

Pace University
DigitalCommons@Pace

Master in Management for Public Safety and
Homeland Security Professionals Master's Projects


Dyson College of Arts & Sciences

1-1-2012

Mamaroneck EMS and the Continuity of Operations: Homeland Security on a Local Level

Samantha M. Gagliardi
Pace University

Follow this and additional works at: <http://digitalcommons.pace.edu/homelandsecurity>

 Part of the [Criminology and Criminal Justice Commons](#), and the [Defense and Security Studies Commons](#)

Recommended Citation

Gagliardi, Samantha M., "Mamaroneck EMS and the Continuity of Operations: Homeland Security on a Local Level" (2012). *Master in Management for Public Safety and Homeland Security Professionals Master's Projects*. Paper 4.
<http://digitalcommons.pace.edu/homelandsecurity/4>

This Thesis is brought to you for free and open access by the Dyson College of Arts & Sciences at DigitalCommons@Pace. It has been accepted for inclusion in Master in Management for Public Safety and Homeland Security Professionals Master's Projects by an authorized administrator of DigitalCommons@Pace. For more information, please contact rracelis@pace.edu.

MAMAORNECK EMS AND THE CONTINUITY OF OPERATIONS:

HOMELAND SECURITY AT THE LOCAL LEVEL

SAMANTHA M. GAGLIARDI

SUBMITTED IN PARTIAL FULFILLMENT OF
REQUIREMENTS FOR THE DEGREE OF MASTER OF
ARTs IN MANAGEMENT FOR PUBLIC SAFETY
AND HOMELAND SECURITY
DYSON COLLEGE OF ARTS AND SCIENCES
PACE UNIVERSITY

MAY 2012

APPROVED BY:



Abstract:

The definition of homeland security and all that it encompasses has been an ongoing discussion since the events of 9/11. As a homeland security professional it has become clear to me that homeland security is not only a federal obligation, but a local priority as well. All events are local and the government cannot be solely responsible for the preparation, response, and resilience of each individual community. The Village of Mamaroneck is a small jurisdiction approximately 30 miles from New York City. The prime threat this Village has faced is inclement weather and severe flooding due to the multiple floodplains scattered around the 32 square miles that make up the community. However, due to the rising tensions and hardships around the world, it is imperative that the Village of Mamaroneck be prepared to deal with unique situations that may affect the safety and prosperity of our residents.

The following research has been organized into a unified strategic plan for the continuity of operations for Mamaroneck Emergency Medical Services (MEMS). This plan is formatted to better prepare MEMS for unfamiliar situations and enhance our response and resiliency if ever faced with a catastrophic event. Although it is a starting point, this document produces optimism that MEMS will be able to build their operation into a prototype for other EMS agencies in surrounding jurisdictions.

Table of Contents

Chapter 1: Mamaroneck EMS Strategy Introduction.....	4
Chapter 2: Alternative Management Perspectives.....	19
Chapter 3: Public Strategic Planning.....	33
Chapter 4: Constitutional and Ethical Concerns.....	55
Chapter 5: Public Sector Policy Analysis.....	71
Chapter 6: International Human Rights Issues.....	83
Chapter 7: Technology and Critical Infrastructure.....	99
Chapter 8: Comparative Governments.....	115
Chapter 9: Intelligence Gathering from an EMS Viewpoint.....	133
Chapter 10: MEMS and Public Health Capabilities.....	148
Chapter 11: MEMS and the Megacommunity approach.....	162
Conclusion.....	173

Chapter 1

Introduction

As a longtime volunteer and EMT of Mamaroneck Village Emergency Medical Services (MEMS), I have an intimate knowledge pertaining to the inner workings of MEMS. I would like to propose some recommendations in accordance with a detailed strategy to enhance the overall capabilities of MEMS in regard to emergency preparedness and response. As an agency on the front lines, charged with protecting thousands of village residents in times of need, I believe it is imperative to leverage all that MEMS has to offer, in addition to strengthening the ability to respond to a multitude of situations. The areas for which I will propose recommendations are as follows: conflict and uncertainty when responding to large scale mass casualty incidents (MCI's) or terrorist attacks, crew scheduling as well as volunteers and paid personnel, training and recruitment of members, and finally equipment and resource management. In order to accomplish all of the recommendations, I am going to propose a strategy that will include a detailed vision statement that will guide MEMS to future success. The strategy will further explore and expand upon the assumption that MEMS is fully prepared for all situations and able to respond at a moment's notice. MEMS' mission statement is as follows: "To provide dependable, immediate emergency medical assistance to those in need at any hour for any situation." With my recommendations and strategy I am confident that we can build and enhance MEMS' ability to live up to their mission statement as well as surpass it.

In order to look towards the future of MEMS and provide a strategy to help them reach their full potential, it is important to know the history of MEMS and the culture in which they operate here in the Village. Like most EMS agencies throughout the State of New York and the

nation, MEMS is volunteer-run and operated with primary funding from patient billing, donations, and tax revenues. I interviewed paramedic Peter Primrose, who has been a member of MEMS for over twenty years. Peter was able to provide me with insight that clearly explained the culture of the organization as well as how it came to be. The following history is derived from my interview with Peter: In 1971, outside the movie theatre in Mamaroneck, a mother was parking her car. As she went to step on the brake she accidentally hit the accelerator, jumped the curb, and hit five children who were standing in line in front of the theater. Horrified, she immediately screamed for someone to call the police. An employee of the movie theater phoned the police and within several minutes' police and fire personnel began to arrive. There were several injured children and one critical child; however there was no formal EMS system to respond to the scene and transport them to the hospital. One of the police officers on the scene left to go back to the police station and retrieve the "Cadillac ambulance" that they had in the back of the parking lot. The officer arrived, placed the most seriously injured child in the back of the Cadillac, got in the front seat and drove to the hospital. There was no EMT or trained medical personnel to monitor or assist the child. Scenes like this were all too common throughout Mamaroneck Village and Westchester County. A few months after the incident, a group of concerned citizens got together and formed the Mamaroneck Village Rescue Squad. With the formation of the rescue squad came a dedicated ambulance service with trained volunteers to respond to medical emergencies within the confines of the village. As the years went by the squad grew in personnel, vehicles, training, and call volume. By early to mid-1980, the squad consisted of numerous EMT's (Emergency Medical Technicians) and paramedics. By the late 1980's the squad was officially granted a "certificate of need" to practice as a New York State (NYS) Licensed EMS agency by the NYS Department of Health. An ambulance district

was eventually formed with the neighboring village of Larchmont, and Mamaroneck EMS and Larchmont EMS each received paid paramedics 24 hours a day, 365 days a year.

Times have changed; I analyzed the multitude of possible events that MEMS may face in present day in order to gain a better understanding of their ability and preparedness to respond to such incidents. As a front line organization entrusted with responding to any emergency that may happen in its jurisdiction, MEMS needs to be prepared for the unthinkable; there is no limit to the events that may take place in Mamaroneck: terrorist attacks, MCI accidents, and natural disasters. Terrorist attacks may include chemical, biological, nuclear, and radioactive attacks, as well as conventional explosives. MCI accidents that may occur include motor vehicle accidents involving numerous patients or many vehicles, building collapses, gas leaks / explosions, industrial accidents involving machinery or chemicals, train derailments, and other scenarios. Natural disasters include flooding, which Mamaroneck is prone to as it sits in a low lying basin on the long island sound, hurricanes, snow emergencies, and downed trees as a result of high wind scenarios.

Having narrowed down some possible scenarios MEMS may face in the future, I decided to interview Jason Capalbo, a long time lieutenant with MEMS. I specifically inquired about the policy and procedures that MEMS follows if they are dispatched to a scene for an overturned school bus with multiple injured children. How would they ensure the call was handled appropriately and the correct resources were available for this event? Lt. Capalbo sat for a few moments to gather his thoughts and was surprisingly quite direct in his response. “Honestly, I can’t really say that we have any written policy for a response to an MCI. As Lieutenant, I know what I would do, but as for general members, we unfortunately do not have any written policy

for them to follow nor do they probably understand the chain of command.” I further asked Lieutenant Capalbo if there were any written procedures in the corps that relate to terrorism, natural disasters, or any of the other scenarios I addressed as possible events MEMS may respond to. Again, Lieutenant Capalbo stated that MEMS did not have any written procedures. Knowing that MEMS is hardly ready to respond to a MCI, I knew that responding to a large-scale terrorist attack would absolutely be a problem for MEMS. “There is no generally agreed upon strategy for local preparedness nor is there a generally agreed upon objective for local response” (Harber, 2010, p.2). With that being said, what we need to do is assess the community in which we live as well as the agency that serves us and determine what aspects need to be improved and devise a precise strategy accordingly.

To better assist the importance of my strategy and enhance MEMS capability and preparedness, I chose the hypothetical yet feasible event of a terrorist attack consisting of a chemical agent aboard a Metro North Train pulling into the Mamaroneck Village Train Station. In the hypothetical terrorist attack, MEMS would be paged to respond to the Metro North Station on the South Bound side for a train with numerous ill passengers, some vomiting, some unconscious and a noxious gas permeating the train. Upon receiving the initial page there are some immediate questions the strategy must address. Who from MEMS is in charge of the scene? What precautions need to be taken due to the nature of the call? At what point is additional help called in and what help would that be? As part of the strategy for responding to a terrorist attack, the absolute first course of action must be for MEMS to ensure that it always has an adequate crew. MEMS will ensure its readiness to respond by having a crew. There is always a paid paramedic 24 hours a day on duty and the remainder of the crew is made up of volunteers

who sign up for shifts or simply show up when a page for help goes out. This is not a reliable scheduling method and as part of the strategy it must be changed. In addition to the paid paramedic, MEMS' scheduling officer will ensure 1 week in advance that each shift is covered with a volunteer. There will be no paging for a primary driver or EMT to respond to the scene. The volunteer driver and EMT will always be stationed at EMS headquarters, with the ambulance and the paramedic, to ensure the most immediate response. If a volunteer EMT or Driver is not on the duty schedule prior to 1 week in advance, the scheduling officer will hire a paid EMT / driver from the list of standby EMT / drivers. A volunteer will have preference to a shift, but if none are available within one week prior, measures must be taken to ensure continued coverage, and this includes hiring a paid person for the shift.

If additional personnel are needed at the scene (due to an MCI, terrorist attack, multiple patients, etc.) the dispatcher will send no more than two pages for additional manpower. Additional personnel will be required to call or radio the dispatcher (in the case of MEMS the dispatcher is Police Headquarters) that they are responding and their approximate estimated time arrival (ETA), immediately upon hearing the page. Each page from the dispatcher will be no more than one minute apart. If after the second page and or two minutes (whichever is shorter), the dispatcher has not received word that additional personnel are responding, he or she will immediately contact Westchester County 60-control dispatch for a mutual aid ambulance and crew from the closest neighboring community. Westchester County 60-Control is the designated countywide dispatcher and head of the mutual aid agreement for the county. This will ensure that there is adequate manpower responding to the scene and there will be no significant time lapse. I contacted the Town of Mamaroneck Ambulance district that oversees our billing and

call database to get the call volume for MEMS. In 2009 MEMS responded to over 1400 calls for assistance, with over 600 being critical: head injuries (56), cardiac arrest (17), chest pain (46), congestive heart failure (19), difficulty breathing (28), overdose (40)), and requiring advanced life support (ALS). This call volume highlights the absolute necessity of having reliable and dedicated staff on hand to respond 24 hours a day. MEMS have a busy system and cannot afford to take the chance of paging for a driver and EMT, unsure if anyone will show up.

Now that shift coverage and additional manpower has been addressed it is imperative to have a functional chain of command and resource management on scene. Anytime a line officer is in the building or on the crew, they are ultimately in command of the response or any situation that arises. As part of their training to be line officers they must be required to take ICS-100 level courses (Incident Command System). Also, all members of the corps must take ICS-100 so they can act in accordance with its procedures. To go further with the incident command system, I researched state policy. The NYS-DOH (New York State Department of Health) policy statement 06-05 establishes a policy where all NYS response agencies are required to take additional courses such as IS 700 and ICS 200 (NYS Dept. Health, 2003, p.54.) These courses are mandated under Homeland Security Presidential Directive #5 (Feb. 2003). MEMS are currently not in compliance and must be updated immediately, as a part of NYS policy and my strategy. In addition to having the ICS background, a MEMS line officer assumes all command of any scene and reports directly to the scene incident commander (usually the Fire Chief or Westchester County 60-Control representative if it is a large scale disaster). If there is no scene incident commander when MEMS arrives and a line officer is present, he or she will assume command of the scene until relieved and de-briefed by a higher authority. As incident

commander, he or she will be responsible for coordinating additional resources such as police, fire, HAZMAT, etc. In the absence of a MEMS line officer, the paramedic is next in command. However, the paramedic should make contact with the MEMS line officer on call for any major incidents to notify the line officer and request his or her presence on scene. In the absence of a line officer and paramedic, the most senior EMT assumes full control of any medical scene that MEMS is called to respond to, and like the paramedic, the EMT should notify the line officer on call immediately in the event of a major situation.

Concerning the hypothetical terrorist attack on board a Metro North train, the strategy will now seek to provide answers for other critical questions: how will MEMS be prepared to respond to a terrorist attack – do they have the training and equipment? To get valid information from a primary source, I interviewed Kyle Wilkie, a senior EMT at MEMS. I asked Kyle what training he has received in order to be prepared to enter a train car and treat victims of a potential terrorist gas attack and what special equipment he would utilize. Kyle stated, “Unfortunately we have not had any specific training. I would probably just walk in and see what was happening with the patients before I made my decision on how to treat them. If I could find a splash mask, maybe I would put that on as well.” I followed up with Lieutenant Capalbo to see if he had any further knowledge that Mr. Wilkie wasn’t aware of. Lt. Capalbo stated, “MEMS does have N-95 masks for responding to hazardous scenes, but none of the members have been properly tested or fitted for wearing them.” Knowing that MEMS clearly is not prepared, I researched methods to assist their response to such a situation. To be fully prepared for all situations, all MEMS members must be required to take hazardous materials first responder training. This course, offered at Westchester County Department of Emergency Services, introduces first responders to

the various types of hazardous materials they may be exposed to on certain scenes. In addition to educating the members about the hazards they may encounter, the course also addresses what to look for, how to avoid exposure to hazardous materials, and what county agencies (hazmat) may be called upon to assist during a terrorist attack or other scenario involving hazardous materials.

MEMS members would also take the proper FIT-Testing required by New York State Dept. of Health and be issued an N-95 mask to keep on their person at all times while on duty. The N-95 mask has been proven to be effective at protecting against tuberculosis, swine flu, regular flu, as well as other gaseous and particulate hazards. MEMS were issued 5 full-face respirator masks similar to SCBA's (Self-contained breathing apparatus) by Westchester County. However, the masks currently sit in the MEMS storage closet. As a part of my strategy, MEMS will be required to receive and provide training for the use of these masks to each individual member. The masks/backpacks will be placed on the ambulances for the crew to use as a means of escape if they are caught in the middle of any major chemical or biological attack. This was the purpose of the masks and the reason why they were given to EMS (Lieutenant Capalbo). MEMS will also ensure that their safety and infection control officer is fully aware of all Westchester and NYS protocols in regard to equipment for responding to terrorist attacks. They will reference the NYS-DOH Part 800 for mandatory equipment to be kept on the ambulance at all times. The safety officer is responsible for assuring all MEMS ambulances contain the minimum equipment needed to protect the crew and patient(s). Such equipment will contain but not be limited to, N-95 masks, HAZMAT suits, splash shields, gloves, gowns, disinfectant spray, disinfectant wipes, Mark1 chemical / biological antidote kits (these kits were distributed by the government after Sept. 11th), HAZMAT ID book, binoculars (for assessing the scene from a

distance to ensure its safety), portable radiation detectors, portable carbon monoxide detectors, and escape hoods for escape from a noxious environment. The Safety Officer will also constantly monitor the NYS-DOH site for updated policies and protocols for NYS-EMS personnel. Policy statement #03-04 issued on 02/10/03 from the NYS-DOH Bureau of EMS (NYS DOH, 2003, p.18) clearly outlines the guidelines for EMS personnel for responding to chemical terrorism. If MEMS carried this policy statement and others on their ambulance in an indexed binder for quick reference on a scene and if members were familiar with it, they would be extremely well prepared to respond to a potential chemical attack onboard a Metro North Train.

Finally, in regards to member training, all members of MEMS will attain a minimum state certification level of EMT-B (Emergency Medical Technician-Basic). This certification will ensure that all members have a minimum level of state approved and certified training and will ensure that no untrained members are responding to calls. The minimum state training to become an EMT is slightly over 120 hours of classroom training, practical hands on examination, as well as a state written examination. I did further research at the Office of Counter Terrorism – NYS Division of Homeland Security and Emergency Services to see if they could help MEMS with more in depth training regarding other types of hazardous situations. Since terrorist attacks may potentially expose MEMS personnel to hazards such as bioterrorism (think about the anthrax attacks a few years back) MEMS can apply for a grant for Hazardous Materials training, Bioterrorism Training, CEPP Training (Chemical Emergency Preparedness and Prevention), and a multitude of other trainings and offerings through the web site for New York State Homeland security Grant program (DHS, 2009, p. 1). Other avenues for grants that

MEMS can apply for include the Pepsi Corporation. Currently, Pepsi is running a grant program where non-profit organizations can apply for grant money for various ideas to help the community. MEMS can apply for a grant for a new ambulance or equipment such as portable radiation and carbon monoxide detectors; equipment that is notoriously expensive and thus difficult for MEMS to purchase normally without a significant drive to raise funds.

In addition to the training of members, MEMS must formulate a plan to recruit and sustain its volunteer capacity. Volunteers play a critical role in defending the community during a terrorist attack as well as any type of emergency that MEMS may be called upon. Volunteers from Mamaroneck Village have an intimate knowledge of the village as they themselves live here and are familiar with streets, neighbors, and know when something doesn't seem right in the community. As part of the strategy to recruit and maintain a strong group of trained volunteers, MEMS must reach out and make themselves known. MEMS should contact all their local newspapers, both in print and on-line and arrange for their assistance. Once a month, MEMS should have a full page ad describing the vital role they play in the community as well as advertising the fact that they are volunteer run and operated. In addition to letting the residents know who they are and what they do; MEMS must solicit volunteers from the community. Monthly ads with MEMS' phone number, Internet address, and contact information for prospective members are an absolute must. Additionally, MEMS should place volunteer member's at large community events such as graduations, street fairs, parades, sporting events, and any other activities that attract large gatherings of people. The MEMS volunteers stationed at these events should be prepared to distribute fliers about MEMS and how volunteers are needed and what they can contribute to the organization. Additionally, MEMS should

strategically place signs throughout the community advertising the need for additional volunteers. MEMS can work with the local Village government for assistance in placing the signs in mutually agreeable locations throughout the village.

In addition to recruiting volunteers, MEMS must make a substantial effort to keep the trained volunteers it has. As a part of the strategy for keeping volunteers MEMS must work with the local village government for incentives for volunteers. Free parking throughout the village for volunteers would be a great incentive that would cost the village very little but show the volunteers their service is greatly appreciated. Perhaps the village could also give a property tax credit to volunteers who have been with the agency for a minimum of 3 years. This will allow volunteers to save money while allowing MEMS to count on a 3-year commitment. Currently the NYS government has in place a \$200 tax credit for volunteer EMS and Fire Dept. members. MEMS can advertise this to current members and make sure they are taking advantage of it as an additional means of member retention (Manning & Goldfrank, 2002, p. 86). Another idea for retaining volunteers is a LOSAP (Length of Service Award Program). One community that is successfully using the program is East Greenbush Ambulance District. East Greenbush Ambulance district sponsors and funds an LOSAP that functions like a pension for its volunteers. The volunteers are required to attain a certain amount of credits based on pre-determined criteria such as number of calls attended, trainings, etc. If MEMS were to implement such a program it would be a huge incentive for volunteers to join MEMS and remain for many years. Certainly in this tough economic climate, a program that would provide a monetary benefit similar to a pension for dedicated volunteers would be a tremendous incentive to keep the volunteers around in order to provide a vital service to the community.

Finally, I think MEMS needs to implement a plan for capital equipment purchases and resource management. Currently, as per Lt. Capalbo, MEMS does not have a schedule to replace equipment, but rather when they need it, they try to raise money. As part of my strategy to improve this process, I recommend the following: MEMS should appoint a capital-equipment resource officer whose sole job is to manage MEMS equipment. Once a month the officer will take inventory of the equipment, assess its serviceability and life span, and determine when the equipment may need to be replaced. Monthly meetings with the ambulance district and village are also vital in order to allow the officer to report his or her findings. A detailed plan of expected replacement dates for capital equipment such as ambulances, stretchers, defibrillators, gas masks, etc must be submitted in writing with quotes from different vendors. If the village and district have advanced notice of equipment life expectancies as well as how much it will cost to replace and when, they can begin allocating money in a fund for such replacement. To highlight the importance of planning this task in advance, according to Lt. Capalbo, MEMS was recently without an ambulance because they lacked the funds needed to replace their 10-year old ambulance, therefore resorting to renting 1 until they were able to raise the money. Clearly, a detailed document explaining the life expectancy, mileage, and current condition of MEMS' vehicles would have given MEMS and the village more time to secure funding and avoid further headache and chaos.

In closing, it is important to note that MEMS provides a critical and vital function to the community. In time of need, disaster, attack, or crisis, the men and women of Mamaroneck EMS respond to help those they do not even know within a moment's notice. They risk their own safety and comfort to help those who have called upon them, for little or no pay. We owe it to

MEMS and the community to ensure that MEMS is in the strongest position possible in order to continue providing critical services on a daily basis. By following my detailed strategy, I am confident that we can position MEMS towards continued future success. While my hypothetical situation focuses on a terrorist attack on a train, all the strategies for scheduling, training, chain of command / leadership, volunteer recruitment, resource management, etc., can be applied to any scenario. Even when being called upon a single car accident where a motorist has crashed into a tree, it is important to have a dedicated crew who is standing by at EMS headquarters, trained and ready to respond. I am confident that my strategy will position MEMS to grow and prosper well into the future and provide first class medical care to the residents of Mamaroneck Village. MEMS new vision statement is as follows: Mamaroneck EMS will provide its surrounding community with superior emergency medical care. We will take the proper steps in order to be prepared for the unthinkable and most catastrophic events that may occur in our jurisdiction, therefore enabling us to save as many lives as possible. Our specially trained personnel we will be equipped with the most modern technology and gear to accurately respond to any given situation and provide the best care for our patients. Working with partner agencies, MEMS will become the dominant force in emergency medical services as a role model for all other agencies in Westchester County in a collaborative effort to better our nation's homeland security starting on a local level.

Recommendations:

1. Take the importance of MEMS sincerely in an effort to better national security and preparedness

2. Demonstrate sound fiscal management. Give MEMS the proper recognition and resources to successfully function as a significant part of the Village of Mamaroneck's safety and prosperity
3. Integrate career and volunteer resources into a unified system. Consider paid positions on top of volunteer positions to better the efficiency and dependability of MEMS
4. Consider a strategic planning committee for help with implementing this strategy more timely, resourcefully and efficiently
5. Promote public awareness
6. Enhance service delivery by utilizing technology and equipment
7. Successfully manage the change of MEMS

Respectfully,

Samantha M. Gagliardi

References

- Haber, Jeffrey G (2008, Dec). Volunteer Fire and Emergency Medical Services-System in Crisis: Press Release. New York, NY: The Association of Towns of the State of New York.
- Manning, Frederick J., and Lewis R (2002). Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System Program. Washington, DC: National AcademyPrint.
- National Incident Management System, New York State Department of Health (2005, Dec). The National Response Document. Washington, DC. Department of Homeland Security.
- New York State Department of Health. (10 Feb 2003). Chemical Terrorism Preparedness and Response Card. Washington, DC.
- New York State Department of Health (2010, Dec). Bureau of EMS Policy Statements and SEMAC Advisories. Washington, DC. Retrieved from <<http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm>>.
- Libous, Tom (2010) \$200 Tax Credit for Volunteer Firefighters and EMS Workers. Washington, DC: New York State Senate.
- New York State Office of Counter Terrorism (2010). Homeland Security and Related Grant Programs. Washington, DC. Department of Homeland Security

Chapter 2

Alternative Management Perspectives

Management and leadership styles vary greatly due to a number of potential factors. Research and investigation about different management styles has been fragmented and inconsistent. After extensive reading, it is obvious that the key to good leadership development is an extensive knowledgebase. The management style for my homeland security strategy, the Independent Federal Internal Affairs Division (IFIAD), will include 3 popular management styles: autocratic, participative, and delegative (free reign). However, within each unique management style, different leadership techniques will be augmented for optimal success and moral throughout this organization. There is a difference between management and leadership. Using the 3 styles listed above is how my organization will be operated or managed; however, using alternative leadership styles is how my organization will be successful. The IFIAD will have managers that act as leaders, creating a healthy balance and a prosperous work environment. "The leader has to be practical and a realist yet must talk the language of the visionary and the idealist (Eric Hoffer)." How a person leads an organization is a key indicator as to whether or not success will be prominent. Change is vital for maturation within an organization and it is a common hindering factor because people are resistant to innovation. However, the revamping and revision of management and leadership styles is imperative for the prosperity of our nation in regards to homeland security and the safety of our people. "Do not follow where the path may lead. Go instead where there is no path and leave a trail (Ralph Waldo Emerson)."

Before explaining the techniques and styles that regulate the IFIAD, a brief overview of the organization will eliminate any confusion regarding its purpose. The Independent Federal Internal Affairs Division is an autonomous organization that works closely with the US Attorney General's Office within the executive branch of the government. It is a lucid organization that was created to reduce internal corruption within federal agencies and enforce justice when appropriate. The IFIAD will be similar to the Korea Independent Commission against Corruption (KICAC). This Commission focuses on prevention by supporting improvement of laws and institutions for the prevention of corruption, providing checks and balances between authorities in power, and implementing the whistleblower protection and reward system. The IFIAD will attempt the same goals and achievements. The objective of the strategy is to reduce corruption and achieve an anti-corruption culture within US government agencies affiliated with US Homeland Security to better our National Security efforts by accomplishing the following goals:

- Eliminate the conditions that allow for the occurrence and the development of corruption
- Establish a legal and institutional framework for the prevention and reduction of corruption
- Consistently introduce criminal and moral liability for illegal acts
- Set appropriate ethical standards
- Ensure transparency in the funding of political parties, elections and election campaigns
- Prevent conflict of interest in the public sector
- Ensure the legal and responsible execution of decisions
- Increase the efficiency of bodies responsible for the implementation of laws
- Reform public administration, with the aim to enhance professionalism and transparency

- Institute open and transparent procedures of planning and using budgetary funds, as well as public monitoring of budgetary expenditures
- Provide training and support to the private sector in the implementation of anti-corruption measures
- Define the role of the media in combating corruption
- Stimulate citizens to participate in the fight against corruption

Similar to the tactics of the FBI, the IFIAD will be strictly responsible to investigate corruption in government agencies and take the necessary steps to prevent future instances. The IFIAD will be responsible for receiving and responding to complaints, gathering intelligence, monitoring and investigating, prosecutions, research analysis and technical assistance, ethics, policy guidance, compliance review, scrutiny of asset declarations, public information, and education and outreach programs. Unlike already existing agencies of oversight and enforcement, the IFIAD will not itself be tainted by corruption or political intrusion. It will seek to resolve coordination problems among multiple agencies and centralize all necessary information and intelligence about corruption and assert leadership in the anticorruption effort.

Prior to explaining exactly how the IFIAD will function, the difference between a manager and a leader is vital in regard to the overall structure of the organization. Managers have a position of authority vested in them by the company. Their subordinates work for them and do as they are told. Management style is transactional in that the manager tells the subordinate what to do, and the subordinate does this because they have been promised a reward (at minimum their salary) for doing so. Managers are paid to get things done, often within tight constraints of time and money. Some words that describe a manager: stability, objectives, detail, formal

authority, control, reactive, blames, non-innovative, and structured. Leaders have subordinates, but only because they are also managers. But when they want to lead, they have to give up formal authoritarian control. To lead is to have followers, and following is always a voluntary notion. Telling people what to do does not inspire them to follow you; you have to appeal to them. They must want to follow you enough to stop what they are doing and perhaps walk into danger that they would not normally consider risking. Therefore, superiors of the IFIAD will be both managers and leaders. The IFIAD motto will be a quote by Grace Hopper, a former Admiral in the US Navy, “You cannot manage men into battle. You manage things; you lead people.”

According to *Effective Leadership and Effective Management* by Murray Johanssen, “Management focuses on work. We manage work activities such as money, time, paperwork, materials, equipment, etc. Management focuses on:

- Planning
- Organizing
- Controlling
- Coordinating
- Directing
- Resource use
- Time management
- Logistics and the supply chain
- Finance and money management
- Budgeting

- Strategy
- Decision Making
- Problem Solving

The first five (planning, organizing, controlling, directing, and coordinating) are often listed in the management 101 texts as the major functions of management. Certain conceptual skills such as decision making, strategy development, and problem solving seem to fit better in management verses the leadership area, but you can go either way. Some professors like to say “Managers are decision makers.” but that doesn't seem quite right. A better description is, “Executives are decision makers— managers are problem solvers.” However, some things should be managed and others should not. People should not be managed—it implies we treat them like things.”

Leadership is a bit harder to understand because there are so many definitions. Leadership has an essential focus on people and how they can be influenced. According to Johannsen, leaders focus more on:

- Vision
- Inspiration
- Persuasion
- Motivation
- Relationships
- Teamwork
- Listening

- Counseling
- Coaching
- Teaching
- Mentoring

It's vital for senior individuals in positions of great responsibility to be able to play both roles. The boss who cannot manage will kill an organization just as fast as one who cannot lead. Within the IFIAD, executives will be required to play both roles. "Under performing organizations are usually over-managed and under-lead (Warren Bennis)."

When managing situations or "things" such as budget/financing, time management, paperwork, etc., IFIAD executives will use an autocratic management technique. This technique leaves little room for opinion and compromise. It is when leaders tell their employees what they want done and exactly how they want it accomplished, without question. This technique will be used only when all the information to solve a problem is available, time is limited and the employees are well motivated. This technique is not to be confused with what people tend to think; this style is an excuse for yelling, using demeaning language, and leading by threats and abusing power. This is not the authoritarian style in which the IFIAD will utilize, rather it is an abusive, unprofessional style called "bossing people around" and it has no place in our leader's repertoire. This authoritarian style will be used on rare occasions in an effort to make quick, rational decisions without any unwarranted delay that may cause conflict within the organization.

The democratic or participative technique will be used more often, for various circumstances (problem solving, planning, organizing, coordinating, resource use, etc). This style

involves the leader including the employees in the decision making process. Although the leader maintains the final decision making authority, it allows for open discussion and brainstorming. Using this style is not a sign of weakness, but a sign of strength that our employees will appreciate and respect. This technique will normally be used when the executives have part of the information, and the employees have the rest. Our executives are not expected to know everything, which is why the employment of knowledgeable and skillful employees is imperative. This style is of mutual benefit because it allows the employees to become part of the team and allows the bosses to make more accurate decisions.

The delegative (free reign), or laissez faire style of authority will also be utilized by executives in the IFIAD. This style allows the employees to make independent decisions; however, the boss is still responsible for the decisions that are made. This will be used when employees are able to analyze the situation and determine what needs to be done and how to do it. Upper management cannot be responsible for everything. Therefore priorities must be set in or to properly delegate certain tasks. This style will not be abused and used to blame others when things go wrong. Rather it is a style to be used when staff members are confident and can be fully trusted by their superiors. This type of authority needs to be implemented with careful consideration and assurance. First, the executive needs to be assured that the employee has the competency to handle the task. If the employee is new to the job or is an inexperienced worker, to pass a task to them will only cause disaster. Although he/she has the responsibility to complete the task, they will not be able to handle the stress. The second consideration is whether the employee has the resources to achieve the task. In order to do that, the boss must communicate clearly what the budget allocates, the people that will be assisting the employee, and so on. This

will ensure that the person responsible will be clear about his or her resources, and use them constructively. It is not acceptable to give this freedom from authority and then have your staff return to upper management each time they need permission for something in regard to the task. Lastly, the employee needs the authority to execute the task. The employee(s) must be given the authority to handle everything within the project so that the other employees will understand that following them is ok. That way, there will be much less room for arguments and confusion.

The IFIAD upper management will be successful managers and leaders because they will balance these three types of management accordingly, depending on the given situations and circumstances. Some examples of the factors that may influence the style to be used include:

- How much time is available?
- Are relationships based on respect and trust or on disrespect?
- Who has the information, the managers, the employees, or both?
- How well are the employees trained and how well do they understand the task?
- What are the internal conflicts?
- What is the stress level?
- What type is the task (structured, unstructured, complicated, or simple)?

Using the authoritarian style may be appropriate towards a new employee who is just learning the job. The leader is competent and a good coach, therefore the employee is motivated to learn a new skill. The participative style may be initiated with a team of workers who are confident with their jobs. The leader is aware of the problem, but does not have all the information and allows the employees to become part of the team. The delegative style can be

implemented with veteran workers who know the job just as well as the boss. Upper management cannot do everything and the employees need to take ownership of their jobs. In addition, this allows executives to be at other places, doing other things. Using all three techniques: telling your employees that a procedure is not working correctly and a new one must be established (authoritarian), asking for their ideas and input on creating a new procedure (participative), or delegating tasks in order to implement the new procedure (delegative) will make the IFIAD a more successful and healthy work environment.

“Management is getting people to do what needs to be done. Leadership is getting people to want to do what needs to be done. Managers push. Leaders pull. Managers command. Leaders communicate (Warren Bennis).” There will be no managers employed at the IFIAD, only leaders who manage. Meta-leadership will be predominant within the organization. According to Meta-Leadership and National Emergency Preparedness by Leonard Marcus, Barry Dorn, and Joseph Henderson, meta-leaders possess qualities that “reach beyond tradition.” These leaders speak multiple languages or “talk the talk.” They are willing to take risks and give life to a vision or objective that doesn’t already exist. Some characteristics of a meta-leader include:

- Courage
- Persistence
- High Ethics
- Commitment
- Understand Group Dynamics
- Approachability
- Intelligence

- Confidence
- Humor
- Communication Skills
- Imagination
- Compassion/Empathy
- Persuasion
- Motivation
- Social Skills
- Self-Awareness/Regulation
- Organizational Sensibilities
- Conflict Management
- Crisis Management

Each characteristic mentioned above will be the status quo of the IFIAD. Nothing less will be accepted. This organization is not only to combat internal corruption and enforce justice, but should also be considered a mentor for other government agencies who want to revamp their management structure.

The last concept of management to be addressed is crisis management. In order to effectively plan and prevent a crisis within the IFIAD, it is vital to understand the sort of risks that may have the potential to harm the organization:

- Technological difficulties
- Confrontations

- Corruption
- Malevolence
- Media Exposure
- Rumors
- Skewed Management Values
- Deception
- Workplace Violence

The key to crisis management is to have a proactive crisis plan. The credibility and reputation of an organization is heavily influenced by the perception of their response during crisis situations. The organization and communication involved in responding to a crisis in a timely fashion is crucial. There must be open and consistent communication throughout the hierarchy to contribute to a successful crisis communication process. Successfully defusing a crisis requires an understanding of how to handle a crisis proactively. According to Gonzalez-Herrero and Pratt, the different phases of Crisis Management include:

- The diagnosis of the impending trouble or the danger signals
- Choosing appropriate turnaround strategy
- Implementation of the change process and its monitoring

No organization wants to handle a situation that may cause significant disruption to the business, especially one that generates extensive media coverage. Public scrutiny can result in a negative financial, political, and legal impact. Preparing contingency plans in advance, as part of a crisis management plan, is the first step to ensuring an organization is appropriately prepared

for a crisis. The IFIAD will have a designated crisis management team that will frequently rehearse crisis plans by developing simulated scenarios and practice drills. The plans will clearly stipulate that the only people to speak publicly about the crisis are the designated persons, such as the crisis team members. Providing incorrect or manipulated information has a tendency to backfire and will greatly exacerbate the situation, which is why there will be a zero tolerance for this kind of misinformation. The contingency plan will also contain information and guidance that will guide decision makers to consider not only the short-term consequences, but also the long-term effects of every decision.

There has been debate about the role of apologies in crisis management, and some argue that apology opens an organization up for possible legal consequences. However, the IFIAD will take the advice of the Situational Crisis Communication Theory (SCCT). The SCCT is an attribution-based theory that stresses organizations to take full responsibility for their actions. If the IFIAD is at fault, then the organization will take full responsibility, apologize, accommodate stakeholders, provide corrective information, and do whatever it takes to mend the problem with confidence that it will not happen again.

The IFIAD is a critical organization that needs to be implemented into the US Government as a nonpartisan body to reduce internal corruption and enforce justice. This task is vital to our national security efforts and the actual safety of the American people. What is the point of fighting the “war of terror” and the “war on drugs” if it is actually our own government that infiltrates them? There are bad apples in these agencies that need to be investigated and prosecuted for their injustice before they bring down the entire country. More important than the purpose of the IFIAD, is the structure on which the organization will function. This agency needs

to implement change and innovation. It should be a mentor to other federal agencies to break away from traditional hierarchies and authoritarian bases. In order to effectively secure this nation and fight any threats domestic or international, this country must first learn how to effectively manage the agencies in which we trust with this task. “The acute threat of internationally driven and homeland-directed terrorism has changed the rules and expectations for governmental action, interaction, and willpower. Unprecedented coordination of resources, information, and expertise is required in the face of new hazards emanating from an elusive and a yet active and well-organized network of hostile terrorist cells (Danzig, 2003). “While the period since 9/11 has witnessed a spate of governmental reorganization and restructuring... the hope for change in behavior and impact has lagged far behind shifts in organizational form and mandate (Mintz, 2005). This reluctance to change is alarming given the enormity of the immediate terrorist danger and the consequences of less-than-optimal prevention, emergency preparedness, and response.”

References

Johannsen, Murray (Nov 2010). "Leadership and Management: The Essential Differences."

Transformational Leadership Development. Washington, DC.

Marcus, Leonard J., Barry C. Dorn, and Joseph M. Henderson (2006) Meta-Leadership and

National Emergency Preparedness: A Model to Build Government Connectivity.

Biosecurity and Bioterrorism. 128-34. Print.

Chapter 3

Public Strategic Planning

“Mamaroneck Emergency Medical Services (MEMS) is a volunteer ambulance service providing emergency care for the Village of Mamaroneck. Operating 24 hours a day, MEMS responds to over 1,200 calls for assistance each year. As a volunteer organization, members donate their personal time to staff the ambulance. Each crew consists of a paramedic, Emergency Medical Technician (EMT), ambulance driver, and an attendant. Members volunteer a minimum of one shift per week and attend regular training sessions to further advance their skills and knowledge (www.mamaroneckems.org).”

“Utilizing paramedics provided by the Town of Mamaroneck Ambulance District, MEMS offers Advanced Life Support (ALS). Paramedics receive tremendous amounts of initial training and ongoing medical education allowing them to offer high levels of care normally found in a hospital emergency room. Funding for MEMS comes from various sources. The Town of Mamaroneck Ambulance District administers the operating budget. Funding for the district is made available through money collected from patient insurance providers. This allows the MEMS to operate without using resident tax dollars. Capital expenses are funded through an Ambulance Fund controlled by a board consisting of the Village Manager, Village Treasurer, 2 Village residents, and the MEMS Captain. The donations that the fund receives have afforded MEMS with state-of-the-art ambulance and modern medical equipment (www.mamaroneckems.org).”

As a longtime volunteer and EMT of Mamaroneck Village Emergency Medical Services (MEMS), I have an intimate knowledge pertaining to the inner workings of the system. I would

like to propose some recommendations in accordance with a detailed strategic plan to enhance the overall capabilities of MEMS in regard to emergency preparedness and response. As an agency on the front lines, charged with protecting thousands of village residents in times of need, I believe it is imperative to leverage all that MEMS has to offer, in addition to strengthening their ability to respond to a multitude of situations. The areas I will propose recommendations for are as follows: (1) To promote public awareness (2) To provide service that exceeds expectations (3) To demonstrate sound fiscal management (4) To recruit, develop and support members (5) To combine career and volunteer resources into a unified system (6) To augment service delivery by utilizing updated technology and equipment (7) To successfully manage the overall change of the organization. The strategy will further explore and expand upon assuring that MEMS is fully prepared for all situations and able to respond at a moment's notice. With my recommendations, I am confident that we can build and enhance MEMS' ability to live up to their existing mission statement as well as surpass it.

SCOPE:

More specifically, the scope of this strategic plan is to accomplish the following:

- Recognize the successful aspects of the current system
- Reduce iteration of services and lack of systemization
- Identify and allocate the proper resources among local governments and surrounding districts in an effort to better improve the integrity of emergency medical services throughout Mamaroneck Village
- Summarize goals and objectives in order of priority to better preparedness and enact

superior cost efficient planning

- Outline strategic plans based on current and future necessities
- Provide recommendations for management of MEMS system, including alternative methods for quality assurance
- Propose performance measures, benchmarks, and expected outcomes

Citation: The scope statement is an agreement among the project team, the project sponsor and key stakeholders. It represents a common understanding of the project for the purpose of facilitating communication among the stakeholders and for setting authorities and limits for the project manager and team. The scope statement includes relating the project to business objectives, and defining the boundaries of the project in multiple dimensions including approach, deliverables, milestones, and budget. (Office of enterprise technology)

METHODOLOGY:

Coming to the conclusion that national security is most important on the local level, I decided to analyze how prepared local towns/villages are for another catastrophic event; after all, all terrorist attacks and natural disasters are all local events. Reviewing strategic plans from other public safety agencies around the county set this strategic plan forth. It was discovered that no standard model currently exists for a unified strategic plan within Westchester County. After much research and comparison, it is my sole opinion that a simplified format is easier to read and the most probable for success.

The following steps were established for the plan:

- 1) Analyze the mission, vision and values of MEMS and revise if necessary
- 2) Perform a thorough SWOT analysis
- 3) Establish strategic focus concerns
- 4) Establish goals for each focus concern
- 5) Develop objectives to achieve each goal
- 6) Establish a time frame and lead person/group for each objective
- 7) Conduct final review with executive staff /board
- 8) Publish the strategic plan after approval

Citation: *The methodology describes why the plan is being put into action and what steps we are going to take to get the strategy successfully implemented.*

Mandates: MEMS core principles, or commitments, state that MEMS will

- Provide healthcare on the basis of clinical need, regardless of the ability to pay
- Do not withhold service from anyone based on race, color, ethnicity, gender, etc
- Format services to fit the needs of patients, families, and providers
- Respond to a multitude of situations and be able to perform accordingly
- Work toward continuous improvement of quality and minimization of errors
- Value MEMS staff/patients

- Volunteer 24 hours a month minimum
- Use funds only for patient benefit and success of the corps as a whole
- Collaborate with other agencies and providers to create a unified service with common goals
- Educate the residents on EMS and public safety precautions to keep the community safe and reduce inequities in health care
- Respect confidentiality and provide open access to information where applicable
- Adhere to Chapter VI of Title 10 (HEALTH) The Official Compilation of Codes, Rules and Regulations STATE EMERGENCY MEDICAL SERVICES CODE PART 800 EMERGENCY MEDICAL SERVICES
- Establish training and certification/ licensing standards, and scope of practice for pre hospital care personnel
- Coordinate disaster planning and preparedness through various agencies
- Provide planning & implementation guidelines for EMS systems
- Establish minimum standards for poison control centers
- Adopt rules and regulations as necessary
- Adhere to all OSHA procedures

Citation: Before an organization can define its mission and values, it must know exactly what is formally and informally required to do (and not do) by external authorities. Therefore the organization must identify and clarify the nature and meaning of the externally imposed mandates, both formal and informal, affecting the organization.

Shareholders/Analysis:

- Patients/ Families
- Members of corps/ Volunteers
- Third party funders
- Board of directors/ Town Board/Trustees
- Other EMS agencies or complementary services

Some measurable objectives that can be used to judge the effectiveness of the strategy include; measuring response times, noting the amount of members that take continuing education and further their level of certification, surveying member satisfaction and morale, analyzing to determine if there is an increase in membership recruitment and retention. Additional objectives include increased monetary allowance in the form of MEMSs budget from the town government, increased revenue in the form of fundraising donations from the community as a whole and finally increased insurance revenue through better and more thorough documentation and billing.

Citation: A stakeholder is defined as any person, group, or organization that can place a claim on an organization's attention, resources, or output or that is affected by that output. An understanding of the relationships—actual or potential—that help define the organizations context can provide invaluable clues for identifying strategic issues and developing effective strategies. (Moore, 1995; Bryson 2004)

Mission Statement: To provide dependable, immediate emergency medical assistance to those in need.

Citation: *The aim of the mission clarification is to specify the purposes of the organization and the philosophy and values that guide it. (Bryson 2004)*

Vision Statement: Mamaroneck Emergency Medical Services (MEMS) will provide surrounding communities with superior emergency medical care. We will take the proper steps in order to be prepared for the unthinkable and most catastrophic events that may occur in our jurisdiction, therefore enabling us to save as many lives as possible. Our uniquely trained and educated personnel will be equipped with the most modern technology and gear to accurately respond to any given situation and provide the best care for our patients. Working with partner agencies, MEMS will become the dominant force in emergency medical services as a role model for all other agencies. Within Westchester County we will collaborate all of our efforts to better our nation's homeland security, starting on a local level.

Citation: *The vision statement should emphasize purpose, behavior, performance criteria, decision rules, and standards that serve the public rather than the organization and create public value. Further the vision should clarify the organizations direction and purpose. (Bryson 2004)*

Values:

- Our Community
- Professionalism
- Integrity
- Dependability
- Commitment

- Pride
- Safety
- Compassion

Citation: *What is important to the organization and some of the characteristics that will help in future success.*

Guiding Principles:

- Do the right thing
- Give it your all, no fear
- Treat others as you wish to be treated

Citation: *Our guiding principles are a broad set of philosophies that will seek to guide MEMS throughout its life in all circumstances, irrespective of changes in its goals, strategies, type of work, or the management (Business Dictionary 2011).*

S.W.O.T. Analysis of MEMS

Strengths:

- Education/training
- 3 ambulances for extensive call coverage
- Paging system through local PD
- Income tax incentive for members
- Improving ALS intervention

- Experienced providers
- Grant awards
- Diversity
- Small community/jurisdiction
- Building for members so units do not have to post in bus
- Amenities inside building for entertainment of members
- Close location of hospitals and trauma centers
- Great reception on radios
- Paid paramedic on staff 365 24/7
- Volunteers are less expensive for budget

Weaknesses:

- Response times to scene
- Village doesn't take MEMS seriously
- Recruitment of members
- Membership retention
- Amount of ALS / BLS certified providers
- Lack of using Incident Command System (ICS)
- Inadequate benchmarks
- Inadequate funding
- Agency collaboration / mutual aid working relationships
- Lack of Emergency Medical Dispatch (EMD)

- Call prioritization (emergency vs. non-emergency)
- Lack of public education of EMS
- Benefits package of career providers and volunteer benefits
- No rewards system
- Minimum career opportunities
- Scheduling conflicts

Opportunities:

- Recruitment
- Multi-agency training
- Awareness of EMS
- Use of newspapers & radio media
- Grants
- Training (funded & non-funded)
- Increased staffing
- Billing
- Life cycle of vehicle study
- Standardized approach to incentives, equipment, and terms
- The Westchester County Commissioners recognize the problems facing EMS
- Develop marketing/PR strategy plan
- Recognition and acceptance that we do need change and improvement
- A credentialing authority could be established.

- Improved utilization of manpower
- Improve quality of members
- Conduct a thorough background investigation before admittance into corps.
- Improve professionalism pertaining to peer-to-peer relations and respect between members/companies and within the system as a whole.

Threats:

- Volunteer burnout
- Funding – budget support
- State funding (RSAF) grant status
- Liability / HIPPA
- Equipment condition & maintenance
- Natural & man-made disasters
- Resource availability
- Infection control for EMS
- Domestic protection alerts from communications center
- Continued existence of our current system
- Medicare/Medicaid status for billing
- Injury to providers / insurance coverage
- Change in local government leadership
- Contract EMS services
- Provider safety – highway traffic increase

- Senior executives may not accept appropriate level of responsibility
- Paid vs. volunteer service
- Turf issues with other EMS agencies / Mutual Aid
- Recommendations may not be implemented
- The plan meets reality and may not be viewed as a consensus document.
- County government may have more control of volunteers.
- Fear of change
- Misinformation about new strategy process
- Loss of county resources for support
- Lack of proactive response
- Lack of marketing of strategy
- Policy makers who do not have operational EMS experience
- Designing a workable EMS system at the expense of patient care

Citation: *Situation analysis in which internal strengths and weaknesses of an organization, and external opportunities and threats faced by it are closely examined to chart a strategy (Business Dictionary 2011).*

Strategic Goals and Objectives:

Citation: *In its broadest sense, strategy is the means by which individuals or organizations achieve their objectives (Grant 2010).*

Goal 1: Promote public awareness and responsibility

Definition: Proactive and dedicated means of providing education to the public is essential in ensuring a safe and active community. MEMS will provide learning opportunities in which we represent and provide information on the vital service in which we provide and the extent to why our service is crucial to the community.

Objectives:

1.1. Increase the knowledge of the community about the services provided by MEMS by 25% within 2 years. Also make the public aware of new possible hazards/situations the community may face and how they can be prepared

1.2 Educate the community in health and safety awareness resulting in a 5% reduction in the rate of preventable incidents within 3 years.

1.3 Take an active part in community affairs to promote the importance of MEMS

1.4 Offer to speak at board meetings and public events to inform the public about the possible future of MEMS

Resources/Budget: Using 15% of our given budget we will seek local television channels, local radio stations, and promote volunteers making public appearances around community gatherings. These different resources will lend an additional service to helping the public better understand and acknowledge our work as a public sector. Using the finances we will utilize signs, banners, and posters to inform the public on the breakdown of the EMS system in order for our mission to be understood.

Goal 2: To provide assistance that exceeds expectations

Definition: We require our members to deliver skillful and professional aid to our community.

We will continually evaluate our patient needs and provide appropriate action with compassion and dignity.

Objectives:

2.1. Provide service that exceeds surrounding communities

2.2. Obtain a public approval rating of 95% through the Westchester County Citizen Survey annually

2.3. Promote the continued application of improvement tools and methods to enhance patient satisfaction, reduce costs, and further preparedness for all situations.

2.4. Allocate adequate resources in regard to providing services in a safe, effective, and efficient manner

2.5 Make it a requirement that MEMS members be educated and trained appropriately in accordance with updated protocols.

Resources/Budget: Our member's join knowing what our goals and liabilities are. With that said no additional budget will be used to promote the beyond impeccable patient care that is given by our agency. Within our interview and membership process we provide and make obvious our need for consistent and appropriate concern for our patients.

Goal 3: Demonstrate sustainable fiscal management

Definition: Proper planning and spending will allow us to predict and produce organizational requirements. We will judiciously manage the resources provided to us by our citizens, utilizing member ideas and suggestions and support our mission by providing confident patient care.

Objectives:

3.1. Balance the budget 100% of the time on an annual basis

3.2 Increase grants and donations by 30% within 3 years

3.3 Perform a cost benefit analysis on existing programs within 3 years as well as all newly proposed programs prior to implementation

3.4 Increase our annual budget from the Town Board

Budget/Resources: Using the breakdown of given budget explained in the objectives, we will operate and organize in the appropriate time frame given. We will stay on task by monthly meetings where our development and/or obstructions may have or will occur. With the applicable budget of \$59,525 given to the corporation by the board of trustees of Mamaroneck Village, I will adequately devise the finances into sub-categories. Each category will be given such amount in order to fix, adjust and recover each goal I have objected. With the aid of fundraising and protest to the officials of the Board of Trustees, I will seek to utilize the said budget in the orderly time frame indicated (1-3 years).

Goal 4: To recruit, mature and retain members

Definition: We are committed to the continuous development and support of our members. We will recruit high quality people, emphasizing stability, integrity, diversity, and ethics. We will develop award and incentive programs to increase the probability of member retention.

Objectives:

4.1. Develop and implement an aggressive recruitment and retention program with emphasis on incentives and recognition initiatives. Develop an award system.

4.2. Within 2 years, devise and implement a development and training program for all members of the organization to complete

4.3. Enhance diversity at all levels of the organization

4.4. Provide suggestions to the County in order to achieve a competitive compensation /benefits package for paid paramedics

4.5. Reduce on-the-job injuries by 10% within 1 year

4.6 Keep members informed and educated on latest training events and new protocol by holding mandatory training sessions and seminars

Budget/ Resources: Obtaining help from the local television, radio, signs, banners, and posters, we hope to use our budget to spread the importance of our establishment in the community. A budget of 25% will be dedicated to the use of these resources to explain and raise awareness to the people who are interested in dedicating time and effort in the EMS agency.

Goal 5: Incorporate career and volunteer resources into a collaborative system

Definition: By operating a consolidated system, we will enhance the efficiency of our services.

We will increase the adeptness of our service through collusive planning, training, and work performance.

Objectives:

5.1. Develop an organizational plan within 1 year that reflects the integration of Fire, Police and EMS in the County using an aggressive change management model.

Resources/Budget: 10% of our budget will be given to our officers to hold meetings monthly with our different departments within our community. This portion of the budget will be broken down into supplies necessary to organize and explain different ideas, problems, and solutions. In order to unify our systems these meetings will be organized into team building, lectures, and seminars in which the budget will allow.

Goal 6: Amplify our service commitment by utilizing updated technology and equipment

Definition: We will evaluate and utilize new and existing technology and equipment for efficiency, effectiveness, and safety. We will make it apparent to the surrounding community it is vital that MEMS be equipped with the most up to date gear and technology in an effort to better assist persons in dire need. With today's threatening society, MEMS must be prepared for all major and minor events that take place within our jurisdiction.

Objectives:

6.1 Within 1 year, develop a process to evaluate a minimum of 10 new types of technology and equipment

6.2 Develop a systems approach to support all existing and future technologies used within the organization so that it works correctly 95% of the time

6.3 Increase budget request to fund proper equipment and technology

6.4 Increase grant proposals in an effort to help increase budget for updated technology/equipment

6.5 Donate old equipment to make room for new equipment

6.6 Consistently check gear is working properly

Resources/Budget: 40% of budget will go to this goal. This is the most expensive part of our budget. MEMS has a 60,000-dollar budget for the 2011 fiscal year. That is not enough for our expected needs. We are in dire need of new ambulances each costing 150,000 dollars. Not to mention there are numerous other equipment updates we are requesting that our budget doesn't allow.

Goal 7: Successfully manage the change of the organization

Definition: We will provide opportunities for input and encourage participation from our members while seeking to continuously evaluate and improve our organization through research and development.

Objectives:

7.1. Evaluate the effectiveness of organizational changes on an annual basis using alternative management tools/skills to calibrate the following:

7.1. a. The actual knowledge of the strategic planning process

7.1. b. The organizational progress and ambience

7.1.c. The member's dexterity and willingness to adopt change in the organization

7.1.d. The ability to participate in the organization

7.1.e. The pace at which we are moving

7.1.f. The communication within the organization regarding the changing atmosphere

7.2. Each goal will be reviewed for the effectiveness of their implemented changes during regularly scheduled evaluations

7.3. Review and revise strategic plan every 3 years

7.4. Increase participation of organizational members so that 50% have served in strategic planning groups/committees within 2 years

Budget/Resources: 10% of our budget will be specifically for research and development from outside departments. These departments will be hired to investigate and lecture our corporation on necessities we are lacking.

CONCLUSION

This strategic proposal is dedicated to serve as the foundation for execution and accomplishment. It requires all pertinent stakeholders to buy into its goals and responsible parties to develop essential tasks to meet each major objective. This will require persistent emphasis on project management and routine appraisals of progress in completing specific action items. Homeland security starts on a local level and it is imperative for MEMS to take an active part in securing our nation by preparing itself for the unthinkable. By following my detailed strategy, I am confident that we can position MEMS towards continued future success.

Recommendations:

- Take the importance of MEMS sincerely in an effort to better national security and preparedness
- Demonstrate sound fiscal management. Give MEMS the proper recognition and resources to successfully function as a significant part of the Village of Mamaroneck's safety and prosperity
- Integrate career and volunteer resources into a unified system. Consider paid positions on top of volunteer positions to better the efficiency and dependability of MEMS
- Consider a strategic planning committee for help with implementing this strategy more timely, resourcefully and efficiently
- Promote public awareness
- Enhance service commitment by utilizing updated technology and equipment
- Successfully manage the change of MEMS

REFERENCES:

Brown, Rohn (2001, June). EMS Agency Management Series. Virginia, USA.

Virginia Department of Health. Office of Emergency Medical Services.

Alcorta/M.D., Richard L. (2006, Feb). Garrett County Emergency Medical Services SWOT

Task Force. Garrett County Online. MIEMSS Region I Office

Bryson, John M (2004). Strategic Planning for Public and Nonprofit Organizations:

A Guide to strengthening and sustaining organizational achievement.

Emergency Medical Services Agenda for the Future (1996). Washington, DC. National
Highway Traffic Safety Administration.

Emergency Medical Services Agenda for the Future (1998): Washington, DC. Implementation
Guide, National Highway Traffic Safety Administration.

Emergency Medical Services Recruitment and Retention Manual United States Fire
Administration (1995)

A Leadership Guide to Quality Improvement for Emergency Medical Services Systems (1997)
National Highway Traffic Safety Administration.

Linden, Richard P., (1984). Managing Emergency Medical Services: Principles and Practice. Reston, VA: Reston Publishing.

Volunteer Emergency Medical Systems: A Management Guide (The Center for Volunteer Development, Virginia Polytechnic and State University, Blacksburg, VA)

Chapter 4

Constitution and Ethical Concerns

Throughout the history of Emergency Medical Services (EMS) or more importantly Mamaroneck EMS (MEMS), there have been very few concerns regarding legal issues related to medical care. Moreover, there have been even fewer scenarios where the US Constitution had any effect on MEMS as an EMS organization. However, recently there have been numerous escalating concerns brought to the attention of pre-hospital providers and EMS system administrators throughout the nation and MEMS as a whole must pay careful attention to the concerns and outcomes as they indeed affect the operations of MEMS and influence our by-laws and procedures. In regard to homeland security and the role of MEMS personnel as intelligence collectors, the legal restrictions and consequences are of grave concern to providers. As a result, those involved in MEMS today must be informed and concerned about medical-legal issues surrounding the foundation of the industry in this evolving time period. Before discussing specific legal issues that may confront MEMS' providers and administrators, it is important to define specific parts of the legal system that are relevant to emergency medical personnel:

1. Criminal law: Laws written by Congress and state legislators that make certain behavior illegal and punishable by fines and/or imprisonment. In order to be found guilty of a criminal law, the prosecution must show that the defendant intended to act as he did. MEMS is subject to criminal law if any personnel violate any criminal statutes, such as assault, while on the scene of a call or while with a patient. In years past there have been documented cases where FDNY staff has been accused of inappropriately touching

patients or even assaulting them. In these situations, criminal law applies and health care providers may face significant penalties up to and including imprisonment. It is vital that MEMS personnel recognize they are not immune to prosecution and may be accused of violating criminal law. All too often, MEMS personnel are blinded by the fact they are helping people and often forget that baseless allegations can be brought against them that may result in criminal penalties. Also, the EMS rule dealing with the Certification or Licensure of persons with criminal backgrounds says that DSHS “may deny, decertify, revoke, and/or suspend a certificate or license to persons who have committed a felony or misdemeanor” (NYAC).

1. Civil law: Seeks to resolve non-criminal disputes. The function of civil law is to provide a legal remedy and monetary judgment to solve problems. Sometimes civil law is based on a state or federal statute; at other times civil law is based on a ruling by the court (Civics Library of Missouri Bar). MEMS is often granted access to individuals personal property either when in a patients home, car or office. At all times, MEMS personnel must be mindful that they are being trusted with other’s valuables and must take the proper steps to ensure they are not falsely accused of theft. As a matter of practice at MEMS, members must respond to medical calls with the police to ensure patient’s homes and valuables are secured at all times. If a patient is to be brought to a hospital, the police department is charged with securing the residence or vehicle of the patient and any personal effects such as wallets, keys, jewelry, etc.

2. Administrative law: An area of civil law that pertains to the government’s authority to enforce its rules, regulations, and statutes through the action of agencies. For example, a MEMS paramedic or EMT is granted a certification or license by the State of

New York. Any violation of the conditions of that certification or licensure would be conducted as an administrative proceeding. These laws create liabilities or obligations to refrain MEMS providers from doing something.

The profession of emergency medical technicians (EMT s) and paramedics employed by MEMS may only function by the legal authority of the State of New York since that is the state in which they live and are licensed to practice. It is a violation of civil law and sometimes criminal law, to act beyond the scope of the specific laws or in violation of the laws. For example, New York and most other states have specific regulations requiring that certain health care providers report cases of specific situations such as child or elderly abuse, communicable diseases, rape, animal bites, and even gunshot wounds. Failure to report these findings may be terms for civil and/or criminal punishment. As an organization, MEMS must constantly be aware of the changing laws and ensure their internal protocols address the current state/federal laws and ensure they are in constant compliance.

Following California's lead by granting immunity to healthcare providers, every state in the United States has passed a form of legislation designed to grant immunity from liability for healthcare professionals, who were acting within their scope of practice and the law. This law has even been incorporated in New York State and now MEMS's EMT's and Paramedics fall under it. The concept of the "Good Samaritan Law" is that by reducing the culpability of the rescuer, fear of fault may be reduced and will no longer deter people from providing potentially lifesaving, on-scene medical care to injured parties. Typically, as long as a "Good Samaritan" does not seek compensation, act recklessly, or intentionally cause any un-due harm, any accident caused by their assistance is most likely not prosecutable under the law. MEMS have

incorporated aspects of the Good Samaritan law into their by-laws and procedures. MEMS's by laws state "All members, Paramedics and EMT's, must function at all times within their scope of practice and certification. By acting within their scope of practice, members will be indemnified against any unjust legal action brought against them and subject to the legal protections afforded to them by MEMS as well as the Good Samaritan Law." (MEMS By-laws). Most "Good Samaritan" statutes excuse liability only for acts done "in good faith." This means acts done in a reasonable manner, without malicious intent, or negligence on the part of the "provider."

Civil Liability Actions:

MEMS staff must use extreme caution when caring for others, even in the simplest of situations. While MEMS is called upon day and night to respond to anything from a traumatic car accident to a simple laceration, patients may be entitled to significant fiscal compensation for injuries sustained by careless acts of personnel, therefore causing an EMT or paramedic to become a defendant in a civil law suit. The two most common terms in regard to this type of action are *standard of care* and *malpractice*. The "standard of care" is the basis for evaluating a claim of negligence. The standard of care, which is very wide and varies from state to state, is determined by comparing what a reasonable, trained, and careful EMS provider of a similar caliber and experience, would have done in a similar circumstance. At MEMS, it is clearly stated in the by-laws "All EMT's and Paramedics must practice strictly according to their standard of care as prescribed by their state certification." This means that when issued a state certification as an EMT or Paramedic, the individual is clearly informed what they can and cannot do and must act in accordance with that instruction.

“Malpractice” usually refers to negligent action or conduct by a provider in the performance of his or her duties. MEMS specifically indicates in their procedures that “All personnel must act in accordance with their certifications” to avoid situations where EMT’s and Paramedics act outside of their scope and or cause a breach of duty or a negligent injury to a patient. To win a case alleging malpractice, the plaintiff must prove each of the following four elements by a preponderance (more than 50%) of the evidence:

1. The defendant had a sworn duty to act according to the standard of care and protocols
2. A significant breach of that duty occurred
3. The breach of duty clearly caused the injury
4. The patient’s/plaintiff’s injury can be assessed a monetary value

Another potential common cause for civil cases against MEMS providers is “patient abandonment.” Patient abandonment is the purposeful termination of a provider/patient relationship when the patient still needs immediate medical care and has not yet been turned over to another medical authority. Abandonment can even be filed for leaving a patient in the back of an ambulance alone without a healthcare provider present. Refusal to transport a patient or talking a patient out of being transported to the hospital can also be considered abandonment. MEMS must recognize and train their membership on “patient abandonment” as it can often occur unintentionally. As an example, several years ago MEMS responded to the scene of an emotionally disturbed patient who had been using mind-altering drugs. Upon beginning treatment of the patient, MEMS paramedics put the patient in the back of the ambulance for

transport to the local hospital. Outside the hospital, the paramedic opened the door to the ambulance and stepped away for a moment. The patient immediately ran out of the back of the ambulance and into the street, away from the hospital. Luckily, hospital security was able to assist the paramedics in retrieving the patient and bringing him back to the hospital. However, for several tense minutes it appeared that the patient would not be found and MEMS was going to be in a serious position of liability for allowing a patient to leave their care before being signed over to the hospital staff. MEMS certainly would have been guilty of patient abandonment if they had not turned that patient over to the hospital staff, as their by-laws and operating procedure as well as NYS certifications indicate they must.

Some other EMS provider liability claims that MEMS must be mindful of include but are not limited to, battery, assault, false imprisonment, libel, or even slander. It is important to always be polite and professional, even if you think the patient cannot hear or see you. MEMS operating procedures incorporate this fact: “When on the scene of a call regardless of the situation and the patient’s demeanor towards the crew, always present yourself in a courteous and professional manner, speaking only of facts and addressing the problem at hand, without giving opinion or passing judgment.”

LIABILITY INSURANCE/ RISK MANAGEMENT:

Liability insurance provides payment to medical providers for legal representation and damage awards entered against the policyholder. Because the provision of EMS is unique and considered a specialized field / aspect of medical care, paramedics and EMT’s may consider seeking malpractice coverage with an insurance company familiar with EMS procedures and

patient interactions. At MEMS for example, it is common practice that many career paramedics obtain personal liability insurance. Some volunteer EMT's at MEMS have even obtained personal liability insurance also, as a way to hedge themselves against any potential judgments. At the very least, MEMS providers should clearly understand what protections if any their employers will provide should a lawsuit be brought against them for their actions during the course of duty. While MEMS provides legal indemnification against its officers and Board of Directors, it does not have an individual liability insurance policy for each of its members if they practice outside their scope or fail to strictly follow the MEMS by-laws and operating procedures. Some providers have to learn the hard way that it is better to take personal responsibility then rely on the false presumption that their employer will be there to bail them out in the event of a lawsuit.

There are numerous ways MEMS may reduce their exposure to lawsuits. First, MEMS providers must completely document all interactions with patients accurately and timely on their PCR's (Pre-hospital Care reports). Paying strict attention to patient care report documentation is critical; if it is not documented then it never happened. There is a common expression used in MEMS pertaining to proper patient care reports, CYA (cover your ass). In addition, education, common sense, training/skills, and mannerisms must always be considered while working in the field as a healthcare provider. It is very easy to have a lawsuit brought against an EMS worker, usually resulting in discipline up to and including the revocation of your state issued license to practice. Several years ago in the back of the MEMS ambulance a Paramedic allowed an EMT to start an IV in a patient; EMTs are legally prohibited from starting IVs. When the EMT noted in his report that he started the IV, the hospital nurse noticed this and reported both the EMT and

Paramedic. Both the EMT and Paramedic were dismissed from MEMS and ultimately lost their state certifications on the grounds of operating outside ones scope of care.

Another common cause of lawsuits is motor vehicle accidents involving the ambulance. Taking proper precautions and defensive driving courses are imperative to literally steer clear from unnecessary suits. At MEMS, in the past two years we have had several accidents involving the ambulances with the most recent accident involving a motorist who was killed as a result of a collision with our ambulance. While the exact circumstances of the accident are classified for legal purposes, MEMS was subject to a lawsuit and had to endure many months of legal action, documentation, training, and not to mention the fact that an organization charged with saving lives, unfortunately took a life in the course of responding to a call.

Administrative Legal Issues:

Just as the individual providers of EMS may be vulnerable to litigation resulting from patient encounters, the administrative entities of MEMS such as the Board of Directors and the officers are also vulnerable to prosecution. The 1973 Emergency Medical Services Systems Act (Public Law 93- 154) defined EMS as: “a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery, in an appropriate geographical area, of health care services under emergency conditions occurring either as a result of the patient’s condition or of natural disasters or similar situations and which is administered by a public or non-profit entity which has the authority and the resources to provide effective administration of the system.” As universal emergency access through the 9-1-1 system is growing and virtually nearing completion, local municipalities such as the village of

Mamaroneck are being held increasingly more accountable politically and legally for providing timely and efficient emergency medical services to surrounding communities. While most governments choose to provide EMS “in-house,” some choose to outsource services and contract with a private company or other non-governmental entity for ambulance services. Mamaroneck Village provides EMS services “in-house” through MEMS.

It is interesting to note however, that some local communities have historically contracted with private ambulance companies in regard to EMS, and are now seeking to create in-house systems. However, these local communities are increasingly facing litigation that challenges their right to make such a change. It is important for MEMS and the Village of Mamaroneck to research current events with other municipalities as there has been much talk in recent years of severing MEMS’s ties with the village and having the organization become a private “for-contract” agency. In recent years, there have been three types of litigation that have been filed around the nation in an attempt to prevent a municipality from providing its own EMS; antitrust litigation, jurisdictional right to provide care, and qui tam suits.

1. Antitrust Litigation: The goal of the nation’s anti-trust laws is to ensure fair competition within organizations. Economic theory suggests that the greater number of departments within an industry the more competitive the industry will be and the better the service will be as each department within the industry will strive to be the best and earn the trust and loyalty of those it serves. Under Section 1 of the Sherman Act, “Every contract, combination in the form of trust or otherwise, or conspiracy, in restraint of trade or commerce. . .is illegal.” Section 2 of the Act states that “Every person who shall monopolize, or attempt to monopolize, or combine or conspire with any other person or persons, to monopolize any part of the trade or commerce. . .

shall be deemed guilty. . . .” Two additional major antitrust laws have been passed in the time since the Sherman Act was passed. Major provisions of the Clayton Act, passed in 1914, were intended to prohibit price discrimination in which sellers “discriminate in price between different purchasers of commodities of like grade and quality” (Section 2) and to eliminate mergers that “lessen competition or tend to create a monopoly” (Section 7) The Federal Trade Commission Act was also passed in 1914. Section 5 of this act forbade “unfair methods of competition” and created a new agency, the Federal Trade Commission, to help enforce the antitrust laws. Antitrust suits may be brought both by the Federal Trade Commission and by the U.S. Department of Justice. However, only the Justice Department can bring suits that involve Sherman Act violations in criminal proceedings.

Jurisdiction Rights:

In the past, several agencies within county governments in New York have taken on the responsibility of providing EMS for their cities/towns/villages. In more recent years however, various communities have elected to provide their own EMS services including transport, through either volunteers or paid personnel. Such action has been met with litigation questioning the various jurisdictions’ rights to do so. The decisions by local municipal government have not only been questioned by county governments, but also by private companies looking out for their own interests and looking to sign a contract with county governments to provide EMS services. If Mamaroneck Village were to consider dissolving MEMS, as has been the topic in years past, and hiring a paid – for profit contractor to provide services, it would certainly be interesting to see if village residents would seek legal action against the village for failing to provide an essential service and instead outsourcing it to a private company for profit.

Qui Tam Litigation:

Another type of litigation that may confront MEMS system providers is “qui tam suits” under the false claims act of federal Medicare laws. “Qui tam” is an abbreviation of the Latin phrase, “which sues on behalf of the King as well as for himself.” “Qui Tam cases are lawsuits filed on behalf of the government by private citizens for false claims or fraud. In the 1980’s, most Qui Tam lawsuits involved defrauding the defense industry. Fraud involving Medicare, Medicaid, employment benefits, environmental law and billing practices are the most common forms of Qui Tam cases seen today. These false claims are brought under the False Claims Act, which also prevents employers from retaliating against employees who become “whistle blowers” (www.attorneypages.com).

While on the topic of lawsuits, it is important to note that even though MEMS is considered a village agency and is charged with providing emergency, lifesaving care, there is no constitutional guarantee for such care. As recently as April 7th 2011, there was a lawsuit in Pittsburgh, PA against Allegheny County EMS. The family of Curtis Mitchell sued the county and the EMS providers in federal court over the death of Curtis, who died while waiting 30 hours at his home for an ambulance during a blizzard. The family’s lawyers filed a federal suit and tried to prove a government policy failure led to Mitchell’s death. However, as is often not fully understood, Federal precedent has ruled that the U.S. Constitution doesn’t explicitly provide any guarantee of emergency medical services.

In regard to homeland security issues, EMS providers may be considered vital assets to intelligence gathering due to their role on the street and at the forefront of any situation.

However, as well as being another set of “eyes and ears” for the sake of our national security, there are also legal ramifications and consequences that may result from improper use of EMS agencies as “intelligence sensors” or gatherers. The use of EMS personnel as “intelligence sensors or information collectors” to provide information to Terrorism Early Warning Groups (TEWGs) and other local and state government intelligence fusion centers is recommended by numerous academic papers, articles and presentations, as well as U.S. Department of Homeland Security. The common opinion indicates that EMS personnel are viewed as valuable intelligence sensors, in part because they have access to locations without a warrant, routinely unavailable to law enforcement and intelligence communities that may contain indicators of terrorism. While many TEWGs are interested in collaborating with EMS assets, they have not yet developed this capability due to the complex legal, operational, professional, cultural, and societal challenges associated with transforming the original concept of EMS. Conversely, at least one intelligence fusion center developed an EMS-based information collection system, but unfortunately overlooked federal and state medical confidentiality laws and other strategic issues that proved to be their undoing. One important issue for MEMS to tackle internally is their obligation to report potential terrorist activities while also adhering to patient confidentiality and privacy laws. If MEMS were to improperly disclose information to local or federal police agencies, they could open themselves up to substantial financial liability, and also risk having the information they provided dismissed due to having obtained it improperly. MEMS must consult with a legal team to ensure they are adhering to the US Constitution as well as patient’s individual rights, when seeking to more collaboratively exchange information with law enforcement.

Within the United States, a patient's health information is protected from unauthorized disclosure, reception, or release to anyone other than the patient and their provider through a series of federal and state laws. The Health Insurance Portability and Accountability Act's (HIPAA) privacy rule, of which MEMS must adhere to, describes the federal requirements to protect the privacy of patients' health information and specifically defines exceptions for disclosure of that information and whom the information may be released to and for what reason. In addition to the federal protections afforded to patients by the HIPAA privacy rule, each state has their own confidentiality of medical information law that provides specific protections for medical and health information. Finally, New York State law requires MEMS to report any acts or conditions that indicate abuse, crimes, child neglect, or threats to public health and safety. To determine how medical confidentiality and disclosure laws affect the ability of MEMS personnel to provide intelligence information to law enforcement, the HIPAA privacy rule as well as NYS confidentiality and disclosure laws must be analyzed carefully by trained legal representation.

Except for specific exemptions, the HIPAA privacy rule pre-empts contrary portions of New York State law. The Privacy Rule provides two specific exceptions to the general rule of federal preemption. These exceptions apply if and only if the state law: (1) more stringently protects health information or grants the patient greater access to his or her health information; or (2) provides for the reporting of certain diseases and or injury, child abuse, or public health surveillance, investigation or intervention. This preemption test creates at the very least, a minimum standard for protection of medical information. If a state law provides a higher level of medical privacy, the level created by the state law applies. State laws for reporting disease, criminally-caused injury, and negligence or public health investigations are not preempted.

In summary, the exercise of the three lawful disclosure provisions in the HIPAA Privacy Rule that allow MEMS personnel to disclose protected health information to law enforcement are prohibited by the more stringent requirements of the NY Confidentiality of Medical Information Act. Furthermore, in New York State there are no mandatory reporting laws that allow providers to report medical indicators of possible terrorism to law enforcement officials either locally or state wide or to a TEWG. Disclosure of protected medical information carries severe penalties, therefore, MEMS personnel are not allowed to report confidential medical information to law enforcement or a TEWG, even if that information suggests or indicates terrorist planning or operations. The inability to report confidential medical information creates ethical, legal, and moral challenges for the provider who discovers medically-based indicators of terrorism that he or she believes should be reported to law enforcement officials. Personally, I believe that although the use of MEMS personnel as information collectors may be controversial or questionable, there is a realistic probability that our staff at the scene of a medical emergency may provide information to prevent, preempt, or stop a terrorist attack before it occurs. The use of MEMS personnel in this capacity is both ethical and legitimate, given certain constraints. I would even go so far as to make a correlation between an EMT's duty to act and a failure to provide information to law enforcement of a potential terrorist.

In conclusion, while MEMS' main goal is to provide outstanding patient care, there are many other areas in which MEMS personnel must be proficient. MEMS' healthcare providers are often times the first ones on a crime scene or in an individual's home. With unlimited access to the patient and their home, MEMS personnel are in a unique position, a position that law enforcement must often obtain a warrant to be in. MEMS personnel have unlimited access to

information, evidence, and often times victims. It is critical that MEMS personnel be familiar with criminal, civil, and administrative law so as to avoid placing them or the agency in any position of liability or jeopardy. Furthermore, familiarity with the law will allow MEMS to not only serve the patient care needs, but also be an asset to law enforcement. While it is certainly critical to be mindful of and practice within the laws designed to protect both the patient and provider, MEMS providers must have stronger legal protection and legal knowledge to fully contribute to homeland security. If a medical provider such as MEMS suspects that they may have come across pertinent information regarding any indicators of terrorism they must feel empowered to report it without fear of legal retribution. If such a report is made with no mal intent and can be substantiated, the EMT or paramedic should be indemnified. By utilizing MEMS providers and their daily interactions with patients in the street, they can be both an asset to law enforcement and the community as a whole. We should want MEMS providers to feel completely comfortable to provide us the best care possible as well as provide the most information possible to prevent or catch another terrorist attack, without fear that reporting such information or providing such care could jeopardize their career. When we are in our most dire moment of need, we want the one helping us to do everything and anything they can and report anything they have to, to keep us and our loved ones safe.

References

- Medical-Legal Concerns of EMS(1994). Principals of EMS Systems, 2nd Edition. New York, NY: American College of Emergency Physicians.
- Medical and legal considerations, advanced emergency care for paramedic practice(1992). Philadelphia, PA: J.B. Lippincott Company.
- Liability Immunity as a legal defense for recent emergency medical services system litigation. (1985). Pre-hospital and disaster medicine.
- Emergency Medical Services Liability litigation in the United States (1994). Pre-hospital and disaster medicine.
- Emergency Medical Services, EMS and the Law (2007). Monograph 3, International Association of Firefighters, 2007
- Mamaroneck Emergency Medical Services By-laws and Operational Procedures Manual

Chapter 5

Public Sector Policy Analysis

This evaluation process will constructively illustrate the necessary steps Mamaroneck EMS will utilize in an effort to assess our recently proposed strategic plan. Once the strategy is implemented, it is vital that it be accurately evaluated to insure proper success. Although MEMS is a non-profit organization, it is an important asset in our community. Our job is to make our neighborhood feel safe and comfortable in our ability to handle any situation we may be called upon. Therefore, the evaluation of our strategic plan is a stepping-stone that will provide valuable feedback about whether our revamping efforts are worthwhile. Based on our evaluation results, MEMS will be able to make the necessary changes to mold this Corps into its best version. This evaluation will be assessing the recently proposed strategic plan of Mamaroneck Emergency Medical Services. This brief description of the 2011 strategic plan has been formatted for your understanding:

MEMS Vision Statement: Mamaroneck Emergency Medical Services (MEMS) will provide surrounding communities with superior emergency medical care. We will take the proper steps in order to be prepared for the unthinkable and most catastrophic events that may occur in our jurisdiction, therefore enabling us to save as many lives as possible. Our uniquely trained and educated personnel will be equipped with the most modern technology and gear to accurately respond to any given situation and provide the best care for our patients. Working with partner agencies, MEMS will become the dominant force in emergency medical services as

a role model for all other agencies. Within Westchester County, we will collaborate on every effort to better our nation's homeland security starting on a local level.

As a longtime volunteer of Mamaroneck Emergency Medical Services, I have an intimate knowledge pertaining to the inner workings of the system. I hereby propose some recommendations in accordance with a detailed strategic plan to enhance the overall capabilities of MEMS in regard to emergency preparedness and response. As an agency on the front lines charged with protecting thousands of village residents in times of need, I believe it is imperative to leverage all that MEMS has to offer, in addition to strengthening our ability to respond to a multitude of situations. The areas for proposed recommendations are as follows: (1) Better promote public awareness (2) Provide faster, more reliable care (3) Demonstrate sound fiscal management (4) Recruit, train, and support members (5) Combine career and volunteer resources into a unified system (6) Augment service delivery by utilizing updated technology and equipment (7) Successfully manage the overall change of the Corps. The strategy will further explore and expand upon assuring that MEMS is fully prepared for all situations and able to respond at a moment's notice. With my recommendations, I am confident that we can build and enhance MEMS' ability to live up to their existing mission statement as well as surpass it.

Program Evaluation(s) Overview:

Program evaluation is the thorough process of analyzing an organization or project in an effort to gauge the effectiveness of its purpose. If carried out properly, evaluations may inform you of possible complications before they become unmanageable as well as assist in determining how to best allocate scarce resources. Programs should be evaluated annually to monitor whether

they are efficiently reaching their goals, achieving maximum outcomes and staying on a successful path. Too often, service providers rely on personal instinct and opinions to conclude what is best for an organization and its stakeholders. This evaluation will give us an objective point of view on our strategic plan, helping us to identify strengths and weaknesses, therefore making it easier to pinpoint conflicts and proactively apply changes where applicable.

Stakeholder Analysis:

A stakeholder is defined as any person, group, or organization that can place a claim on an organization's attention, resources, or output or that is affected by that output. An understanding of the relationships—actual or potential—that help define the organizations context can provide invaluable clues for identifying strategic issues and developing effective strategies. (Moore, 1995; Bryson 2004)

A stakeholder analysis must be performed to determine what groups will not only have effects on the proposed strategy, but also who will be affected by the strategy. A list of MEMS stakeholders is provided below:

1. Village/Town Residents
2. Members of the Corps
3. Third Party funders
4. Town Board of Directors/Trustees
5. Surrounding EMS agencies/Complimentary Services

Key Considerations:

MEMS will consider the following questions as we design an appropriate program evaluation.

1. Why is the evaluation being done? What are we evaluating? What do we plan to do with the results?
2. Who are the stakeholders that we will consider in regard to the evaluation?
3. Who is responsible for creating and conducting the evaluation?
4. What kind of information is needed to make decisions in an effort to satisfy our intended stakeholders?
5. How should the evaluation information be collected?
6. How can that information be collected and shared with stakeholders in a timely manner?
7. What resources are available to actually conduct an evaluation and collect/analyze the results?

Exploratory Evaluations:

The overall goal in selecting which evaluation method(s) to use is to research which process will provide the most information to key decision makers in the most cost-effective and realistic fashion. The proposed strategy has neither been attempted nor adopted for implementation; therefore making an in depth program evaluation is nearly impossible. An exploratory evaluation will be utilized to consider the reality and plausibility of the proposed strategic plan. The exploratory evaluation process is focused on gathering information to facilitate understanding of program resources, activities, and intended outcomes. The results will identify priorities for further, more detailed evaluation and to “ensure the feasibility and

usefulness of future evaluation” (Wholey, 81). Not only will this preliminary evaluation allow for assessors to determine what aspects of this strategy need evaluating, but also whether or not the evaluation is even possible.

Goal-Based Evaluation:

MEMS will also consider using a goal-based evaluation method while carefully creating an organized logic model. Goal-based evaluations are used to gauge which programs are meeting intended goals and objectives. A logic model is a tool for describing your evaluation and illustrating the relationship between your set objectives, goals, activities, outputs, and outcomes. Our logic model will seek to outline how our strategy will unfold. It will assist to identify and document the results of our work and the changes that will affect our organization and community. In the end, the model will help us become more organized to plan and implement change, focus our energy and resources, clarify our purpose and build common priorities, which will encourage teamwork.

Performance Measures:

Performance measurement is the process whereby an organization establishes the parameters within which programs, investments, and acquisitions are reaching the desired results. The fundamental purpose behind measures is to improve performance. MEMS will evaluate our strategy by using the proper performance measures. Once our strategy is successfully implemented we will use these measures to enhance our knowledge:

1. Evaluate: Evaluate the progress of the strategy as a whole. Compare and contrast our situation in regard to preparedness using recent vs. old statistics.
2. Budget: Has the strategy been worth the money we are putting into it? Are we losing more than we are making? Do we need to alter our budget in anyway?
3. Motivate: Performance measures can be used to motivate members. By achieving our recommended goals and successful implementation of the proposed strategy may boost the esteem of the entire Corps.
4. Celebrate: When we reach our goals and watch our strategy unfold, celebrating with members will give them an incentive to keep up the good work.
5. Promote: By setting goals for our strategy and reaching them slowly, we will be able to successfully promote our strategy and relay to our stakeholders that it works. This will build trust between MEMS and our community.
6. Learn: By using performance measures we will be able to learn what works and what doesn't. We will also be able to set better standards and more reachable goals.
7. Improve: The use of performance measures will help MEMS improve its strategy all around. It will provide the necessary feedback and statistics for us to make changes where applicable.

Data Collection:

During a program evaluation, the collection of information is just as imperative as the data being sought. MEMS will plan to combine 4 methods in an effort to successfully collect and analyze specific data: Surveys, interviews, documentation review, and observation. (Note:

Surveys will only be used to quickly gather a surplus of information from as many people as possible).

An interview will follow the surveys to get more specific information. We will use interviews because we want to fully understand our employees/patients point of view and personal experiences. An interview will provide a full range of information and will take away from the downfalls of a rushed questionnaire. Using interviews we will be able to properly manage staff as well as form a more personal relationship with patients.

Documentation reviews will be used in an effort to see how the strategy is progressing using actual documentation and statistics. We will be able to get comprehensive and historical information without having to fret about biases. The information is already available which makes it inexpensive and not time consuming.

Observation will be used to gather information about how our organization operates on a daily basis. This will allow senior managers to observe our routines from their own point of view and make changes where appropriate.

Data Analysis:

Once we receive all the information necessary, we must accurately analyze the information in a timely manner and use it properly in an effort to have conducted a useful program evaluation. Since no outside help can be obtained due to insufficient funding, selected town officials outside of MEMS must analyze all data in an effort to avoid any biases. When analyzing data we will start from a review of our evaluation goals or why we undertook the evaluation in

the first place. This will help us organize our data and focus our analysis. In order to properly interpret information we must:

1. Attempt to put the information into a subjective perspective.
2. Do not base decisions on biased behavior or personal experiences.
3. Use the information given and make the strategy more efficient.
4. Consider the results as recommendations to help MEMS staff improve our services. We conducted this program evaluation for a reason. Therefore we must take the results into serious consideration. We are not doing this for a tax write off; we in necessity needed feedback in an effort to make the most effective changes to the organization.
5. Record conclusions and recommendations in a report. This report will be based on facts and recorded valid information. This report will be used for further referencing and kept for annual briefings.

The findings will only be effective if we share them with our stakeholders. The reporting of the evaluation results is a critical portion of the entire evaluation process. Our outline for this procedure includes:

1. Employees and patients will have the chance to carefully review and discuss the report in a timely manner. As a group we will then translate recommendations into actions and plan accordingly.
2. The community and town board will received a copy of the report that includes an executive summary, description of MEMS and why the organization is under evaluation, explanation of the evaluation goals, methods, and analysis procedures,

listing of conclusions and recommendations, and any relevant attachments containing raw data and commentary.

3. We will always keep the results of the evaluation on record just in case a future evaluation is needed and this process needs to be referenced.

Cost-Effective Analysis/Cost-Benefit Analysis:

When evaluating this proposed strategy, it will be necessary to not only determine if the goals and initiatives have been successful but also if the costs are justifiable. MEMS is a non-profit organization, therefore a lot of money will be donated to our cause so we must deliver through profound services. The cost-effectiveness of a program places a dollar value on the cost and then relates it to specific measures of the program's effectiveness (Wholey, 493). However, in order to determine this, evaluators must first determine the actual effectiveness of our strategy using the process mentioned above. Once the effectiveness of our strategic plan is quoted, it must then be rated and compared to the total cost of the strategy.

Cost-benefit analysis can also be used to evaluate the success of this strategy. A cost benefit analysis takes the cost of the program and compares it to the cost of the benefits (Wholey, 494). In the case of MEMS strategy, if everything goes to plan, the benefits will be worth the monetary contributions. MEMS will be a leading organization in the healthcare field and our community will be better prepared for possible disaster.

Recommendations:

1. There is no perfect evaluation design. We must not worry that we cannot conduct our ideal evaluation due to lack of funding. We have to make use of the resources we have and conduct the most efficient evaluation possible.
2. We must include interviews in our evaluation methods. Questionnaires are not personal enough to capture “the entire story.”
3. Do not interview just the successes. We can learn a great deal about the program by understanding its failures.
4. Do not throw away evaluation results once our report has been generated. Results can provide important information later when trying to understand changes in the organization.
5. Report impartially. Steer clear of unwanted personal opinions. Subjective viewpoints and decisions are key.
6. Take into consideration our stakeholders during all aspects of the evaluation process.
7. Under no circumstances should we be tardy and untruthful in our findings. We must provide valid and reliable information.
8. We must provide value. We need to draw successful connections between our evaluation and how it provides useful information that serves the stated purpose of the evaluation.
9. Embrace change and take the evaluation as a valuable learning experience

Conclusion:

In order to evaluate MEMS recently proposed 2011 strategic plan, it must first be successfully implemented. Once the plan is successfully initiated, MEMS will use an evaluation process similar to the topics listed above, altering sections when needed. The evaluation process is just as vital as the strategy itself. In an effort to prove to our community that the 2011 strategy is worth their trust and monetary investments, a successful evaluation must be conducted.

REFERENCES

Wholey, Joseph S., Harry P. Hatry, and Kathryn E. Newcomer (2010). Handbook of Practical Program Evaluation. 3rd ed. San Francisco, CA: Print.

McNamara, Carter (2011, May). Basic Guide to Program Evaluation (Including Many Additional Resources): Free Management Library (SM). Carter McNamara, MBA, PhD, Authenticity Consulting, LLC. Retrieved from: <<http://managementhelp.org>. Adapted from the Field Guide to Nonprofit Program Design, Marketing and Evaluation.

Mamaroneck Emergency Medical Bylaws

U.S. Government Accountability Office (2009). Program Evaluation: A Variety of Rigorous Methods Can Help Identify Effective Interventions. Washington, D.C: U.S. Government Accountability Office.

American Evaluation Association (2004). Guiding Principles for Evaluators. Retrieved from: <http://www.eval.org>

Chapter 6

International Human Rights Issues

“With a fascist the problem is never how best to present the truth to the public but how best to use the news to deceive the public into giving the fascist and his group more money or more power. American fascism will not be really dangerous until there is a purposeful coalition among the cartelists, the deliberate poisoners of public information... They claim to be super-patriots, but they would destroy every liberty guaranteed by the Constitution.”

Henry Wallace, Vice President of the U.S., 1944).

Throughout history, basic human rights have played both an intricate and vital part in governmental legislation, the creation and demise of numerous forms of government, the creation and roll of the U.N., and have even been the direct cause or catalyst for involvement in wars and meddling in other nation's affairs. While human rights are supposed to be guaranteed to Americans in the Constitution and more specifically the Bill of Rights in the form of civil liberties, I feel that under the pretext of national security, our human rights are being infringed upon and even eroded in many ways. The two terms of George W. Bush saw the passage of the Patriot Act, the Foreign Intelligence Act and other similar laws in the wake of 9/11. Although FISA legislation was meant to impose limits and review the process for warrant-less surveillance and searches conducted for “national security” purposes, the current use of the FISA process, now expanded through the Patriot Act and its revisions, has resulted in the erosion of numerous constitutional rights and basic legal procedures traced back to the Magna Carta. Under “national security” the erosion of civil liberties, including through wire-tapping, torture, and suspending

habeas corpus have become justified under the sometimes false pretext of preventing the spread of terrorism on our shores. The federal government and elements of the military have used 9/11 as an excuse to put in place the means to impose martial law and suspend our human rights. Our Constitution and Bill of Rights have never been in greater peril than they are today. The basis for this paper focuses on the controversial US Patriot Act and how it diminishes human rights, military and law enforcement initiatives to “combat” terrorism, and the possible future initiatives to eventually control the American public.

Before this paper can effectively speak of human rights, it is important to have an understanding of what human rights are. Human rights are “basic rights and freedoms that all people are entitled to regardless of nationality, sex, age, national or ethnic origin, race, religion, language, or other status.” (Webster Dictionary). Human rights, or the international version of natural rights, are defined and protected most notably in the U.S. Bill of Rights. They are defined because the founding fathers realized that “if they were not written down and defined then they would most likely be abrogated or lost entirely.” (www.revolutionary-war-and-beyond.com). The Founding fathers understood the “temptation by governments to give and remove human rights (natural rights) arbitrarily because they experienced such things as the stamp act, the quartering of British Soldiers in American households and the all too familiar taxation without representation.” (www.revolutionary-war-and-beyond.com) Human rights are often thought of as natural rights, rights bestowed upon us by the very nature that we are human. While in concept it may seem that everyone is protected by and benefited through human rights, this is not always the case. Most recently, over the last decade, human rights violations have become a prominent discussion within the US.

For well over a century, the United States was considered a leader and pioneer in numerous areas; from capitalism and free markets, the division of church and state, and most of all, human rights. The United States represented a country where you were truly presumed innocent until proven guilty, a country where you could be free to express your views no matter how much they conflicted with the societal norm without fear of arrest or persecution. The United States' Bill of Rights guarantees basic rights, or human rights, to everyone living in the United States. These rights include the following:

1. Freedom of religion, speech, press, and assembly; the right to petition the government
2. The right to bear arms
3. The right to not have troops quartered in homes during peacetime
4. The right to no unreasonable searches or seizures
5. Grand Jury indictment to prosecute a person for a serious crime
6. The right to a speedy, public, impartial trial with defense counsel and the right to cross-examine witnesses
7. The right to a jury trial in a civil suit where the value exceeds 20 dollars
8. The right to no excessive bail or fines as well as no cruel and unusual punishments
9. The right that unlisted rights are not necessarily denied
10. The right that powers not expressly delegated to the United States or denied to states, are reserved to the states or the people.

The above list of the Bill of Rights differs slightly from international human rights in that it is geared towards the system of government that is found in the United States; however, like the international concept of human rights, it protects basic freedoms. Basic freedoms include freedom from unreasonable searches, freedom to a trial by jury, etc. Obviously, there will always be differences in basic rights from one country to another however the main concepts will be the same. Economic and social rights however differ vastly based upon the system of governance (communism, capitalism, socialism, etc.). While there have been numerous additions and amendments to the Constitution, the Bill of Rights has always remained guaranteed to us. It is important to note however that post September 11th 2001, the country has taken an abrupt turn, with human rights violations being falsely justified under the facade of national security.

The series of events that occurred on 9/11 led to vast amounts of new legislation and even the creation of the Department of Homeland Security; a now household name and the very reason this class even exists. While the stated purpose of the Department of Homeland Security is “to prepare for, prevent, and respond to domestic emergencies, particularly terrorism.” (http://www.dhs.gov/xlibrary/assets/DHS_StratPlan_FINAL_spread.pdf), I often feel there is certainly a reduction in human rights that are imposed upon us under the pretext that such restrictions are in the interest of national security. My personal definition of homeland security is the national collaboration of federal, state, and local capabilities and resources in an effort to prevent, reduce or respond to any “threat” within the United States. The definition is broad because homeland security is an all-encompassing subject that is consistently expanding. However, the forfeiture of human rights in the name of national security is never acceptable.

Although I encourage a national interconnected agency, such as the Department of Homeland Security, to coordinate the defense of the United States, I think the line between security and human rights violations is becoming increasingly distorted. It is becoming easier to accuse an American born citizen of terrorism or terrorist activities for things that not so long ago were simply unheard of. An example is an individual who uses his home computer to research Al-Qaeda in order to better understand them and the threat. While researching them for example, the individual accidentally stumbles upon an anti-America blog or extremist website that happens to be under surveillance by the FBI. It is now quite possible for that American to be accused of sponsoring terrorism, being un-American, and even become arrested or interrogated, all for simply doing some research online in the privacy of his home on his own time. The war on terror has awakened more Americans than ever to the way government exploits fear and even its own failures, to justify eroding our civil liberties. An example of fear-based legislation passed in the aftermath of 9/11 is entitled the *Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001*, more commonly referred to as the “US Patriot Act.” Similar to Hitler’s 1933 “Enabling Act,” the Patriot Act has made many changes to more than fifteen different US statutes. The Patriot Act permits the following actions:

- The federal government may now monitor religious and political institutions without suspecting criminal activity to assist terrorism investigations (a violation of the First Amendment right of association).
- The feds can now close to the public once-open immigration hearings and secretly detain hundreds of people without charge while encouraging bureaucrats to resist Freedom of

Information requests (a violation of the Fifth and Sixth Amendment guaranteeing due process, speedy trials, and freedom of information).

- The government may prosecute librarians or other keepers of records if they tell anyone that the government subpoenaed information related to a terrorism investigation (a violation of the First Amendment right of free speech).
- The government now may monitor conversations between federal prisoners and their attorneys and may even deny access to lawyers to Americans accused of crimes (a violation of the Sixth Amendment right to have legal representation).
- The government now may search and seize individual and business papers and effects without probable cause to assist an antiterrorism investigation (a violation of the Fourth Amendment right against unreasonable search and seizures).
- The government now may jail Americans indefinitely without a trial or charges (a violation of the Sixth Amendment right to a speedy trial and individual's right to be informed of the charges against them).

According to Texas Congressman Ron Paul, “the worst part of this so-called antiterrorism bill is the increased ability of the federal government to commit surveillance on all of us without proper search warrants.” The section of the US Patriot Act entitled, “Authority for Delaying Notice of Execution of a Warrant,” is commonly referred to as the “sneak-and-peek” provision. It allows authorities to search personal property without a warrant or any warning. On March 4, 2010, the “Enemy Belligerent Interrogation, Detention, and Prosecution Act of 2010, was passed into legislation. This legislation expanded the Bush-era term “enemy combatant” to “enemy belligerent,” defined as, “any individual, including American citizens, suspected of any

affiliation with terrorism or supporting hostilities against the United States or its coalition partners. Such suspects under this law must be turned over to military authorities and can be detained without charge, denied the Miranda warning against self-incrimination and guarantee of legal representation, and held for the duration of the hostilities. Constitutional attorney Glenn Greenwald called the Enemy Belligerent Act “probably the single most extremist, tyrannical and dangerous bill introduced in the Senate in the last several decades, far beyond the horrendous habeas-abolishing Military Commissions Act.” The act was controversial from the beginning; A 342 page document predominantly unread by many Congress members before being signed into law on October 26th 2001, not even two months after 9/11. When analyzed more closely, it is easy to make a correlation between the all-encompassing umbrella of national security, and the limitation of human rights.

While it may seem patriotic to vote for an act entitled “The “*Patriot Act*” immediately following an attack on American soil, this legislation has been quite the opposite of nationalistic in regard to the American people. Under statutes within the Patriot Act, US citizen David Banach of Parsippany, NJ, was accused in 2005 of “using a laser beam to temporarily blind the pilot and copilot of a jet plane passing over his residence on December 29, 2004.” Banach denied any evil intent and said he was simply using the laser to point out stars for his seven-year-old daughter. “Though the airplane landed safely and without incident, and though the FBI found no terrorist connection and acknowledged Banach’s actions were simply foolhardy and negligent, Banach faced a twenty-five year prison sentence and a \$500,000 fine. Banach was eventually released from jail after posting a \$100,000 bail. But then in early 2006, Banach was found guilty of violating a portion of the Patriot Act having to do with interfering with pilots of commercial

aircraft. He was given a two year probated jail sentence.” (http://www.usatoday.com/travel/news/2005-01-04-laser-aircraft_x.htm)

In making the correlation between decreased human rights under the façade of national security, there are several provisions of the Patriot Act that must be scrutinized. For example, Section 215 contains a “gag order” clause that was retained by Congress only after legislators reached a compromise on the wording. “The gag order clause makes permissible the following scenario: if someone’s small business is searched by the FBI, that person is gagged from telling anyone that the feds were there. The compromise made gag orders effective only for a year after a secret search was conducted of a person’s property.” (<http://www.aclu.org/national-security/patriot-act-gag-power-unconstitutional-aclu-tells-court>) This is a violation of the First Amendment right to free speech and the Fourth Amendment protection of private property. Section 412 permits indefinite detention of immigrants and other non-citizens. Immigrants whom the Attorney General presumes may be involved in terrorism or other activities that pose a danger to national security can be held indefinitely. (Sec 412, adding new INA section 236A (a) (3) and (a) (6). This is clearly a serious violation of basic human rights, as stated in the Bill of Rights #6 and #7 which dictate the right to a speedy trial, a trial by Jury, and the right to question witnesses. In addition to violating the United States’ own Bill of Rights, indefinite detention of illegal aliens is an example of international human rights abuse. According to the International Convention on Civil and political rights, “Freedom of movement, including the freedom to leave any country, has found its regulation in article 12. Aliens, who do not enjoy a stable right of sojourn, must as a minimum be granted due process in case their expulsion is envisaged (article 13). (<http://untreaty.un.org/cod/avl/ha/iccpr/iccpr.html>). In 2001, the Supreme Court, in the case

of Zadvydas v. Davis, 121 S. Ct. 2491, held that any law allowing the indefinite detention of immigrants who could not be deported, a serious and significant constitutional problem. The Supreme Court went on to further state that “what amounts to a life sentence should at a minimum be based on clear proof at a hearing, not on a certification of merely the level of suspicion that normally allows only a brief stop and frisk on the street.” As a result of the case of Zadvydas v. Davis, it was determined that immigrants held indefinitely must have their cases reviewed every 6 months; however in practicality, all this meant was that immigrants could be held indefinitely by having their detainment renewed every 6 months.

Another controversial provision of the Patriot Act is section 213, which is referred to as “sneak-and-peak.” This provision allows for the delayed notice of search warrants which in turn allows the FBI to search homes or businesses without first notifying the target of the investigation. This provision seems in stark contrast to #4 of the Bill of Rights guarantees our freedom from unreasonable searches. Additionally, it violates established international rights norms with comparable instruments such as the United Nations Committee on Human Rights, the inter-American Commission on Human Rights, the Inter-American Court of Human Rights, and the European Commission on Human rights. In conjunction with section 213, section 209 allows for the seizure of voicemails, section 207 allows for the increased amount of time a federal official may watch people they deem to be spies or terrorists, and section 212 allows for federal officials to obtain electronic communication such as emails, from internet service providers. Section 206, which states Federal officials are allowed to issue roving “John Doe” wiretaps in an effort to listen into any telephone conversation or computer they “believe” a terrorist might use. This provision is so broad and general that it essentially encompasses any

phone or computer at any time and can quite easily place someone under investigation that may have only had casual contact with a suspect through no fault of their own. The American Bar Association's comments on section 206 of the patriot act are as follows: "Constitutionally, they are suspect, since they depart from the Fourth Amendment's explicit requirement that all warrants must 'particularly describe the place to be searched.' Practically, they pose the risk of intercepting the communications of innocent persons, risks that are separate from those addressed by the minimization requirement of the wiretap laws. Congress recognized when it first created the roving tap authority for criminal cases that it needed to add extra procedural protections to overcome the constitutional problems and to guard against the interception of the conversations of innocent people."

Another interesting part about the Patriot Act that infringes on the basic human rights of Americans and those traveling to in America, is the fact that the Patriot Act specifically targets foreign nationals, more specifically those of Middle Eastern and Arab / Muslim Origin. If a Middle Easterner were to be in the United States and speaking out against the government of the US for any reason, they could very easily be targeted as a terrorist and detained, potentially indefinitely, as per the Patriot Act. This detention however is again in violation of the United Nations International Covenant on Civil and Political Rights, which was enacted on December 16, 1966, and provides for "Freedom of movement, including the freedom to leave any country." (<http://untreaty.un.org/cod/avl/ha/iccpr/iccpr.html>) The reason for their opposition to the government could be anything, from issues with immigration policy to being hassled at an airport with extra screening simply because of their name or country of origin. It is interesting to note that not long ago in American history, on February 19, 1942; Franklin D. Roosevelt signed

Executive Order 9066 that allowed for the internment “relocation centers” of over 120,000 Americans of Japanese heritage until the end of 1945, without any semblance of due process of law. In 1982, a Presidential Commission under President Regan concluded that such internment was the result of hysteria, racial prejudice and a failure of political leadership, and while the Supreme Court has not struck down the constitutionality of internment camps, it none-the-less was extremely inappropriate to intern the Japanese during WWII and thus the reason an official apology was issued. I think it is certainly very interesting how basic human rights were so grossly violated then, after a terrorist attack, and the similarities to now, after a similar terrorist attack against the American main land. The saying “history repeats itself” may not be too farfetched in this instance.

By 2005, the provisions of the Patriot Act were being used for cases other than terrorism. According to New Jersey Star ledger writer Mark Mueller, “while the Justice Department says it does not uniformly track the Patriot Act’s use in such cases, a reading of government reports and congressional testimony shows it has been used hundreds of times against the likes of drug dealers, computer hackers, child pornographers, armed robbers, and kidnappers. In early 2009, the Electronic Frontier Foundation (EFF), a US based international nonprofit advocacy and legal organization dedicated to defending civil rights in the digital world, challenged government electronic surveillance by suing the National Security Agency over the eavesdropping on millions of ordinary Americans. In April 2009, the Obama administration filed a motion to dismiss the suit. Obama defended his decision by adopting the Bush administration’s argument—the courts cannot judge the legality of the NSA’s warrant-less wiretapping program. Furthermore, a court case would disclose “state secrets.” President Obama promised the

American people a new era of transparency, accountability, and respect for civil liberties, commented EFF senior staff attorney Kevin Bankston (<http://archive.truthout.org/obama-pressed-release-identity-telecom-lobbyists-seeking-immunity57064>). However, this is clearly not the case.

Another startling example of how national security is being used as a scapegoat for the erosion of our human rights is the surveillance program that was implemented by the New York Police Department shortly after 9/11, and has only recently come to light. In September of 2011, the Associated Press brought to light that the NYPD has been working closely with the CIA since early 2002 when the CIA division head David Cohen came out of retirement to run a secretive police intelligence team. (www.associatedpress.com). The Associated Press went further to state that the NYPD sent undercover operatives into mosques, hookah bars, and internet café's to act like a human camera and map the movements, conversations, and associates of persons of Muslim decent. With no warrant or probable cause, the NYPD treated individuals of Muslim decent as if they were criminals, often keeping files on them, photographs, conversations, and information that grossly violated their privacy and infringed on their human rights. The NYPD went further and shared this information with the CIA – sharing which was made easier by the fact that the CIA was and still is working inside the NYPD. A CIA officer, Lawrence Sanchez, even helped create and guide the program. The programs have continued with the tacit support of President Obama, who has repeatedly sidestepped any questions related to them. Most recently, the CIA's inspector General is investigating whether the agency broke the law by helping and embedding its personnel in the NYPD for intelligence gathering and monitoring of Muslim communities. According to the Associated Press, "The NYPD operates far outside its borders and targets ethnic communities in ways that would run afoul of civil

liberties rules if practiced by the federal government. And it does so with unprecedented help from the CIA in a partnership that has blurred the bright line between foreign and domestic spying.” (Associated Press investigator Matt Apuzzo and Adam Goldman). The rights of Muslims to freely assemble, practice their religion, and be free from unnecessary searches are clearly infringed upon by the NYPD. In addition to the NYPD infringing on Muslims rights as Americans, the NYPD is also violating the Universal Declaration of Human rights (1948). The Universal Declaration of Human Rights is an international instrument that states “Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance” (Another international instrument that is violated by the NYPD’s behavior towards Muslims is the UN Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief (UN 1981 Dec), Art 1. The Declaration states “Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have a religion or whatever belief of his choice, and freedom, either individually or in community with others and in public or belief in worship, observance, practice and teaching. (2) No one shall be subject to coercion which would impair his freedom to have a religion or belief of his choice. (3) Freedom to manifest one’s religion or belief may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals or the fundamental rights and freedoms of others.” (<http://www.uscirf.gov/>). I tried to place myself in the shoes of a Muslim in New York City and imagine how they felt. Being a practicing Catholic, I would be incredibly angry should I go to church to pray to my God, only to find out that my fellow congregants were really police officers sitting there listening to and writing down my

conversations. I would be further angered and feel violated if they went on to follow me, keep a file on me, and interviewed friends and associates of mine. I, as do the Muslim and Arab community, have a right to practice my faith, assemble with others of the same origin, and feel that I will not be unnecessarily profiled or spied on by the NYPD, in violation of the Constitution, Bill of Right, and international instruments such as the ICCPR, and the Universal declaration of Human Rights.

While this paper has focused exclusively on America and the blurred line between national security and human rights, it is important to note that the issues faced in America are not exclusive, but rather more profound throughout the rest of the world. As the world witnessed the horrific events of WWII, from the extermination of the Jews to the bombing and killing of innocent civilians, it was clear that an international declaration of human rights was necessary. Immediately following the war, the United Nations adopted the Universal Declaration of Human Rights in December 1948. The declaration has 30 separate articles and addresses everything from the right to work, life, liberty, security of person, etc. The declaration was ratified by 48 different nations and holds with it the force of international law. While this declaration is supposed to clearly protect individuals, there are grey areas where national security has skewed the line between human rights and abuse. While it remains far to extensive to discuss, international human rights violations caused under the pretext of national security, it is important to note that the United States, as shown in other examples throughout the paper, is also a country that violates international instruments, designed to protect human and natural rights. Certainly, national security and government policy triumphs human rights much more so in other countries such as Iran, Cuba, China, North Korea, Vietnam, etc., but it is important to know that the United States is not innocent in violating international human rights agreement. Perhaps Benjamin

Franklin summed it up best when he stated, in February of 1775, that “Those who can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety” (Benjamin Franklin) (<http://www.ushistory.org/franklin/quatable/quote04.htm>) A paraphrased derivative of Franklin’s quote that truly hits to the core of the national security / human rights debate is “He who sacrifices freedom for security deserves neither.” I most certainly agree with Benjamin Franklin that our liberty, freedom, and basic human rights far outweigh the small increases in security that we may give up. The United States is a country founded by people who were persecuted in their own homelands. Whether it was the unfair taxation of the colonists without proper representation, or the persecuted Jews who came to America to escape the horrors of Europe, or the immigrants who floated to America aboard pool rafts from Cuba; all of Americas people came here for one common reason - Freedom and protection of basic human rights that they lacked in their own home country. Ones rights should be inexcusable and ironclad. If you give up your rights or allow the government loopholes in the name of national security, then they [government] will infringe upon them anytime they can. We often take the governments word for fact when they say that there is a terrorist threat on the horizon. On their word alone we allow the government to violate our rights repeatedly. Once a loophole is found there is no way to get your rights back or stop the abuse of it. It’s a slippery slope; when you give up your liberties, you give up your freedom and in turn are less safe than before you gave up your basic human rights to be safe in the first place. America, by shrinking our rights in the name of national security, will become no better than the nations we are supposedly protecting ourselves against.

References

Section 206 . (n.d.). American Bar Association (2011, Nov). Retrieved from

<http://apps.americanbar.org/natsecurity/patriotdebates/section-206>

DHS Glossary (2002, November 1) Retrieved from www.dhs.gov/xlibrary

[assets/DHS_StratPlan_FINAL_spread.pdf](http://www.dhs.gov/xlibrary/assets/DHS_StratPlan_FINAL_spread.pdf))

Fisher, W., & Report, (2003, Nov). Obama Pressed to Release Identity of Telecom Lobbyists

Truthout | Fearless, Independent News and Opinion. Retrieved from

<http://archive.truthout.org/obama-pressed-release-identity-telecom-lobbyists-seeking-immunity57064>

Human Rights In Webster's New World College Dictionary (Vol. 4, p. 695)(1999). Cleveland:

Macmillan.

Laser Aircraft. (2010, June 16). usatoday.com. Retrieved October 1, 2011, from

www.usatoday.com/travel/news/2005-01-04-laser-aircraft_x.htm

Revolutionary War, Declaration of Independence, US Constitution, Bill of Rights. (2008,

January 1). Revolutionary War, Declaration of Independence, US Constitution, Bill of

Rights. Retrieved October 20, 2011, from <http://www.revolutionary-war-and-beyond.com>

Chapter 7

Technology and Critical Infrastructure

According to the Department of Homeland Security (DHS) and federal law, “Critical infrastructure is defined as systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.”

Critical Infrastructure Sectors:

1. Agriculture/food
2. Banking/finance
3. Chemical
4. Commercial facilities
5. Communications
6. Critical manufacturing
7. Dams
8. Defense industrial base,
9. Emergency services
10. Energy
11. Government facilities
12. Healthcare/public health
13. Information technology
14. National monuments/icons
15. Nuclear reactors materials and waste
16. Postal/shipping
17. Transportation systems
18. Water

Systematically connected, the US critical infrastructure provides enormous benefits, services, and opportunities on which we rely, and it is imperative that professionals in the homeland security apparatus are attentive to the constant risks to our infrastructure posed by terrorists, pandemic diseases and natural disasters. These threats can produce serious long-lasting effects that may cause unimaginable catastrophe and forever change our way of life in America. Being a part of Mamaroneck Emergency Medical Services (MEMS), it is apparent that the Emergency Services and Public Health sector are imperative to homeland security because they are the responders to all incidents. Without these sectors, resiliency would be almost impossible.

Mamaroneck Emergency Medical Services (MEMS) is a part of 2 sectors: Emergency Services and Healthcare /Public health (HPH). The DHS defines the emergency services sector (ESS) as “a system of response and recovery elements that forms the nation's first line of defense and prevention and reduction of consequences from any terrorist attack. It is a sector of trained and tested personnel, plans, redundant systems, agreements, and pacts that provide life safety and security services across the nation via the First-Responder Community comprised of federal, state, local, tribal, and private partners.” [1] The ESS includes the following disciplines: emergency management, emergency medical services, fire, hazardous material, law enforcement, bomb squads, tactical operations/special weapons assault teams, and search and rescue. Due to the methodical nature of our infrastructure, the ESS has numerous interdependencies on other critical infrastructure and key resources (CIKR) sectors. Most significantly, it is the primary protector for all other CIKR, including nuclear reactors, chemical plants, and dams. All other CIKR facilities depend on the ESS to assist with planning, prevention, and mitigation activities, as well as respond to day-to-day incidents and catastrophic situations.

The DHS confirms that the healthcare and public health (HPH) sector “constitutes approximately 15 percent of the gross national product with roughly 85 percent of the sector’s assets privately owned and operated. Operating in all U.S. states, territories, and tribal areas, the healthcare and public health sector plays a significant role in response and recovery across all other sectors in the event of a natural or manmade disaster.” [1] Like the ESS, the healthcare and public health sector is also dependent on fellow sectors for the continuity of operations and service delivery. These sectors include the transportation systems, agriculture and food, energy,

water, emergency services, information technology and communications. The HPH sector's vision is "to achieve overall resiliency against all threats—natural and man-made. Implementing this vision will prevent or minimize damage to, or destruction of, the Nation's healthcare and public health infrastructure. It will also preserve the sector's ability to mount timely and effective responses to both routine and emergency situations as it strives to protect its critical workforce from harm resulting from terrorist or criminal activities, natural disasters, and serious infectious disease outbreaks, including those originating outside the United States." [1]

An attack against Mamaroneck EMS would greatly disrupt the safety and prosperity of Mamaroneck, especially in emergency situations. As a hub, MEMS is essential to protect. According to Lewis, hubs are the most important points of failure in the critical infrastructure configuration (2006). Attacks, whether physical or cyber, against any hub within a sector, will inevitably cause the most damage. Therefore, if MEMS were incapacitated or destroyed, healthcare would be halted, drastically increasing the amount of death and chaos within our jurisdiction.

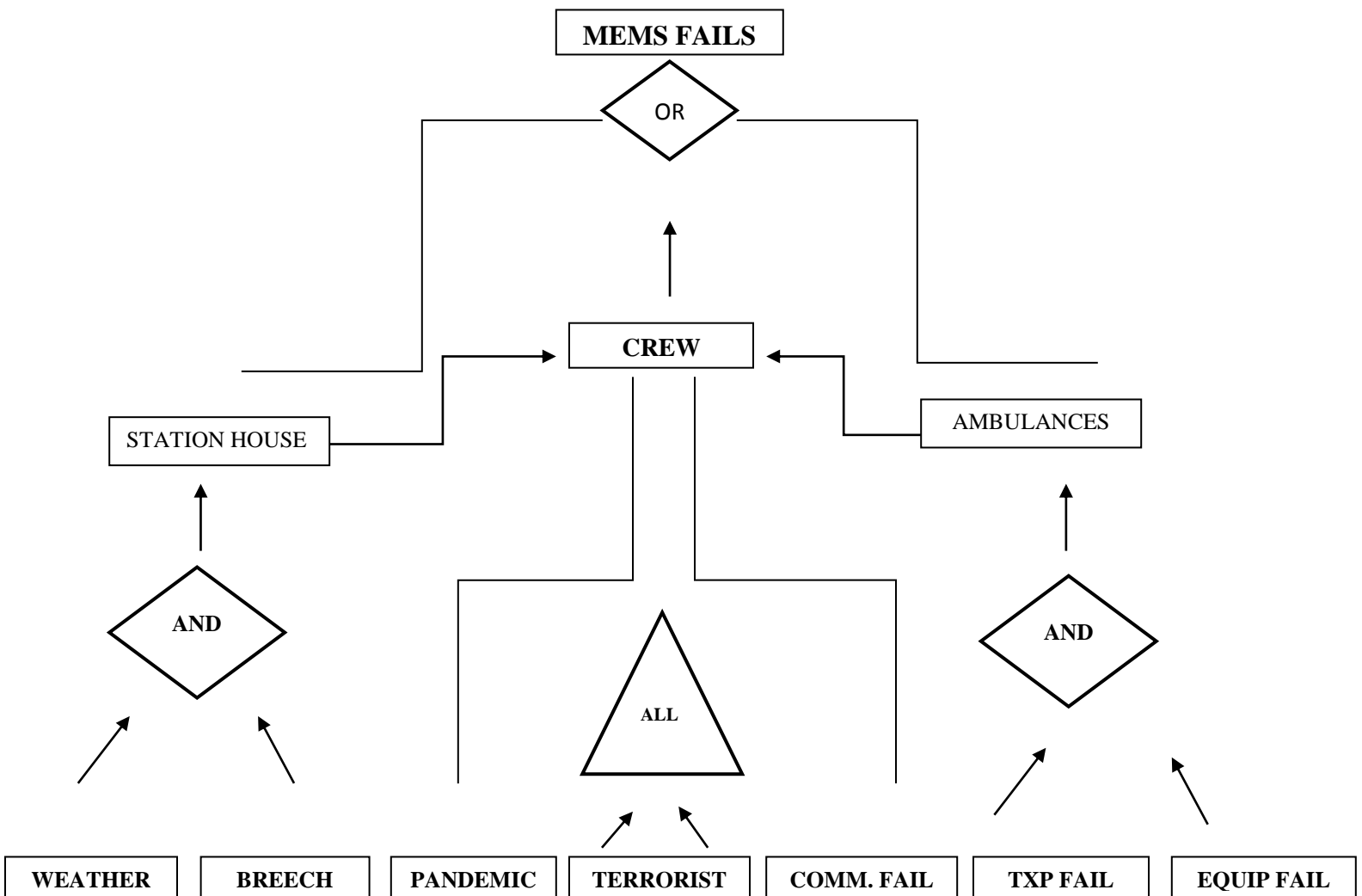
MEMS Critical Nodes and Links:

1. Transportation (roads, highways, bridges, etc.)
2. Communications (telecommunications, UHF + VHF frequencies, power grid, etc.)
3. Ambulances
4. Station House
5. All other emergency service organizations in Westchester County

MEMS Components:

1. Equipment
2. Staff
3. Training/Education
4. Resources (mutual aid, funding, etc.)

In order to properly identify the threats against MEMS it is essential to first determine the vulnerability of our organization. Vulnerability is the probability of a successful attack on a component (Lewis, 2006). In order to uncover this probability it is necessary to conduct a vulnerability analysis, with the first step being to take inventory of the components focusing on critical nodes (Lewis, 2006). With the critical nodes mentioned above, the next step in the process is to identify key hubs, which MEMS has already been identified as a key hub. Next, the utilization of a fault tree analysis will be able to successfully determine the vulnerability or probability of a successful attack that may incapacitate our organization. The following is an example of a possible fault tree in regard to MEMS and the threat vulnerabilities:



There are 7 total threats that may travel up a fault tree and debilitate MEMS.

1. Transportation compromises
2. Communication failure
3. Equipment failure
4. Breach to organization
5. Severe weather storms
6. Terrorist attacks (CBRNE)
7. Pandemics/ Epidemic

The transportation system is a vital part of our everyday functions. If our transportation system was compromised it could slow down our response time, possibly causing a spike in casualties. If the roadways were compromised we would not be able to respond to calls and we would not be able to get patients to hospitals. Worst case, we cannot even make it to the scene, but if we did, we would not be able to transport. Therefore we would need to set up on the spot medical triage and hope that doctors and other medically qualified people could access our triage. Not being able to transport to the hospital can cause a series of stressful events. First, the caliber of care would decrease substantially due to inadequate equipment, shortage of supplies, hectic atmosphere, shortage of staff, etc. Also, once our supplies were to diminish, we would not be able to replenish them due to the inability to travel. The probability of transportation being compromised is great, 40% - 90% range.

The communication system is also a vital part of our daily operations. Although it would not debilitate our operations completely, a compromise to this entity would cause severe consequences. First, here are 2 examples of how a 911 call is relayed to MEMS; a patient has heart attack in their house. A relative calls 911 from a landline phone. The call reaches local Mamaroneck PD. Local PD pages MEMS over VHF Frequency to their Motorola Minitor V pagers. MEMS personnel receive the page and responds via VHF portable radios back to MPD. If there is a power failure, police can use the phone to call EMS. Police can also talk to EMS via portable handheld radios. EMS also has backup generator as does the police dept. If the police dept. was completely destroyed, EMS still maintains a transmitter tower on-top of our building

as well as backup power and radios to continue to transmit. A flood or natural disaster that takes out our building, could pose a problem. Here is another scenario; a patient calls 911 from a cell phone or from I-95. The call is routed to 60-Control (emergency dispatcher) located in Valhalla NY. 60-Control then finds the location of the patient, switches over to Mamaroneck EMS frequency, and transmits the page to MEMS. In order to reach from Valhalla to Mamaroneck, 60-Controls transmitter has to hit at least 1 repeater (another radio tower that takes the radio signal, boosts it, and sends it on towards Mamaroneck). 60-Control then uses a landline phone to call Mamaroneck Police Dept. and inform them of the call. EMS Crews much switch over to a UHF handheld radio to answer 60-Control, and then switch back to a VHF radio to talk to Mamaroneck Police. It is a complicated process, but has been working for MEMS for multiple years.

Here is where a failure in the communication system may cause a problem. In scenario 2, a power failure in Valhalla could directly affect 60-Controls ability to answer calls or page out MEMS. Also, there is a repeater involved (location unknown) and that location could lose power. There is also a greater distance involved in paging out. Severe weather / solar storms could also inhibit radio traffic as electromagnetic radiation could interfere with radio signals. So although we can operate our radios even if we lost communication with Mamaroneck PD, we would probably not be able to communicate with anyone else, depending on who was affected by the power outage. Consequently, if we cannot communicate with PD, 60-control, or other agencies in Westchester County it will affect our response time, preparedness, information updates, and even our safety. We would not know the location, the nature of incident, the severity of the incident, or what resources we would need to control the scene. The probability of a communication failure is average, 20% - 40% range.

If our ambulances were to malfunction, break down or even be compromised by impostor personnel, it would affect our operation. Without our ambulances our services can be deemed inoperable. We would obviously not be able to get to a scene or transport patients. Also, our ambulances have vital equipment that cannot be carried to a scene and will not work without power. If our buses were to be compromised by terrorist or other malicious intended persons, it would cause chaos within our organization. A terrorist could use our bus to gain access to scenes

or situations that only allow emergency service personnel. Basically using our bus as a moving bomb, driving it to wherever they wished to detonate it. A terrorist could disable our bus completely or disable vital equipment on board, causing confusion and a spike in casualties. The probability of ambulance malfunction is high, 50%-100% range.

Our station house is just as vital as our ambulances. This is our main communication center and where we house our equipment and staff. A breach to our station house can give terrorist an upper hand in pulling off an attack. They can gain access to our communication systems, our equipment and even endanger our staff. The probability of a breach is low, 5%-10% range.

Protecting MEMS Infrastructure:

The probability of turmoil in the US is gaining strength. With our economy in shambles, the European currency devaluing, growing tension in the middle east with Iran, and civil unrest in the states, it can be presumed that a catastrophic event of some nature will be likely in the coming year. As this course has proven, a technologically driven society such as the US is subject to a cyber-attack or other forms of technological disasters such as terrorist driven EMPs. For these reasons it is safe to say that MEMS must be prepared for all events, whether manufactured or accidental. Emergency service providers are first responders; dealing with catastrophe in its ripest forms. It is up to our community to restore trust and build resilience from the ground up. This starts with protecting MEMS from as many threats as possible.

Transportation: In an effort to protect the threat of a compromise to transportation efforts, MEMS will form a partnership with STAT-FLIGHT. STAT-FLIGHT is run by Westchester County and is an alternative form of transporting critical patients by air rather than ambulance. MEMS will also provide a GPS system in each unit, allowing crew members to re-route to using alternative directions in an effort to reach hospitals as soon as possible. It will be mandatory for all crew members to be able to read a map. Maps will be placed in each unit in case the GPS fails or is compromised.

Communications: In an effort to protect MEMS against a possible communication failure, monthly drills will be conducted of how to respond and transport without communication

privileges. MEMS will invest in a radio-to radio battery operated system of communication without a repeater in order to communicate with each other on and off scene. MEMS will also make a recommendation to the Town/Village board to invest in protecting our power grid from attack and solar flares.

Equipment Failure: In an effort to protect MEMS from equipment failure, our gear will be checked daily; once before shift and once after shift has ended. Any problems with equipment will be properly documented and sent out for repair immediately. MEMS will stay updated on all modern technology and will invest in equipment necessary for the treatment of multiple patients in an MCI situation such as a pandemic outbreak or CRBNE attack. MEMS crew will stay updated and proficient with the use of all equipment and will take superior care of all gear. Disciplinary action will be rendered if improper use or negligence toward equipment is seen. MEMS crew members will also not rely only on technological equipment; for example blood pressure machines for instance. Crew members will also obtain the skills to take a blood pressure manually in case the machines were to malfunction.

Breach to Corps: In an effort to reduce our risk of having someone breach our corps, our security apparatus will be enhanced. Each member will be issued a new picture ID with their name, title and an expiration date. The ID card will also be used to gain access into the building. Members will need to swipe their ID in order to gain access to building as well as start the ambulances. Security cameras will be installed outside our building as well as inside. Every inch of the building will be under 24/7 taped surveillance.

Severe Weather: In an effort to reduce the risk of our operation being dismantled due to inclement weather MEMS will take as many precautions as possible. Snow tires and chains will be kept in station house. Flooding is a major problem in Mamaroneck, especially where our station house is located. The house will be equipped with flood pumps and gates in an effort to dispense the buildup of creek water that sometimes floods our station. MEMS is equipped with a large generator for power failures.

Terrorist Attacks (CBRNE) / Pandemics: In an effort to reduce our risk from possible terrorist attacks or CBRNE attacks, MEMS will take every precaution possible within our budget range. First and foremost member training will be critical. As an EMS organization, there is much that can be done to help prevent, preempt, and mitigate the threat an attack in or around our jurisdiction. One of the most important steps we must seize is training. We are trained to save a life in traditional situations; the basic use of CPR, bleeding control, use of defibrillators, etc. However, we are not qualified to spot terrorism or respond to a terrorist incident. By taking proper training classes and being an active member of FEMA and DHS training initiatives, MEMS will be better prepared to face unconventional threats and mass causality incidents (MCI). Some examples of training activities MEMS needs to participate in include: [3]

- Terrorism Prevention Exercise Program (TPEP)
- Training and Exercise Plan Workshop (T&EPW)
- Homeland Security Exercise and Evaluation Program (HSEEP)
- Radiological Emergency Preparedness Program (REP)
- Community Hazards Emergency Response-Capability Assurance Process (CHER-CAP)
- Other independent NIMS, FEMA, and EMI training courses offered online and in-class
- Self-defense training and tactics

Staff: We are a volunteer agency, so without volunteers we will not be able to operate. Taking care of our members is vital for a resilient and reliable crew. Our members will receive training for free, uniforms annually, be personally fitted for all PPE, free recertification's, free meals when riding, and have access to amenities in building such as TV and internet.

INFORMATION SHARING: Additional steps to better prepare our organization is information sharing. It is imperative for MEMS to share and obtain vital information within the homeland security apparatus. As first responders, MEMS personnel are often on the front lines, potentially

around a wealth of information and or danger. Being that we do not need warrants to access people's homes, we often have access to information police do not. If trained properly, we will be able to lawfully and ethically transfer useful information in regard to possible threats to local police who in turn can share the information with the proper authorities if necessary. On the other hand, it is important that we are kept updated with the most current threats and resourceful information pertaining to our safety and proper response tactics.

According to the National Information Sharing Strategy of 2007, "the informational needs of State, local, and tribal entities continue to grow as they incorporate counterterrorism and homeland security activities into their day-to-day missions. Specifically, they require access to timely, credible, and actionable information and intelligence about individuals and groups intending to carry out attacks within the United States, their organizations and their financing, potential targets, pre-attack indicators, and major events or circumstances that might influence State, local, and tribal preventive and protective postures." Some methods of information sharing that MEMS will utilize and become familiar with include: [4]

- Automated Critical Asset Management System (ACAMS): The Automated Critical Asset Management System is a Web-enabled information services portal that allows state and local government users to collect and use asset data and protection information to develop incident response and recovery plans to protect infrastructure assets. [4]
- CIKR Asset Protection Technical Assistance Program (CAPTAP): The CIKR Asset Protection Technical Assistance Program is offered jointly by the Department of Homeland Security's Office of Infrastructure Protection (IP) and the Federal Emergency Management Agency's (FEMA) National Preparedness Directorate (NPD) to assist state and local first responders, emergency managers, and homeland security officials. [4]
- Homeland Security Information Network: A computer-based counterterrorism communications system connecting all 50 states, five territories, Washington, D.C., and 50 major urban areas. [4]
- National Terrorism Advisory System (NTAS): The National Terrorism Advisory System replaces the color-coded Homeland Security Advisory System (HSAS). This new system will

more effectively communicate information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector. [4]

- State and Major Urban Area Fusion Centers: Fusion Centers blend relevant law enforcement and intelligence information analysis and coordinate security measures in order to reduce threats in local communities. [4]

- Emergency Management and Response-Information Sharing and Analysis Center (EMR-ISAC): Collects critical infrastructure protection and resilience information having potential relevance for Emergency Services Sector departments and agencies. Analyzes all collected information to ascertain the importance and applicability. Synthesizes and disseminates emergent and consequential infrastructure protection and resilience information to the leaders, owners, and operators of the emergency services. [4]

- Communications Unit Leader Training: The All-Hazards Communications Unit Leader (COML) course trains emergency responders to serve as radio communications unit leaders during all-hazards emergency operations. [4]

- Emergency Communications Projects: The programs and activities of the Office of Emergency Communications (OEC) reflect a stakeholder-driven approach to achieving nationwide improvements to emergency communications capabilities. [4]

Priority Programs

There are numerous protective programs within the HPH Sector that have evolved as a result of the varying regulatory landscape, emergency response and recovery requirements, and rapid advancements in technology. As per the FEMA website, some of these programs include:

- Biological Advanced Research and Development Authority (BARDA) performs vulnerability assessments and manages the procurement and advanced development of medical countermeasures under Project BioShield. [1]

- National Public Health Information Systems. The Public Health Information Network (PHIN) is an initiative to develop interoperable public health information systems; the Early Warning Infectious Disease Program (EWIDS) focuses on early detection, identification, and reporting of infectious diseases associated with bioterrorism agents and other major threats to public health. [1]

- Various Grants Programs focus on enhancing and encouraging sector facility protection and preparedness, such as the HHS Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreement, the DHS Urban Area Security Initiative (UASI), the Metropolitan Medical Response System (MMRS), and the Buffer Zone Protection Program (BZPP). [1]

- Vulnerability Assessments are conducted on critical assets within the HPH Sector through various programs such as BARDA and the DHS Protective Security Advisor (PSA) program. [1]

- Medical Facility and Clinical Laboratory Accreditation promotes effective protective programs within healthcare facilities through the Joint Commission and other accreditation and clinical laboratory certification organizations. [1]

- Information Security. The sector participates in the National Cyber Security Division's Cross-Sector Cyber Security initiative, a public-private partnership to further collaboration and information sharing related to cyber threats. [1]

Public Health and the Internet:

Fortunately for MEMS, we do not rely on the internet to the degree other critical infrastructures do. However, on a deeper scale the internet can be a vital role for public health officials. According to NATO,

“Early detection of disease outbreak has traditionally relied on microbiological and clinical data. Yet since 1990s new surveillance systems have been created to monitor indirect signals of disease activity. Among these indirect methods some rely on obvious

indicators, such as the volume of over the counter drug sales or the number of calls to telephone triage advice lines; other more innovative methods are based on electronic communication monitoring. The aim of these innovative methods is to detect health crises earlier than official monitoring systems. The Program for Monitoring Emerging Diseases (PROMed-mail) was founded in 1994 by the International Society for Infectious Diseases, and it is likely to be the most ancient online, publicly available, reporting system. ProMED uses the Internet to disseminate information on outbreaks by emailing and posting case reports along with expert commentary. Founded in 1997, GPHIN, Global Public Health Intelligence Network, is an Internet-based "early warning" system for potential public health threats including chemical, biological, radiological and nuclear (CBRN). GPHIN has been developed by the Canada's Centre for Emergency Preparedness and Response (CEPR). GPHIN retrieves relevant articles from news aggregators every 15 minutes, using extensive search queries. The system monitors on a worldwide, 24/7 basis, with media sources in six languages (Arabic, Chinese, English, French, Russian and Spanish) and provides relevant information on disease outbreaks and other public health events. The automatic system filters and categorizes information, which is further processed by human analysis. More recently new generations of web application hybrids, which combine information from multiple sources into a single representation, have been used to mine, categorize, filter, and visualize online intelligence about epidemics in real time. Current systems include Healthmap, Google Flu Trends, MediSys, Argus, EpiSPIDER, BioCaster, and the Wildlife Disease Information Node. Text-processing algorithms are used to determine the relevance of the information, which is then sorted by disease and location, with duplicate articles filtered out." [2]

Early detection of an infectious disease outbreak is a significant element of security policies. Infectious disease outbreaks are not only medical events, but complex socio-economic incidents which may affect society in numerous ways, not to mention the possibility of the occurrence of bioterrorist attacks. Rapid disease identification allows to implement public health intervention and to establish the necessary social, economic and political countermeasures,

which improve public resilience and reduce the risk of disruptive societal reactions. Yet many countries, often in the same world regions in which new infectious diseases are emerging, lack capacity for early detection and sometimes tend to not fully disclose the nature and extent of an outbreak in order to avoid a negative economic impact. The Internet offers solutions to some of these challenges. For example, freely available Web-based sources of information may allow people to detect disease outbreaks earlier allowing them to prepare. Also, a vast amount of real-time information about infectious disease outbreaks can be found in various forms of Web-based data streams. These range from official public health reporting to informal news coverage to individual accounts in chat rooms and blogs. However infectious disease intelligence, like any other kind of intelligence, should never be considered a trivial issue. [2]

Expanding MEMS Budget:

MEMS Annual Budget: *\$200,000*

1. Equipment – \$100,000
2. Training - \$80,000
3. Staff - \$20,000

MEMS is currently faced with the probability of numerous threats. In order to accurately allocate resources it is necessary to utilize ranked order risk reduction. This approach allows for the highest vulnerability to be reduced first, followed by the next, until the budget is fully depleted (Lewis, 2006). Due to the vulnerabilities posing more serious threats to MEMS, it is essential that resources are delegated in a way that the threats with the highest probability of occurring are strengthened first.

MEMS has become a critical asset to the village of Mamaroneck and is a vital organization in regard to our safety and prosperity from possible threats. The future is uncertain and the world is experiencing unique threats that have the potential to destroy infrastructures. It is vital that MEMS be prepared and protected from such a caliber of threats so that the village of Mamaroneck will be as resilient as possible if we are faced with these challenges.

Recommendations:

1. MEMS budget must be \$200,000 or more to sustain our operation and reduce our risk of being unprepared in the event of catastrophe. With improper funding our equipment, training, and staff will negatively suffer, making it impossible for MEMS to take the steps necessary in protecting this jurisdiction in the event of a possible disaster. Being prepared on a local level is critical within the homeland security apparatus.
2. Communications are a focal issue. Public safety agencies must persist to expand and test multi- agency communications and intelligence sharing.
3. Public safety preparation efforts must include all primary public safety and support agencies in the planning, training, and exercises for critical incidents, and the Incident Command System must be followed.
4. All public safety agencies at the federal, state, and local levels must be conscious of suspicious persons, activities, and locations during their routine operations and responses. (Situational awareness)
5. EMS and Fire agencies especially, must be primed for large-scale, mass-casualty incidents. A prompt, safe, and successful response to these anarchic situations requires concentrated planning and preparation.
6. We must presuppose that terrorists may effectively infiltrate our borders or that self-activating teams will originate from within the United States. Responders in all major cities must assume that a dangerously trained, well-supplied and well-planned attack could ensue at any moment without caveat. It must also be assumed that we may face multiple teams with a variety of weapons, explosives and tactical gear. We must be prepared to confront them hastily and head on.
7. Responders must develop a fast and dependable means of deciphering rumors from actual attacks. Any hindrance in responding to a real attack, or resources spent on a falsely reported incident, may be the disparity between terrorists accomplishing their primary mission or having it foiled. We must identify paramount practices and protocols to better sort fact from fiction when seconds count.

References

Merlin, Toby (2009, May). Internet Based Intelligence for Public Health Emergencies and Disease Outbreak: Technical, Medical, and Regulatory Issues." CBC News. NATO Emerging Security Challenges Division. Retrieved from:
<<http://www.cssc.eu/public/Programme.pdf>>.

Mamaroneck bylaws

"Definitions of Terms." Department of Homeland Security (2011, Nov). | Preserving Our

Freedoms, Protecting America. Department of Homeland Security. Washington, DC: Retrieved from: <http://www.dhs.gov/>.

Department of Homeland Security. National Response Plan, December 2004.

Lewis, T.G. (2006). Critical Infrastructure Protection in Homeland Security Hoboken,

FEMA GLOSSARY (2011, Nov)| Federal Emergency Management Agency.

Department of Homeland Security. Washington, DC: Retrieved from: <<http://www.fema.gov/>>.

NJ: Wiley-Interscience

Chapter 8

Comparative Governments

Recently, Mamaroneck EMS (MEMS) has deployed several key members of our staff, both EMT's and Paramedics, to Mumbai India, to train and assist local first responders in appropriate medical care and triage of citizens. I have been tasked with heading the local Emergency Medical Services of Mumbai (Mumbai EMS) and am responsible, along with the MEMS personnel embedded with me, to ensure the smooth operation of the Mumbai EMS. While our staff and the local emergency personnel are certainly excited at the challenge and prospects of exponentially enhanced level of medical care and training, the assignment brings with it an increased security and safety challenge as the local Emergency Medical service operates with little to no oversight or safety procedures to ensure the protection of my co-workers. In order to efficiently and effectively ensure the safety and security of my fellow co-workers, it is imperative that a comprehensive strategic plan be implemented as soon as possible. In developing an enhanced strategic plan for the safety and security of my co-workers, it is imperative that the potential threats as well as local working conditions be established and properly documented.

Mumbai, formerly known as Bombay, is the capital of the Indian State Maharashtra and is the largest city in India. Mumbai, with a population of over 13 million people, is not only the richest city in India, but also home to many financial institutions such as the Bombay Stock

Exchange, the National Stock Exchange of India, the Reserve Bank of India, as well as other significant financial and corporate headquarters. With all the notoriety that Mumbai has, it is also a very significant target for terrorism and has been plagued with attacks in the past. India has had a tumultuous and often violent relationship with its neighbor, Pakistan. It is often believed that much of the terrorism is state sponsored by Pakistan. There have been numerous bombings in Mumbai dating back to at least 1993 when over 257 people were killed and more than 700 were injured in a terrorist attack. In 2002, there was a blast in a bus near Ghatkopar station that killed several people. There were also numerous more bomb attacks in 2003 and 2006 killing hundreds more natives as well as foreigners. While it was thought that perhaps the violence was abating, from November 26, 2008- November 29, 2008, Mumbai fell victim to one of the most significant and horrific terrorist attacks ever to take place on Indian soil. On the evening of Nov 26, 10 men traveled by sea from Pakistan armed with assault weapons and explosives. Once ashore in Mumbai, they began a 3 day reign of terror, killing hundreds of citizens, foreigners, police, security personnel, and inflicting millions of dollars' worth of damage on the Taj Mahal hotel and other significant sites throughout the city. The terrorists were aided by security personnel in Pakistan and were so well armed and trained that local Mumbai police locked their headquarters and turned off the lights to avoid the gunmen. Even once inside the Taj Mahal, it took days and hundreds of Indian soldiers to finally bring the attacks to an end. All but 1 of the terrorists died in the attacks.

As a result of all the terrorism in Mumbai, and especially after the horrific 2008 attacks, the Indian government became very serious about trying to combat terrorism. The state government planned to purchase helicopters and speedboats to patrol the coastal areas, create an

anti-terror force, and upgrade all police weapons/tactics. Additionally, the Prime minister strengthened the anti-terrorism framework and created an investigation agency similar to the FBI to coordinate and combat against terrorism.

In addition to the attacks in Mumbai, Mumbai's neighbor, Pakistan, is known to harbor many terrorists, some of whom have been linked to the attacks in Mumbai. Most recently, Osama Bin-Laden was detected and killed by a US raid deep within Pakistan, causing many to believe that it was highly unlikely that Osama could have been in such a large city in Pakistan without the government's knowledge or assistance. As a result of Mumbai's proximity to Pakistan and its history of terrorist attacks against Mumbai, it is imperative that the strategic plan take into account all the very serious threats that we face, as an EMS agency and as first responders potentially responding to terrorist attacks. Some of the other threats we may face as EMS providers include additional terrorist threats, being ambushed on the way to responding to an emergency, abductions of our staff to prevent us from providing life sustaining care, attacks against our own facilities and infrastructure, and terrorists actually impersonating EMS personnel in an effort to use an ambulance packed with explosives to kill hundreds in downtown Mumbai. With all of these potential threats, it is imperative that we form a solid strategic plan to ensure both the safety of our emergency responders as well as the continued safety of the citizens of Mumbai.

To come up with a strategic plan for the safety of our responders, I have chosen to look at numerous agencies within the United States, including my own agency, Mamaroneck EMS, and determine best practices and methods that we use to provide for the safety of our crews. The key components that the strategic plan will seek to address are as follows: The proper training of

EMS personnel on terrorism (signs and clues to watch out for), a system of accountability where we can effectively manage our resources such as buildings, vehicles, equipment, and personnel, coordination with international law enforcement on intelligence sharing, coordinated dispatch by and with the police for any call, training in self-defense and defensive techniques, and finally coordination with National Intelligence agencies on threat sharing.

Before beginning the strategic plan I decided to reach out and contact my friend, Vaibhav Sagar, who currently resides in Mumbai. I asked Vaibhav to describe the EMS system as well as the culture of EMS. Vaibhav stated “In Mumbai we certainly have ambulances as we are the largest city, however it is not in the same sense that you would compare to the United States. In the United States, you have a well-established system where you dial 911, give your location, and an ambulance responds. In Mumbai, many people take taxicabs to hospitals or the more wealthy ones will call private ambulances supplied by hospitals. There is a city EMS, however, they are much underfunded, short staffed, and often difficult to contact. There is no 911 where you will be immediately sent an ambulance.” Clearly, after speaking with Vaibhav, I had a better sense of what I was up against regarding both the strategic plan as well as helping Mumbai EMS as a whole.

The first major part of the strategic plan for the safety of EMS first responders is training for understanding terrorism and detecting potential terrorist activities on scene or while responding. Mumbai is a major city that has seen its fair share of terrorism and terrorist attacks throughout the years however as a whole, the EMS system is highly fragmented and an organized pre-hospital emergency medical service does not exist. Police, taxi, or a local ambulance companies usually bring most patients to a hospital.

(<http://www.ncbi.nlm.nih.gov/pubmed/20467994>). For the EMS personnel that do exist in private and volunteer agencies, they are largely untrained for responding to terrorist attacks and even more untrained to detect situations where the safety of the EMS provider may be in jeopardy. Training will be addressed in-house and online, as well as field exercises with other agencies. Since most if not all EMS personal in Mumbai have zero formal training on terrorism, I have looked up several online courses such as “Surviving the next Mumbai – an introduction to hostage terrorism” (<http://www.loringlobal.com/training-programs/counter-terrorism/surviving-the-next-mumbai-%E2%80%93-an-introduction-to-hostage-terrorism>). The course is a two-day seminar and will provide our personnel with a necessary background on preventing, mitigating, and responding to a kidnapping, rescue, or other situation that we may be called upon. In addition to the seminar, I have researched and contacted the Mumbai city police Anti-terrorism squad (http://www.mumbaipolice.org/special/anit_terror_squad.htm) and arranged for them to come to Mumbai EMS and give a week long course specifically educating our personnel on the threats that we may face, as well as how we can be more alert to potential signs of terrorist activity before it happens. An example that Mumbai EMS personnel must be aware of is “dry runs.” Anytime there is a call for an ambulance for a shooting or large-scale event that turns out to be a false call with no patient, must be immediately reported to the Mumbai anti-terrorism squad. Such a call with no patient being found, could be a terrorist cell conducting a “dry-run” to document how our agency responds (how many ambulances, how many personnel, how fast do we respond, etc.) and could be used to their advantage for planning future attacks. Another major area of training that I would like to have our agency participate in is the Mumbai Emergency Management Exercise (MEMEx). The Mumbai emergency management exercise is a weeklong training where delegates learn about Emergency medical services, nursing, trauma

life support, disaster preparedness, disaster risk reduction, hospital emergency management, communication, and many other key items. (<http://www.nmims.edu/about-press-news-details.php?id=285>) MEMEx was organized by the United Nations Disaster Management Team in partnership with the Maharashtra government and last occurred in December 2010 and will be occurring again this year. It is vitally important and a major goal of our strategic plan that all Mumbai EMS personnel attend this training exercise. In addition to providing a wealth of information to our first responders, participating in MEMEx will allow Mumbai EMS to have a more coordinated relationship with the police, national intelligence agencies, and fire department responders. Assuring that all first response agencies train together and have a common understanding of what each agency does in a disaster will only strengthen our ability to respond and provide our personnel with more tools and education to be prepared for whatever comes our way. Additionally, aside from participation in the next MEMEx, I am arranging for instructors from Narsee Monjee Institute of Management Studies (NMIMS) to come to our agency and instruct our EMS personnel on specific threats that EMS agencies should watch out for, such as our building security being breached, strange people approaching our personnel asking questions that don't seem right, etc. It is vitally important that we are trained in all aspects of terrorism prevention and detection and having an instructor on-site in our facilities, will ensure that all our personnel receive the vital training.

The next major part of the strategic plan that I wish to address is the safety and security of our buildings (stations) and vehicles. Mumbai EMS has several stations throughout the city and each contains ambulances and other equipment. In order to effectively ensure the security and accountability of our buildings and equipment, the strategy will propose enacting the

following. All buildings means of egress (doors) will be secured and locked at all times by means of electronic magnetic locks. All EMS personnel will be issued a magnetic swipe card, which will indicate on the card the personnel's employee number, photograph, expiration date, level of training (EMT, paramedic, driver) as well as the station they are based out of. The employees will be required to prominently wear and display their identification / magnetic key card at all times on their uniform while on any Mumbai EMS property or in any vehicle. I have researched a company, Keri Key Systems (<http://www.kerisys.com/pages/products/>) that sells the exact products that we will be using in the stations. The system is scalable and can be maintained and monitored from a central location and allow us to track all access to our facilities at all times. Any time a door is opened it will leave an electronic entry in a database indication who swiped their card, at what time, and what door. Should there be any unauthorized access to a building or theft, we could immediately search the database and determine what key was used and who last had it, to ensure that the integrity of our facilities was not breached and that no terrorists are trying to gain access to our facilities. In addition to securing our buildings, all vehicles will be equipped with GPS transceivers. Mumbai EMS operates many vehicles and it is imperative that we know where every vehicle is at all times. A terrorists dream would be to obtain an ambulance, pack it with explosives, and then blend in and head straight to the scene of an emergency or staging area and inflict even more casualties on those who are charged with helping rescue victims. To ensure that our vehicles are not used for such a purpose, a GPS system is imperative. All ambulances will be monitored in real time by the dispatcher (Mumbai Police).

In addition to having a GPS, each ambulance will have its unit number painted prominently on all sides of the vehicle and on the roof. The unit number will correspond with the internal GPS transceiver and the transceiver will broadcast the unit number and its location to the police dispatcher. If there is ever any question as to the authenticity of an ambulance or a crew, any police officer could radio headquarters at any time and ask for a location check of a specific ambulance unit based on the designation painted on the side of the ambulance. The dispatcher will immitigably be able to pull up the unit's location and confirm in real time if the unit is authentic and who is working on it. In addition to ensuring the authenticity of an ambulance and its location, the GPS system can allow the police dispatcher to immediately dispatch the closest ambulance to the scene of any terrorist attack while ensuring the location of other ambulances should they be required to respond as well. It is vitally important that the dispatcher always knows the exact location of all ambulances. GPS can also aid us be determining our location and advising us where not to go. If there was a terrorist attack under way and perhaps emergency services were being targeted by the terrorists, as was the case in the 2008 Mumbai attacks, the police dispatcher could immediately see the location of EMS units and safely direct them away from the attack and stage them in a safe location.

In the United States, GPS transceivers are commonly installed on ambulances and serve vital functions. In Pennsylvania, an ambulance was stolen out of a hospital ER bay. Due to a GPS transceiver installed in the ambulance, the police were able to locate the ambulance and arrest the perpetrator who stole it. (<http://www.fieldtechnologies.com/gps-catches-drunk-driver-and-stolen-ambulance/>). Certainly GPS is a huge step towards ensuring the safety and security of our vehicles and equipment.

The next major area of focus for the strategic plan is coordination with international law enforcement on information sharing. Since the 2008 Mumbai attacks, the international community, especially the United States, has played a very active role in trying to assist the Indian government to prevent and detect future plots against the people of Mumbai. As a front line organization that is charged with responding to any potential attack, it is imperative that Mumbai EMS be briefed on the latest intelligence so we may accurately gauge the threats that our crews face and can properly protect ourselves. The United States, as a result of the Mumbai attacks in 2008, sent many FBI personnel to India. “In response to the Mumbai attacks, the FBI obtained approval from the government of India and the U.S. Embassy in New Delhi to deploy the Los Angeles Rapid Deployment Team (FBI LA) and several critical personnel from FBIHQ to Mumbai. The FBI team arrived in Mumbai on November 29 2009 and its objective was, and still is, to assist the Indian government with its investigation, determine who was responsible for the deaths of Americans in the attacks, and uncover any possible U.S. nexus to the attacks and any other related threats to U.S. citizens or interests abroad, and share intelligence and other lessons learned with the law enforcement communities.” (<http://www.fbi.gov>). In addition to deploying FBI agents on the ground in Mumbai, “FBI Headquarters and FBILA established a 24/7 command post to support the FBI team in Mumbai. The command posts also helped to process information obtained from the investigation and related interviews as well as process tactical and strategic analysis to define the overall intelligence picture. The Indian government gave the FBI unprecedented access to evidence and intelligence related to the 2008 attacks.” (<http://www.fbi.gov>).

Knowing that the United States has FBI agents and intelligence agents on the ground in Mumbai, I feel it is absolutely critical and of vital importance that Mumbai EMS liaises with them to share intelligence. As first responders out in the field, we are often called to scenes in people's homes that would otherwise require law enforcement to obtain warrants or other difficult clearances. Should we come across a scene or situation that does not seem right, we would have the ability to liaise with our FBI intelligence counterparts and share such information with the hopes of avoiding another attack.

In addition to providing intelligence to law enforcement agencies, Mumbai EMS could benefit strongly by receiving intelligence briefings from international law enforcement agencies such as the FBI. With such a strong reputation for intelligence gathering, the FBI could potentially advise us of new threats or situations to watch out for, or new tactics that terrorists may be planning to use against emergency service organizations. For example, should the FBI gather intelligence indicating that the next attack may contain operatives posing as emergency workers, we would be able to better act to protect our personnel and equipment from such a plot and from being impersonated. Indeed, liaising with the FBI and other international law enforcement agencies from the United States and abroad is certainly a very strong step in the right direction towards allowing Mumbai to further its strategic safety plan to allow for the safety and protection of its organization and personnel.

The next step in assuring the strategic plan is the proper coordination by and with the local police. All too often emergency medical workers are sent to a scene that is not safe and are put in danger by those whom we are trying to assist. An article on Boston EMS, in the United States, showcases how often EMT's and paramedics are seriously injured on scenes before police

arrive by the very people they are trying to help. “Many EMT’s said they are overworked and under trained for what they confront. They said they are increasingly sent to calls that in the past may have been answered by the police – such as a report of a “man down” or someone drunk in the street – and too often they must work without police assistance to subdue hostile patients or others interfering with their care.” (<http://www.boston.com/>). Mumbai EMS must be dispatched by and with the Mumbai police to any call. Any time there is an EMS dispatch it must come from the police who must also send at least 2 patrol officers to the scene. Mumbai EMS personnel will be instructed that until the police arrive on the scene and declare the scene safe, EMS personnel are not to leave the safety of their ambulance. While this may result in a slightly slower response to treat a victim, it will result in exponential safety improvements for Mumbai EMS personnel. No longer will our EMS workers put themselves in danger responding to a potentially unsafe scene. Additionally, an EMS worker is no use to anyone if he himself is injured, so the safety of the crew is paramount. In doing some additional research, many agencies in the United States already have a practice of being dispatched by and with the local police. At my home agency, MEMS, the police dispatch every call and two police units respond to all calls. Before police arrive, EMS is always instructed to wait safely in the confines of the ambulance. In addition to providing security to the EMS crews, having the police on scene with EMS allows for additional evidence gathering, witnesses to medical intervention being provided, and safety and security to the property and possessions of residents who are being cared for and may be removed from their residences for further care at a hospital or other healthcare receiving facility.

While it is always ideal to have the police on scene with EMS for any call, there will undoubtedly be instances where Mumbai EMS personnel are with patients and there are no police present. The strategic plan for the safety and security of Mumbai EMS personnel takes this into account in the next major point: training in self-defense. Training in self-defense is a vital skill for un-armed public servants who must respond to tense and often unpredictable situations. As a new requirement of Mumbai EMS, all personnel will be required to undergo a self-defense seminar within the next thirty days so as to come up to speed immediately. Additionally, once a year or sooner if threats change, all personnel will be required to re-certify and retake the annual self-defense training. Safety is everyone's main concern and there is no better way to be prepared for the unexpected than by training to protect you.

Self-defense is nothing new in EMS. In Boston, where there are literally hundreds of attacks on EMS personnel a year, all personnel are offered the opportunity to take a self-defense class. "The department, which has a \$37 million budget, offers EMT's and paramedics the opportunity to take a self-defense class." (<http://www.post53.info>). I have done further research on the types of self-defense training that Mumbai EMS will require its personnel to take and have even located a course and will seek to bring the trainer in-house to ensure the compliance of all Mumbai EMS staff. The course is provided by Trinity Training and Consulting and it titled "Tactical Survival skills for EMS" (http://ttcofl.com/tactical_ems.htm). Their site echoes my concerns and highlights the importance of making self-defense training a critical point of the strategic plan. According to them, "Incidents of violence against emergency responders are on the rise, and first responders are finding themselves in hostile situations more often than even before. In many municipalities, random and unpredictable violence against EMS providers is

considered an everyday occurrence. According to one study, 5.4% of U.S. firefighter deaths in 1996 were caused by gunshots (http://ttcofl.com/tactical_ems.htm). That is a completely unacceptable statistic and highlights more than ever the need for self-defense training. If such incidents are occurring in the United States, where there is a much more coherent and established 911 system, then certainly the cards are stacked against us in Mumbai and self-defense training will prove to be a vital and imperative tool to help enhance our crew's safety and security.

Finally, the last part of the strategic plan calls for coordination with national intelligence agencies on information sharing. While cooperation with the United States and other outside governments is certainly advantageous, it is imperative the Mumbai EMS be cooperating and sharing information with our own national intelligence agencies, as they have an intimate knowledge of India and the threats that Mumbai faces. In India, there are many federal law enforcement and intelligence agencies. Some of the main ones are the National Investigation Agency (NIA), the Central Bureau of Investigation (CBI), the Joint Intelligence Committee (JIC), and the Intelligence Bureau (IB). While it is certainly not a primary focus of these agencies to be sending intelligence and agents to Mumbai EMS, it is absolutely paramount that as an organization we have both a working relationship with each of those intelligence agencies as well as a point of contact. Should personnel of Mumbai EMS come across anything suspicious in the course of our daily activities we must be able to immediately inform our contacts at each of the respective intelligence agencies. In addition, it is critical that should something come across the intelligence channels that may impact our operations, that there is a point of contact on our side to escalate it. I will be informing each of the intelligence agencies of our chain of command and providing them with both an email distribution list as well as phone

contacts to reach our agency so that intelligence information may be shared in a timely manner. Additionally, by sharing information between agencies we increase cooperation and interagency communication, which is something that is lacking everywhere, including the United States.

The safety, security, and wellbeing of employees are a large multifaceted task that does not fall on any one individual or agency, but rather is a compilation of policies, procedures, ideas, and cooperation. By forming a strategic plan for the safety and security of the Mumbai EMS personnel, it is my hope that the plan brings together many different areas and organizations to accomplish the goal. In addition to simply putting on paper different ideas, strategies, and policies, it is hoped that this strategic plan will cause each individual of Mumbai EMS to stop and think about their safety and security. By presenting employees with the plan and ensuring they are familiar with the plan, they may be able to come up with additional ideas or help fill voids and loopholes that were not initially thought of. Additionally, safety is everyone's goal all the time, and by constantly reminding employees about their safety and security, the plan has already accomplished its goal. It is unfortunate that we live in a time where even the very people who are charged with helping others must fear for their safety from those whom they are helping. As the September 11th attacks in NYC and the 2008 attacks in Mumbai have shown us, we must truly expect the unexpected and prepare for the unthinkable. Only then, will we truly be able to say we have tried our best to proactively look out for our safety and security.

To summarize, the key and most important parts of the strategic plan are as follows: Proper training of EMS personnel on terrorism (signs and clues to watch out for). Without this point, Mumbai EMS personnel wouldn't even know if they were walking into a potential

terrorist attack. The second point, creating a system of accountability where we can effectively manage our resources such as buildings, vehicles, equipment, and personnel is designed to ensure the physical safety and security of our buildings and equipment. We are only as strong as our weakest link and if a terrorist or other individual with mal intent is able to simply open a door and walk into our ambulance station, we have lost the battle. The third point, coordination with international law enforcement on intelligence sharing of threats, is vital as we are ambulance workers and not detectives. We do not have access to vital information that could potentially allow us to better protect ourselves or know in advance of a threat therefore it is vital that we work hand in hand with the agencies that do have such information, such as the United States and their team of FBI agents already on the ground in Mumbai. Knowledge is one of the most important tools any organization can use to protect themselves and we hope that by focusing on this point we will better protect ourselves from threats. The saying “knowledge is power” truly holds value. Finally, the last two points that I believe are vital to our success as well as the success of the strategic plan are: Coordinated dispatch by and with the police as well as training in self-defense. By having a police officer sending us to a call and arriving with us, we are ensuring that should the scene turn out to be unsafe or should the scene become unsafe, we already have law enforcement personnel on hand to assist. Additionally, it is easier and faster for a law enforcement officer to call for backup and additional resources if they are already on scene then for us to try to handle a situation alone while calling for help. Training in self-defense goes hand and hand with scene safety and truly allows us to be prepared for the most dreaded of situations, being attacked without any law enforcement assistance, and having to fend for ourselves, by ourselves. Knowledge is power, and if we have the knowledge and training to physically defend ourselves as a last resort, it may be the difference between going home at the

end of the shift verses becoming a victim or patient ourselves. I for one want to have the knowledge and training to do what I need to do to ensure I go home at the end of my shift, and I know my fellow co-workers do as well, which is why training in self-defense is such a major and important part of the strategic plan.

Key Recommendations:

1. Training on terrorism (signs and clues)
2. A system of accountability to manage buildings, vehicles, equipment and personnel
3. Coordination with international law enforcement agencies on intelligence sharing
4. Dispatch by and with the police for all calls
5. Training in self-defense techniques
6. Coordination with National intelligence agencies on information sharing

References

N, Roy, Murlidhar V, Chowdhury R, Patil SB, Supe PA, Vaishnav PD, and Vatkari A.

(2010). "Where There Are No Emergency Medical Services-prehospital Care for the Injured in Mumbai, India." Jamsetji Tata Centre for Disaster Management, Tata Institute of Social. Retrieved from: <<http://www.ncbi.nlm.nih.gov>. Real World Security(2010). "Surviving the Next Mumbai-an Introduction to Hostage Terrorism. Retrieved from: www.loringlobal.com

Duyn/Donald Van (2009). FBI — FBI Role in Mumbai Investigation." *FBI — Homepage*.

Retrieved from: <<http://www.fbi.gov/news/testimony/fbi-role-in-mumbai-investigation>>.Statement Before the Senate Committee on Homeland Security and Governmental Affairs Washington, DC

Trinity Training & Consulting Tactical Survival Skills for EMS Course(2008) Trinity

Training & Consulting Home: Ocala, Florida. Retrieved from

<http://ttcofl.com/tactical_ems.htm>.

C, Mike. GPS Catches Drunk Driver And Stolen Ambulance - News | GPS Fleet Tracking / GPS

Fleet Tracking System / Green Fleet Management (2011). *GPS Fleet Tracking - GPS*

Fleet Tracking System - GPS Fleet Management System. Permalink, 18 Retrieved from:

<<http://www.fieldtechnologies.com>

Mumbai Police-Special Units (2011). *Mumbai Police - Aap Ki Seva Mein!* Retrieved

from <http://www.mumbaipolice.org/special/anit_terror_squad.htm>.

Kronstadt, K. A.(2008). Terrorist Attacks in Mumbai, India, and Implications for U.S.

Interests. Ft. Belvoir: Defense Technical Information Center, Print.

Madhusudhan, Reddy G (2009). Seminar on Terrorism--new Challenges and Media,

Hyderabad: Press Academy of Andhra Pradesh. Print.

Chapter 9

Intelligence Gathering

Terrorism, although not a new phenomenon, has become a prominent concern in the aftermath of September 11, 2001 both domestically and abroad. Terrorism is known to take many forms; often advancing with the growth of technology, it has transformed into a serious security concern. The 2008 Mumbai attacks, although rather traditional compared to 9/11, have lasting ramifications and lessons to be learned for the entire homeland security apparatus in regard to the war on terror. This paper seeks to describe the current Mumbai-like threat and identify key information and recommendations to be passed along to the homeland security stakeholder community; from intelligence professionals to emergency medical service (EMS) providers. In addition, being an experienced healthcare provider, this paper will provide a basic outline for Mamaroneck Emergency Medical Services (MEMS) to prevent, preempt, and mitigate future threats within or around our jurisdiction.

Definition of terms: (According to DHS and FEMA)

Homeland Security Stakeholder Community: The homeland security stakeholder community encompasses an enormous spectrum of individuals. All federal, state, local, and tribal 911 authorities are prominent stakeholders within the homeland security community. All citizens in the US are members of the homeland security stakeholder community; from government officials to academia. Anyone that can benefit or be affected by homeland security initiatives is a stakeholder.

Homeland Security Intelligence: HLS, Perceptions, Definitions, Statutory Definitions, and Approaches states, “Homeland security intelligence is not a term that is as yet defined or codified in law.” First we have to break down the phrase Homeland Security Intelligence (HSINT)

according to the Homeland Security Act of 2002, the “H” is for homeland and the term simply means or equates to “American homeland” and “homeland” means the United States. Obviously the “S” is merely is security. The next portion is the “INT” which again obviously is intelligence. The dictionary definition of intelligence is the “capacity for learning, reasoning, understanding, and similar forms of mental activity; aptitude in grasping truths, relationships, facts, meanings, etc; knowledge of an event, circumstance, etc., received or imparted; news; information; and the gathering or distribution of information, especially secret information. As the Former Director of National Intelligence Mr. Negroponte stated, “there is one unified intelligence discipline, there are 3 different dimensions of intelligence; foreign, military, and domestic. Intelligence gathering is therefore the authorized collection, production, and dissemination of foreign, military, and domestic intelligence performed by counterintelligence and intelligence agencies. According to the Intelligence Reform and Terrorism Prevention Act of 2004, “National Intelligence and the term “ intelligence related to national security” refer to all intelligence, regardless of the source from which derived and including information gathered within or outside the United States, that pertains, as determined consistent with any guidance issued by the President, to more than one United States Government agency; and that involves threats to the United States, its people, property, or interests; the development, proliferation, or use of weapons of mass destruction; or any other matter bearing on United States national or homeland security.”

Terrorism Prevention Exercise Program (TPEP): Dedicated to providing participants at the Federal, State, tribal, and local levels the tools needed to demonstrate, evaluate, and improve the capability to prevent terrorism through information and intelligence based exercises. TPEP uses *HSEEP* methodology, but focuses on pre-incident operations.

Terrorism and Exercise Plan Workshop (T&EPW): A T&EPW is usually conducted in order to create a *Multi-Year Training and Exercise Plan*. During the workshop, participants review priority preparedness capabilities and coordinate exercise and training activities that can improve those capabilities. As a result of the workshop, the Multi-Year Training and Exercise Plan outline multi-year timelines and milestones for execution of specific training and exercise activities.

Homeland Security Exercise and Evaluation Program (HSEEP): The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.

The Homeland Security Exercise and Evaluation Program (HSEEP) established a national standard for all exercises. Through exercises, the National Exercise Program supports organizations to achieve objective assessments of their capabilities so that strengths and areas for improvement are identified, corrected, and shared as appropriate prior to a real incident. To learn more about the HSEEP program, click on the About HSEEP tab above.

The HSEEP is maintained by the Federal Emergency Management Agency's National Preparedness Directorate, Department of Homeland Security.

Radiological Emergency Preparedness Program (REP): FEMA established the Radiological Emergency Preparedness Program to (1) ensure the health and safety of citizens living around commercial nuclear power plants would be adequately protected in the event of a nuclear power plant accident; and (2) inform and educate the public about radiological emergency preparedness. REP Program responsibilities encompass only "offsite" activities, that is, State, tribal and local government emergency planning and preparedness activities that take place beyond the nuclear power plant boundaries. Onsite activities continue to be the responsibility of the NRC.

Community Hazards Emergency Response-Capability Assurance Process (CHER-CAP): The Community Hazards Emergency Response-Capability Assurance Process is offered by Regional Offices of the Department of Homeland Security's Federal Emergency Management Agency (FEMA) to assist local communities and tribal governments in obtaining a greater understanding of community hazard risks, identifying planning deficiencies, updating plans, training first responders, and stimulating and testing the system for strengths and needed improvements.

2008 Mumbai Attack(s):

Date: November 26th 2008 – November 29th 2008

Attack Type: Bombings, shootings, hostage crisis, siege

Death(s): Approximately 170 (including 10 attackers)

Injured: 308+

Perpetrator(s): Lashkar-e-Taiba (LeT) led by Hafiz Muhammad Saeed

Motive: To stage a test run for future operations (throughout the globe) in an effort to surpass Al-Qaeda as the world's most feared terrorist organization. "This is a struggle between Islam and the unbelievers. We're the people God has chosen to defend our religion against the unbelievers."

Brief description: According to investigations, the ten attackers traveled by sea in a hijacked fishing boat from Pakistan to Mumbai; after killing the crew of four, they forced the captain to sail to Mumbai. After murdering the captain, the attackers entered Mumbai on a rubber dinghy. The heavily armed men split up into groups of 2, terrorizing a multitude of sites in a 60-hour reign of terror. Eight of the attacks occurred in South Mumbai: Chhatrapati Shivaji Terminus, the Oberoi Trident, the Taj Mahal Palace & Tower, Leopold Cafe, Cama Hospital (a women and children's hospital), the Nariman House Jewish community centre, the Metro Cinema, and a lane behind the *Times of India* building and St. Xavier's College. There was also an explosion at Mazagaon, in Mumbai's port area, and in a taxi at Vile Parle. By the early morning of November 28th, Mumbai police and security forces had secured all sites except for the Taj hotel. India's National Security Guards (NSG) conducted Operation Black Tornado to flush out the remaining attackers, ending the catastrophe.

Ajmal Kasab, the sole attacker captured alive, disclosed the attackers were members of Lashkar-e-Taiba, the Pakistan-based militant organization. The Indian government declared the attackers and controllers of the operation derived from Pakistan. A trial court on May 6, 2010 sentenced Ajmal Kasab to death on five counts.



Brief History of Lashkar-e-Taiba (LeT): Translation meaning, *Army of the Good*, *Army of the Righteous*, or *Army of the Pure*, is one of the leading and most active militant Islamist terrorist organizations in South Asia, operating mainly from Pakistan. LeT was founded by Hafiz Muhammad Saeed and Zafar Iqbal in Afghanistan. With its headquarters based in Muridke, near Lahore in Punjab province of Pakistan, the group operates several training camps in Kashmir. The organizations objective is to introduce an Islamic state in South Asia and to liberate Muslims residing in Indian Kashmir.

“LeT sees the issue of Kashmir as part of a wider global struggle. The group has repeatedly claimed through its journals and websites that its main aim is to destroy the Indian republic and to annihilate Hinduism and Judaism. LeT has declared Hindus and Jews to be the “enemies of Islam,” as well as India and Israel to be the “enemies of Pakistan.” In a pamphlet entitled “Why Are We Waging Jihad?” the group defined its agenda as the restoration of Islamic rule over all parts of India and declared India, Israel and the United States as existential enemies of Islam. The LeT believes that violent jihad is the duty of all Muslims and must be waged until eight objectives are met: “ending persecution against Muslims, establishing Islam as the dominant way of life in the world, forcing infidels to pay jizya, fighting for the weak and feeble against oppressors, exacting revenge for killed Muslims, punishing enemies for violating oaths and treaties, defending all Muslim states, and recapturing occupied Muslim territory.”

Previous Terrorist Attacks in Mumbai:

March 12, 1993: Serial blasts rock Mumbai, including Zaveri Bazar, 257 killed 713 injured.

October 29, 1993: Blast in Matunga station, 2 killed, 40+ injured.

February 27, 1998: Blasts in Virar, Thane, 2 killed.

December 2, 2002: Blast in bus in Ghatkopar, 2 killed, 49 injured.

December 6, 2002: Blast in Mumbai Central Station, 22 injured.

January 27, 2003: Blast near Vile Parle Station, 30+ injured.

March 13, 2003: Blast in train in Mulund, 13 killed, 80+ injured.

July 29, 2003: Blast in bus in Ghatkopar, 3 killed, 30 injured.

August 25, 2003: Twin blasts at Zaveri Bazar and Gateway of India, 55 killed, 150+ injured.

May 3, 2006: Blast in Ghatkopar, 1 killed.

July 11, 2006: Blast in seven suburban trains, 189 killed, 1,000+ injured.

September 8, 2006: Three blasts rock Malegaon in Nashik district, 31 killed and 312 injured.

September 29, 2008: Blast at Bhikhu Chowk at Malegaon in Nashik district, 6 killed, 101 injured.

February 12, 2010: Blast at German Bakery, Pune, 17 killed, including foreign nationals, and 54 injured.

July 13, 2011: Three blasts rock south Mumbai, including Zaveri Bazar, 21 killed, 140 injured.

Lesson Learned from Mumbai Attacks:

- Terrorism has increasingly become an effective strategic weapon
- New competitors have imitated the al-Qaeda philosophy of global terror
- Terrorist are innovative and may strategically hinder existing security measures, confusing authorities and causing chaos
- With simple tactics and low-tech weapons, terrorist can produce cosmic destruction and damage
- Terrorist may continue to focus on highly populated areas that offer high body counts in an effort to induce fear and intensify their message
- The success of the Mumbai attackers in paralyzing a large city and engaging the attention of the world's news media for nearly three days will encourage parallel operations in the future.
- Preparedness and training are critical for a prolific response and immobilization of unknown attacks

Counterterrorism Efforts in NYC: It is hard to speak on behalf of the entire nation, however in NYC, counterterrorism efforts have transformed into a system that should be a model for the rest of the United States and the world. The major conflict in Mumbai was the lack of coordination and preparation in responding to the attacks. The NYPD has taken important and reassuring initiatives to prevent and respond to a Mumbai-like threat. According to police commissioner Raymond Kelly, "New York City has experienced first-hand the threat of international terrorism and remains number one on al-Qaeda's target list. The NYPD Counterterrorism Bureau is constantly fine-tuning its strategies and operations to meet this threat head on." Here is a list of initiatives taken by the New York City Police Department, according to the NYPD website:

1. Counterterrorism Deployments

2. Counterterrorism Division

3. Joint Terrorism Task Force

4. Lower Manhattan Security Initiative (LMSI)

5. Terrorism Threat Analysis Group

6. Atlas

7. Operation Nexus

Mamaroneck Emergency Medical Services (MEMS) Counterterrorism Efforts:

One of the most unfortunate situations of the Mumbai attacks was the lack of preparedness in the 911-system. The Mumbai emergency response was uncoordinated, confused, tardy, and at most, ill equipped. As seen above, agencies within the New York Metropolitan area have taken preparation and training very serious in an effort to prevent or cease an attack such as seen in Mumbai. It is not only the police that have taken intense initiatives, but also FDNY fire/EMS. According to FDNY Chief Joe Pfeifer, “The FDNY—and the fire service as a whole have undergone dramatic changes. Terrorism has forced the fire service to become an all-hazards response industry. As a result, training has undergone a major overhaul as well, and now includes drills, education and exercises that hone disaster preparedness skills and readiness.”

Mamaroneck EMS is in close proximity to New York City. Although MEMS is predominantly a reactive organization, meaning we respond once the damage has been done, there are plenty of steps we can endure to help avert or cease a terrorist attack. Therefore, the initiatives and preparedness incentives taken on by our neighbors should be instilled in our organization and staff. A lot of members from MEMS and other surrounding suburban jurisdictions responded on 9/11. If an attack occurred in our jurisdiction, it is safe to consider inner city responders would assist us as well. The collaboration and sharing of information and resources is vital for our fight against terrorism.

TRAINING: As an EMS organization, there is much that can be done to help prevent, preempt, and mitigate the threat of a Mumbai-like attack in or around our jurisdiction. One of the most important steps we must seize is training. We are trained to save a life in traditional situations;

the basic use of CPR, bleeding control, use of defibrillators, etc. However, we are not qualified to spot terrorism or respond to a terrorist incident. By taking proper training classes and being an active member of FEMA and DHS training initiatives, MEMS will be better prepared to face unconventional threats and mass causality incidents (MCI). Some examples of training activities MEMS needs to participate in include:

- Terrorism Prevention Exercise Program (TPEP)
- Training and Exercise Plan Workshop (T&EPW)
- Homeland Security Exercise and Evaluation Program (HSEEP)
- Radiological Emergency Preparedness Program (REP)
- Community Hazards Emergency Response-Capability Assurance Process (CHER-CAP)
- Other independent NIMS, FEMA, and EMI training courses offered online and in-class
- Self-defense training and tactics

INFORMATION SHARING: Additional steps to better prepare our organization is information sharing. It is imperative for MEMS to share and obtain vital information within the homeland security apparatus. As first responders, MEMS personnel are often on the front lines, potentially around a wealth of information and or danger. Being that we do not need warrants to access people's homes, we often have access to information police do not. If trained properly, we will be able to lawfully and ethically transfer useful information in regard to possible threats to local police who in turn can share the information with the proper authorities if necessary. On the other hand, it is important that we are kept updated with the most current threats and resourceful information pertaining to our safety and proper response tactics.

Although the intelligence process and community can be disorganized and hard to understand, the federal government has taken great leaps in trying to collaborate federal, state, and local jurisdictions into a unified intelligence sharing partnership. According to the National Information Sharing Strategy of 2007, "the informational needs of State, local, and tribal entities continue to grow as they incorporate counterterrorism and homeland security activities into their day-to-day missions. Specifically, they require access to timely, credible, and actionable information and intelligence about individuals and groups intending to carry out attacks within

the United States, their organizations and their financing, potential targets, pre-attack indicators, and major events or circumstances that might influence State, local, and tribal preventive and protective postures.” Some methods of information sharing that MEMS will utilize and become familiar with include:

- Automated Critical Asset Management System (ACAMS): The Automated Critical Asset Management System is a Web-enabled information services portal that allows state and local government users to collect and use asset data and protection information to develop incident response and recovery plans to protect infrastructure assets.
- CIKR Asset Protection Technical Assistance Program (CAPTAP): The CIKR Asset Protection Technical Assistance Program is offered jointly by the Department of Homeland Security's Office of Infrastructure Protection (IP) and the Federal Emergency Management Agency's (FEMA) National Preparedness Directorate (NPD) to assist state and local first responders, emergency managers, and homeland security officials.
- Homeland Security Information Network: A computer-based counterterrorism communications system connecting all 50 states, five territories, Washington, D.C., and 50 major urban areas.
- National Terrorism Advisory System (NTAS): The National Terrorism Advisory System replaces the color-coded Homeland Security Advisory System (HSAS). This new system will more effectively communicate information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector.
- State and Major Urban Area Fusion Centers: Fusion Centers blend relevant law enforcement and intelligence information analysis and coordinate security measures in order to reduce threats in local communities.
- Emergency Management and Response-Information Sharing and Analysis Center (EMR-ISAC): Collects critical infrastructure protection and resilience information having potential relevance for Emergency Services Sector departments and agencies. Analyzes all collected information to ascertain the importance and applicability. Synthesizes and

disseminates emergent and consequential infrastructure protection and resilience information to the leaders, owners, and operators of the emergency services.

- Communications Unit Leader Training: The All-Hazards Communications Unit Leader (COML) course trains emergency responders to serve as radio communications unit leaders during all-hazards emergency operations.
- Emergency Communications Projects: The programs and activities of the Office of Emergency Communications (OEC) reflect a stakeholder-driven approach to achieving nationwide improvements to emergency communications capabilities.

SITUATIONAL AWARENESS AND SECURITY: MEMS will take all the proper precautions and steps necessary to better secure our headquarters and staff. All buildings means of egress (doors) will be secured and locked at all times by use of electronic magnetic locks. Cameras will be installed in all rooms of the building and the front section of all ambulances. All MEMS personnel will be issued a magnetic swipe card that will indicate their employee number, photograph, expiration date, level of training, and their command station. The employees will be required to prominently wear and display their identification / magnetic key card at all times on their uniform while on any MEMS property or in any vehicle. Should there be any unauthorized access to the building or theft, we can immediately search the database and determine what key was used and who used it, to ensure the integrity of our facility was not breached.

MEMS will also take serious action in an effort to protect our vehicles from improper or dangerous use. To ensure our vehicles are not used for unauthorized purposes, a GPS system is imperative. All ambulances will be monitored in real time by the dispatcher (Village of Mamaroneck Police). In addition to having a GPS, each ambulance will have its unit number painted prominently on all sides of the vehicle, including the roof. The unit number will correspond with the internal GPS transceiver and the transceiver will broadcast the unit number and its location to the police dispatcher. If there is ever any question as to the authenticity of an ambulance or crew, police officers can radio headquarters and ask for a location check of a specific ambulance unit based on the designation painted on the side of the ambulance. MEMS preparedness and awareness guidelines will coincide with the following frameworks:

- National Incident Management System (FEMA): A nationally unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid and resource management.
- National Response Framework (NRF): The National Response Framework presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. It establishes a comprehensive, national, all-hazards approach to domestic incident response.

In summary, the most important lesson learned from the Mumbai attacks is proper preparation and response. Intelligence failure, derisory counterterrorist training and equipment of local police, delays in the response of NSG commandos, imperfect hostage-rescue plans, and feeble strategic communications and information management all contributed to a less-than-optimal response in Mumbai. These gaps suggest the need for improved counterterrorist coordination between national-level and local security agencies and for reinforced counterterrorist capabilities on the part of first responders. Unless India can improve the quality and functioning of its entire internal security apparatus, it will remain acutely susceptible to further terrorist penetration and attacks.

To have a tactical and successful response to a Mumbai-like attack, it is vital to participate in proactive, intense training, collaborative information sharing on all levels, and situational awareness and security. Knowledge is one of the most important tools any organization can use to protect itself. The fear of the unknown will always loom in the distance, and surprise attacks may always be considerable. However, with the proper training and intelligence capabilities, MEMS and the entire public safety net will hone in on their skills and have a better chance communally fighting terrorism. The homeland security stakeholder community must actively work together and stay updated on the latest threats and understanding of those threats. The key to beating terrorism is to comprehend the motive.

Recommendations:

1. Communications were a focal issue during the Mumbai attack. Public safety agencies must

persist to expand and test multi- agency communications and intelligence sharing.

2. There was a lack of a unified/central command during the Mumbai incidents. Public safety preparation efforts must include all primary public safety and support agencies in the planning, training, and exercises for critical incidents, and the Incident Command System must be followed.
3. There were copious warning signs and threats prior to the attacks. All public safety agencies at the federal, state, and local levels must be conscious of suspicious persons, activities, and locations during their routine operations and responses. (Situational awareness)
4. Public safety agencies and hospital resources were quickly besieged during the incident. EMS and Fire agencies especially, must be primed for large-scale, mass-casualty incidents. A prompt, safe, and successful response to these anarchic situations requires concentrated planning and preparation.
5. We must presuppose that terrorists may effectively infiltrate our borders or that self-activating teams will originate from within the United States. Responders in all major cities must assume that a dangerously trained, well-supplied and well-planned attack could ensue at any moment without caveat. It must also be assumed that we may face multiple teams with a variety of weapons, explosives and tactical gear. We must be prepared to confront them hastily and head on.
6. Responders must develop a fast and dependable means of deciphering rumors from actual attacks. Any hindrance in responding to a real attack, or resources spent on a falsely reported incident, may be the disparity between terrorists accomplishing their primary mission or having it foiled. We must identify paramount practices and protocols to better sort fact from fiction when seconds count.
7. Finally, the homeland security regime should surmount the issue of foreign-controlled teams using *real-time* mobile communications to complete their operations. Great resources and cognition should go into developing constitutionally compliant technical capabilities that will quickly locate, intercept, and disrupt such communication in *real time*.

References

FEMA GLOSSARY. FEMA (2011). Federal Emergency Management Agency.

Department of Homeland Security. Retrieved from: <<http://www.fema.gov/>>.

"Definitions of Terms." Department of Homeland Security (2005). | Preserving Our

Freedoms, Protecting America. Department of Homeland Security. Retrieved from: <<http://www.dhs.gov/>>.

"HM announces measures to enhance security" (Press release 2008). Press Information

Bureau (Government of India).

Somini Sengupta (6 January 2009). Dossier From India Gives New Details of Mumbai

Attacks The New York Times. Retrieved 14 February 2009.

Rahman, Maseeh (27 November 2008). Mumbai terror attacks: Who could be behind

them? The Guardian (UK). Retrieved 29 November 2008.

Terror in Mumbai. Dir. Dan Reed and Eamonn Matthews. HBO, 2009. DVD.

Slain navigator of Porbandar trawler was imprisoned in Pak. The Times of India (India).

30 September 2008. Archived from the original on 28 May 2009. Retrieved 15 February 2009.

"Terror boat was almost nabbed off Mumbai". The Times of India (India). 10 December 2008. Retrieved 17 May 2010.

National Strategy for Information Sharing (2007): Successes and Challenges in Improving Terrorism-Related Information Sharing, Department of Homeland Security, October 2007.

"Counterterrorism Units (2007). New York City Police Department. New York, NY:

Retrieved from:

[Http://www.nyc.gov/html/nypd/html/administration/counterterrorism_units.shtml](http://www.nyc.gov/html/nypd/html/administration/counterterrorism_units.shtml).

Chapter 10

MEMS and Public Health Capabilities

Each year, CDC's TIIDE (Terrorism Injuries: Information, Dissemination and Exchange) partners classify communities that serve as a model of how emergency medical services can work with other safety and public health agencies in times of disaster. During a crisis, local hospitals, emergency departments and first responders play a dynamic role on the front lines of emergency care. Constructed around the correlated activities of partnership building, learning lessons from previous terrorist events, and disseminating information, the TIIDE Project was created to address the urgent need to develop and exchange information about injuries from terrorism. That information includes community strategies to improve public safety, public health, clinical management and healthcare system preparedness in the event of mass casualty incidents. This paper seeks to address the importance of a strong collaboration between Mamaroneck EMS and other emergency agencies, especially in times of disaster and despair. MEMS seeks to be successful in strengthening the relationship and collaboration between public health and the emergency care community to improve daily operations and disaster preparedness for our community. Our overall goals will include:

1. Strong medical oversight on both public health and emergency care; with help from OEM and FEMA
2. A desire and an effort to educate both emergency care and public health providers about each other's' role
3. Recognition of the role of and a commitment to developing and maintaining relationships between leadership through regular meetings, teambuilding exercises, and planning

4. Bringing community stakeholders (businesses, clinics, universities, etc.), into planning process
5. Creating disaster plans that were developed locally, involve public health and emergency care, and that are repeatedly drilled; and
6. Aggressively pursuing and securing funding

To begin, it is extremely important to understand the geography of the Village of Mamaroneck. Our jurisdiction is close to New York City which is a major target for terrorist activity. We are also in close proximity with Indian Point, a nuclear power plant about 30 miles away. The Village is primarily a residential community with a population of nearly nineteen thousand, many of whom are commuters working in Manhattan. Its total area of 6.7 square miles (17.3 km²) incorporates both 3.2 square miles (8.4 km²) of land and 3.5 square miles (9.0 km²) of water. The Village also includes fifty-five miles of roads. Mamaroneck Avenue and US-1, sometimes called the Boston Post Road, are its main commercial areas, as well as a small industrial area on Fenimore Road. The Village of Mamaroneck, which operates under a Council-Manager form of government, is incorporated into two separate Towns, divided by the Mamaroneck River. To the west of the river is the Town of Mamaroneck, while the Town of Rye encompasses the areas to the east. In addition to MEMS, the Village hosts a volunteer fire department, which operates out of four fire stations and includes one truck company and four engine companies.

Mamaroneck Village (2010 statistic)

Major Disasters (Presidential) Declared: 13

Emergencies Declared: 6

Causes of natural disasters: Floods: 9, Storms: 9, Hurricanes: 3, Heavy Rains: 2, Blizzards: 2,

Landslide: 1, Power Outage: 1, Snowstorm: 1, Tropical Storm: 1, Water Shortage: 1, Other: 1

Hospitals/Medical Centers near Mamaroneck:

1. Sound Shore Medical (about 4 miles away; New Rochelle, NY)
2. White Plains Hospital (about 5 miles away; White Plains, NY)
3. Lawrence Hospital (about 6 miles away; Bronxville, NY)
4. Westchester Medical Center (Trauma Center) (about 13 miles away, Valhalla, NY)
5. Jacobi Medical Center (Trauma Center) (about 13 miles away, Bronx, NY)



VILLAGE OF MAMARONECK

1. Harbor Island Park
2. Mamaroneck Post Office
3. Village Hall
4. Rye Neck High School
5. Mamaroneck High School
6. Mamaroneck Train Station

It is also vital for MEMS to identify all possible threats and produce an in-depth risk evaluation of the likelihood of each event.

Possible Threats:

1. Terrorist attacks (CBRNE)
2. Pandemics
3. Severe Weather
4. Accidental catastrophes

As mentioned before, Mamaroneck is in close proximity to New York City as well as a major nuclear power station. The likelihood of a terrorist attack happening within the jurisdiction of Mamaroneck is slim. However, an attack on the City or Indian Point could affect our village drastically.

WEAPON	LIKELIHOOD OF USE	CASUALTIES
NUCLEAR	LOWEST	HIGHEST
RADIOLOGICAL	LOW	LOW
BIOLOGICAL	LOW-MODERATE	MODERATE-HIGH
CHECMICAL AGENTS	LOW-MODERATE	MODERATE
CONVENTIONAL EXPLOSIVES	HIGHEST	LOW
INCENDIARIES	MODERATE	LOWEST

In order to effectively respond and treat the residents of the Village of Mamaroneck in regard to any MCI (mass casualty incident) it is imperative to know and understand the effects of each type of attack.

Nuclear Attack: (Cambell, Smith, 2008)

Weapons: Atomic bombs, hydrogen bombs, "loose nukes" and "suitcase" bombs

Delivery Systems: These weapons are most likely to be delivered in the form of ballistic missiles or bombs dropped by fly-over bombers. Terrorists may also cause accidents involving nuclear power plants, nuclear medicine machines in hospitals and vehicles used in the transportation of nuclear waste.

The size of an actual nuclear weapon may vary. They can be quite small or even very large; fitting into a car or truck. That has sparked a fear among many experts that a nuclear warhead could simply be driven into a large city by terrorists and detonated by either a suicide bomber or by remote control.

Symptoms: Death from the initial blast of a nuclear bomb is common, especially within close proximity. However, if people miles away don't die from the initial impact of the blast, depending on the dose of radiation received, victims may experience vomiting, headache, fatigue, weakness, thermal burn-like skin effects, secondary infections, recurring bleeding and hair loss and long-term effects such as cancer or birth defects.

Treatment: Clothing is to be taken off immediately and sealed in an airtight container. Victims should wash themselves off completely with soap and water or with bleach, if necessary.

Treatment may also include stomach pumping, laxatives and giving patients various substances to decrease the absorption of radiation in the body's cells and tissue.

Radiological Attacks: (Cambell, Smith, 2008)

Weapons: “Dirty bomb”

Delivery Systems: Methods of detonating a dirty bomb include devices — such as bombs or artillery shells — used to disperse harmful radioactive material. This weapon can be used to contaminate livestock, fish and food crops. Most radioactive material isn't soluble in water, so that virtually rules it out as a way for terrorists to contaminate reservoirs or other water supplies.

Terrorists could launch a systemic attack on a nuclear power plant by venting or overloading a reactor so it acts as a radiological weapon.

Symptoms: Symptoms can range from mild effects, such as skin reddening, to cancer and even death. Acute radiation syndrome — radiation sickness — is usually caused when a person gets a high dose of radiation in mere minutes and can cause nausea, vomiting and diarrhea; later, bone marrow depletion may lead to weight loss, loss of appetite, flu-like symptoms, infection and bleeding. People should be suspicious of material that seems to emit heat without any sign of external heating source, as well as any glowing materials or particles. The glowing indicates a strongly radioactive substance.

Treatment: Radiation victims should take off their clothes and wash themselves with soap and water — using bleach if necessary. Hospital workers will provide treatment depending on the amount of radiation received.

Biological Attacks: (Cambell, Smith, 2008)

Weapons: Anthrax, botulinum toxin, plague, ricin, smallpox, tularemia and viral hemorrhagic fevers are on the top of the Center for Disease Control and Prevention's list of biological weapons, considered “Category A” weapons most likely to be used in an attack.

“Category B” weapons are second-highest priority to the CDC, because they are fairly easy to disseminate, causing moderate amounts of disease and low fatality rates. But these weapons require specific public-health action such as improved diagnostic and detection systems. These agents include: Q fever, brucellosis, glanders, ricin, Enterotoxin B, viral encephalitis, food safety threats, water safety threats, meliodosis, psittacosis and typhus fever.

“Category C” weapons, described by the CDC as “emerging infectious disease threats,” are fairly easy to obtain, produce and disseminate and can produce high rates of disease and mortality. These include the Nipah virus and Hantavirus.

Other agents some nations may use as weapons include: aflatoxin, trichothecene mycotoxins, multi-drug tuberculosis, bacteria such as trench fever and scrub typhus, viruses such as influenza and various forms of hemorrhagic fever, fungi and protozoa.

Agricultural bioterrorism could produce famine or widespread malnutrition. These include foot-and-mouth disease, mad cow disease, swine fever and karnal bunt of wheat.

Delivery Systems: Biological weapons can be aerosolized, meaning they can be easily spread into the air and inhaled by humans. These weapons can also be put into food or water supplies, where they would be ingested. Many will also cause harm if they contact human skin.

Symptoms: Symptoms can include flu-like symptoms, exhaustion, pneumonia, weight loss, stomach pain, diarrhea, respiratory failure and shock.

Treatment: Biological weapons often take weeks or months to take effect. Public health systems often can't pinpoint bioterrorism right away, because symptoms often mirror ones exhibited by a person with the common cold or the flu. Treatments include antidotes, antibiotics, vaccines and pumping of the stomach.

Chemical Attacks: (Cambell, Smith, 2008)

Weapons: Mustard gas, sarin (GB), VX, soman (GD) and tabun. Other forms of chemical agents include: blood agents, including cyanide, arsine, cyanogens chloride and hydrogen chloride; choking agents, including chlorine, diphosgene and phosgene; other nerve agents; and vesicants, such as distilled mustard, ethyldichloroarsine, mustard-lewisite mixture and forms of nitrogen mustard. There are also “harassing agents,” such as riot control chemicals and vomiting agents.

Toxic weapons are made from readily available material used in several industrial operations. The most common types of hazardous materials used in toxic weapons are irritants, choking agents, flammable industrial gas, water supply contaminants, oxidizers, chemical asphyxiates, incendiary gases and liquids, industrial compounds and organophosphate pesticides. Various forms of toxic waste, such as petroleum spills, smoke, refuse, sewage and medical waste also can be used in toxic warfare. Toxic warfare has been used often in recent years.

Delivery Systems: Skin contact, inhalation, or eye-contact are all possible delivery systems. Chemicals can also be deployed via commercial handheld agricultural sprayers, crop dusters, spray tanks on aircraft or ships, via munitions delivered in gravity bombs, or in warheads on

ballistic or cruise missiles. Water and food contamination is also possible. Then there's the simple delivery system of opening a container full of harmful chemicals in a crowded area, such as a city subway.

Symptoms: Symptoms can range from burning or blistering of the skin and eyes, coughing, respiratory disease, dizziness, nausea, drowsiness, headache, convulsions, involuntary defecation and urination, twitching, water-like blisters jerking and miosis, which is the excessive contraction of eye pupils.

Indicators of a possible chemical incident include: numerous dead insects and animals in the area; mass human casualties soon after an attack; numerous surfaces having oily droplets or film; discolored or withered trees, shrubs, bushes, food crops or lawns; unexplained odors ranging from fruity to flowery, to sharp or pungent garlic or horseradish smells, bitter almond or peach odors and a smell of hay.

Treatment: Methods used to relieve suffering include antibiotics, antidotes, painkillers, dressings for skin burns, rinsing of eyes and skin and scrubbing of the skin with bleach or other household cleaning agents.

In response to the terrorist threat, the Department of Homeland Security (DHS) developed the National Incident Management System (NIMS). This system makes use of the Incident Command System (ICS) but expands it so that federal, state, and local governments can work together in an effort to not only respond to a disaster of any caliber, but also prepare for and recover from such events. MEMS will seek to use the Medical Incident Command System (MICS) along with NIMS. MEMS will also work closely with the OEM (office of

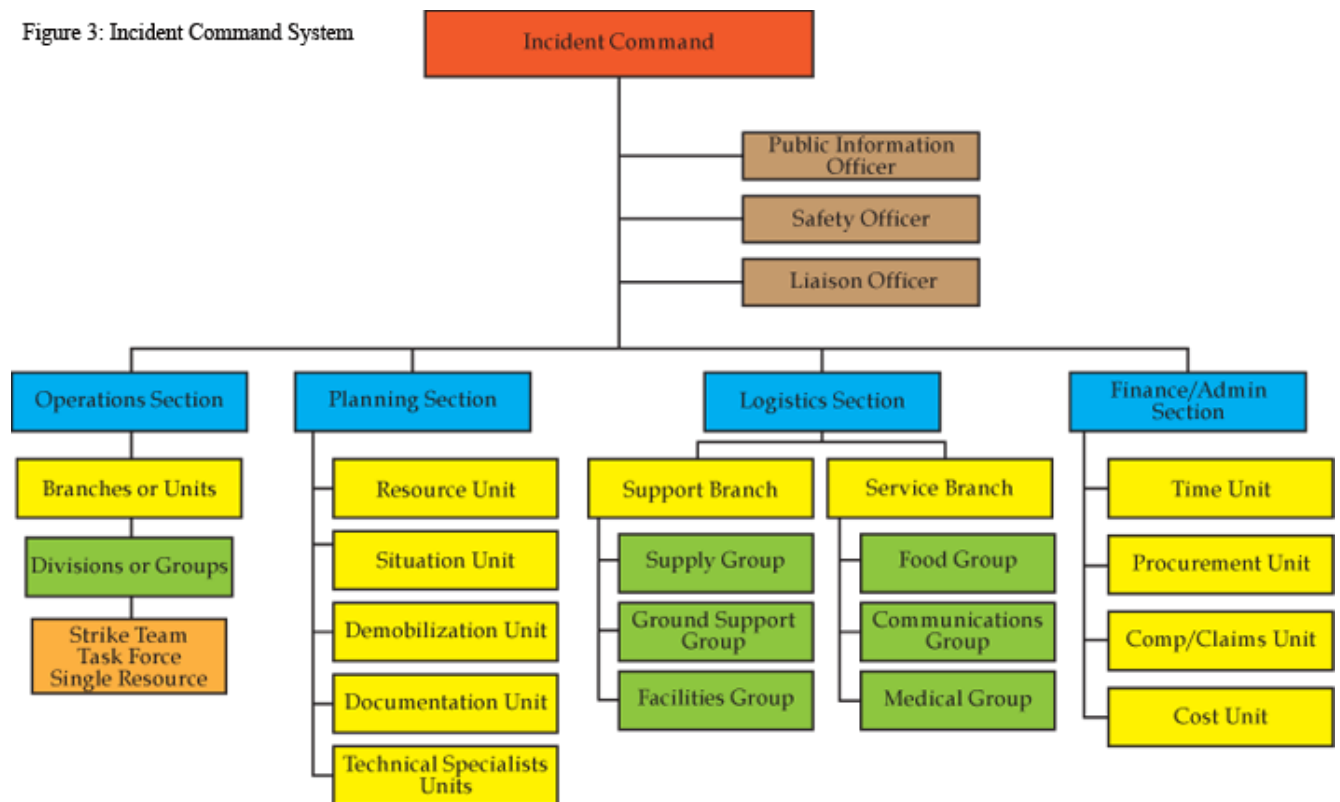
emergency management) for Westchester County. The Department of Emergency Services (DES) consists of four divisions: Fire Training, Communications, Emergency Management (OEM), and Emergency Medical Services (EMS). The EMS office was formerly a part of the Westchester County Medical Center. (Westchester Gov, 2012)

“The EMS division works on facilitating communications between EMS agencies and the county, assists with mutual aid coordination during large scale incidents and is available to lend on-scene support with incident command when necessary. To assist the local EMS agencies during a large scale multi-patient event, a number of Mass Casualty Incident (MCI) trailers have been placed around the county for easy access if needed. These trailers contain basic medical equipment, including backboards, oxygen, radios and other basic supplies that would normally be needed during a large incident involving multiple patients.” (Westchester Gov, 2012)

The division utilizes EMS Zone Coordinators to help disseminate and provide feedback for the 45 EMS agencies in the county. The EMS Zone Coordinators provide assistance at large scale medical events and work as a liaison with the EMS agencies in the county. Together with the Westchester Regional EMS Council (WREMSCO), the EMS division coordinates educational offerings for EMS providers and disseminates training and educational

announcements and associated information to agencies and providers.

Figure 3: Incident Command System



MEMS will also take an active role in training with local, state and federal agencies to better our skills and enhance our capabilities.

1. Terrorism Prevention Exercise Program (TPEP): Dedicated to providing participants at the Federal, State, tribal, and local levels the tools needed to demonstrate, evaluate, and improve the capability to prevent terrorism through information and intelligence based exercises. TPEP uses HSEEP methodology, but focuses on pre-incident operations.
2. Terrorism and Exercise Plan Workshop (T&EPW): A T&EPW is usually conducted in order to create a Multi-Year Training and Exercise Plan. During the workshop, participants review priority preparedness capabilities and coordinate exercise and training activities that can improve those capabilities.

3. Homeland Security Exercise and Evaluation Program (HSEEP): The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.
4. Radiological Emergency Preparedness Program (REP): FEMA established the Radiological Emergency Preparedness Program to (1) ensure the health and safety of citizens living around commercial nuclear power plants would be adequately protected in the event of a nuclear power plant accident; and (2) inform and educate the public about radiological emergency preparedness. REP Program responsibilities encompass only “offsite” activities, that is, State, tribal and local government emergency planning and preparedness activities that take place beyond the nuclear power plant boundaries. Onsite activities continue to be the responsibility of the NRC.
5. Community Hazards Emergency Response-Capability Assurance Process (CHER-CAP): The Community Hazards Emergency Response-Capability Assurance Process is offered by Regional Offices of the Department of Homeland Security's Federal Emergency Management Agency (FEMA) to assist local communities and tribal governments in obtaining a greater understanding of community hazard risks, identifying planning deficiencies, updating plans, training first responders, and stimulating and testing the system for strengths and needed improvements.

A disaster is defined as an event that overwhelms the ability of the system to respond appropriately. At the present time in history and the ongoing tension throughout the world, the threat of a terrorist attack is very real. If Mamaroneck Village were to undergo attack or feel the effects from an attack, MEMS would be on the front line of response. Although a

terrorist attack is uncommon within this jurisdiction, doesn't mean MEMS will not be faced with other dangerous and life threatening challenges in the future. A food borne illness, an airborne pandemic as portrayed in the movie *Contagion*, or even a catastrophic flood, may all cause disaster within this village. More than ever it is vital for MEMS to take every step possible in an effort to ensure the safety and resilience of our community. By collaborating with other emergency service agencies within and surrounding our jurisdiction MEMS will be better able to:

- Plan and prepare before a disaster occurs
- Share knowledge, support and resources
- Prevent disasters through teamwork including proactive residents
- Have a rapid and organized response and recovery
- Review prior incidents and critique in order to improve security measures and response to future attacks

References

Committee on Homeland Security and Governmental Affairs, US Senate,

Hurricane Katrina: A Nation Still Unprepared, April 27, 2006

Hank Christen, Paul Maniscalco, Alan Vickery, and Frances Winslow, An Overview of the

Incident Management System, “Perspectives on Preparedness” John F Kennedy School
of Government, Harvard University, September 2001. No. 4.

The National Response Plan, Department of Homeland Security. Retrieved from:

www.dhs.gov/interweb/assetlibrary/NRPbaseplan.pdf

Dana, Cole. The Incident Command System: A 25 year Evaluation by California Practioners,
February 2000. p. 9 Retrieved from: www.usfa.fema.gov

National Academy of Public Administration, Coping with Catastrophe: Building an
Emergency Management System to Meet Peoples Needs in Natural and Manmade
Disasters. Washington, DC; February 1993. p. 14

Mileti, Dennis S, Disasters by Design: A Reassessment of Natural Hazards in the United States.
Washington, DC; National Academy Press, 1999.

Campbell, Smith (2008) Homeland Security: An Emergency Medical Response. New York,
New York.

Chapter 11

Mamaroneck Emergency Medical Services and the Megacommunity Approach

A devastating storm strikes a city; terrorists attack a nation; global warming threatens the environment; such problems are too complex for any one authority to resolve alone. Our increasingly globalized and interconnected world calls for an innovative type of tri-sector leadership in which business, government and nonprofits work together in a state of permanent negotiation. To be effective, tomorrow's leaders will need to reach across national and sector divisions to form a collaborative "mega- community." Mega-communities is a problem-solving action manual for the 21st century that introduces us to a world of intricate problems where traditional economic and financial incentives are not sufficient and it is impossible for all players to secure their first choice outcome. This world calls for originality and imagination, the ability to build trust, form alliances and make deals. Mega communities also provokes a rethink about how we identify and develop our political, business and civic leaders -- people who can think across the boundaries of their own organizations, can communicate, influence and be influenced, who think in terms of optimizing rather than maximizing, and who, in short, can change the outdated approaches to emergencies that the homeland security apparatus has become dependent on.

Mamaroneck Emergency Medical Services (MEMS) is aware that the modern world has become more interdependent and global, and the magnitude and complexity of the problems facing our society have expanded. The ability to manage highly dispersed people and operations while responding to unusual problems and crises requires new tools and new leadership approaches. By adopting a mega-community approach, MEMS will help illuminate how the mutual self-interests

of actors in private, public and non-governmental organizations can be harnessed to develop shared approaches to dealing with very complex challenges in such incongruent areas as national security and broad health or environmental issues.

Defining Megacommunities:

According to “Megacommunities; How Leaders of Government, Businesses, and Non-profits Can Tackle Today’s Global Challenges Together” by Mark Gerencser, Christopher Kelly, Fernando Napolitano, and Reginald Van Lee, “Megacommunities is a response to the growing need for people at every level of society to move to a new approach to managing complexity: it shows a path for deliberate development of leadership capabilities, and results-oriented action in an open-ended network of leaders from multiple organizations.” [1]

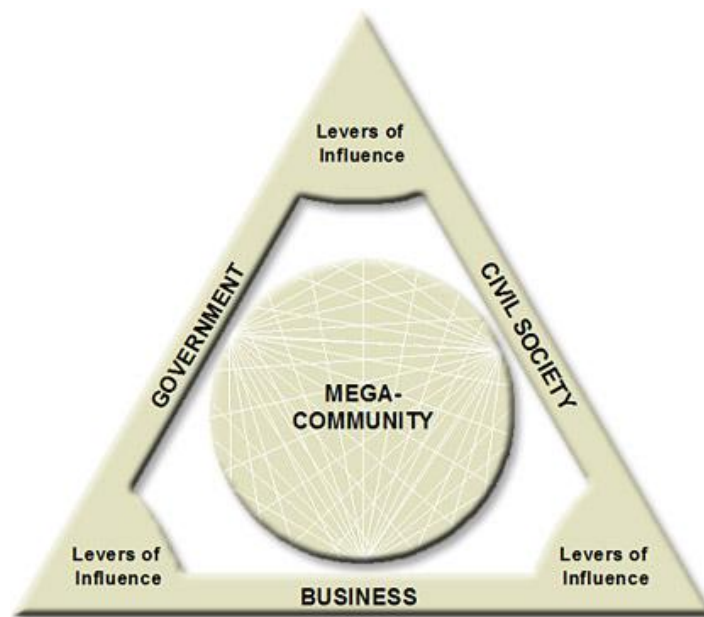
A megacommunity is: [1]

1. The space in which complex problems exist, and are addressed
2. An collaborative environment where leaders interact according to their common interests, while maintaining their unique priorities
3. A lens through which we can examine a complex problem in a new way
4. Determined by the existence of tri-sector engagement and an overlap in common interest

A megacommunity is not: [1]

1. Another form of public-private partnerships
2. Another name for corporate social responsibility or philanthropy
3. Another variation on conflict resolution

4. Another international/intergovernmental forum
5. A really big community of interest
6. A collection of like-minded actors



The Critical Elements of a Megacommunity: [1]

There are five critical elements. The first two, tri-sector engagement and an overlap of vital interests, can be thought of as preconditions.

- Tri-Sector Engagement must be present in any megacommunity; the noticeable difference between megacommunities and other public-private partnerships is the civil society component, and the 'open nature' of the engagement – specifically, not focusing on just

the elements the parties can agree on to tackle together, but also those areas that they may not have common ground to work in tandem

- Overlapping in Vital Interests describes the aspects of any particular issue of which all members have an individual interest – hence necessitating their involvement in the megacommunity

The other three elements, convergence, structure, and adaptability, are critical features of the megacommunity design. An initiative that takes them into account has a far greater chance of success than an initiative that ignores them. [1]

- Convergence is the commitment to mutual action that all members must work toward; no member can exist in a megacommunity with the intent to disrupt or undermine the effort
- Structure describes the set of protocols and organizing principles that must exist to allow for converged commitment on the overlapping vital interests – this structure resembles a scale-free network
- Adaptability is necessary for the megacommunity to function effectively and make progress on the issue itself, and on the individual interests of the participants – adaptability allows the network to be scalable and flexible

MEMS and the Megacommunity Approach:

Vision Statement: Mamaroneck Emergency Medical Services (MEMS) will provide surrounding communities with superior emergency medical care. We will take the proper steps in order to be prepared for the unthinkable and most catastrophic events that may occur in our jurisdiction, therefore enabling us to save as many lives as possible. Our uniquely trained and

educated personnel will be equipped with the most modern technology and gear to accurately respond to any given situation and provide the best care for our patients. Working with partner agencies, MEMS will become the dominant force in emergency medical services as a role model for all other agencies. Within Westchester County, we will collaborate our effort to better our nation's homeland security, starting on a local level.

Being that MEMS is a very small jurisdictional agency, it is imperative we form a productive and collaborative multi-agency approach to handling emergencies. MEMS will reference the FEMA Model: *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*.^[2]

Community Principles:

1. Understand and meet the actual needs of the whole community
2. Engage and empower all parts of the community
3. Strengthen what works well in communities on a daily basis

Strategic Themes:

1. Understand community complexity
2. Recognize community capabilities and needs
3. Foster relationships with community leaders
4. Build and maintain partnerships
5. Empower local action
6. Leverage and strengthen social infrastructure, networks, and assets

Scope:

- Recognize the successful aspects of the current system
- Reduce iteration of services and lack of systemization by using the megacommunity approach
- Identify and allocate the proper resources among local governments, NGO's, and surrounding districts in an effort to better improve the integrity of emergency medical services throughout Mamaroneck Village
- Summarize goals and objectives in order of priority to better preparedness and enact superior cost efficient planning, using a megacommunity approach
- Outline strategic plans based on current and future necessities
- Provide recommendations for management of MEMS system, including alternative methods for quality assurance
- Propose performance measures, benchmarks, and expected outcomes

Threats: In order to properly and proactively mitigate threats using the megacommunity approach, MEMS must outline the possible threats our agency and community may face.

- Volunteer burnout
- Funding – budget support
- State funding (RSAF) grant status
- Liability / HIPPA
- Equipment condition & maintenance
- Natural & man-made disasters

- Infectious Disease Outbreak
- Resource availability
- Continued existence of our current system
- Injury to providers / insurance coverage
- Change in local government leadership
- Contract EMS services
- Provider safety – highway traffic increase
- Senior executives may not accept appropriate level of responsibility
- Paid vs. volunteer service
- Turf issues with other EMS agencies / Mutual Aid
- Recommendations may not be implemented
- The plan meets reality and may not be viewed as a consensus document
- County government may have more control of volunteers
- Fear of change
- Misinformation about new strategy process
- Lack of proactive response
- Lack of marketing of strategy
- Policy makers who do not have operational EMS experience
- Resistance to megacommunity approach

MEMS must develop a strong relationship with the surrounding community. Not only will MEMS need to collaborate with other agencies and organizations, but also the community. Understanding community needs and aspirations in regard to emergency planning will make real

life scenarios easier to handle. Getting the community involved in the planning process is a vital part of a megacommunity. Knowing specific details about the population and demographics of our town will give us the upper hand in preparing a successful emergency plan that will be able to withstand all events to the best of our abilities.

Collaboration/Partnerships:

1. Other EMS agencies in surrounding area
2. 60 Control
3. Mamaroneck Police Department/ Westchester County Police Department
4. Tow of Mamaroneck Police/Larchmont Police/New Rochelle Police/Rye police
5. Con Edison/Other utility providers
6. Westchester Joint Water Works/ DPW
7. FEMA/Citizen Corps
8. Store owners/workers
9. Boards/Committees
10. Community members

A megacommunity approach will be extremely useful for a better response plan for MEMS. However, it is going to take a lot of compromise and collaboration. A meeting will take place every month where members from all sectors of our community will attend. In these meetings we will discuss each sector in depth (threats, vulnerabilities, concerns, strengths, and input) and contemplate how to make our community more prepared and resilient to any event headed our

direction. We will practice live scenarios bimonthly to simulate our efforts in reality and critique them as necessary.

The hard part will be getting everyone to agree. Although MEMS will be the agency suggesting a megacommunity approach, no one is in charge. These meetings will be an open seminar where all the different sectors of the community are invited to speak and throw around ideas. Of course there is expected to be arguments and disagreements, but the meetings will not be dismissed until a consensus is reached. Not everyone will be satisfied every time, but our goal will be to meet as many aspirations as possible. It is not about maximizing but optimizing our community's emergency preparedness plans. The National Strategy for Homeland Security states, "The purpose of our Strategy is to guide, organize, and unify our Nation's homeland security efforts. It provides a common framework by which our entire Nation should focus its efforts on the following four goals: [3]

- Prevent and disrupt terrorist attacks;
- Protect the American people, our critical infrastructure, and key resources;
- Respond to and recover from incidents that do occur; and
- Continue to strengthen the foundation to ensure our long-term success.

MEMS goals are the same, only on a local level. Using a megacommunity approach, it will be easier to reach our intended objectives. According to the *National Response Framework*, "Resilient communities begin with prepared individuals and depend on the leadership and engagement of local government, NGOs, and the private sector...Local police, fire, emergency

medical services, public health and medical providers, emergency management, public works, environmental response professionals, and others in the community are often the first to detect a threat or hazard, or respond to an incident. They also are often the last to leave an incident site or otherwise to cope with the effects of an incident. The local senior elected or appointed official (the mayor, city manager, or county manager) is responsible for ensuring the public safety and welfare of residents. In today's world, senior officials and their emergency managers build the foundation for an effective response. They organize and integrate their capabilities and resources with neighboring jurisdictions, the State, NGOs, and the private sector. Increasingly, businesses are vital partners within communities wherever retail locations, service sites, manufacturing facilities, or management offices are located. NGOs and not-for-profit organizations also play a key role in strengthening communities' response efforts through their knowledge of hard-to-reach populations, outreach, and services.” [4]

Recommendations:

1. Study the megacommunity approach and incorporate it into our daily routine
2. Build relationships with other agencies and organizations to optimize our response
3. Be open to new ideas and partnerships/ collaborate and use feedback appropriately
4. Lead by example not by force/ Do not micromanage or take superiority
5. Compromise and listen
6. Actively incorporate/educate the community and make people feel they are a part of our mission
7. Effectively manage the change of MEMS

References

A “Whole Community” Approach to Emergency Management. (2012, Feb 5)

The Infrastructure Security Partnership (TISP) Retrieved from:

<<http://www.tisp.org/index.cfm?cdid=12046>>.

Department of Homeland Security (2007, Oct) the National Strategy for Homeland Security

2007 Retrieved from www.dhs.gov

Department of Homeland Security (2010, Oct) Retrieved from: FEMA: National Response

Framework (*PDF, 62 pages – 589 KB*)

Gerencser, Mark, Christopher Kelly, Fernando Napolitano, and Reginald Van Lee. (2008)

Retrieved from: Megacommunities: How Leaders of Government, Business and Non-Profits Can Tackle Today's Global Challenges Together.

Conclusion

Homeland Security is a complex topic and its importance has never been so substantial. The world is not what it used to be and threats to our safety are a daily concern. Disasters cannot all be prevented, especially the unknown. However, response and resiliency can limit the effects of disasters and are the difference between life and death. Knowledge, preparation and awareness are key factors in the fight to maintain a strong resilient country. Mamaroneck EMS seeks to be a model agency for other emergency responders. Using this research as a baseline for excellence, it is possible for MEMS to become a corps prepared for everything. Taking this knowledge and spreading it throughout the emergency community and beyond can make all the difference within individual communities. All events are local, no matter how widespread the effects may seem. Being prepared, informed, and united is the best formula the American people can use, regardless of status. No matter what the next event is coming our way, the Village of Mamaroneck will be ready for it.