011 school year);
- Greenburg, Kansas, going “green” after an EF5 tornado leveled the rural town on 4 May 2007;
- The New Orleans downtown revitalization in the decade since Hurricane Katrina devastated the city in August 2005 (the 10-year anniversary was a time of reflection that acknowledged the exemplary recovery progress, but revealed the work that still needs to be done);
- The State of Mississippi very rapidly and comprehensively progressing its recovery process following Hurricane Katrina; and
- The Virginia Tech Families, following the tragic shooting incident on 16 April 2007, forming the Koshka Foundation, which is now leading a national effort to make sure all campuses are safe.

Understanding the Funding Process & Getting Started

It is this formal presidential disaster declaration process that sets the federal recovery help in motion, supplementing the state, tribal, and local funding and, in many instances, private and nonprofit funding. For example, during Hurricane Katrina’s early recovery days, Wal-Mart, Lowe’s, Home Depot, and many other companies assisted with contributions of much-needed items and jobs for dislocated disaster victims, while other states and cities welcomed and assisted evacuees. For example, Arkansas established a “Katrina Care” process and temporary program. Texas eventually housed many Katrina evacuees who had been in the devastating situation at the New Orleans Super Dome.

The trigger for federal disaster assistance is contained in a relatively short statutory provision. P.L. 93-288 (the Stafford Act) includes one brief section that establishes the

legal requirements for a major disaster declaration, which recently has been amended to include tribal requests.

This declaration process is delineated in the federal regulations, specifically in Subpart B of 44 C.F.R. 206. These regulations have been updated through the federal regulatory process, then put out for comment in the Federal Register and in final version, since 1974. However, little change occurred until the long overdue and recent inclusion of tribal groups in P.L. 113-2. These presidentially declared disasters occur on a frequent, even weekly basis and in almost every state, every year.

The Stafford Act stipulates several procedural actions that a governor or tribal leader must take before requesting federal disaster assistance, such as having and implementing a state emergency plan and tribal emergency plan, as well as an agreement to accept cost-share provisions. However, broad discretion with tribal leaders or governors is needed if they determine that a situation is “beyond the capabilities of the state.” The concession that a state or tribe is unable to respond on its own may be difficult to quantify, with the governor or tribal leader making the final assessment, based on his or her knowledge of state or tribal resources and capabilities.

Although presidents who have served as governors may find this to be a smooth and natural path, others occasionally question the process or are frustrated at first by it, especially with the broad discretionary power of local, tribal, and state leaders. Presidents who have been governors have gone through this process numerous times and are thoroughly familiar with the declaration process. A president may be anxious to declare a disaster the second it occurs but is not allowed to under the Stafford Act, until the governor or the tribal leader certifies that an incident is beyond his or her state or tribe to cover the costs of recovery. On the other hand, a new governor or tribal leader may hesitate to admit that the state or the tribe cannot take care of the situation without any help from the federal government after a disaster. Some may not relish following the federal rules and regulations for the management of infrastructure projects or providing the state or tribal matching funding for cost share with the federal government.

For more information, Richard Sylves, Ph.D., emeritus professor of public administration at the University of Delaware, has tracked all presidential declared disasters from the beginning, and the Congressional Research Service publications have assisted congressional members and staff for many years in navigating the Stafford Act and the Presidential Declaration process.

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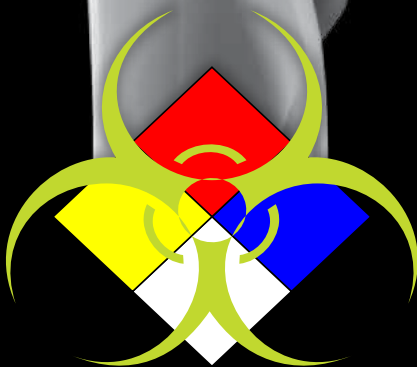
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A Federal Agency's Journey to Protect Its Workforce From Infectious Diseases

By Robert J. Roller

From a presidential executive order to comprehensive workforce protection, the U.S. Department of Homeland Security's infectious disease protection process is constantly evolving. The department's centralized guidance/decentralized execution planning paradigm with reliance on a robust lessons learned process ensures an increasingly resilient workforce against biological threats and hazards.



Businesses and government agencies alike have the responsibility to protect their workforces from events that can endanger safety and imperil the continuance of the organization's mission. This responsibility is especially true at the U.S. Department of Homeland Security (DHS) where the [continuity of operations](#) officials, occupational safety and health specialists, medical providers, and operational planners work daily to improve the department's preparedness against all threats and all hazards.

However, prior to 2009, DHS struggled to provide the department's component agencies useful guidance for specific biological hazards due to the diverse missions and the legacy capabilities and processes brought to the department when it formed in 2003. As a result, DHS-wide contingency plans were sometimes too vague to provide robust guidance or provided an onerous "one-size-fits-all" approach that was ill suited to the complex missions and unique missions performed within the department.

However, by late 2009, DHS had a cadre of experienced planners and supporting subject matter experts able to execute DHS-wide planning initiatives (see Table 1). When [Executive Order \(EO\) 13527: Medical Countermeasures Following a Biological Attack](#) was promulgated by President Barack Obama in late 2009 directing federal agencies to protect their workforce from the threat of an anthrax attack, a cross-functional group of planners and subject matter experts from across DHS set in motion the development of a workforce protection planning paradigm that continues today.

Anthrax – The Beginning of a Major Planning Initiative

EO 13527 required federal agencies to provide a rapid federal response in the event of a biological attack using deadly aerosolized *Bacillus anthracis* (anthrax) bacteria. The EO directed [planning efforts](#) to augment state and local governments administering lifesaving medical countermeasure antibiotics and also included a requirement for medical countermeasures to be provided to federal personnel following an anthrax attack, so they can continue to perform the mission-essential functions of their agencies.

The EO set in motion a major planning initiative across the federal government to include agency-internal preparedness activities consistent with the EO and complementary

Table 1: Chronology of DHS’s Major Infectious Disease Workforce Protection Planning Efforts

Date	Product	Outcome
2009	2009-H1N1 Implementation Plan	Established comprehensive DHS-wide response plan specific to the 2009 H1N1 influenza threat
2009	DHS Component Pandemic Continuity of Operations Annexes	Required pandemic planning and preparedness be addressed by every DHS Component
2009	EO 13527	Tasked the development of anthrax response plans, to include workforce protection measures
2010	DHS Anthrax Department Guidance Statement (DGS)	Established minimum anthrax attack planning and preparedness requirements for all DHS components
2011	DGS-Compliant DHS Component Plans	Ensured entire DHS workforce could continue their mission during an anthrax attack via tailored plans meeting common DGS-required standards
2011	2009-H1N1 After Action Report/Improvement Plan	Provided a detailed list of best practices, lessons learned, and recommendations intended to improve planning and preparedness for emerging infectious diseases and pandemics
2013	DHS Pandemic Workforce Protection Plan (PWPP)	Established minimum emerging infectious disease and pandemic planning and preparedness requirements, cross-component coordination guidance, and messaging assistance for all DHS components
2014	PWPP-Compliant DHS Component Plans Completed	Ensured entire DHS workforce could continue their mission during an emerging infectious disease outbreak or pandemic via tailored plans meeting common PWPP-required standards

interagency plans. However, the size, breadth, and semi-autonomous nature of the DHS's component agencies made the adoption of a comprehensive and detailed workforce protection plan difficult to develop. DHS spent the first six months of 2010 preparing a comprehensive anthrax response plan that prescribed protective actions the department would take in the event of an aerosolized anthrax attack. However, the *[Draft] DHS Anthrax Response Plan* failed to gain the necessary consensus from DHS component agency leadership who felt the plan limited their ability to tailor anthrax protective actions to their unique processes, structures, and missions. As a result, the plan did not proceed beyond the departmental review cycle.

The lesson learned from this experience was that a comprehensive and prescriptive workforce protection plan would not suit the 28 components of DHS and ~250,000 members of the DHS workforce with a one-size-fits-all approach to department planning. This created an impasse, where the need for detailed guidance to be compliant with the EO clashed with the component need for flexibility due to their unique missions.

In the summer of 2010, the Plans Division at DHS headquarters in coordination with the DHS Office of Health Affairs, Management Directorate, and others initiated a new approach to the problem. Rather than develop a detailed department-wide plan consisting of 40-50

The lessons learned and best practices from previous efforts, combined with continued momentum to improve its planning, oversight, exercises, and capability development, has enabled DHS to better protect its workforce from all emerging infectious diseases.

pages of prescriptive guidance for all DHS components, the team developed a [Department Guidance Statement](#) that established the minimum anthrax attack planning and preparedness requirements for each component, and allowed each component to implement that guidance in a manner that best suited their situations and needs.

Development of the *DHS Component Anthrax Operations Plans Department Guidance Statement* took four months (approved by Secretary Janet Napolitano on 10 November 2010), but it set in motion productive anthrax planning within DHS components. Component implementation of the guidance statement was supported by the team that developed the statement, which subsequently led two week-long Anthrax 101 planning workshops in December 2010 and developed planning templates, verification matrices, and fact sheets relevant to the effort to facilitate compliance.

The anthrax effort was a success. By mid-2011 the entire DHS workforce was covered under either an anthrax annex to a component continuity of operations plan or a stand-alone anthrax operations plan. Most components opted to develop their own methods for meeting the requirements, but several components took advantage of the flexibility offered by the

statement to develop more efficient and timely anthrax response procedures. For example, most of the DHS support components that constitute the department's headquarters jointly developed the *DHS National Capital Region Consolidated Anthrax Medical Countermeasures Plan for Select DHS Support Components*. As a result, current measures to protect the DHS workforce from an anthrax attack include timely distribution of post-exposure medical countermeasures through established points of dispensing, which are exercised at least annually, and with plan revision efforts that occur biannually.

Pandemics & Emerging Infectious Diseases – A Hybrid Planning Approach

DHS has long prepared its workforce against the threat of emerging infectious diseases. The 2009 H1N1 influenza pandemic led DHS to develop, among other actions, a workforce protection plan focused on maintaining all its essential functions during the outbreak. The *DHS 2009-H1N1 Implementation Plan*:

- Built upon existing continuity of operations planning and emergency preparedness activities across the department;
- Leveraged plans developed for possible pandemic strains such as H5N1 influenza;
- Provided further guidance specific to the H1N1 influenza virus;
- Described how DHS was to prepare for this emerging disease and, as necessary, respond to it; and
- Complemented guidance from senior DHS leadership that every DHS component develop a pandemic annex to their existing continuity of operations plan.

Fortunately, the 2009 H1N1 did not cause symptoms as severe or workforce absenteeism as high as predicted. As the pandemic waned and vaccine became available, this strain-specific plan became less useful. Despite a thorough internal after action review of the DHS response to the 2009 H1N1, many of the planning and preparedness recommendations were not completed by the time H7N9 influenza and Middle East Respiratory Syndrome Coronavirus (MERS-CoV) emerged in the spring of 2013.

The initial plan at DHS headquarters for the response to these emerging threats was to use the 2009 H1N1 plan as a guide to address the current situation. However, it was quickly realized that simply updating the old strain-specific plan for a new crisis did not allow for pre-incident planning and preparation for multiple potential diseases. Instead, a hybrid was developed.

Since almost all the planners, component subject matter experts, and biological subject matter experts tasked to develop the plan for MERS-CoV and H7N9 had previously contributed to the 2009 H1N1 and 2010 anthrax efforts, the planning team was able to quickly gain consensus regarding the general outline of a new plan. Spurred by the threat posed by MERS-CoV and H7N9 but informed by the 2009 H1N1 and 2010 anthrax efforts, DHS broadened the scope of the 2013 effort to cover all emerging infectious diseases. In addition, the planning

team decided to adopt the same centralized guidance/decentralized execution paradigm developed for the *Anthrax Department Guidance Statement* and apply it to pandemic planning. However, the PWPP went a step further and included overarching coordination and messaging guidance for the department. The plan's development, coordination, and staffing took four months and was approved on 10 November 2013.

To assist in the development of the component PWPP support plans, the planning team took a few actions from the past success with anthrax planning – for example, holding a planning workshop for all DHS components to discuss and explain the specific requirements contained in the PWPP. In addition, the Plans Division distributed a compliance matrix, which:

- Listed planning and preparedness requirements and annotated where those requirements were delineated in the PWPP;
- Distilled the PWPP requirements to a few pages, which served as a quick reference for the component planners; and
- Benefitted both the planning team who performed the compliance review of the component plans and the senior leaders who needed a concise reference that explained both the PWPP requirements and how their respective components met those requirements.

Another major carryover from the anthrax planning effort was the development of a large multifacility plan for the DHS headquarters components co-located at facilities in the Washington, D.C., area. *The National Capital Region Consolidated Pandemic Workforce Protection Plan for Select DHS Support Components* retained the location-specific design and administrative procedures related to the points of dispensing included in the anthrax plan. However, this new plan was considerably more detailed to account for the greater complexity posed by unforeseen infectious diseases.

The National Capital Region Plan, like all support plans, included an assessment of infectious disease risk for the personnel covered under it. The assessments allow DHS components to determine the protective measures – which include workforce and workplace processes, personal hygiene reminders, social distancing, and personal protective equipment when other controls are impractical and ineffective – for every job type, employee, and those in the care and custody of DHS.

Coordination of Plans & Actions

To facilitate intra-departmental coordination, planning, and reporting, the PWPP included a requirement for DHS to stand up an Internet-based virtual collaboration portal for pandemic planning, operations coordination, and reporting on the DHS-administered Homeland Security Information Network (HSIN). Concurrent with the development of the various PWPP component support plans, the Plans Division built a password-protected portal to:

- Share relevant unclassified meeting notes, taskings, reference documents, and templates;
- Allow real-time incident information to be shared through existing reporting processes; and
- Provide a one-stop-shop for pandemic planning and response, built at no extra cost or appropriation within DHS's existing information sharing architecture.

The compliance review, follow up, and improvement planning for the PWPP component support plans also took a page from the anthrax effort. As the Plans Division had done successfully before, a detailed review of each component plan was conducted to provide feedback and assistance to component planners. The compliance matrix mentioned above was returned for each plan, which saved a substantial amount of time and reduced subjectivity and bias in the review.

Individual feedback was provided by the planning lead to the individual components regarding their plans, to include the specific best practices and recommended areas for improvement identified for the respective support plan. In addition, those best practices and an aggregated list of areas for improvement/lessons learned was prepared by the planning team for use by the component planners via the collaboration portal. The summary allowed the component planners to contact each other to share ideas and best practices, and it allowed senior DHS leadership to take the lessons learned for action and resolution.

Workforce protection and pandemic preparedness is an ongoing process that requires constant efforts to maintain not only the plans, but the actions guided by the plans. The PWPP requires yearly reviews of the component plans to ensure they remain consistent with new or existing guidance, and a yearly exercise requirement ensures the component offices validate their plans and protect their workforce well into the future.

Since 2009, DHS has increased its workforce preparedness for biological threats through a sustained planning effort that leverages best practices and lessons learned. As a result, DHS has a sustainable, constantly improving preparedness capability for all emerging infectious diseases. The department is better prepared and the DHS workforce is better protected from potential pandemic events and emerging infectious diseases.

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The Politics of School Safety & Security

By Wayne P. Bergeron

Sir Earnest Benn, political publisher and British baronet (1875-1954) once said that, "Politics is the art of looking for trouble, finding it whether it exists or not, diagnosing it incorrectly, and applying the wrong remedy." For school safety and security, the stakes of getting it wrong are too high to simply let the normal political process play out.



Kenneth Trump, a prominent expert on school safety stated in an interview in October 2013 with [NBC News](#), "There's always been a context of politics around this topic. The parents don't know what they don't know, and no one is rushing to tell them." Clearly, when it comes to school safety and security, it is hard to find anyone who does not agree that it is an important topic, and a desirable goal is to seek improvement. However, much of the agreement ends there and, as Trump further pointed out, "There's been a history of downplay, deny, deflect, and defend . . . to protect the image of the schools." Although no one is in favor of unsafe or dangerous schools, every improvement to school safety and security comes at a cost and, in many cases, these costs are in competition for money and resources across the spectrum of public services.

"In the wake of school shootings, many political leaders and school district officials are under extreme pressure to 'just do something'."

One of the key problems in framing the conversation around this issue is that, in many cases, the biggest challenge is in actually defining what "right looks like" when it comes to school safety and security. As discussed in a previous [DomPrep Journal](#) article on this topic in 2014, without a universally accepted set of

school safety and security standards at the national level and without state-level standards in many states, school officials may have difficulty justifying school safety and security improvement costs (for systems and facilities) to the political agencies that ultimately provide the funding.

Shining a Harsh Light

Of course, one of the interesting paradoxes in this area is that every time there is a school shooting or other violent incident that occurs – there is an immediate rush to judgement by the media, politicians, and even the general public as to why the situation was not prevented. Although focusing on a hot topic can be useful in creating awareness, in many cases, it leads to policies and procedures that are not always well thought out or based on solid research and best practices. For instance, in many schools and systems a draconian zero-tolerance policy has been adopted in the wake of perceived problems with crime, drugs, and violence within schools rather than a more measured and scientifically researched system such as the State of Virginia's [Response to Intervention \(RTI\) framework](#).



Although well meaning in most cases and politically popular, such “Zero-tolerance” policies tend to deal solely with the symptoms of the problem instead of addressing the underlying causes. Zero-tolerance policies tend to focus exclusively on behavior. However, according to education expert [Alfie Kohn \(2004\)](#), “When we’re preoccupied with behaviors, we’re less likely to dig deep in order to understand the reasons, values, and motives that give rise to those behaviors.” Zero tolerance is a popular political position and would make sense if crime and violence in schools were increasing, but the number of such incidents has actually been decreasing over time and not likely as a result of zero tolerance.

In fact, in New York City, the schools that have strict [zero-tolerance policies and aggressive security procedures](#), such as metal detectors and surveillance cameras, actually have more problems and issue 48 percent more suspensions than schools that have a lessor profile and more tolerant policies. The media, in many cases while covering sensational events, certainly increases awareness of the issue, but rarely spends more than a few news cycles focusing on the topic in any depth – frequently offering only superficial coverage and failing to delve into any real underlying issues.

Just Do Something – The Knee-Jerk Syndrome

Similar issues are found when it comes to equipment and technology. In the wake of school shootings, many political leaders and school district officials are under extreme pressure to “just do something.” For instance, in Ohio, there recently has been a highly emotional controversy spreading through the state over classroom door barricades. On the face of it, these devices (of various designs) allow classroom occupants to mechanically block the door in addition to normal locking mechanisms and would seem to be an excellent choice to help prevent the entry of an active shooter and protect students and faculty. From a political standpoint, they show concern and action on the part of officials. “Let’s put one in every classroom,” would likely be a great political quotation.

However, the possible second- and third-order effects of these devices raise concern about what would happen should a device fall into the wrong hands. As [Trump \(2015\)](#) pointed out, there are potentially “very real dangers created if these barricades are used improperly,” for example:

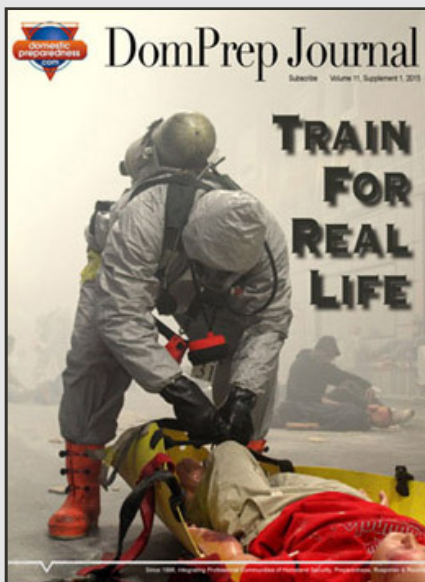
- Someone using the barricade to prevent the escape of a sexual assault victim from an empty and darkened classroom;
- A mentally disturbed student barricading an area in conjunction with a weapon to hold a class full of students hostage and to keep law enforcement out; or
- A disgruntled employee or student trapping occupants inside an area during a fire or arson event.

In addition to the political ramifications of these potential scenarios should barricades be placed in every classroom, the use of the devices may actually violate fire and building codes, as would chaining and locking doors.

A Measured Approach

In the end, when it comes to the political considerations of school safety and security policies and practices, officials and administrators would be wise to adopt a reasonable and measured approach that considers all hazards and all threats within the context that they are likely to occur. Having a comprehensive threat assessment is a necessary first step that should drive policy decisions up front. Additionally, having a validated and research-based set of guidelines and standards for school safety and security that drives procedures and practices can go a long way toward ensuring comprehensive school safety and security and even providing political cover as well.

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In June 2015, DomPrep was invited to take an exclusive inside look at the Center for Domestic Preparedness, a training facility that offers something beneficial to all of DomPrep's readers. After spending a week in Anniston, Alabama, DomPrep's Kimberly Arsenault and Catherine Feinman compiled this comprehensive supplement with text, photos, and podcasts of the experience they had at the training facility.

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