



# When Disaster Strikes!

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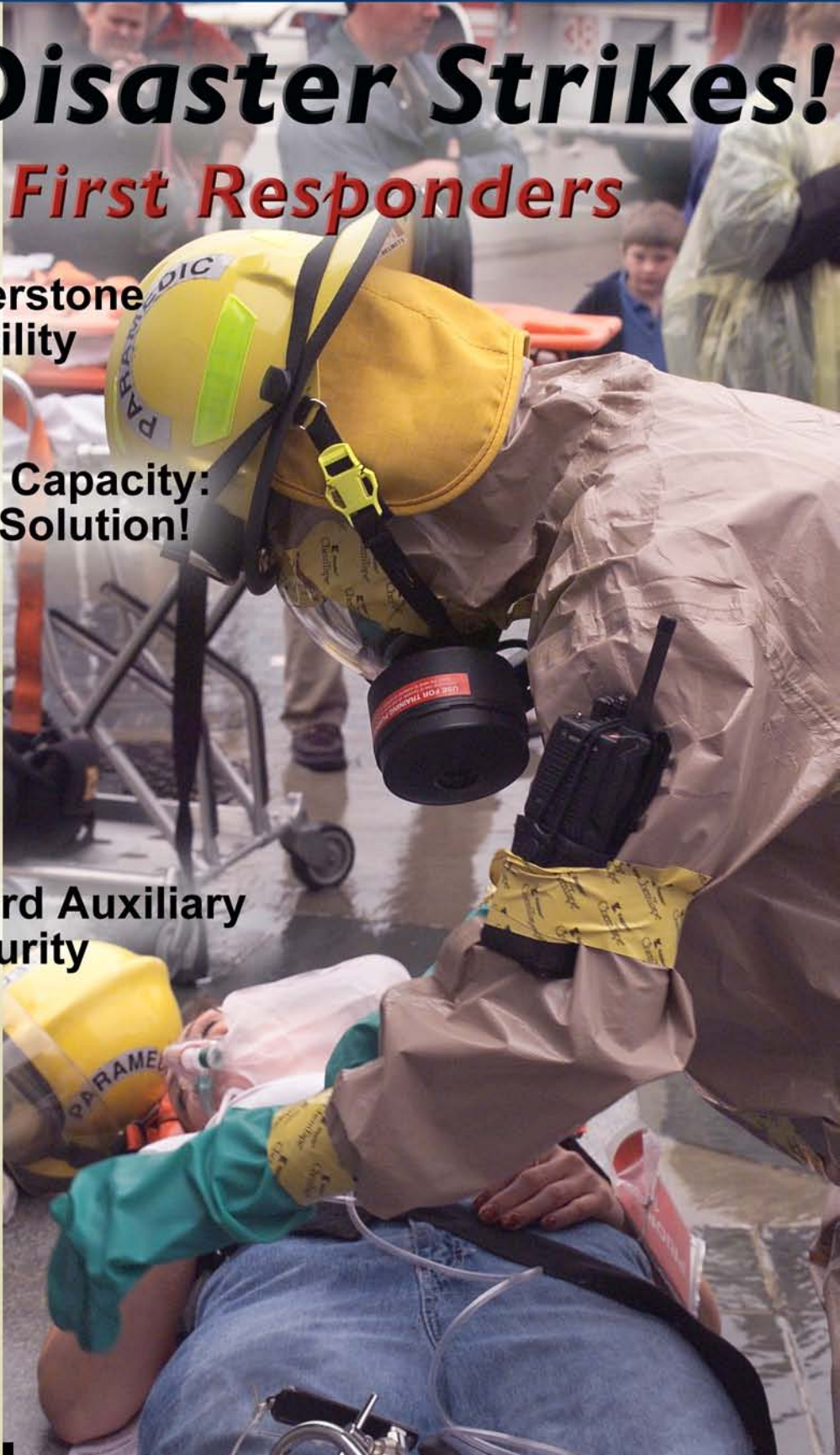
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## EDITOR'S NOTES

By James D. Hessman, Editor in Chief



Despite earthquakes, floods, hurricanes, tsunamis, and other natural disasters the world is now much safer than it was 10 or 20 years or a century ago. Advanced sensors and other warning systems, combined with improvements in communications, and in response-and-recovery methods and technologies, have given individual citizens, and entire nations, the gift of time – time to prepare, time to flee, time to rescue those who cannot flee, and time to recuperate from injuries that once would have been fatal.

The world also is a much more dangerous place, if only because the technological ingenuity of human beings also has led to the invention and deployment of increasingly dangerous weapons, including weapons of mass destruction, that can kill thousands, perhaps even tens of thousands, of people at one and the same time. The WMDs are the preferred weapons of terrorists – who would use them if they could, and if the weapons were readily available.

It is impossible, at the present brief moment in the history of mankind, to prevent natural disasters, so the current focus of contingency planners is and for the foreseeable future must be on improving the advance-warning systems and the post-disaster rescue-and-recovery operations – which, in the antiseptic language of bureaucrats, are fastidiously referred to as “consequence-management” tasks.

Whether natural or manmade, the catastrophes and disasters – also referred to as “incidents” or “events” – that now threaten the lives and futures of the citizens of all nations in the brave new world of the 21st century have certain traits in common. They strike with little or no warning. They can kill untold thousands of people within the space of a few minutes, a few hours, or a few days. They leave a long-lasting imprint, both economic and political, that can and does affect the fortunes of men, and of governments, for many years to come.

The enormously difficult task of dealing with these incidents and events, both before disaster strikes and in the immediate aftermath, is assigned to what is generically described as the first-responder community: firemen, policemen, EMS personnel, and others who so bravely, and voluntarily, put their lives on the line to help their fellow citizens during times of maximum peril. This issue of *DomPrep Journal* focuses on some – but only a few – of the frontline foot soldiers in the first-responder community, the dangers they face, the heroic deeds they accomplish, and how their own lives can be made safer.

It is the hope of the *DomPrep Journal* staff that you will carefully read the articles – particularly those by Rob Schnepf, Joseph Cahill, and Brent Bankus – in this issue, and pass those articles on to others for their consideration as well. Your comments and suggestions for future reports in what will be a continuing series of articles in this area will be much appreciated.



Cover Photo: Victim receives emergency medical aide from First Responder in Homeland Security exercise at PNC Park in Pittsburgh, PA. (Photo courtesy of Mine Safety Appliances Company) The First Responder is using our MSA Millennium CBRN Gas Mask.

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## **Training: The Cornerstone of True Interoperability**

By Rob Schnepf, Fire/HAZMAT



According to Paul Wilkinson, a British scholar and author on terrorism, “Fighting terrorism is like being a goalkeeper. You can make a hundred brilliant saves, but the one shot people remember is the one that gets past you.”

Despite the best efforts of those tasked with preventing and/or responding to acts of terrorism in the United States, the underlying assumption is that it is not possible to deter, thwart, stop all attacks against all potential targets. One shot – maybe more than one – is going to get through. There is much speculation and discussion about what that shot will be, but the days of “what if?” thinking have shifted to “when and where?”

This is a subtle alteration, perhaps, but it reflects the widespread reality that almost everyone now feels vulnerable. Moreover, when another large-scale event does happen, the strategy will instantly shift from prevention and planning to consequence management – i.e., taking care of the sick and injured and dealing with other incident-driven priorities.

For that reason, all of the nation’s emergency-response agencies must accept a simple fact – namely, that if an incident has widespread impact, it is unlikely that a single jurisdiction will be able to handle it alone, without outside help. Even if the event is manageable within the jurisdiction, the post-incident onslaught of interested and responsible agencies, and the print and broadcast media, will swamp all but the largest jurisdictions. Either way, a large-scale catastrophic incident or event, whether natural or manmade, is certain to attract a tidal wave of people ranging from first responders from neighboring jurisdictions to curious onlookers.

### **One Question, Twenty Answers**

The preparations for responding to a large-scale emergency must therefore be approached from a global perspective. And the cornerstone of that perspective must revolve around a key concept: interoperability. If one were to ask 20 different emergency responders to define the term interoperability there would be 20 different answers, and maybe more. Some responders consider interoperability to be the ability to talk on a common radio frequency. Others look at it as the ability to provide and/or receive assistance during a larger than normal emergency.

However, interoperability in the emergency-response community should be viewed in much larger terms. True interoperability is, among other things, the ability of different agencies to work together before, during, and after a specific catastrophic incident. More specifically, working together includes joint training, the ability to communicate across the board, an interconnected cache of equipment, and the development and use of common operating procedures.

***True interoperability, the ability of different agencies to work together before, during, and after a catastrophic incident***

Essentially, therefore, interoperability means the creation of a complete response mechanism that may encompass entire geographic regions. Every component and agency of the domestic-preparedness community—fire and police departments,

emergency medical services (EMS) teams, public health officials, local, state, and federal decision makers, even the military – will have important roles to play in the response-and-recovery phases of a major incident. And all should and must be willing to work together in all ways and at all levels of government.

In addition to maintaining an open attitude toward cooperating with the appropriate agencies in a particular jurisdiction, the key to creating interoperable systems is centered on sound planning and training. The planning phase will get representatives of all agencies involved together at the same table to determine what equipment and resources are available as well as what are needed to meet various types of emergencies – and how to effectively manage those resources to get them to the scene of a specific incident as quickly and effectively as possible.

### **Attitudes, Abilities, and a Mutual Level of Trust**

The preplanning phase of consequence management also should be used to determine: (a) who, or what agency, will be in charge of each task or operation at the scene; and (b) how the various people and agencies involved will communicate with one another. The communication hardware is particularly important, because – as anyone in the emergency-response field knows – ineffective communication is the Achilles’ heel of most large-scale incidents.

Communication, however, is more than radios and common radio frequencies. Effective communication is best achieved when there is a certain level of trust between and among the people representing the individual agencies responding to a specific incident. The best radios in the world will not

## **Interview: G. Thomas Steele, Chief Information Officer, Department of Safety and Homeland Security, State of Delaware**



Delaware's CIO for Homeland Security discusses his state's voice and data fusion system, which provides law-enforcement and other homeland-security professionals with a common operating environment for their analyses and command-and-control needs.

For the complete audio of the interview, visit [www.DomesticPreparedness.com](http://www.DomesticPreparedness.com)

overcome a negative attitude, or create the ability to rely on the person on the other end of the conversation.

Individual and team training, along with full-scale exercises, will work the bugs out of the system *before* an incident take place. Field scenarios offer the opportunity to make mistakes – and to correct those mistakes before the real-life consequences are on the line.

A good place to start cooperating is in the field, where teamwork and communication between responders is vital. Here, a widely used military axiom serves as the motto for interoperability, as least when it comes to working in the field: "Do in war as you practice in peace." The concept certainly makes sense. Like it or not, the first responders of numerous agencies *will* have to work together to cope with major disasters, so should prepare themselves with that concept in mind.

### **Bad Habits Die Hard**

There are certain areas of the country where successful interagency cooperation and planning already exists. For the most part, however, the nation's emergency-response community remains "kingdomized." Except at the local level,

many of the nation's fire and police agencies still have not formed effective working relationships, and public-sector EMS providers are often relegated to back-seat roles in preparedness and response activities.

Of course, some of the barriers preventing various agencies from cooperating with maximum effectiveness are based, at least partially, on culture. Police and fire agencies, for example, operate differently. Most police units work independently, either as individuals or in two- or maybe three-person teams. Ambulances, to some degree, operate in much the same fashion, with one or two persons making their own decisions on almost every call they respond to.

Firemen work under a typically very different scenario. Every day, fire departments across the country respond to incidents requiring assistance from multiple units, and frequently use some type of incident command system.

Over time, the response patterns and habits of the various preparedness communities become ingrained. When large-scale incidents happen, and the stress level increases, it is common to

revert to known habits and training. If working and training with other agencies is not something a responder is accustomed to, it may be unreasonable to expect that he/she will function in an unfamiliar management structure, and/or take on responsibilities that are not already second nature.

### **The Architecture Of Effective Training**

If regional agencies avoid training together as a collective force, there is a low probability that their collective, and cooperative, response will be successful. Essentially, therefore, one of the most important goals in creating a truly interoperable system is to shorten the response window to a rapidly escalating incident. When an incident happens, there is an urgent need for *sufficient* resources to arrive on the scene in a timely fashion – and, insofar as the personnel assigned to the scene are concerned, to get to work immediately.

Frequent and effective training is the key to creating these capabilities. If all of the response agencies that are called out know their individual roles, and if the communications architecture is in place both to summon the responders and to allow them to communicate, the collective-response mechanism should come together much more quickly – and should be significantly more effective.

To summarize: Interoperability means more than just talking. It means establishing a joint training environment in which each critical response component buys into, participates in, and understands the overall operational plan and tactical objectives. It means that successful collaborations depend as much on the proficiency of the people involved as on the hardware components and technologies available. Essentially, interoperability is more than computers and common radio frequencies; it is *people*, and how they use the equipment and technology. ▼

## The Need for Surge Capacity: *Patience Is Not the Solution!*

By Joseph Cahill, Emergency Medicine



The Joint Commission of Healthcare Accreditation Organizations (JCOHAO), the accrediting body that oversees hospitals, nursing homes, and other medical facilities, uses the following definition for surge: "The ability to expand capabilities in response to a sudden or more prolonged demand."

From the point of view of the working professional, another way of saying it is that surge capacity is "the ability to shift from normal operational capacity levels to the substantially higher level needed to respond effectively to an increase in demand caused by a major disaster, natural or manmade." That ability is particularly important, of course, if the disaster is sudden and/or unforeseeable – an earthquake, for example, or a 9/11 type of terrorist attack.

Surge means much more, though, than preparing in advance to cover the day-to-day ebb and flow of patients. Most hospitals experience spikes in their normal daily volume of patients, if only because of the natural randomness of life. In effect, therefore, surge capacity may be looked at as an equation. On one side is the capacity to take care of patients; on the other side is the number of patients physically present at the hospital at any given time. During normal conditions, this equation is (or should be) either perfectly balanced or tipping slightly to the capacity side. Surge conditions exist when the scale tips to the side showing the number of patients that must be cared for.

### **A Simple Concept – With Many Legal Entanglements**

Most but not all of the nation's fire and police departments, and many EMS (emergency medical services) agencies, plan to meet unforeseeable surges in

demand by using mutual-aid agreements, which allow one department to quickly request and receive assistance – i.e., additional capacity – from their sister departments in the same geographic area. It seems like a simple concept: one agency or department backing up its neighbor. Legally, however, the development and implementation of such agreements requires enabling legislation at the state level, an approved plan of action at the municipal level, and/or, at the very least, a written memorandum of understanding (MOU).



Today, most traditional first-responder agencies typically have such legislation in place and have worked under such agreements for many years – decades, in some cases. The same is not true, though, of hospitals, public health agencies, and other critical components of the medical and public health communities. Moreover, many first-responder resources are by their nature mobile, or portable; an ambulance, for example, can be driven to the jurisdiction requesting additional resources, and it arrives completely staffed, equipped, and supplied. Day-to-day hospital capacity cannot be shifted so easily.

Because hospitals *cannot* readily transfer capacity from one facility to another when a major disaster occurs, the only effective solution available, in most if not quite all cases, is to control the patient-volume side of the equation. A well-run EMS system could shunt less seriously injured patients to other hospitals, at somewhat greater distances from the emergency scene, to ease the congestion in local hospitals. Ideally, as soon as EMS management and dispatch personnel recognize an incident's potential for creating a substantial surge in patients, at least some of the ambulances available would immediately be directed to take their patients to other hospitals farther from the scene of the incident.

This solution depends, though, on the

designation of an overall central authority who has been legally empowered to manage the local EMS resources as a collective whole – in this case, for example, by redirecting ambulances to other hospitals to restore the volume-vs.-capacity equation to an even keel. For such an order to be successful, however, there must be a continuing flow of timely and accurate information between the EMS authority and the hospitals.

The flow of communications must at a minimum give the EMS authority a true picture of the existing workload and other relevant conditions at each hospital

under his or her jurisdiction. Without that information, the authority could not make the consequence-management decisions needed to minimize the loss of lives in the few precious hours after a major disaster. A central organizing authority cannot be created at the time of or immediately after a disaster. And the designation of an authority per se is not enough; to be effective in a true time of need the lines of communication with the hospitals covered in a mutual-aid agreement need to be used frequently.

### ***Distance and Logistics Problems***

In some areas of the country, the “next nearest hospital” may be over an hour away, and the number of ambulances available is often limited as well. This combination of circumstances makes the logistics task of simply removing the patients from the scene of the incident to any but the nearest hospital extremely challenging. Moreover, local EMS agencies may not be united under a regional control that can act as the central authority in a crisis.

Other solutions affect the capacity side of the equation. There are, fortunately, a number of private-sector vendors who will provide fully functional field hospitals that can be set up and put into operation on short or no notice to provide additional patient-care capacity. Alternately, makeshift but acceptable facilities such as schools, college dormitories, or convention rooms can be pressed into service as alternate care facilities.

However, there are problems in relying on this solution. Primary among the several difficulties involved in the use of non-medical spaces is that all of the equipment and supplies needed to equip the alternate-care facility have to be transported and set up very quickly. Depending on how elaborately equipped the surge facility must be, this could be almost as expensive as using a commercially prepared field hospital.

Moreover, the owners and managers of the various alternate-care facilities that might be pressed into service are often, despite their own humanitarian instincts and willingness to help, not happy about having to accommodate a sudden and unexpected flow of sick or injured people. There usually are some liability concerns to consider, as well as problems caused by the disruption of the hotel’s or school’s, etc., own normal activities. In addition, at least in some situations, there could be a long-lasting stigma attached to the facility itself in the aftermath of a particularly horrendous incident.

The Superdome in New Orleans will likely be the classic textbook example of the latter problem for years and probably decades to come. A more common example, familiar to and accepted by many communities, is the school that is converted to an alternate medical facility and/or temporary shelter for victims of a flood or hurricane. Reoccupying the same school with elementary school children if it had been used to house and medicate persons afflicted with the avian flu or other infectious disease, however, would raise many a parental eyebrow, to say the least.

An important factor to consider in this context is that many hospitals, including those run by the Veterans Administration (VA), are now downsizing or – usually for budgetary reasons – being eliminated altogether. Some of these hospitals probably could be kept in operation on a multi-state or regional basis – with a relatively limited staff, if necessary – to meet the massive increase in surge capacity needed to cope with such catastrophic events as Hurricane Katrina.

### ***Long-Term Thinking And Short-Term Events***

Unfortunately, these partial solutions do not even begin to address the most important element of surge capacity: staffing. Hospitals are not merely buildings

stocked with large quantities of advanced medical equipment. What makes a hospital function effectively is the people who work there – hundreds of them, in most large hospitals, representing a broad spectrum of essential medical specialties.

Many hospitals already have plans in place to meet surges that last a few shifts, or a day or two, by calling in additional staff, canceling elective admissions, and/or expediting discharges. These measures, combined with an effective plan to keep the temporarily overcrowded facility and complex medical equipment systems fully operational, usually will allow the hospital or other medical facility to manage the increase in surge capacity required by a short-term event such as a major fire, train wreck, or industrial accident.

States, and increasingly multi-hospital systems, must think on much larger terms, though. Several hospitals working in close cooperation in a well-coordinated fashion can distribute the increased volume of patients throughout their collective individual capacities. In addition, hospitals too distant to receive patients from the emergency scene could make members of their own staffs available to provide at least some of the surge capacity needed at the hospitals closer to the scene.

### ***No Final Solution Possible***

JCOHAO standards allow for the chief executive officer (CEO) and/or administrator of a hospital to grant temporary privileges to appropriate medical professionals. The judicious use of this authority allows licensed professionals to volunteer during an emergency without the hospital risking its own accreditation. An essential planning step in this situation is to codify the process by which the administrator would review the volunteer’s credentials and determine his or her suitability.

Without such a plan, the hospital would certainly end up making decisions on a subjective basis.

Surge is a difficult issue to address in an era of continuous budget pressures to streamline operations at almost every hospital in the country. Today, in fact, it is inconceivable that *any* hospital would have the ability and/or financial resources needed to hire the additional doctors, nurses, lab technicians, and other personnel required to care for a massive influx of additional patients – and at the same time provide the extra bed spaces, medical equipment, and other physical resources that also would be needed. All hospitals have a certain amount of latitude to accommodate reasonably foreseeable spikes in intake, but this natural expansion of a hospital’s daily census is dwarfed by what might be expected in a major emergency.

Fortunately, even prior to Hurricane Katrina the U.S. Department of Health and Human Services had been funding state and local efforts on this issue through its Health Resources and Services Administration program – which, for the current grant period, has required states to meet specific minimum goals for hospital surge capacity. Meeting those goals – 500 regular beds per million of population, and 50 specialty beds per million of population – will reduce the size of the capacity problem, but will not solve it completely.

The difficulty in crafting a final and complete solution to the surge-capacity problem is that it is by nature an upward spiral. Initially a single hospital is overwhelmed, then all of the medical resources in the surrounding community, and then the surrounding communities and the state and finally the multi-state region. Clearly, there are some local surge issues that already are being worked on. There also are some broader *national* surge solutions, or partial solutions, possible – but these are not yet in place. ▼

## **The U.S. Coast Guard Auxiliary And Homeland Security**

*By Brent Bankus, Military Support*



Since the 9/11 attacks on the U.S. homeland, the operating tempo of the nation’s active and reserve forces has increased exponentially. In addition, because of the possibility – likelihood is the more appropriate word, most experts say – of additional terrorist attacks, both home and overseas, in the future, it is essential that all U.S. manpower assets, including long-established volunteer military organizations, be used to the maximum extent possible in the fight against international terrorism. One such organization, with a long and distinguished history of service on the nation’s waterways, is the U.S. Coast Guard Auxiliary.

During the late 1930s, when war clouds already were beginning to gather over Europe, the United States belatedly started to pay more attention to its long-neglected military establishment, which was plagued by antiquated weapons and equipment, outdated tactics, and even more outdated thinking in the senior echelons of the nation’s armed forces.

Because Germany and Japan had significantly expanded and modernized their seagoing forces since the end of World War I it soon became evident that the United States itself did not have enough of the waterborne assets needed for such missions as the security of inland waterways and the protection of U.S. ports and coastal areas. Moreover, the U.S. Coast Guard, normally charged with these missions, had been reduced to a mere 10,000 officers and enlisted men – and, unlike the nation’s other armed services, did not have a reserve component to rely upon in times of need.

### **Four Missions and A Major Mandate**

The idea of establishing a reserve component to the Coast Guard began to take shape in 1934, when yachtsman Malcolm Stuart Boylan planted the seed that eventually became the U.S. Coast Guard Auxiliary. Five years later, thanks in large part to his advocacy and the realistic case he made, Congress passed The Coast Guard Reserve Act of 1939, which established the new Coast Guard Reserve as a civilian force and assigned it the following four missions: supporting the safety of life at sea and upon the navigable waters of the United States; the promotion of efficiency in the operation of motorboats and yachts; promoting a wider knowledge of, and better compliance with, the laws, rules, and regulations governing the operation and navigation of motorboats and yachts; and “facilitating certain operations of the Coast Guard.”

*“There is hereby established a United States Coast Guard Reserve,” the Act said, “...which shall be composed of citizens of the United States and its Territories and possessions ... [and] who are owners (sole or in part) of motorboats or yachts.”*

Because of their civilian status the new Coast Guard reservists initially were prohibited from wearing uniforms or insignias of military rank, and could not participate in Coast Guard training. In addition, if their privately owned vessels were needed to carry out any of the missions assigned, they had to be commanded by a regular Coast Guardsman – either an officer or a noncommissioned officer.

### **The Early Years of World War II**

By June 1940 the new Coast Guard reserve component had enrolled 2,600 men and

had 2,300 hundred boats of various types and sizes at its disposal. By that time the Coast Guard also was offering a few training courses for its reserve personnel. Those who passed the courses were appointed to three "reserve grades": senior navigator, navigator, or engineer.

In February 1941, with the war clouds growing both larger and darker, Congress passed a law restructuring the Coast Guard Reserve into two components, one of them a strictly civilian force renamed the Coast Guard Auxiliary, and the other a real Coast Guard Reserve, which would act as a feeder organization for the regular Coast Guard. Like their counterparts in the other reserve components, members of the Coast Guard Reserve were paid for participating in drills, and had to maintain normal military physical standards. Those unable to meet those standards, but who still wanted to serve, were invited to become "temporary" members of the reserve. A "Coast Guard TR" was a volunteer who served only in a designated geographic area – usually near his home or workplace – in a less than full-time status. TRs could be between 17 and 64 years of age, and their physical requirements were not overly stringent.

Between 1941 and 1945 the Auxiliary served more or less as the Coast Guard's general-purpose force. During the early months of 1942, when German U-Boat "Wolf Packs" were attacking U.S. convoys with alarming success, Coast Guard Auxiliary craft patrolled the eastern seaboard in an effort to stave off the U-Boat attacks on the ships carrying essential supplies and equipment to Great Britain (and, later, the Soviet Union). While never sinking a U-Boat, the Coast Guard Auxiliary was credited with saving over 500 stranded seamen whose vessels had fallen prey to the German submarine attacks.

## **The Present-Day Auxiliary And Homeland Security**

Like their WWII counterparts, members of the present-day Coast Guard Auxiliary

donate untold thousands of hours of their time to help the active-duty Coast Guard, particularly in the field of homeland security. By statute, the Coast Guard Auxiliary may assist the Coast Guard with any function, power, role, or duty with the exception of direct law-enforcement or combat missions.

This volunteer component of the Coast Guard now boasts approximately 34,000 members nationwide, with 5,000 vessels, and 300 aircraft. Historically, the Auxiliary has played a vital role by helping the active-duty Coast Guard carry out its boating-safety and search-and-rescue (SAR) missions. After 9/11 the Auxiliary's missions were greatly expanded to augment the Coast Guard active and reserve components in the field of homeland security as well.

In its *Final Report*, the 9/11 Commission said that a major risk area for future terrorist attacks is the U.S. waterways system, the umbrella term that includes shoreline areas, the nation's coastal and inland waterways and lakes, and literally hundreds of ports, harbors, and inlets. In the 2002 Homeland Security Act maritime homeland security was broken down into five operational components, the first of which is ports, waterways, and coastal security. A prime area of focus for the U.S. Coast Guard, this mission was further delegated down to the Coast Guard Auxiliary.

## **Updating the Mandate**

In January 2002, to better leverage its volunteer assets, the Coast Guard Auxiliary implemented Operation Patriot Readiness and, with it, a series of improvements to the Auxiliary personnel system to quantify and identify the capabilities of Auxiliary members, including those possessing non-traditional but crucial skills – e.g., medical training and/or the ability to operate and/or maintain various specialized equipment systems.

In announcing the 2002 National Security Strategy, President George W. Bush made it clear that "defending the nation against its enemies is the first and fundamental commitment of the Federal Government." In addition, and in large part because of the 9/11 attacks, the Bush administration has taken a preemptive approach to

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fighting the war on terrorism. This proactive rather than reactive mindset has permeated all departments of the federal government, including the Department of Homeland Security and the various offices and agencies under it, including the U. S. Coast Guard and, by extension, the U.S. Coast Guard Auxiliary.

Today, in accordance with the Coast Guard's own still-evolving concept of Maritime Domain Awareness (MDA) – which translates into “anything associated with the global maritime environment that could impact the safety, security, economy, or environment of the United States” – the Coast Guard Auxiliary is charged with four principal areas of focus: awareness, prevention, protection, and response.

In much the same way the other armed services have given greater responsibility to their various reserve components, particularly since the first Gulf War in 1991, the Coast Guard has entrusted the Coast Guard Auxiliary with increasingly greater responsibilities through which it can aid and support the active-duty Coast Guard and the Coast Guard Reserve. The Auxiliary is now routinely being assigned some relatively benign safety missions, such as providing patrols for large boating events. These post-9/11 missions are being gradually expanded, moreover, so that, as and when the threat level increases, Auxiliary assets will be leveraged to augment the active and reserve components of the Coast Guard as and where needed to help counter the growing threats.

### ***A Greater Awareness Of Native Waters***

The expansion of this “area of awareness” is particularly suited to the Auxiliary, if only because members of the Auxiliary are in most cases already thoroughly familiar with their air, land, and sea areas of patrol. It is intuitively obvious that the on-scene personnel best suited to detect irregularities

in port, waterways, or critical-infrastructure security are, in most if not all situations, those who are native to the local area of operations.

Not incidentally, expansion of the Auxiliary's awareness mission includes the use of Auxiliary rotary-wing aviation assets (AuxAir) to support and augment the federal government's Automatic Identification System (AIS) – which was specifically designed to electronically identify each ship approaching a U.S. port of entry from various sensor platforms such as buoys positioned in the approaches to ports and at various land reception stations. In areas where electronic detection is difficult or sporadic, AuxAir has been used to complement and augment the AIS.

***Defending the nation against its enemies is the first and fundamental commitment of the Federal Government***

The prevention mission also is well suited for the Auxiliary, if only because any increase in uniformed presence makes would-be terrorists that much more apprehensive. For practical purposes, the Auxiliary's increased presence in the vicinity of critical-infrastructure sites effectively hardens those sites to a certain extent – and also facilitates the interdiction and apprehension of terrorists.

Because of legal constraints, the protection mission is somewhat outside the Auxiliary's specific areas of responsibility. Nonetheless, the Auxiliary supports this mission by providing the extra forces needed to free active-duty and reserve Coast Guard

personnel to concentrate more of their own efforts on that mission.

### ***A Low-Cost, Low-Noise-Level Major Asset***

The Auxiliary's response mission is a major growth area for the Auxiliary, which is specifically being groomed for a much expanded role in this area. As demonstrated by the 9/11 attacks, local emergencies quickly evolve into state and national emergencies as and when the sheer size and complexity of an incident quickly overwhelm the local and frequently limited first-responder assets immediately available.

Because of the broad spectrum of specialized skills likely to be required in the event of another large-scale terrorist attack it can be safely assumed that Auxiliary communications personnel and other highly qualified members will be immediately mobilized in times of future need.

The missions listed above are but a few of many that the U.S. Coast Guard Auxiliary has undertaken to leverage its assets to help the active-duty Coast Guard carry out its own homeland-security responsibilities. What makes the Coast Guard Auxiliary even more remarkable is that, as a strictly volunteer military organization, it carries out its own training, and its operational missions, in a non-pay status.

In an era of skyrocketing costs, including but not limited to those associated with homeland security, the members of the Coast Guard Auxiliary meet their mission requirements on a shoestring budget, and with little public fanfare.

This is, of course, in keeping with the spirit of those defending the American homeland in the colonial period, when all volunteers were “minutemen,” prepared at a moment's notice to defend “home and hearth” from attack. ▼

## Nebraska, Kansas, and Vermont

By Adam McLaughlin, State Homeland News



### Nebraska Conducts Statewide Emergency-Response Drill

The Nebraska Emergency Management Agency, working in partnership with the Nebraska Health and Human Services System, staged a statewide emergency-response exercise earlier this month that simulated an outbreak of a wide-scale infectious disease. Among the more than 1,500 participants in the exercise were representatives from nine state agencies, two federal agencies, the University of Nebraska, and 19 local jurisdictions of various sizes.

Lt. Gov. Rick Sheehy, Nebraska's director of homeland security, was on-site, along with other state officials, to lead the executive group responsible for policy decisions during the simulated public-health emergency. "With increased attention on the risk of an infectious disease outbreak, this exercise provides a perfect opportunity to test Nebraska's readiness in responding to a public-health emergency," Sheehy said. "Nebraska has been recognized as a national model in emergency preparedness, and drills such as this are part of our ongoing commitment to ensuring our state is ready to respond to emergencies of all kinds."

The exercise scenario started with the receipt of simulated reports of a flu-like illness in central Nebraska. Within two days, the scenario continued, the Nebraska Public Health Lab had identified the hypothetical outbreak as the pneumonic plague. "We are working to identify areas where our response plan can be strengthened should we ever face an outbreak that puts Nebraskans at risk," said Dr. Joann Schaefer, the State's chief medical officer. "This exercise dealt with an illness that has symptoms similar to

those associated with pandemic flu ... [and] provided a good opportunity to test Nebraska's readiness to respond to a public-health emergency, now and in the future."

The exercise was designed to test a number of statewide functions, including compliance with the National Incident Management System and the Nebraska Homeland Security Exercise Evaluation program, and to test Nebraska's interagency communications network.

### Kansas Law-Enforcement Officers Receive Interdiction Training

More than 80 law-enforcement officers representing the Kansas Highway Patrol, the Topeka Police Department, and several other Kansas law-enforcement agencies – along with sister agencies from Iowa, Illinois, and Oklahoma – participated earlier this month in an advanced Commercial Vehicle Criminal and Terrorist Interdiction Course in Salina, Kan. The course, believed to be the only one of its type in the world, was presented by Joseph David, a retired California Highway Patrol trooper.

The hands-on training course, called Desert Snow, was conducted over a three-day period, during which the participating officers were introduced to or updated on 150 types of concealment methods.

Among the range of imaginative props used in the course were more than 30,000 pounds of simulated drugs, \$20 million in simulated currency, and a broad range of explosive devices powerful enough to buckle a highway system, destroy commercial and government buildings, and bring down commercial jetliners. During the training, the participating officers also inspected a variety of commercial vehicles containing hidden compartments large enough to conceal drugs, explosives, and other contraband.

### Vermont HazMat Scare Prompts Evacuations and Closes Interstate

State and local emergency-response officials responded last week to an early morning accident involving a truck carrying hazardous materials along Interstate 91 in Ascutney, Vt. The truck had rolled over – but, fortunately, had spilled only a small portion of the chemicals it was carrying onto the highway. However, the potentially mixture of the chemicals inside the truck might have been a recipe for disaster.

One of the chemicals identified by the Vermont HazMat Team was sodium persulfate. The Hazmat Team was able to remove the chemical from the truck, reducing the risk of a rapid fire breaking out. "Basically, what we had," said Christopher Herrick, chief of the Vermont HazMat Team, "was a flammable substance and an oxidizer, and if they had mixed the result could have been the release of a toxic-chemical fire plume throughout the area."

The 21 November accident closed the interstate for several hours while crews worked to secure the scene. The potential danger was so great that firefighters knocked on the doors of area residents, asking everyone within a one-mile radius to leave their homes. Those evacuated were told to gather at the Weathersfield Elementary School in Perkinsville. Some of the residents later interviewed commented, however, that they had only been told to leave their homes and were not really sure what was going on. "Nobody really knew what the chemical was; they just said it was a bad accident," said evacuee Herbert Garey. ▼

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