Catastrophic Response

Coordination | Communication | Unity of Effort

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EXEC'S PODIUM

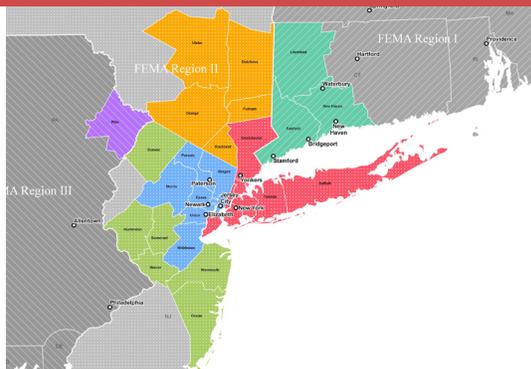## GETTING BACK TO BASICS

CHARLES S. HIRSCH, M.D.

I have seen my share of disasters since former Mayor Ed Koch appointed me Chief Medical Examiner for the City of New York in 1988. My agency is responsible for investigating deaths from criminal violence, by accident or suicide, suddenly when in apparent health, or in any unusual or suspicious manner. My 30+ Medical Examiners perform over 5,500 autopsies every year.

My advice to the Regional Catastrophic Planners is to never lose sight of your mission. Catastrophes are the worst of times, when you will find yourself immersed in water that is up to your neck and rising. And in that water will be sharks swimming in ever smaller concentric circles with you at the center. When this happens I suggest that you don't panic. Instead, stop whatever it is that you are doing to ask yourself two key questions: "What am I doing?" and "Why am I doing it?" And then I suggest you get back to basics.

What are my "basics"? My mission is first and foremost to find the truth—not for the dead but for the living. Medical Examiners support the loved ones of the deceased with information: answers for them and for the general public about the cause and manner of death, the investigation, and the recovery process. The credibility, indeed the success, of the entire recovery enterprise depends on this seemingly straightforward mission. We tell the truth, no matter how painful it may be, because although the truth hurts, it also heals.

I am proud of the work that we have done under the Regional Catastrophic Planning Grant Program. Over the past three years Frank De Paulo, Emily Carroll, and Erin McLachlan have worked with hundreds of stakeholders to build the Mass Fatality Management Response System Plan, the most comprehensive of the Regional Catastrophic Plans. This plan will allow us to come together as a region to respond, and its importance cannot be overstated. Fatality management is complex and requires significant technical expertise and unique capabilities. The ability to do this cannot be developed overnight, which is why this planning is so important. Key to our plan are the partnerships we have built in the medical examiner community both inside and outside the region. In April of this year we brought these local, state, federal, and international experts together at our International Mass Fatality Management Conference and Workshop, and in May we exercised the plan during our 3rd Annual Regional Mass Fatality Exercise in Dutchess County, New York.

I believe that during that quality time with the sharks you will get back to your basics. You will realize that what you are doing is supporting the individuals and families affected by catastrophes. Because none are more affected than the loved ones of the deceased, it is my hope that this plan, and others like it, will enhance our ability to get back to those basics.

NEWS

International Mass Fatality Conference

On April 27th the NYC Office of Chief Medical Examiner and the RCPT hosted this seminal event to promote the concept of regionalization of assets for disaster response. Over 300 people from 19 countries and 39 states attended 3 days of presentations and panel discussions, covering topics that included DNA advances in victim identification since 9/11, new remains recovery efforts at the World Trade Center (WTC) site, religious and cultural considerations in fatality management, and economic and political considerations for disaster response. The common theme was the necessity of crossing national, county, state, and local boundaries to respond to and manage disasters, which do not respect man-made barriers.

Among the speakers were former NYC Mayor Rudolph Giuliani, National Transportation Safety Board Chairman Deborah Hersman, Dr. Tzipi Kahana of the Israeli National Police, Deputy Minister Toshikazu Okuya of Japan, and Dr. Pongruk Sribanditmongkol of Thailand. Commissioner Joe Bruno of the NYC Office of Emergency Management (OEM) delivered a keynote speech on the RCPT concept and its success in the region; NYC Fire Department (FDNY) Commissioner Sal Cassano gave a warm welcoming address that highlighted the commitment made to the families of the victims of 9/11.

DePaolo   Butcher   Hirsch

Standards—
What About People?

Emergency planning is often about the big picture and its large, moving parts. We focus on the coordination of resources and information. We ask who owns the job, and how jurisdictions will work together. With all the talk about infrastructure and assets, we sometimes forget that emergencies are about people.

All emergencies are human services emergencies. The public will consider your emergency plans and response to be failures if people get left behind and their basic needs are not met. Humanitarian workers follow the Sphere Standards, which define a minimum standard of care for people affected by calamity or armed conflict. With these, the international community of non-government organizations has recognized that their work should promote fundamental humanitarian principles when it comes to water, food, shelter, and health services.

It's time for emergency management to adopt a similar minimum standard of care for people affected by emergencies. It's time to remember that emergencies affect people, and continue to affect people for years after, as they recover.

A human services standard would serve as a baseline for the assistance government and non-profit partners offer to individuals who are impacted by emergencies. Regardless of who you are, where you live, or the nature of the emergency, there should be basic services that you can expect and that the emergency management community can aspire to provide for you.

- Safety—protection from harm
- Shelter—a safe place to stay that respects individuals' and families' needs
- Information—access to clear, understandable, and timely information
- Respect—the ability to make choices about what happens to you

Enabling Unity of Effort: the Forward Operating Base

During a disaster, external resources are expected to stay put until requested by the Incident Commander. But we know from experience that catastrophes will generate large numbers and types of resources from all over the region and even the country. These will include critical resources such as specialized rescue units and EMTs that, although not specifically requested, could benefit the response. In some cases the local Incident Command Post will be overwhelmed and unable to immediately integrate them into its operations. However, if not integrated in an organized way these needed assets will sit idly or work independently, thereby increasing chaos and hindering the response.

The Forward Operating Base (FOB) is a National Incident Management System (NIMS)- and Incident Command System (ICS)-compliant facility that we will employ to avoid the "disaster within the disaster." The FOB is a gathering place where all qualified but unrequested people and operational resources can be quickly assessed, integrated, and assigned. The FOB is a temporary facility that is sited and activated immediately and that operates for 72–96 hours during which its location and contact information will be widely communicated. It is designed to fit seamlessly into a local Incident Command structure by reporting directly to the Operations Section with one or more liaisons assigned to the Logistics Section. While the FOB shares some characteristics with incident bases, staging areas, and camps, it does not replicate the mission of these other critical ICS facilities.

The Improvised Nuclear Device (IND) Response Plan will include straightforward procedures and tools to locate, activate, operate and demobilize the FOB in the initial hours of a catastrophic response. This planning will also build the FOB operation into the existing action planning and resource request processes.

The FOB will bring order to chaos by turning disorganized groups into task forces and freelancers into strike teams. It will accept and integrate the tidal wave of arriving unrequested resources, allowing Incident Command to maintain control of the operational area and enabling a unity of effort for the entire response.

Building Blocks of an IND Response

The impact of an IND attack will have no regard for city, county, or state boundaries. Governments and stakeholders from the affected city, county, and state jurisdictions must simultaneously activate and execute a massive response that will save lives and assist affected individuals, families, and businesses. While it is difficult to envision such devastation, scientific research has given us insight into the types of damage (the "damage zones") created by a nuclear explosion and the actions that will be most effective within each of these zones. It is from this insight that the Regional IND Planning Teams have created the building blocks of an IND Response. The focus of the IND Response Plan is the initial minutes and hours following an IND attack. The building blocks are the steps that local responders and government officials must take to save hundreds of thousands of lives. The mission of the IND Response Plan is to establish a common understanding of these first steps across the city, county, and state jurisdictions across the NY-NJ-CT-PA Project Site.

These steps begin with identification of a nuclear explosion by the local watch center. In addition to its initial notifications, the local watch center must provide initial estimates of blast location and size to generate a plume model. The plume model is a map of initial damage zones that also predicts the direction of travel of dangerous fallout. This plume model, combined with data collected on the ground, must be immediately assessed by subject matter experts and public officials for evacuation and shelter-in-place decisions. The faster these evacuation and shelter-in-place orders are communicated to the public, the more lives that will be saved.

As with all emergencies, the foundation of a multi-jurisdictional IND response is the local incident command structure. The plume model and field data will also be used by the subject matter experts and public officials to develop protective action recommendations for first responders and support personnel in the multiple incident commands at the perimeter of the light damage zone, outside the dangerous fallout zone.

The building blocks also include the procedures and tools to locate, activate, and operate those NIMS/ICS-compliant facilities critical for effective incident coordination. These include the Unified Area Coordination Group, the Multiagency Coordination Center and the FOB. Details about these critical coordination facilities will be provided in forthcoming articles.

THIRD ANNUAL REGIONAL MASS FATALITY TRAINING & EXERCISE

Fatality management is complex and requires significant technical expertise and unique capabilities that include information management and specialized equipment. The reality is that fatality management involves multiple simultaneous operations, all with multiple stakeholders and a multitude of obstacles spanning management challenges, resources, and political issues. The Mass Fatality Management Response System is the most comprehensive of the Regional Catastrophic Planning Projects. And its importance cannot be overstated.
The third annual regional training held on May 15–17, 2012 introduced the finalized Regional Mass Fatality Management Response System that focuses on all missions: Tactical, Strategic, and Incident Management.

Over the course of the week, we conducted operations covering a range of mass fatality management capabilities including: logistics and movement of assets; establishment of the Fatality Management Branch within the ICS Structure; fatality search and recovery; incorporation of incoming assets from state, regional, and federal partners; and the set up and operation of the disaster morgue and activation of a Family Assistance Center.