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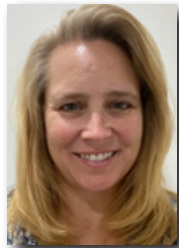
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# Find Chances to Make Positive Changes

*By Catherine L. Feinman*



In life, inevitably, bad things will sometimes happen. While some instinctively run away from danger, emergency preparedness and response professionals willingly insert themselves into many emergencies and disasters that they could have avoided in another profession. The desire to save lives and respond to those in need sometimes even supersedes the responders' own personal safety and well-being. However, disaster response is not the only opportunity to significantly impact a community.

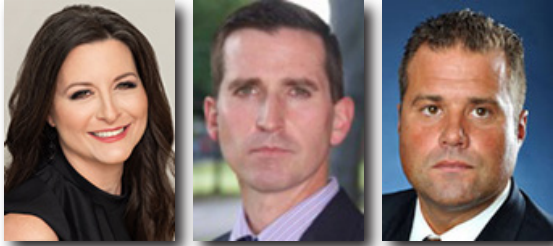
Significant changes present new opportunities. For example, past hurricanes exposed communication gaps that needed to be closed to secure [healthcare records](#) during power outages. COVID-19 increased the pace of online learning, such as an [active shooter training](#) course, to successfully transition from in-person to online learning. The current war in Ukraine offers warnings to the U.S. and other countries to reassess [homeland security](#) all-hazards plans and take action now to protect communities from potential threats.

With many possible threats, hazards, and risks, communities must work together to prepare for the next major event. It will take a whole government approach to incident management, like the one outlined in [Presidential Policy Directive-44](#), and a whole community approach. Two key stakeholders critical for building resilience are [faith-based organizations](#) and the [next generation](#) of preparedness and response professionals.

In addition to opportunities, significant changes introduce challenges. For example, recruiting and retaining workers during a pandemic has been difficult. [Reducing burnout](#) requires finding new strategies to address the unique workplace concerns that COVID-19 introduced. Although the nation is relaxing mask and vaccination requirements after almost three years of a pandemic, and the 2022 hurricane season is ending with fewer storms making landfall than in the past few years, there is no time for [complacency](#). Building resilient communities means staying vigilant, recognizing the threats, and finding chances to make positive changes.

# Nuclear Threats Against the Homeland: Impact and Preparation

By Tanya M. Scherr, Daniel Scherr & Richard Schoeberl



Although the threat of a nuclear attack or incident on U.S. soil is almost seven decades old, recent events renewed this concept over the past few months. From the rise in extremism across the globe, missile launches, rumors of detonations in North Korea, the ongoing conflict over

Iran's nuclear program, and the Russian invasion of Ukraine, the threat and concern of nuclear weapons continue to increase. Although security experts have downplayed the likelihood that the war in Ukraine could lead to nuclear escalation between the U.S. and Russia, Putin's continued threats of using such weapons are concerning. The [National Defense Strategy](#) (October 27, 2022) emphasized the heightened threat posed by Russia, China, and other countries. The report admits that the scope and scale of homeland threats have profoundly changed, posing more dangerous challenges to U.S. safety and security. Much has occurred since the [Joint Statement](#) of the Leaders of the Five Nuclear-Weapon States on Preventing Nuclear War and Avoiding Arms Races in January 2022, where the parties stated:

*We underline our desire to work with all states to create a security environment more conducive to progress on disarmament with the ultimate goal of a world without nuclear weapons with undiminished security for all.*

The proliferation of nuclear weapons and the materials to manufacture them certainly elevates the possibility of a nuclear weapon or modified device utilization as regional tensions and extremism rise.

## **Nuclear Threats – Then and Now**

After the Russian invasion of Ukraine, the October 2022 White House [National Security Strategy](#) now lists China as a long-term threat and Russia, Iran, and North Korea as current, immediate threats in terms of nuclear power. Recent news from the [Bulletin of the Atomic Scientists](#), [Bloomberg](#), and others have projected casualty rates for nuclear attacks on multiple cities and scenarios. Research entities across the spectrum have posted potential impacts of nuclear war and the relative likelihood of large-scale and regional attacks. Emergency managers, officials, and leaders now have an abundance of information and questions on what is in place and what the next steps should be:

- Does this threat warrant its own plan?
- Do we incorporate the plan into the existing framework?
- What training is needed?
- How do we incorporate that training?
- What equipment and facilities are needed?
- How do we manage this process?

Considering all the information and questions surrounding the possibility of a nuclear strike, whether through conventional weapons or a modified device, it is important to understand the relative impact of these weapons today. The International Physicians for the Prevention of Nuclear War published a [report](#) in August 2022 on “Nuclear Famine.” The authors outline a nuclear war’s immediate and devastating impact on climate and food production, with multiple years without full growing seasons and the resulting shortage of available calories worldwide. With their projections, the authors provide a graphical representation of the relative size and number of nuclear weapons from 1945, with the first deployment of weapons in Hiroshima and Nagasaki, to today. Their chart notes approximately 2,060,000 kilotons (2,060 megatons) of nuclear weapons available in 2022 compared to the 1.5 kilotons in the bomb dropped on Hiroshima and 15 kilotons in the weapon deployed in Nagasaki. [The Federation of American Scientists](#) lists the overall inventory at about 12,700 warheads, with 5,977 in the Russian arsenal, 5,428 in the U.S., 350 in China, and the remaining 945 spread between six other countries.

The likelihood that a country will use one of the nearly 13,000 nuclear weapons varies significantly depending on the source and analyst(s) generating the statistics and reports. [The Brookings Institute](#) published the challenges of estimating the likelihood of a war based on various factors. For example, relying on traditional statistics and analysis is limited because nuclear weapons have only been used twice in anger. Projecting future results based on such an infrequent event is problematic, forcing analysis based on alternative models and interpretations.

*How the war in Ukraine will end is unclear, but some analysts say it could have a devastating impact on a global scale.*

Dirty bombs are another possible scenario. For example, Russian claimed that Ukrainian forces planned to use one of these devices in a *false flag* operation against Russia. Britain, France, and the U.S. issued a [joint statement](#) denying the operation and noted that such use would be a pretext for conflict escalation. Although the emergency preparedness community uses the *all-hazards* approach for community planning, and

individual community emergency preparedness plans may list terrorism as one of their top threats, the plan may not specifically address nuclear explosions. Therefore, there are a few planning tools specific to this event.

### **Imagining a Nuclear Scenario – Planning Tools & Resources**

The Department of Homeland Security Countering Weapons of Mass Destruction Office maintains various tools and publications regarding nuclear and other incidents. These include a [Health and Safety Planning Guide](#) for Planners, Safety Officers, and Supervisors for Protecting Responders Following a Nuclear Detonation and [Technical Capability Standards for Radiological Detection](#). The safety planning guide includes information on the stages of a nuclear detonation and what to expect, along with zoned responses, impacts on the body after exposure to radiation, rules of thumb, and considerations for self-protection for responders. This guide builds from the National Incident Management System (NIMS), which includes personal protective equipment, training, and other requirements, and the Incident Command System, allowing for systematic incorporation into existing plans. The second publication on detection provides technical specifications for the operations listed in the guide.

The Centers for Disease Control and Prevention (CDC) has information on radiation emergencies on its website to educate the public. However, nothing can prevent the attack, and it is too late to prepare once a nuclear explosion is imminent. The critical focus at that point is to seek immediate shelter and consider emergency evacuation in high-risk areas such as near nuclear power plants. National awareness [campaigns](#) use the slogan: “Get Inside, Stay Inside, Stay Tuned.” Communities should have multiple avenues of mass communication to alert the public to seek immediate shelter (e.g., weather sirens, [digital billboards](#), and emergency alerts via text messaging, radio, and television broadcasting). Venues with large capacities (e.g., event halls, stadiums, hospitals, schools) should have established plans to shelter individuals inside for safety and prevent evacuation when possible. Any shelter is better than being outside and can help reduce the risk of exposure during the event. Communication is critical for ensuring that citizens understand the dangers of venturing outside before it is safe.

After a nuclear explosion and the immediate need to shelter in place, typical incident response activities should occur, such as establishing an incident command center or emergency operations center in a safe, sustainable location. In addition, decontamination capabilities (equipment, supplies, and personnel trained to use them) are a priority following a nuclear attack. Two guides illustrate considerations, planning factors, and available resources to design an effective nuclear detonation response plan and inform officials during an emergency – from nuclear fallout patterns to triaging exposed victims:

- Federal Emergency Management Agency (FEMA) [Planning Guide for Response to a Nuclear Detonation](#)
- Administration for Strategic Preparedness and Response (ASPR) [A Decision Makers Guide: Medical Planning and Response for a Nuclear Detonation](#)

Community leaders should understand the strengths and weaknesses of their communities' mass casualty capabilities and formulate strategies. As with any all-hazards approach, partnerships are critical. Mass transportation may be necessary, and local emergency medical services resources may not be able to support that initiative. Using school buses to transport the walking wounded can alleviate this resource strain. Like natural disasters, utilities, internet, and other items may be lost and require evaluation. Alternate communication methods are vital, as the internet and other standard communication lines may be inoperable. Battery-powered and hand-cranked National Oceanic and Atmospheric Administration (NOAA) radios apply in this instance. Additionally, text messaging may still work even if cell phones do not.



After World War II and the resulting nuclear arms race, the federal government created a National Fallout Shelter Program that eventually dissolved once a nuclear attack was no longer a looming threat. Considering the extensive and powerful nuclear weapon arsenals, communities should reassess these shelters, which are either no longer in use or possibly repurposed. The Civil Defense Museum [published](#) the location of each identified fallout shelter, which emergency planners can use to locate fallout shelters. They could inspect the site for its viability, mark the area for the public to identify it easily as a shelter, then educate the community on protective measures. These shelters can also be multipurpose for natural disasters and do not have to be explicitly labeled for nuclear threats. In areas where these shelters currently serve alternative purposes, planners may need to seek partnerships to ensure these locations will be available during emergencies.

According to a 2017 public health [study](#), more than half of U.S. emergency medical workers have no training to treat radiation exposure victims. The same study indicated that a third of medical professionals would be unwilling to respond to a fallout zone and treat radiation victims. Intensifying these matters in the aftermath of a potential nuclear attack, radiation exposure treatments for burn victims would likely not be available in



adequate quantities. Since radioactivity is not something readily identifiable through sight, taste, smell, or feeling, Geiger counters and pocket radiation cards are another consideration for emergency planning. Symptoms of radiation exposure vary based on exposure and can range from mild nausea and vomiting to death. Supplies of potassium iodide pills can help combat the effects of radiation exposure, utilizing the Food and Drug Administration (FDA) frequently asked questions for guidance and dosage in the event of radiological emergencies. The FDA also provides [Directions for Making Potassium Iodide Solution](#) for Use During a Nuclear Emergency. When preparing, planners should consider what materials to print (including those traditionally accessed via the internet), which resources to stockpile, and where to store the items.

The traditional all-hazards approach broadly covers different possibilities, but radiological attacks also have unique communication, response, and recovery challenges. Some geographic areas are more at-risk for this type of attack, and not every location needs to invest heavily in detection equipment and specific facilities. As noted previously, some areas already have shelters in place, but their feasibility may need assessment. As with any emergency, planners and managers need to understand the potential impacts, community needs, and priorities in the different stages of the incident.

With preparedness and response guides built on NIMS and Incident Command System (ICS), managers can easily incorporate this into existing plans. Managers can then decide how to implement training and planning activities into their existing rotations. The world has seen the proliferation of nuclear weapons over the past two decades. However, the risk presented by these weapons has reemerged, with Russian president Putin warning to use them against Ukraine. Although the likelihood of an attack in the U.S. is much more remote than other hazards emergency managers and first responders face, the potential impact is catastrophic and deserves consideration.

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# Training the Next Generation of Cyber Guardians

By Steve Stein



Rarely a day goes by without a headline declaring a new cybersecurity threat, disaster, or data breach. Small local governments are overrun with malware, ransomware, and myriad other threats. The picture from the inside of the industry is not much better. Job posts go unanswered for months, searching for experienced professionals while students search for nonexistent entry-level jobs. One Washington State-based nonprofit is seeking to tackle both problems.

## The Expansion of Cybersecurity Readiness

The Public Infrastructure Security Cyber Education System (PISCES) provides undergraduate students with supervised experiences to serve as entry-level cyber analysts. Students at partner colleges and universities analyze streaming metadata from small communities and government agencies that are unable to adequately fund a commercial cybersecurity monitoring service or hire qualified practitioners. Through PISCES, a reliable, high-quality pipeline of entry-level cyber analysts with operational experience is being developed to address the shortage of cyber professionals who are ready for the workforce while simultaneously providing a level of monitoring to critical infrastructure networks.

PISCES grew out of the Public Information Security Event Management (PRISEM) regional monitoring system, a 2009 pilot from the U.S. Department of Homeland Security (DHS) Science & Technology (S&T) Directorate in the Puget Sound region. After nearly five years of successful operation, PRISEM was reimaged as PISCES, focusing on cyber event analysis for small public institutions using student analysts. DHS S&T provided initial funding to test and then implement the PISCES concept. With leadership from Critical Insight and in partnership with Western Washington University (WWU), PISCES established a data-sharing infrastructure, developed a curriculum, and provisioned participating communities. With the support of DHS Cybersecurity and Infrastructure Security Agency and the Pacific Northwest National Laboratory (PNNL), PISCES has expanded from Washington State to include Alabama, Colorado, and Kentucky in 2022 and aims to add more state partnerships in the future.

## Real-World Threats & Educational Opportunities

PISCES provides students with real-world operational experience working with and processing large volumes of live data, examining network flow data, and documenting suspicious activity. Through the course, students develop the capability to monitor for threats in real-time using live data from small communities. However, these streams are not small. A typical community generates over 20 million trouble reports that students must sift through in just one month. The course teaches students not only to find the “needle” in a giant stack of needles but to pinpoint irregularities and trends to determine the validity of an attack or malicious actor.

In January 2021, for example, one of the participating communities was under attack by a group attempting to use brute-force password cracking. The attackers were

attempting to break in to remotely control computers on the communities' network. The students identified and reported the type of threat and the ports that were being attacked and recommended shutting off those IP addresses to stop the attackers before they could gain access. That same month another community came under attack by a group attempting to place a Trojan virus onto their network. Again, students identified and validated the attack. Based on the students' recommended actions, the community took the necessary actions to remove the respective malware before the attackers could activate it.

Although the dominant bad actors generally come from Russia, China, North Korea, Nigeria, and Germany, there also are plenty of domestic-sourced attacks. The attacks that students encounter span the entire range of denial of service to planting malware for theft of information or money, bitcoin mining, password cracking, phishing, spamming, etc. With these skills and experiences, students are more prepared to work in technology-driven careers across industries and business sectors.

Since its founding in 2017, PISCES has worked with DHS and PNNL to establish, develop, and grow this nonprofit into a nationwide program. With 10 academic institutions – including universities, colleges, and community colleges as partners – and more than 20 communities sharing data, PISCES provides 300-400 students per year with this critical experience. However, as the program matures, PISCES seeks to expand its relationships and find additional partners. With students already sifting through hundreds of millions of alerts each month, PISCES must grow to meet this growing problem. Although this program does not replace commercial 24/7 analysis services, it does help to fill a critical cybersecurity gap and build a robust junior cyber analyst training force.

*One Washington State-based nonprofit builds cybersecurity skills in a real-world environment to help close today's cybersecurity gaps.*

In 2021, PISCES established its first state-level partnership in Washington and is now hopeful that the [2021 Infrastructure Investment and Jobs Act](#) will empower other states to follow suit. The bill requires states to build all-of-state-plan offering services and capabilities that can be paid for by the grants. Once the plan is in place, communities can select services or capabilities they want supported to improve their protection. If PISCES is included in these plans, then small communities can easily access PISCES services while building the workforce. The infrastructure and processes are scalable. So, with adequate future resources, PISCES is striving to make this capability available across the nation.

*Steve Stein is the executive director of PISCES. As such, he is responsible for the day-to-day business operations and expansion strategy for PISCES. He retired in 2017, after 38 years with Pacific Northwest National Laboratory where he served as a senior program manager and director of the Northwest Research and Technology Center providing new solutions to first responders and emergency managers. He can be contacted by phone at 206-335-1916 or by email at [steve.stein@pisces-intl.org](mailto:steve.stein@pisces-intl.org). Website: [Pisces-intl.org](http://Pisces-intl.org)*

# Power Outages, Communication Failures & Healthcare

By Daniel Rector



All disasters have a health aspect, and all disasters, exercises, responses, and recoveries are deeply dependent on technology and communications. Two large-scale disasters affecting much of the United States – Hurricanes Katrina (2005) and Sandy (2012) – provide vast amounts of documentation on the significant technological challenges that arose. In [2017](#), the country experienced one of the worst hurricane seasons and one of the worst California wildfire seasons until that point in its history. A common practice for response officials and emergency planners is to conduct after-action reviews following a disaster to identify successes and failures. Although these reviews aim to prioritize failures for immediate improvement and analyze successes for continued enhancement, many of the same issues continue to plague all phases of emergency management, especially responses. By identifying common technical difficulties impacting public health during four disasters from 2005 to 2017, this information may help improve future preparedness, mitigation, response, and recovery procedures.

## Technological Problems in Disaster Response

The after-action reviews of Katrina and Sandy identified many problems that directly affected healthcare systems and public health. Despite significant technological advancements over the seven years between storms, and even after substantial technological improvements, similar issues plagued both storms. Hurricane Maria and the Thomas Wildfire encountered similar problems. Emergency preparedness professionals responsible for planning, higher education, research, training, exercises, technology, standards, and accreditations are challenged to implement change. Closer working relationships and partnerships between preparedness and response leaders may enhance practical improvements that can save lives.

### *Hurricane Katrina*

The [Select Bipartisan Committee](#) to Investigate the Preparation for and Response to Hurricane Katrina found that nearly all issues during the response to the storm arose from *information gaps*. Numerous communication failures and information-sharing gaps may have led to leaders failing to act in timely ways at all levels. When they did act, they did so blindly, without adequate intelligence and analysis. In addition, after the hurricane made landfall, much of the communication infrastructure was damaged, and backup systems were unavailable.

A compounded effect of the communication difficulties was the evacuation and transportation of medical patients. During Hurricane Katrina, [65 hospitals](#) across the country took in evacuated patients. However, many facilities [lacked electronic health records](#), and sending patients with paper records was inefficient and unworkable.

As a result, many patients arrived at new locations with incomplete medical records. Additionally, coordination and planning to use private and military transport vehicles and aircraft were complex and challenging due to widespread communication failures. Many planes and other vehicles consequently went unused during the evacuation process.

### *Hurricane Sandy*

During Hurricane Sandy, the most common problems were power loss and communication issues due to the resulting flooding. These problems impacted hospitals, long-term care facilities, primary care offices, clinics, and emergency medical services, directly affecting healthcare providers' ability to communicate with their patients. It also caused difficulties in communication between state and federal response officials. In addition, there were concerns about the power supply for medication refrigeration and other medical devices. Flooding prevented many people from traveling and resulted in worker shortages. Patients could also not travel, and [doctors](#) had to visit critically ill patients in their homes.

Secondary consequences included flooding of facilities and roadways and supply chain disruptions. Flooded roads prevented deliveries and medical workers from getting to work. The supply chain disruptions were far-reaching, affecting everything from fuel for vehicles and generators to food, water, and medical supplies. Power outages and a [lack of generator fuel](#) resulted in the inability of heating and life support systems to operate. Heating loss caused residents to run their gas stoves as a heat source. This practice and the incorrect use of generators resulted in at least eight deaths from carbon monoxide poisoning. Finally, the long-term impacts of mold from flooded locations were a concern. Many people had to return to their homes even though they may not have been adequately cleaned and renovated from the flood waters.

Like Katrina, the storm damaged much of the communication infrastructure. Several power station transformers had to be [shut down](#) before being inundated with floodwaters. These preemptive shutdowns saved the equipment but resulted in widespread power outages and further communication difficulties. Before, during, and after the hurricane, it is estimated that hospitals evacuated [over 6,400 patients](#) in New York City alone. With each patient requiring transportation to another facility, the drastic increase in transportation needs stressed medical transportation systems and receiving facilities. Power outage issues also could have impacted electronic health records for these transitioning patients.

### *Hurricane Maria*

Likewise, the response to Maria was troubled by communication and supply chain issues from the start. Due to the significant number of severe storms that year, the Federal Emergency Management Agency (FEMA) moved response supplies and personnel from warehouses on the island to other locations. As a result, the response to the incredible amount of damage from Maria was weak. Local authorities were similarly unprepared. Instead of practicing self-resilience, they chose to rely on federal authorities, leaving themselves unable to assist their citizens in the storm's aftermath.



Source: ©iStock/Gabriel Pacce

As [Maria battered the island](#), power outages became widespread and affected all aspects of healthcare. Electrical infrastructure damage resulted in the largest power outage ever in the [United States](#). Many locations on the island went without power for 11 months. Before the storm, the island did not have enough generators. After the storm, shipping disruptions caused delays in providing portable generators. Compounding effects of a power outage, such as life support and electronic health record access, were slow, if even available. Illness and disease were likely without proper food storage and preparation or water sanitization.

### *Thomas Wildfire*

In the Thomas fire's [after-action report](#), the county emergency managers identified several areas that needed improvement for future disaster response. However, although the area experienced a power outage, communication issues were not deficiencies. A strength of that response was the ability of separate agencies to share information in the joint information center. The rapid information exchange resulted in timely public health warnings, including air quality measurements, hazardous materials identification, animal safety messages, and evacuation notices. The county established a call center early on that was highly effective at distributing and receiving information. For example, citizens' calls and texts to the center for up-to-the-minute details evolved into a behavioral health support network for citizens affected by the fire and responders. This communication technology worked well and was cited in the after-action report as a success.

## Failure to Improve Technological Problems

It seems apparent that communication issues and information-sharing have continued to be problems during disaster response for most incidents. Communication and information-sharing were cited issues during Hurricane Katrina and still proved difficult years later. In 2005, during Katrina, cell phones were not as widespread as they are now. Most emergency communication occurred through radios and landline systems. Communication technology improved rapidly afterward. However, communication difficulties remained present even with increased cell phone capabilities and availability during Hurricanes Sandy and Maria. The cell phone infrastructure, such as cell towers, added another layer of vulnerability without adequate protection. On the other hand, California appears to have addressed communications during disaster scenarios well.

While electronic health records were rare in 2005 during Katrina, they were more common in 2012 when Sandy hit. Then, in 2014, they became [mandatory](#) for all healthcare organizations in the United States. Even so, there were still difficulties ensuring proper patient transport and care for evacuated individuals. Power outages impeded the ability to access electronic records during Sandy and Maria. When medical providers could access them, there were, at times, compatibility errors between systems. Supply chain issues were present in all disaster responses. After Katrina, supply issues were blamed on the unprecedented scale of the damage, resulting in too few supplies being pre-staged for use. For Sandy, transportation difficulties led to the shortage. Like Katrina, supply shortages during Hurricane Maria were blamed on the many disasters that occurred previously in the year. There was a failure to stock enough supplies for worst-case scenarios. Instead, jurisdictions were only prepared for a minimal response effort assuming the other entity would cover any gaps.

*This article shows how communities managed when power outages, communication failures, and healthcare concerns emerged after four disasters.*

Disaster planning since 2012 continues to vary among communities. Emergency preparedness professionals learn from past experiences and continue improving response efforts. Unfortunately, many of the same problems continue to plague response efforts in 2022.

## Recommendations to Prevent Issues

The primary recommendation to prevent technological issues is to study the past. New technologies must be built with the intent of disaster planning, preparedness, resilience, mitigation, and prevention. The infrastructure and supporting elements must be hardened and prepared to withstand all types of disasters, especially with heavy reliance on advanced technologies, where system failures have widespread, devastating consequences.

As part of preparedness planning, it is a best practice for facilities of all types to have access to a generator or other form of emergency power supply. However, at a minimum, healthcare facilities with an on-site patient population should be required to have a generator with at least 72 hours of runtime capability – because many facility evacuations were due to a lack of backup power supply. States could ensure the implementation of these mandates through public health inspections like those done with elevators.

Hurricane Irene, which came ashore the year before Sandy, gave the region a false sense of [security](#). Many health facilities and other organizations felt prepared since they fared well during Irene. As a result, they did little to increase their preparedness, and many failed to take the threat of Sandy seriously. In contrast, the utility companies in [Connecticut](#) were unprepared for Irene and spent the next year conducting mitigation activities. As a result, power loss was significantly reduced in the state when Sandy hit in 2012. Even though there were fewer power outages, healthcare facilities still experienced difficulties with communications, patient tracking, and maintaining standards of care due to staff shortages. This examination shows that complacency can be fatal and that continual upgrades are vital.

### **Historical Lessons**

It is critical to study and learn from history. Every disaster offers an opportunity to learn from what went well and what did not. These lessons provide the information needed to enhance the preparedness level of facilities, organizations, and communities and then put into action by updating plans, policies, and exercises.

Further, individuals and organizations of all sizes must accept responsibility for their resilience by preparing for the unexpected. Although the federal government provides resources, it must not be the only source. The federal government provides immediate resources and support, state governments manage disaster recovery, and local governments implement those recoveries. Self-reliance increases survival. Technology continues to evolve but will not always result in enhanced safety or security. Everyone must prepare their homes and families to survive a disaster and practice vigorous preparedness, mitigation, and response activities. Failure to do so will continue to result in potentially escalating consequences.

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# The Role of Faith in Disasters

By Michael Prasad



When people feel powerless in times of extreme stress, they may turn to a higher power to help them get through the situation. This can be true for those who have been directly impacted by the disaster and those who are called to help others. Many faith-based organizations (FBOs) have disaster response and recovery components as major elements of their own missions – and not just for the benefit of their own followers. By helping others through disasters, FBOs create a valuable force-multiplier role in disaster response and recovery as well as in the other key national preparedness mission areas of prevention, protection, and mitigation.

According to [The 2020 Census of American Religion](#) released in July 2021, roughly 77% of American adults affiliate with some organized religious group. Americans utilize faith to help get through disasters that impacted them and faith in others to help respond to and recover from them as well.

Many FBOs view outward charity as a combination of faith and hope. Academic and theologian Martyn Percy described this relationship between FBOs and society as an [ecclesial canopy](#). That outward charity can exist to help any survivors of disasters, regardless of their own faith or lack thereof. Poet and satirist [Alexander Pope](#) said, “In Faith and Hope the world will disagree, but all mankind’s concern is Charity.” FBOs active in disaster charitable work are not just those associated with Christianity. In Judaism, the word for charity is [tzedakah](#), and it is a *mitzvah* (good deed) equal to the sum of all other good deeds:

*Charity is an act of love, kindness and compassion. It is also a duty, a privilege, a right, an act of justice, a humbling experience (even more for the giver than for the recipient) and a badge of identity.*

The [concept of charity in Islam](#) – *zakat* (mandatory requirement for almsgiving – one of the faith’s five pillars) and *sadaqat* (voluntary giving) – is very strong: “*zakat* and *sadaqat* are performed by believers not just as moral obligations to society, but as sincere endeavors to gain God’s pleasure.” Buddhism has a required action called [dana](#), which “includes giving [including one’s time and talents, or *sweat dana*], sharing, and selfless giving without anticipation of return or benefit to the giver.”

## FBOs as Part of a VOAD/COAD Relationship With Governmental Organizations

Many FBOs are components of Voluntary Organizations Active in Disaster ([VOAD](#)) and Community Organizations Active in Disaster (COAD), which can help with governmental operations of Category A (debris removal) and the [“locally executed, state managed,](#)

and federally supported” Category B (emergency protective measures) work of Public Assistance in Response, and most (if not all) of the Recovery Support Functions:

- Economic,
- Community planning and capacity building,
- Housing recovery,
- Health and social services,
- Infrastructure systems, and
- Natural and cultural resources.

FBOs are a key element in a whole-community approach to emergency management. Emergency managers must cultivate these relationships during the preparedness phase of the disaster cycle to be able to activate them during the response and recovery phases.

Many FBOs support government missions – across the entire disaster phase cycle – without bias or proselytizing (i.e., promoting their faith or beliefs as part of their collaborative disaster missions). Incorporating FBOs into the community’s emergency planning supports not only the emergency management’s Diversity, Equity, and Inclusion (DEI) initiatives for public service, but the whole community for the emergency response and recovery work itself.



The Salvation Army feeds disaster workers and volunteers at their command center in Windsor, Colorado (Source: Michael Rieger/FEMA, May 24, 2008, Public domain, via [Wikimedia Commons](#)).

In New Jersey, for example, FBOs collaborate and coordinate on disaster readiness within the state in at least three forums:

- New Jersey has an [Interfaith Advisory Council](#), sponsored by the State's Office of Homeland Security and Preparedness (OHS&P), which provides a two-way communication connection between government and FBOs for site protection/prevention and disaster preparedness. This council also provides information and expertise on obtaining state and federal support such as non-profit security grants.
- For small (undeclared) and large-scale disasters, FBOs can play a critical role in the rollout of multi-agency recovery/resource centers (MARC)s. For example, FBOs who provide financial assistance, donations of goods and cleanup supplies, or services to disaster survivors can be organized in a "one-stop shop" for survivors to avoid having to travel to multiple aid organizations for assistance. These resources from nongovernmental organizations to disaster survivors are generally available regardless of citizenship status or income level. In 2021, [multiple MARCs](#) were established in New Jersey after Hurricane Ida struck most of the state (and were located independent of the FEMA Disaster Recovery Centers for maximum exposure). In October 2022, a MARC was established for a multi-family fire in Passaic County, which displaced nearly 60 residents permanently from their homes. For nongovernmental organizations supporting disaster-impacted families of any size – especially FBOs – a MARC can effectively centralize recovery resources available to families in need.
- During full activations of the state's emergency operations center, OHS&P staffs a private-sector desk, which includes the [New Jersey VOAD](#) that represents the state-level VOADs/COADs, including FBOs. The New Jersey VOAD also helps the state's voluntary agency liaison coordinate with the FEMA voluntary liaison. During [Superstorm Sandy in 2012](#) in New Jersey, VOADs/COADs provided more than \$116 million in direct non-governmental financial assistance, assisted nearly 30,000 households with disaster case management, helped more than 3,000 families rebuild and restore their own homes, and contributed more than 350,000 hours of voluntary service.

### **Coordinate Locally & Support the Restoration of FBO Sites**

*Disasters start and end locally* – and their partnerships with FBOs should be the same. With houses of worship in almost every community, these FBOs know how their own organizations operate disaster support missions and can provide in-roads to residents that government may not be easily able to penetrate with preparedness messaging. Emergency managers should be part of their county/parish/tribal entity COAD group, support ecumenical councils in and around their communities, and be [supportive](#) at the state level for their VOAD. Some FBO groups operate at a multi-community level, meaning that they support smaller disasters locally and larger disasters regionally and that their

physical presence may not be in every community – for example, the Salvation Army and Catholic Charities support the entire nation, but do not have physical offices or sites in each municipality. Although the American Red Cross is not an FBO (nor is it a governmental organization), it is sometimes mistaken as one because of its globally recognized emblem. The Red Cross is a founding member of the VOAD movement and supports/partners with [various FBOs](#) on their own disaster response and recovery missions.

Although the concept of “separation of church and state” is generally about not endorsing one faith group over another, it also translates into the private-public distinction for financial and other governmental assistance for recovery. However, when an FBO’s site is used as a critical infrastructure’s key resource as a pre-established part of a community’s emergency plans – and is available without bias or discrimination to all the public – that FBO’s site should be supported through governmental and non-governmental assistance. For example, if a house of worship’s fellowship hall is used as a shelter or point-of-distribution, it should count as a Public Assistance Category B resource – and fall under FEMA’s Private Non-Profit ([PNP](#)) criteria, which states that it:

*[M]ust demonstrate the facility provides a critical service or provides a non-critical, but essential government service and is open to the general public. A facility that provides a critical service is defined as one used for an educational, utility, emergency, or medical purpose.*

This does not mean that tax dollars go toward restoring houses of worship. However, in many communities as with their public schools, FBOs have a much larger non-disaster role in community housing, community planning and capacity building, and community health and social services. Those elements are key recovery support functions for any community.

### **Mental Health/Disaster Spiritual Care**

Finally, disaster trauma is a serious health concern for families impacted by disasters and the responders who help them. The federal government recognizes this and supports disaster grants on presidentially declared disasters through the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health & Human Services. SAMHSA also has [resources](#) dedicated to emergencies and first responders. FBOs can help communities before, during, and after disasters with [mental health](#) and disaster spiritual care.

FBOs also help [balance](#) equity needs for any community, especially when cultural and religious rituals need to be maintained and conducted, for example, grief and bereavement activities associated with disaster-caused

fatalities. The American Red Cross recognized this as a national gap in the recovery process for individuals and families early in 2020 during the COVID-19 pandemic. To

*With their own response and recovery components, many faith-based groups can support disaster response efforts, plus provide mental health and spiritual care.*

respond, they created a virtual [family assistance center](#) to help guide people through to behavioral health, spiritual care, and disaster health services support from partners – including from FBOs.

FBOs who are VOAD/COAD members should be considered whole-community partners by emergency managers. They bring tremendous breadth and depth to the table through coordination, cooperation, collaboration, and communication. Along the same lines of working with non-FBO VOAD and COAD groups, emergency managers need [to empower, endow, educate, and entrust](#) the FBOs they work with to the benefit of the public.

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# Switch to Online Enables New Active Shooter Training for All

By Michael Melton



The frequency of active shooter incidents has increased over the past two decades, [doubling](#) from 2016 to 2020. As a result, many people have increasingly sought effective training on this topic. Before the COVID-19 outbreak, participation in 3.5 hours of in-person training was mandatory within L.A. County's Department of Public Health (LAC DPH) for all staff assigned to any directly related responsibilities. In early 2022, this course successfully transitioned to a fully online version and is now freely available to anyone.

## Identifying a Training Gap

In 2014, the director of LAC DPH participated in an active shooter preparedness training event, which prompted a new interest in emergency preparedness measures related to active shooter threats and workplace violence. As a result, developing a training plan and curriculum for all DPH staff, though not necessarily the same training for all staff, began. The director of the Emergency Preparedness and Response Division was the project lead for this assignment. Still, the work was fully coordinated with the director of Organizational Development and Training (ODT) and the agency's risk manager to ensure the best training solution(s) to meet the staff and agency's preparedness needs.

During the following year, the Active Shooter Training Project's members researched the types of in-person and online Active Shooter Preparedness and Response training that were most readily available to agency staff. Based on that research, the agency decided to develop a complete, in-person course for selected segments of LAC DPH staff based on their facility- or safety-related responsibilities:

- Senior facility manager of each of the 50+ facilities from which staff performed their duties,
- Building emergency coordinator for each facility,
- Floor wardens for each facility, and
- Alternates for any of the above three positions.

Based on research findings, project members and agency leaders agreed that the online course through the Federal Emergency Management Agency's (FEMA's) Independent Study (IS) [web portal](#) – specifically [FEMA's IS-907](#) (Active Shooter: What You Can Do) – was highly effective. Therefore, this course became the primary mandatory means for providing foundational knowledge on this topic to support all agency staff. By mid-2016, the 3.5-hour agenda and content elements for the agency's in-person training had been established so that multiple in-person courses per quarter could meet the training requirement beginning in the Fall of 2016 (see Fig. 1).



**Fig. 1.** Michael Melton provides in-person instruction (Source: Melton, 2016).

### **Overview of the 3.5-Hour Specialized Course**

Since completing the FEMA IS-907 online course was already mandatory for all LAC DPH staff, the 3.5-hour course only included a summary of content from that training source. The reviewed content had the workplace violence indicators for prevention activities and the basics of the “Run, Hide, Fight” response options. Additional content not explicitly provided in FEMA’s course was also in the 3.5-hour curriculum to empower staff members with various facility safety leadership responsibilities to complete their pre- and post-incident duties more effectively. However, during an actual violent attack, leaders’ primary responsibilities are like any other workforce member: do not get shot/hurt; and if wounded, do whatever is necessary to survive. Leaders who do not protect themselves are of little value to anyone else.

Of course, participants were never going to be able to practice their response options to the extent necessary to produce muscle memory, so the focus of additional content during the response portion of the curriculum was on the following:

- Preparedness measures before an incident can produce better outcomes than waiting to make last-minute decisions.
- Proven security elements were added to the curriculum (e.g., Five phases of security with their respective countermeasures, and Rings of multiple countermeasures). Tool development included a two-page file containing sources of information and [resources](#) that reinforce the various security processes and strategies.

- A single-page [Personal Action Options \(Plan/Tool\)](#) allows users to identify and document options for implementing each of the three key response strategies (i.e., Run, Hide, Fight) based on their personal capabilities and the characteristics of their typical workspace or another site(s).
- A single-page [“Safer” Room Evaluation Tool](#) allows users to pre-identify one or more rooms in their workplace or another site(s) that should provide a reasonable level of safety if they were to encounter an attacker(s).
- Various [“target hardening”](#) strategies (e.g., blocking access to individuals) make the shooter’s access to an individual’s position too difficult or time-consuming, so the shooter moves on, or the responders arrive to neutralize the threat.
- Online delivery of this course eliminated printed handouts and required that [supplemental documents](#) be made available through an online source. Constant and Associates Inc. provided LAC DPH with a new webpage as a community service to meet this need.
- When preparedness options fail to prevent exposure to a violent attack, the threatened person must rapidly make decisions, execute identified solution(s), and then reevaluate the situation.
  - The course teaches the appropriate use of Colonel John Boyd’s [OODA Loop](#) (i.e., Observe, Orient, Decide, and Act) as an effective tool for tactical decision-making during highly stressful, adversarial situations.
  - Urgent decisions during a violent attack must be made without all the desired information, so decisions based on assumptions are sometimes necessary. These mandatory assumptions can be evidence-based instead of simply reactionary by including key statistics and other historical information, which significantly improves their accuracy, reliability, and frequency of success.
- The style of the curriculum’s composition is progressive and employs significant use of images to reinforce specific points and the cumulative nature of knowledge transfer.
  - It is essential to manage participants’ expectations and engage different levels of knowledge and capabilities the participants bring to the course. The course’s curriculum employs a table that challenges participants to consider specific threats and an individual’s ability to control adverse exposure to them. Participants reassess their capabilities at three points during the training, which builds confidence.





Fig. 2. Image sets illustrate positive progression in response capabilities (Source: Melton, 2022).

### Progression and Transformation of the Course for LAC DPH Staff

These regular 3.5-hour curriculum in-person courses included groups of pre-identified recipients, ranging from 20 to 80 participants per session, that continued over the next few years. The final in-person delivery occurred in February 2020, coinciding with the world's response to the COVID-19 pandemic that halted all in-person training events.

Participants provided written evaluations for every course offering and frequently provided verbal feedback regarding the curriculum and the course's ability to meet their individual training needs for an active shooter event. Examples of how the program transformed based on the participants' feedback include:

- An additional video and specific content expanded the coverage of the "Fight" option.
  - This new video includes critical aspects of an actual active shooter attack on an Oregon college campus. One student was killed, and three were wounded before the building's safety monitor took aggressive measures to disarm the shooter.
  - Video clips showed news coverage following that incident, the recommendations of a security expert and an FBI manager, and key details of the shooter's preparatory activities and mental state in the days before the shooting.

- All references to shooting-related lessons learned from the extensive hunting experiences of the primary presenter were replaced in the curriculum with similar examples from other experiences due to expressions of sensitivity by some course participants to any mention of hunting activities.
- In response to numerous recommendations that the course should be available to any LAC DPH employee who wishes to attend, the project's planning team decided to offer a 2.5-hour version of the course to any staff.

After the pandemic halted all in-person training, the course instructor, supported by the staff from ODT, developed the newly formatted online curriculum. Since LAC DPH had successfully used Webex as the training platform for the agency's online instruction for its newly assigned COVID-19 contact tracers, that web-based training application was the best approach to deliver the online Active Shooter Preparedness and Response course.

On March 8, 2022, 415 LAC DPH staff took the first fully online version of the 3.0-hour course. From their responses to periodic survey questions, the participants remained actively engaged throughout the entire class. More significantly, most of the 415 participants from this online version of the course submitted evaluations, which revealed satisfaction levels for just over 95% of all submitted evaluations as having either fully met or even surpassed their expectations. This satisfaction level was comparable to the participant evaluations following the last in-person delivery of the class in February 2020.

### **Entirely Online, Fully Available**

The development of the Active Shooter Preparedness and Response training options followed this progression:

- 3.5-hour in-person course for only LAC DPH personnel who held some leadership role;
- Addition of a new 2.5-hour in-person version, which was available for any LAC DPH staff;
- A 3.0-hour online version, which was available for any LAC DPH staff;
- A 2.5-hour virtual course on a [YouTube Playlist](#), which is accessible by anyone; and
- A 2.5-hour virtual course through the Public Health Foundation's (PHF's) [TRAIN Learning Network](#) for any person with a role in healthcare who registers for an account on this platform.

The participants who use the TRAIN portal to access the course's content may progress at their own pace through the same seven videos accessible from the YouTube Playlist. However, when accessing the course through TRAIN, there are other potential benefits:

- Agencies that use the PHF's TRAIN Learning Platform to manage their staff's training can recommend or assign the course with confidence that the content has been validated.

- The completed training appears on the user’s transcript.
- Users have direct access to download Word versions of the three tools.
- Users who complete the course have an opportunity to provide a numerical review of the effectiveness of the course.

The pandemic created the primary push toward transitioning to a fully online version of traditionally in-person training. This ambitious goal was successfully achieved and delivered on March 8, 2022, with a session for 415 participants. Once the satisfaction ratings met or exceeded the 95% ratings, which matched the previous evaluations of the in-person deliveries, it was time to make the course available to the public. Therefore, a neutral PowerPoint template and a recorded set of seven new videos covering the course’s content are now in a playlist on YouTube for free access to the training. When officials with the PHF’s TRAIN Learning Platform learned about this new course’s availability, they requested that the course be made available through their platform for access by anyone with a TRAIN account. So, the course is also available on the TRAIN Learning Platform.

Many people may not be motivated sufficiently by the threat of an active shooter incident to commit the 2.5 hours required to complete this course or the additional time necessary to complete any personalized tools (e.g., Personal Action Options; “Safer” Room Evaluation). For some, the minimum of 1.2 hours to complete the FEMA IS-907 course will provide a sufficient level of improved capability. However, for those who wish to supplement the information they would typically learn in a one-hour active shooter course, there are additional response strategies and tools from law enforcement, security, military, and emergency management disciplines. These supplemental training and customized tools are now freely available for improved safety and general peace of mind.

*Note: As a member of the Emergency Operations Program of Emergency Preparedness and Response Division and a retired captain with 30 years of law enforcement experience with the Los Angeles Police Department, the author was designated as the agency’s subject matter expert on active shooter preparedness and response, as well as for the more significant challenge of workplace violence prevention and response. He was the lead for developing and presenting the 2.5-hour content of the response segment of the 3.5-hour course.*

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# Workplace Strategies to Reduce Burnout and Build Resilience

*By Judy Kruger & Chris Paquet*



The emergency preparedness workforce (police, paramedics, emergency managers, public health professionals, nurses, and doctors) was impacted by the relentless and unceasing large-scale public health response to COVID-19. For many, COVID-19 led to an expansion of more complex, intense, and demanding work, resulting in increased stress levels. Sometimes, the workday was longer due to additional assigned tasks to an already busy schedule. Managing pre-assigned daily tasks became more challenging due to the sudden changes in staffing due to staff absences, extended workdays, shift changes, and reassignment to different roles – all intensified response activities.

The prolonged nature of the pandemic resulted in an exhausted workforce with [high depression rates](#) among health and public service responders. A report from the [Association of State and Territorial State Officials](#) found that sustained efforts to respond to the ongoing pandemic took a toll on the workforce with increased absenteeism, high turnover, and low morale. The mental and physical burden of the pandemic required the introduction of protective measures to reduce burnout. Almost three years of the pandemic and simultaneous catastrophic events – such as wildfires, coastal and river flooding, and hurricanes – have resulted in many agencies losing staff and looking for solutions to address burnout.

In the early days of the pandemic, agency policies for first responders were ill-equipped to manage a long-term coordinated infectious disease response during a workforce shortage. As a result of COVID-19, many first-line responders sought other short- and long-term [career choices](#). A [report by Charles Sturt University](#) interviewed 1,542 Australians who provided essential services during COVID-19 and found that more than 50% of first responders reported high levels of burnout, and 40% considered quitting their jobs. The American Psychological Association ([APA](#)) defines burnout as “physical, emotional or mental exhaustion, accompanied by decreased motivation, lowered performance and negative attitudes towards oneself and others.”

A 2020 [survey by Eagle Hill Consulting](#) found that 35% of employees who reported burnout said it was attributable to the pandemic. When further probed about the leading causes of employee burnout, responses varied: workload (47%); balancing work and personal life (39%); lack of communication, feedback, and support (37%); time pressures and lack of clarity around expectations (30%); and performance expectations (28%). Retaining and engaging employees who manage multiple events require organizations to assist them with solutions to balance work and their personal life. Organizations must innovate and organize around complex missions. During COVID-19, some organizations requested temporary [assistance from the National Guard](#) to support the continuous delivery of services.

## Constant State of Response

In the aftermath of the COVID-19 pandemic and the need to remain vigilant to other biological threats, the emergency preparedness workforce likely will be in a [constant burnout](#) zone. Therefore, organizations must consider what they can do to support the workforce. The impact of mental and physical stress on the body leads to the release of stress hormones and activation of the stress-response system. In a high-alert, survival mode, the mind and body try to combat danger at the same time. Although helpful in responding to acute threats, [chronic stress](#) can tax the body and result in physical and mental health problems such as fatigue, loss of energy, or loss of appetite.

Disruption of typical social structures for emergency preparedness workers reduced access to traditional coping mechanisms, such as social connections. For example, the [Harris Poll](#) found that 61% of essential workers reported being unable to see their loved ones in person over the two prior years due to the pandemic. Similarly, they could not access stress-relieving activities such as going to a gym or yoga or hobbies such as in-person reading circles.

The Harris Poll conducted a [Pandemic Anniversary Survey](#) of 3,012 U.S. adults 18 years or older that cast a light on the long-term impact on the workforce. The study suggested that the pandemic brought a multitude of stressors as COVID-19 brought uncertainty about the future, new COVID-19 strains, and the inability to see friends and family. The study concluded that post-pandemic recovery would require operationalizing a holistic process through workforce strategies to develop resilience. Leaders in this field need to begin the restorative process and identify forms of healing that can alleviate the inner damages suffered during the pandemic while incorporating response and recovery into emergency planning.

## The Complexity of Interacting With the Public

During COVID-19, some researchers found that healthcare workers were conflicted because the people or communities they served did not share the same deeply held values and beliefs. Also, they were not always treated with positive regard because of fear of infection, concern about spreading COVID-19 to others, and [lack of trust](#) in the healthcare system. The authors suggested that psychological consequences mirrored symptoms similar to [post-traumatic stress](#) and emphasized healthcare administrators seek innovative approaches to enhance staff's well-being. Other suggestions for reducing burnout and helping with retention include adjusting shift schedules and lengths to maximize staffing and preventing fatigue and burnout; peer-to-peer support; and providing other needs of staff to help reduce stress such as childcare, eldercare, and alternate housing. Following are examples of self-care guides, trainings, and tools to reduce burnout and build resilience for healthcare workers and other first responders:

- [Emergency Responder Self-Care Plan](#) – U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR)
- [Topic Collection: COVID-19 Behavioral Health Resources](#) – ASPR TRACIE (Technical Resources, Assistance Center, and Information Exchange)
- [COVID-19 and Healthcare Professional Stress and Resilience](#) – ASPR TRACIE
- [Pandemic Workforce Well-Being: A Comprehensive Toolkit For Supporting Our Own During COVID-19](#) – Icahn School of Medicine at Mount Sinai

- [National Plan for Health Workforce Well-Being](#) – National Academy of Medicine
- [Healthcare Provider Shortages: Resources and Strategies for Meeting Demand](#) – ASPR TRACIE

### **Resilience Culture-Building Practices to Address Staff Burnout**

The impact of reduced professional capability and efficiency due to burnout of frontline staff has been a growing concern long before COVID-19. To reduce workplace stress, organizations can provide resources and support as a standard practice in efforts to prepare workers better before an emergency happens. Findings from a [February 2022 Harris Poll](#) found that 20% of adults reported receiving treatment from a mental health professional since the start of the pandemic, and a large majority said they benefited from receiving support. However, 35% did not receive mental health treatment and said they could have benefited. Reasons for not receiving treatment from a mental health professional include:

- Access-related issues (location timing and provider capacity),
- Cost (co-pays and insurance coverage),
- Lack of time,
- Lack of knowledge on how to find a mental health professional,
- The uncertainty of whether their issues warranted help, and
- Concerns about stigma or other people finding out.

The APA defines resilience as the process and outcome of successfully adapting to complex or challenging life experiences. The COVID-19 response has shown how critical a trained and resilient workforce is to national security. Recent incidents in the United States and Puerto Rico show that empathy and compassion can help address the mental health impacts of disasters (e.g., hurricanes, earthquakes, and COVID-19) on emergency responders. The promotion of self-care, stress management, and resiliency can reduce the effects of cumulative stress during and after disasters and [help responders](#) improve physically and emotionally. Providing well-being programs in the workplace, such as mental health counselors and professional coaches, can bridge socio-emotional support gaps for staff.

Leaders responsive to restoring a sense of community and providing a supportive environment can help their staff remain resilient. To address the psychological toll of the pandemic, emergency preparedness leaders could consider the following to engage staff in the workplace and foster a culture of healing and resilience:

- Frequently call, chat, and email to touch base with staff who are helping people in disaster operations;
- Check in daily to confirm they are safe and not in harm's way via automated messages;
- Practice active and empathetic listening in workplace interactions and team-building techniques;
- Facilitate coaching for staff and supervisors on techniques for having difficult conversations, collaborative problem-solving, and supporting each other during stressful times;

- Offer and encourage mental health support, including counseling and paid mental health leave; and
- Conduct recurring audits to evaluate which policies and practices are working well and identify opportunities for improvement that would promote staff resilience at the organizational level.

A [Mercer survey](#) found that employer support matters, and 41% of employees who reported receiving support during the pandemic were less likely to leave their job. The International Coaching Federation study found that managers and their team members that received coaching had [enhanced well-being and performance](#) during the pandemic. Group crisis intervention coaching creates connections among other first-line responders who have shared experiences and understand their struggles while helping them to feel less isolated. Likewise, individual coaching sessions create a space for staff to share their concerns and feel connected with coaches who are trained to listen, promote health and wellness practices, and acknowledge personal and professional challenges. [Researchers](#) suggest that the impact of being heard in a non-judgmental way can reduce experiences of stress. Even a 30-minute check-in session with a coach once every two weeks can go a long way toward making people feel connected.

## Conclusion

Organizations have found themselves in a unique environment. A resilient culture is necessary to support the workforce, and organizations should consider integrating new culture-building practices. Scientific evidence is growing in support of making employees' well-being a priority. The simple step of scheduling opportunities to listen to staff and offer peer support can help build camaraderie and can go a long way to building a resilient workforce.

As COVID community levels decrease, the emergency preparedness workforce will have to focus on post-pandemic recovery. Thus, to offset the extra demands on frontline staff, additional resources may be needed to better prepare workers before, during, and after critical events. Mental health counselors and individual and group crisis coaches can help state, local, tribal, and territorial emergency management offices to overcome challenges and foster resilience.

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# Avoiding the Complacency Trap After This Hurricane Season

By Mark Misczak



**P**uerto Rico and Florida faced punishing hurricanes in the 2022 season and are working hard to recover. Still, hurricane season has been relatively quiet for much of the Gulf coast and Atlantic seaboard. Less active hurricane seasons are a blessing when fewer lives are lost or adversely impacted, and less property is damaged or destroyed. Yet they come with a downside risk: complacency.

States and localities whose preparedness was not tested may fall into the trap of assuming everything they had done to prepare would have adequately mitigated a hurricane's impact and supported an effective response and recovery. That is an understandable reaction to the closing of a hurricane season with few landfalls. It is also a mistake.

Emergency management professionals must push through any complacency, using the next six months to challenge assumptions and make critical improvements before the next season begins. The best opportunities to do that are pre-disaster mitigation and housing with a focus on sharing priorities, enhancing growth and addressing equity.

## Sharing Priorities

Hurricanes wreak havoc on the states, counties, cities, and towns in their paths. Because of that shared burden of preparedness, response, and recovery, FEMA requires that these entities – as well as homeowners, businesses, and non-profits – coordinate their requests for hazard mitigation funding. The time to start is now to ensure any proposed hazard mitigation projects are coordinated with their state's priorities, increasing approval odds when grant applications are submitted.

Emergency management professionals live in the golden age of pre-disaster hazard mitigation funding. More money is available to support projects to mitigate the impact of disasters like hurricanes than at any time in U.S. history. In July 2022, [President Biden announced](#) that \$2.3 billion would be available for FEMA's Building Resilient Infrastructure and Communities (BRIC) program in FY2022 – more than twice the level available in 2021. This record level of funding creates new opportunities for state and local governments to undertake impactful hazard mitigation and resilience projects to better protect their residents in future hurricane seasons and even strengthen local economies.

The primary reason for coordination is that FEMA requires that all [BRIC grant applications](#) come through the states, and it empowers each state to add its priorities or requirements to those set by FEMA. For the best chance to get grant applications approved, local governments and organizations must understand their state's priorities and ensure their projects are aligned while meeting FEMA's criteria.



Each state hazard mitigation officer ([SHMO](#)) is responsible for that state's hazard mitigation plan. Local governments, homeowners, businesses, and nongovernmental organizations can engage with that office to learn about the state's hazard mitigation priorities, so they can better align their projects. Their objective should be to secure a document that officially recognizes their local mitigation projects consistent with the state's mitigation priorities. That is a small step that has a significant positive impact on the eligibility of BRIC grant applications.

Another approach to sharing priorities to maximize eligibility for federal mitigation grants is using public-private partnerships. As FEMA notes in its [BRIC Program Support Material](#), it "encourages innovative use of public and private-sector partnerships to meet the non-federal cost share" for BRIC-funded hazard mitigation grants. To further improve grant eligibility, focus on multi-jurisdictional projects. FEMA considers multi-jurisdictional projects more valuable for using federal funds because, without those funds, the projects may never get completed due to cost and complexity.

### **Enhancing Growth**

States and communities that did not suffer a hurricane landfall in 2022 now have additional time that might otherwise have been spent on response and recovery. One way to use this time is to assess more deeply how different mitigation projects can reduce the impact of future hurricanes and enhance their area's long-term economic growth.

Mitigation projects can have secondary effects that benefit the states. For example, consider a community that wants to apply for FEMA grant funding to build a water retention structure to help address anticipated flood runoff following a hurricane. The primary benefit of that project is to protect businesses or residential areas. But if designed properly, that project can do a lot more to boost the community.

If the water retention structure is designed to meet FEMA's requirements, the community can ask FEMA to remap its flood risk once the project and its resulting protection is complete. Once the benefits of the water retention structure are factored in, that may open new areas for community investment or development. In short, targeted and ambitious mitigation projects can create new opportunities for sustainable developments and economic conditions for business growth.

Even if communities do not want to use mitigation to unlock development, they can use it to reduce insurance premiums for property owners. FEMA operates a program in more than 1,500 communities across the country known as the Community Rating System ([CRS](#)), which "recognizes and encourages community floodplain management practices that exceed the minimum requirements of the [National Flood Insurance Program \(NFIP\)](#)."

Under CRS, communities undertaking eligible efforts to reduce flood risk can [earn discounts](#) on local flood insurance premium rates. In the case of the hypothetical water retention structure, using FEMA pre-disaster mitigation funds to diminish the impact of future hurricanes could help prevent future flooding. The result is a more resilient community and lower flood insurance premiums for individuals, households, and businesses.

## Addressing Equity

Working to avoid complacency is a priority in more areas than just mitigation. One of the lessons of the 2022 hurricane season is that states and communities should also consider prioritizing the design of housing programs that address equity for residents in communities impacted by disasters. Florida, facing recovery from two hurricanes this year, is currently designing an example of how it can be done better.

Planning for the complexities of post-disaster sheltering and housing are among the most important but overlooked areas of preparation. In a 2019 article for the [American Planning Association](#), authors Alexandra Miller, AICP, and Jeffrey Goodman wrote:

*[I]t's apparent that several predictable factors can make it harder for some households and communities to recover, and many revolve around equity and access to resources – or lack thereof. One area where equity is often most at risk following a disaster like a hurricane is housing. Planners who understand the core equity issues in their housing markets before disaster hits are uniquely positioned to help design better recovery programs.*

Communities at risk for hurricanes need inclusive sheltering and housing plans before a storm hits. [FEMA has developed a protocol](#) to support the creation of these types of plans and how to use federal grant money to support them. Unfortunately, far too many states and localities do not invest the time and effort to develop these plans, which leaves them without a voice when a disaster occurs. It is too common for officials to rely solely on FEMA housing programs without understanding the available options, which sheltering and housing programs leave the residual value in their communities, and which options offer only temporary solutions with no residual value. Understanding these choices in the context of the community being served is critical to solving problems quickly and obtaining sustainable results.

*Despite punishing hurricanes in Puerto Rico and Florida, the 2022 season has been relatively quiet. However, now is the time to leverage mitigation resources.*

In 2022, the state of [Florida is utilizing a system it created](#) to help residents pay their home insurance deductibles in the six counties most impacted by Hurricane Ian. Although these residents had insurance, they have low to moderate incomes and may not be able to afford the higher deductibles associated with hurricane repairs. Without state assistance, their recovery and the recovery of the communities they live in could be significantly delayed.

This approach could inspire models for other jurisdictions. Disaster mitigation, response, and recovery plans must account for everyone. Recovery after a disaster is far more difficult for those with fewer resources – especially for housing needs – so these portions of impacted communities have borne the heaviest burden once an emergency happens.

Where residents can live and work in the aftermath of a disaster has an enormous impact on how quickly the whole community can recover. As Miller and Goodman noted,



FEMA mitigation information was shared in Florida after Hurricane Michael (Source: [FEMA](#), May 28, 2020).

“Slow and inequitable funding shuts down economies and strangles job opportunities, making it difficult for people to cover basic expenses, let alone recover.”

The period at the immediate conclusion of hurricane season offers planners the maximum time possible to assess their potential housing needs and ensure their plans support all residents before the next hurricane season begins. They should challenge themselves and those around them to develop inclusive plans that meet the challenges of the community(ies) they serve before the next season starts and seek federal funding to help them do it!

The paramount lesson from less active hurricane seasons is that it is essential to avoid complacency. Those reading this article who are not actively managing a response or recovery effort, should put this opportunity to good use. They should develop plans to take advantage of historic levels of federal mitigation funds to strengthen their state and community resiliency and to inclusively plan for the difficulties of post-disaster sheltering and housing. A historic lesson, hard learned in many states and communities, is that next season may not be so quiet.

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# PPD-44: Implications for Domestic Incident Management

By Robert J. (Bob) Roller



Presidential Policy Directive 44: Enhancing Domestic Incident Management ([PPD-44](#)) is an unclassified guidance document signed by President Barack Obama in 2016 and used extensively to guide the federal response to large-scale domestic incidents requiring federal agency coordination. It was not made publicly available until now. The PPD improves upon earlier incident management guidance promulgated after 9/11 and tested in Hurricane Katrina and the years that followed. It helps establish common expectations for federal agencies during these incidents and was designed to supplement but not supplant existing law and previous presidential policy. It represents a paradigm shift in thinking about incident management, but challenges related to incident management roles and responsibilities remain. However, sharing the PPD with a broader audience will allow more effective coordination with incident management stakeholders at all levels.

## Realizing a Need for Better Incident Management

Effectively coordinating large-scale incident response has been a challenge for the federal government for decades. Most federal departments and agencies have specific emergency authority granted by statute, regulatory policy, or presidential guidance in the form of executive orders and a variety of security-related directives. However, these same authorities also are usually limited in scope and prevent one cabinet secretary from directing the work of another. Most of the time, this is a non-issue as each department and agency applies its authorities, capabilities, and congressionally appropriated funds to perform its mission in coordination with others. When they need support from each other, federal departments and agencies routinely employ [interagency agreements](#) or reimbursements through the [Economy Act](#), which grants the ability for federal stakeholders to coordinate purchasing. A well-known exception to these arrangements is presidentially-declared emergencies or disasters under the [Robert T. Stafford Act, as amended](#), where the Federal Emergency Management Agency (FEMA) may issue a mission assignment to federal departments and agencies to perform specific disaster work that is paid through the Disaster Relief Fund. Further FEMA assistance during Stafford Act incidents includes deploying presidentially appointed federal coordinating officers, establishing unified coordination groups to help establish unity of effort for response and recovery, and supporting field, regional, and national coordination structures.

It was evident after the 9/11 attacks that a gap existed regarding the responsibility to coordinate large-scale incident management when an incident does not qualify for a Stafford Act declaration. Legacy Cold War-era policies, such as [Executive Order 12656](#), addressed this coordination topic. Still, the focus on the threat of nuclear attacks that informed that document made it seem obsolete when the threat of terrorism became the primary domestic concern. The perceived need to ensure government-wide incident management coordination to address catastrophic acts of terrorism resulted in the

formation of DHS in 2003 and the promulgation of Homeland Security Presidential Directive 5: Management of Domestic Incidents ([HSPD-5](#)) by President George W. Bush that same year.

HSPD-5 included several provisions, including the [National Incident Management System](#) requirements and what later became the [National Response Framework](#). In addition, paragraph four of HSPD-5 established the secretary of DHS as the principal federal official for domestic incident management and cited four criteria under which the secretary would take responsibility for managing the national response to an incident, including those outside the statutory duties of DHS. However, the same HSPD exempted the Defense Department and circumscribed the authority of the principal federal official role by noting that it did not supersede the existing statutory authority of other federal departments and agencies, non-federal partners, or the private sector. Moreover, it included no provisions for the principal federal official to issue mission assignments or direct the actions of departments and agencies.

One of the initial HSPD-5 implementation efforts was to delegate the principal federal official authority to a cadre of regional field leaders modeled on the federal coordinating officers employed for Stafford Act incidents. The assumption was that these leaders would [manage the federal response](#) to major incidents, primarily concerning [law enforcement](#), that required a considerable coordinated federal effort outside the bounds of a Stafford Act designation. Unfortunately, large-scale non-Stafford incidents did not occur. It created confusion and an unclear chain of command when both delegated principal federal officials and federal coordinating officers responded to Stafford Act incidents. The clearest example of this was Hurricane Katrina in 2005, where conflicts related to the principal federal official (who reported to the DHS secretary) and the Stafford Act federal coordinating officer (who reported to the president) were noted in the [After Action Report](#) as a significant contributor to the massive loss of life from that incident. Not surprisingly, [Congress criticized](#) this confusing overlap of responsibility, and the program was canceled shortly thereafter.

The next significant use of HSPD-5 was the initial response to the 2009 H1N1 pandemic. In that situation, DHS Secretary Napolitano [leveraged the HSPD-5 principal federal official authority](#) to serve as the spokesperson for the incident in support of the U.S. Department of Health and Human Services (HHS) as the lead federal agency until HHS Secretary Kathleen Sebelius was confirmed into her role. However, the lack of a clear chain of command between the DHS secretary applying HSPD-5 principal federal official authority and HHS leaders executing their statutory authority outside the secretary's control created coordination challenges that the [After Action Report](#) noted for that incident. Since 2009, the DHS secretary has not assumed or been assigned overall responsibility for any major incident outside the core mission areas of DHS. However, HSPD-5 remains in effect and untouched since its promulgation nearly 20 years ago.

*PPD-44 sets expectations for federal agencies assigned to lead responses to major incidents and can help create an enhanced unity of effort for all responders.*

## **The Development of PPD-44**

The lessons learned from 9/11 and the decade after were that it is helpful to have a single lead federal agency with an accountable cabinet secretary charged with managing the response to major incidents but defaulting to the DHS secretary as described in HSPD-5 is not an effective solution. Those and other hard-learned lessons from smaller yet complex incidents such as [Ebola](#), where a presidentially appointed czar led the coordination, highlighted that the lead federal responsibility should be assigned to the agency with the most statutory authority for a given type of incident. The overall incident management responsibilities of the lead federal agency should be made clear, and other federal stakeholders should be prepared to support the lead federal agency as needed. That led to the development of PPD-44 in late 2016, but it had never been widely available until now.

PPD-44 does not establish new authorities and does not apply to Stafford Act incidents, military operations, or conflict with other presidential guidance, including HSPD-5. Instead, PPD-44 represents a paradigm shift because, for the first time, expectations are set for federal agencies assigned responsibility to lead the response to major incidents, including:

- Appointing a senior official to lead responsibilities employing the National Response Framework, [National Disaster Recovery Framework](#), and National Incident Management System;
- Determining the relevant federal agencies required for participation in unified coordination and the level of unified coordination needed;
- Developing strategic objectives, priorities, and planning activities;
- Identifying gaps that response and recovery activities should address;
- Coordinating federal incident response and recovery strategies and execution with federal state, tribal, territorial, private sector, and non-governmental entities;
- Facilitating appropriate incident information reporting; and
- Serving as the principal spokesperson to lead communication activities with affected parties and the public.

Furthermore, PPD-44 also establishes responsibilities for agencies tasked with supporting a lead federal agency. This includes specific incident management capabilities FEMA may provide and the reimbursable support other agencies can provide, all according to the National Response Framework, National Disaster Recovery Framework, and National Incident Management System.

## **The Next Steps for Building an Integrated National Response**

PPD-44 was a step forward in setting expectations for all federal departments and agencies to lead overall incident response where they had the most authority to act. However, PPD-44 also created further problems and complexity. For starters, PPD-44 is unclassified but was initially only provided to a small group of federal departments



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and agencies. Therefore, many who were responsible for leading or supporting incident response pursuant to the directive's requirements could not access the document to review those requirements. Furthermore, by keeping HSPD-5 and the DHS secretary's principal federal official role untouched, anytime the president identifies DHS as the lead federal agency for a domestic incident, that designation is consistent with both HSPD-5 and PPD-44, which may create coordination challenges because the expectations for the lead and supporting agencies differ between the two documents.

Finally, PPD-44 is now available for everyone, and its principles can be incorporated into federal plans and plans that exist in parallel or in partnership with the federal government. Furthermore, implementing PPD-44 and its known challenges vis-a-vis HSPD-5 should offer an opportunity to review the older presidential document and align it with current practice and hard-learned lessons of the past two decades.

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