



# DomPrep Journal

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Volume 13, Issue 3, March 2017



## The Evolving Chemical/Biological Terrorism Threat

*By Ashley Frohwein*



## Creating a University Disaster Medical Response Team

*By Ruben D. Almaguer*



## The How and the Why of Crowd Management

*By Stephen Maloney*



## Defining Leadership Options in a Disaster Response

*By Wendy W. Nesheim*



## Reducing Recidivism Among Islamic Extremists

*By Richard Schoeberl*



## Podcast: Chemical Weapons, Now the Norm

*Moderated by Anthony S. Mangeri*



## Coastal Resilience Grants – States Left Holding the Sandbag

*By Rodrigo (Roddy) Moscoso*



## Border Control Challenges – A Year Later

*By Robert C. Hutchinson*

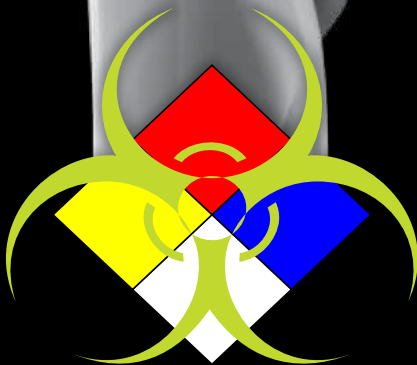
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*Pictured on the Cover: (top row) Chemical/Biological Terrorism, Source: [©iStock.com/big-dan](https://www.iStock.com/big-dan); University Disaster Response, Source: Thomas Congdon 12/10/16; (second row) Crowd Management, Source: [©iStock.com/bernardbodo](https://www.iStock.com/bernardbodo); Leadership in Disaster Response, Source: Patricia Wilkins 2/25/17; (third row) Reducing Recidivism, Source: [©iStock.com/bsd555](https://www.iStock.com/bsd555); Chemical Weapons, Source: [©iStock.com/uskarp](https://www.iStock.com/uskarp); (bottom row) Coastal Resilience, Source: [©iStock.com/tornadochaser](https://www.iStock.com/tornadochaser); Border Control, Source: [©iStock.com/Phototreat](https://www.iStock.com/Phototreat)*

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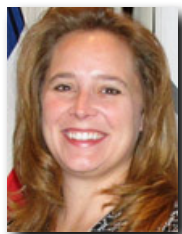
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## Editorial Remarks

By Catherine L. Feinman



Since its inception in 1998, DomPrep has covered a broad range of topics that help emergency preparedness and resilience professionals manage risks, threats, and hazards in ever-changing environments. This issue highlights some of the current threats as well as ways in which planners, responders, and receivers are managing these threats. Terrorism leads this month's edition of the *DomPrep Journal*, as it raises concern in the United States and around the world.

As chemical and biological threats emerge and evolve, access to chemical and biological agents and their use by bad actors also changes. Ashley Frohwein's article highlights reports about growing concerns, including types of weapons available and security of declared and undeclared stockpiles of agents that can be used to manufacture such weapons. Anthony Mangerimoderated a discussion with Stephen Reeves, Aaron Poynton, Edward Wallace Jr., and Hamish de Bretton-Gordon on a transportation security breach that occurred on 3 March 2017 in a Malaysian airport. The assassination of North Korea's Kim Jong Nam with a VX nerve agent demonstrates how tactics and weapons of choice are changing.

One year after 28 subject matter experts convened in Miami, Florida, to address border control challenges, Robert Hutchinson revisits that discussion and finds that some progress has been made through government policies and procedures, but many gaps still exist. One significant gap in border security is the threat that can cross borders without needing a passport. In a growing number of cases, violent extremism is now homegrown. However, Richard Schoeberl shares the possibility that it may be possible, with the right method and tools, to reduce recidivism among some of these extremists.

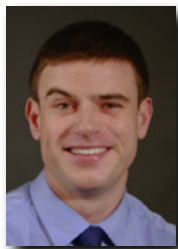
In any case, effective management of disaster response begins before a disaster occurs – through planning, training, and funding efforts – and can reduce the number of casualties following the incident. Proper crowd management plans, regulation, and implementation, for example, reduce the potential for crush injuries as occurred in the incidents recounted by Stephen Maloney. Wendy Nesheim warns, though, that leadership in disasters cannot be treated as a one-size-fits-all approach. Each scenario may require a different leadership style, so leveraging human capital to fill this need is critical. Similarly, Ruben Almaguer, who oversees the Florida Advanced Surgical Transport Team, leverages resources at Florida International University to provide rapid medical response capabilities in disaster scenarios.

Funding may or may not exist when it is needed most. Rodrigo Moscoso rounds out this issue by addressing the cross section of disaster research and budget plans. Ideally, adequate funding support will be available when a disaster such as flooding occurs but, if it is not, it is best to at least be aware of and plan for funding gaps before a disaster occurs.

# The Evolving Chemical/Biological Terrorism Threat

By Ashley Frohwein

***On 1 January 2017, British Minister of State for Security Ben Wallace warned that the Islamic State group (IS) has no moral qualms about carrying out a mass casualty attack with chemical weapons in Britain, and pointed to a December 2016 [Europol report](#) warning that IS may use chemical and biological (CB) weapons against [European targets](#). The threat is growing.***



As stated in the U.S. Department of Defense’s [Fiscal Year 2017 President’s Budget Submission](#), CB threats are constantly expanding; the rapid advancement of CB capabilities, as well as their global proliferation, “greatly extends the spectrum of plausible actors, agents, concepts of use, and targets.” In the past, many counterterrorism experts discounted the [likelihood of CB attacks](#) against Western targets by terrorist groups because many of these armaments tended to be expensive, hard to acquire, and difficult to weaponize and deploy. All this has changed. This article addresses a number of recent developments that have broadened the range of CB terrorism threats and made it easier for terrorists to obtain CB weapons. These developments suggest that the terrorist CB threat against the West – including both Europe and the U.S. homeland – is growing.

There is ample evidence that IS seeks to increase its CB capabilities. In November 2015, U.S. and Iraqi intelligence officials warned that IS had established – [with the help of scientists](#) from Iraq, Syria, and elsewhere in the Mideast – a branch to aggressively develop chemical weapons. [Iraqi intelligence reports](#) have alleged that IS also has a biological weapons development program. Although IS’s self-proclaimed caliphate has shrunk considerably since the onset of the U.S.-led campaign against the group in Iraq and Syria, the group will continue to have a relatively safe haven to develop and gain experience with CB weapons so long as it continues to control territory. Also, IS’s increased presence in the United States – the Federal Bureau of Investigation has investigated [IS suspects in all 50 U.S. states](#) – and other Western countries has created more opportunities for the group to smuggle CB weapons and plot and launch attacks with them in the West.

## ***The Chemical Threat***

[Chemical weapons](#), unlike nuclear, biological, and radiological ones, have already been used by terrorist organizations. The Aum Shinrikyo Japanese doomsday cult successfully used sarin in five coordinated attacks on the Tokyo subway in 1995. From late 2006 through mid-2007, al-Qaeda in Iraq employed [crude chlorine bombs](#). That group’s successor, IS, has made extensive use of chemical weapons on the battlefields of [Iraq and Syria](#), where it has gained experience developing, as well as commandeering, these weapons and has acquired tactical understanding of how to deploy them.

In late 2015, IS claimed that it seized weapons-grade chemicals from [Syrian government stockpiles](#), although U.S. defense and intelligence officials expressed [skepticism](#) that these

weapons were acquired from the Assad regime. Regardless of the validity of IS's claim, the Syrian government's failure to declare all elements of its [chemical weapons program](#) and to have them removed in accordance with the deal brokered by the United States and Russia in 2013 means that IS could potentially acquire these weapons as the chaotic Syrian civil war continues.



Even as IS's increasing use of chemical warfare became undeniable, commentators emphasized that the group had employed only rudimentary commercially available chemicals, such as chlorine and the agricultural fumigant phosphine, rather than more complex and deadlier ones. But as senior U.S. intelligence officials stated in early 2016, IS has somehow acquired and used the blister agent sulfur mustard, which has no use other than in [chemical warfare](#), in [Syria and Iraq](#). It is unclear whether IS manufactured the agent themselves, or if the group obtained it from [undeclared stocks in Syria](#). Either way, IS's possession and use of sulfur mustard demonstrates that the group's offensive chemical capabilities have grown.

Beyond IS's chemical warfare experience, two broader factors also indicate that the terrorist chemical weapon threat, from IS as well as other terrorist groups, is rising. The first is the rapidly increasing growth and sophistication of the worldwide chemical industry, including the development of a greater number of [dual-use materials](#) – that is, materials that can be used for both commercial applications and WMDs – which is partly driven by the emergence of nanotechnology. Terrorists were previously able to use various toxic industrial chemicals and other commonly available chemical agents to create chemical weapons, but they now have a far wider range of chemicals from which to choose. The other broad factor is the increasing online availability of materials and recipes for manufacturing various threats, including chemical weapons. This online availability of CB know-how, coupled with the recent proliferation of encrypted communications technologies, makes it easier for hostile actors to acquire this information while simultaneously complicating law enforcement and intelligence agencies' efforts to interdict and disrupt these threats.

### ***The Biological Threat***

Terrorist groups have long sought to acquire biological weapons. For example, al-Qaeda began [pursuing biological weapons](#) in the early 1990s, when the organization was still small and located in the Sudan. However, as noted by the authors of a late-2015 report by the Blue Ribbon Study Panel on Biodefense, [A National Blueprint for Biodefense: Leadership and](#)

Major Reforms Needed to Optimize Efforts, the threat from biological weapons is “real and growing.” This threat is growing partly because it now takes far less time to develop some biological weapons and because “it is reasonable to believe that what the United States could accomplish more than 40 years ago, [individuals] can accomplish now.”

Scientific and technological advances, some of which improve abilities to prevent and cure deadly diseases, also make it more feasible for states and non-state actors to develop biological weapons. One such advance is genome editing, a way of making specific changes to the DNA of a cell or organism. Genome editing has the potential to fundamentally change

*Recent developments have broadened the range of chemical and biological terrorism threats and made it easier to obtain such weapons.*

mankind’s ability to diagnose, treat, and prevent diseases.

However, as Director of National Intelligence James Clapper told the Senate Armed Services Committee in February 2016, genome-editing research conducted by countries with regulatory or ethical standards different from those of Western

countries likely increases the risk that potentially harmful biological agents or products will be created. Relatedly, the recent proliferation of commercially available genome-editing kits – some of which sell for less than \$200 and are advertised as being appropriate for users with “zero experience with biotechnology” – makes it easier for individuals to cheaply, quickly, and independently develop dangerous pathogens.

The recent growth in the number of medical research facilities, both in the United States and abroad, authorized to possess lethal biological pathogens or toxins heightens the risk that terrorists, or hostile actors willing to sell these substances to them, could steal these biological agents. In December 2016, the Blue Ribbon Study Panel (mentioned above) released a follow-on report, Biodefense Indicators: One Year Later, Events Outpacing Federal Efforts to Defend the Nation. In it, the authors noted that, despite biocontainment advances, the accidental release of pathogens from laboratories is an ongoing threat because laboratory safety remains inadequate. The United States’ highest-level laboratories continue to release organisms accidentally, they noted. Additionally, as the U.S. State Department has noted, many international laboratories that possess dangerous pathogens are often inadequately secured.

CB threats present unique challenges for intelligence agencies, law enforcement, and first responders. As terrorists’ CB capabilities continue to grow and evolve, so too must the approach to preventing, protecting against, and responding to them.

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*Ashley Frohwein is a senior research specialist in CNA’s Safety and Security Division. His research interests include counterterrorism and state- and national-level homeland security preparedness assessment. CNA is a nonprofit research and analysis organization located in Arlington, Virginia. The views expressed here are those of the author and do not represent the views of CNA or any of its sponsors.*



# Creating a University Disaster Medical Response Team

*By Ruben D. Almaguer*

***As one of the top 10 [disaster-prone states](#) in the nation, Florida continues to strengthen its ability to prepare for and respond to any disaster requiring specialized emergency surgical or critical care medicine. With shrinking budgets and increased demand, building effective and rapid disaster medical response capabilities requires more than just collaboration among governments, healthcare providers, hospitals, and the private sector.***



**B**uilding effective and rapid disaster medical response capabilities requires getting creative and exploring new organizations and resources such as universities. Most major universities are already integral parts of their communities, yet they still have untapped existing medical capability and resources that could enhance local and state response capabilities.

In 2015, Florida International University (FIU), located in Miami, reached into its own backyard and began a dialogue with the Florida Advanced Surgical Transport ([FAST](#)) Team to determine how the existing FAST Team could leverage the resources of [FIU's Herbert Wertheim College of Medicine](#) and [Department of Emergency Management](#). Early in the process, both parties recognized that collaboration between FIU and the FAST Team could address many of the challenges and needs that the state of Florida and the FAST Team were struggling to handle. Currently, the FIU-FAST Team is in place and working through administrative and logistical challenges, adding new team members, purchasing and storing additional equipment, and securing a larger and more centralized warehouse facility in Miami-Dade County.



FIU-FAST Team members group photo, after conducting an austere environment exercise in the Everglades National Park, Miami, Florida (Source: Thomas Congdon, 10 December 2016).

## ***Status of Florida's Medical Response Teams***

Through the Florida Department of Health (DOH), the state maintains seven regional State Medical Response Teams ([SMRTs](#)) and one FAST Team. As the lead agency for public health and medical, DOH can activate SMRTs during a gubernatorial declared state of emergency

*Strategic partnerships with universities can help communities leverage untapped resources and respond effectively to medical emergencies during disasters.*

when the ability to manage medical surge exceeds local resources and state assistance is required. The SMRTs and FAST Team are comprised of volunteer medical and public health professionals and support personnel.

Although both receive funding through the DOH, the FAST Team is distinctly different from a SMRT as it is

the only civilian critical care and surgical medical team certified and capable of transporting vehicles, equipment, supplies, and patients on military aircraft. On short notice, the FAST Team can immediately transport by ground or on military aircraft – such as a [C5](#), [C17](#), or [C130](#) – via the [315th Airlift Wing](#), at the request of and supported by [Homestead Air Reserve Base in Florida](#) to the area of need.

## ***Decision to Create a University-Based Disaster Medical Response Team***

Over the years, Florida SMRTs and the FAST Team have faced the same perennial challenges as many federal, state, and local disaster response teams. Common questions include:

- How do you recruit, retain, and train volunteer medical professionals and support staff?
- How do you procure, maintain, and store nonmedical support equipment, a medical cache, and pharmaceuticals with limited funding?
- What is the latest research on emerging diseases or new public health threats?
- What are new technologies that can be used to teach and train medical professional?

The simple answer to all of these is, “Look in your own backyard.”

Many major colleges and universities have a variety of medical professionals on staff. In addition to the obvious medical schools, there are opportunities and resources within other programs such as nursing or public health. Obviously, the primary focus of the academic faculty is to educate students, among their other administrative duties. However, it has been FIU's experience that, when asked and supported by their supervisors and deans, staff are more than willing to volunteer to be members of the FIU-FAST Team.

A large part of FIU's success in recruiting medical staff is owed to the leadership of [Dr. John A. Rock](#), founding dean of the Herbert Wertheim College of Medicine and senior vice president of medical affairs. He immediately recognized the benefits of creating a university disaster medical response team and worked closely with the University's Department of Emergency Management to make it happen. [Dr. Robert Levine](#), FIU college chair, professor of

emergency medicine, and FIU-FAST team member, was tasked to identify and recruit existing FIU physicians in needed specialties (pediatrics, emergency medicine, anesthesiology, trauma surgery, and orthopedics) to voluntarily serve on the FIU-FAST Team. Ten additional FIU physicians quickly volunteered to be part of the team.

Maintaining a disaster medical response team in a deployable-ready status requires funding to purchase and store a significant amount of equipment and supplies. Limited funding also makes it difficult, if not impossible, to hire staff to perform the many administrative functions required to support a team such as maintaining personnel records, licenses, and certifications, property accountability, procurement contracts, vehicle maintenance, training records, etc. Limited funding also limits the ability to conduct trainings and exercises, a critical part of a team's development and its readiness level. Training provides new members and existing members the chance to work together and understand each other's medical strengths and weaknesses, which strengthens the team's capabilities and effectiveness as a whole. The opportunity to practice with critical medical equipment, with each other, in an austere environment is invaluable.

FIU immediately tackled these fiscal challenges. Again, through the leadership of Dean John A. Rock, the Herbert Wertheim College of Medicine entered into a funding partnership with a multitude of private companies to assist in financially supporting the FIU-FAST Team. Supporters included [Baptist Hospital](#), [Florida Blue](#), [Leon Medical Center](#), [Nicklaus Children's Hospital](#), and [The Batchelor Foundation](#) for now. These partnerships quickly provided financial commitments to support needed operating expenses, including upgrading and purchasing equipment and medical supplies, acquiring a communications system, establishing a portable base of operations, and improving ground transportation.

This ability to recruit and utilize physicians and other medical professionals from within the university and from area hospitals has already paid dividends. Following Hurricane Matthew, the Florida Department of Health requested two members of the team to deploy to Daytona Beach to support Halifax Health Medical Center. In February 2017, the FIU-FAST Team deployed with the [U.S. Southern Command](#) and the U.S. Navy as part of a medical humanitarian mission known as [Continuing Promise 2017](#). The FIU-FAST Team sent six physicians, one nurse, and one paramedic on a 12-day medical mission to Puerto Barrios, [Guatemala](#). FIU-FAST served alongside a team of 169 Army, Navy, Air Force, and Marine Corps service members providing veterinary and medical services to local communities in Guatemala. Throughout the 12



FIU-FAST Team members inside their critical care tent, simulating patient packaging of a critical patient for helicopter transport in Miami, Florida (Source: FIU Media Relations, 29 April 2016).



Neonatologist Jaime Fernandez and Emergency Physician Robert Levine assess a Down Syndrome infant in Puerto Barrios, Guatemala (Source: Ruben D. Almaguer, 7 February 2017).

experiences, good will, and community engagement that a team can bring to a university are equally vast.

The creation of the FIU-FAST Team illustrates the benefits of working with both government and private sector partners to find innovative solutions to long-standing problems. One final unintended consequence and benefit has been that the FIU-FAST Team has already inspired many medical and nursing students. Upon completing their education at FIU, they have been challenged to find similar disaster medical response teams around the country and the world to volunteer and give back to their communities during disasters, when their profession is most in need. With all the growing pains and a learning curve, and challenges still to be faced, the FIU-FAST Team has so far demonstrated that this university-based model is worth considering in other states.

For more information about FIU-FAST, visit <https://fast.fiu.edu/>

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*Ruben D. Almaguer currently serves as the assistant vice president of disaster management and emergency operations and serves as the executive director for the Academy for International Disaster Preparedness. He also oversees the Florida Advance Surgical Transport Team, in coordination with the Herbert Wertheim College of Medicine. Formerly, he served in Monroe County Fire Rescue Department, Florida, as the chief of emergency medical services. He served as the interim director and deputy director for the Florida Division of Emergency Management. Prior to this, he worked for Miami-Dade Fire Rescue Department as a division chief and led many Florida Task Force One (FL-FT1) Office of U.S. Foreign Disaster Assistance (OFDA) and Federal Emergency Management Agency (FEMA) Urban Search & Rescue Teams to over 27 natural and manmade disasters, including: earthquakes in Venezuela, Colombia, Taiwan, and Turkey; hurricanes and floods throughout Central America, Africa, and the Caribbean, including hurricane Katrina; as well as responses to the Oklahoma City Bombing and the terrorist attacks of 9/11 at the Pentagon in Washington, DC. He received masters in homeland security and defense from the Naval Postgraduate School and in public administration from Florida International University. He also graduated from Harvard University's John F. Kennedy School of Government's Senior Executives in State and Local Government and is a Certified Emergency Manager (CEM®).*



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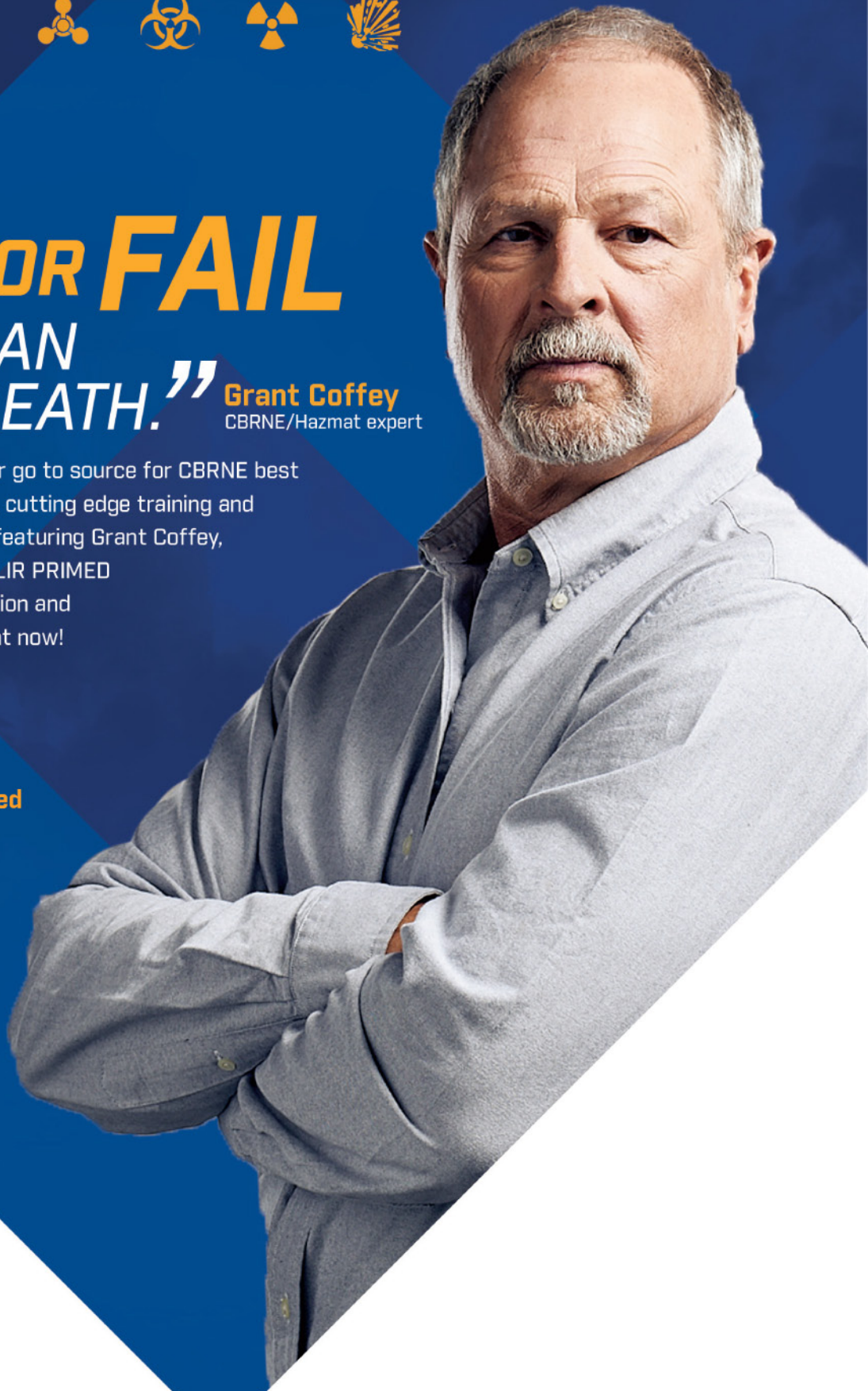
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# The How and the Why of Crowd Management

By Stephen Maloney

*On a Saturday night in 2013, a fire broke out in a [nightclub](#) in Sao Paulo, Brazil. More than 240 people, mostly college students, were killed. Two years later, two people were killed and more than 70 injured in a stampede to exit a [club](#) in Malta, due to a possible gas leak. Although the immediate causes of the two incidents were different, a common factor that led to so many dead and injured was poor management of large groups.*



Fire and crowd-crush incidents resulting in mass casualties, with a contributing factor of poor crowd management, continue to be relatively common worldwide. The United States began to seriously address the issue after a pair of tragedies in 2003.

## ***Triggers for Stronger Regulation***

On 17 February 2003, the [E2](#) nightclub in Chicago, Illinois, should not have been open. Despite being forbidden to operate until 11 structural and fire code violations were remediated, more than 1,000 people were inside the club that night. Sometime around 2 a.m., security officers sprayed a chemical irritant to break up a fight, and 21 people were killed in the ensuing efforts to flee from the contaminated air and exit the club.

Three days later, more than 200 people gathered at the [Station](#) nightclub in Rhode Island to listen to several bands. Shortly after 11 p.m., and seconds after the headlining act began to play, pyrotechnic special effects devices ignited wall materials around the stage. The entire building was involved in fire within about five minutes, and 100 people died, having been unable to exit the club in time.

These back-to-back disasters led the National Fire Protection Association (NFPA) to call an [emergency meeting](#) of its Technical Committee on Assembly Occupancies in July 2003. Later that month, the NFPA Standards Council issued new interim requirements, known as the Tentative Interim Amendments ([TIAs](#)). Included in the TIAs was a dramatic decrease in the threshold requiring trained crowd managers in assembly occupancies from the original occupant load threshold of greater than 1,000 occupants down to the revised load of greater than 49. In 2006, the TIAs became permanent provisions of NFPA 101®: Life Safety Code®, NFPA 5000®: Building Construction and Safety Code®, and NFPA 1®: Uniform Fire Code®. Several states adopted the TIAs within months of being issued.

## ***Crowd Management***

In most cases, a trained crowd manager is now required to be present during any assembly of 50 or more people. Additional crowd managers are required for every 250 people. Crowd management is not just about knowing and managing the facility's occupant load. The crowd managers must complete certain tasks both before and during an event. Some examples are listed below:

- Ensure exits are marked, exit doors are operational, and all egress paths are unobstructed.
- Ensure fire alarms, sprinkler systems, and emergency lighting are operational.
- Ensure fire lanes are unobstructed.
- Put in place an emergency notification plan, including how people will be notified and who will deliver the message.
- Ensure aisles and other exit routes remain clear throughout the event.

### ***Implementation at a College***

Montgomery College is a community college located in Maryland, just outside of Washington, D.C. With three campuses and more than 30,000 students and 3,000 employees, Montgomery College hosts countless assemblies where crowd management is necessary. In 2011, the college implemented a formal [Crowd Management Program](#). This involved identifying spaces where the crowd manager standard potentially would apply, identifying staff requiring training, developing a training plan, and developing a [checklist](#) for trained crowd managers to follow both before and during an event.

Montgomery College chose to require its crowd managers complete the Maryland State Fire Marshal's [Online Crowd Manager Training](#). This program was chosen because it was the only class mentioned by NFPA as meeting the training requirement, it was comprehensive, it was free of charge (until 2014), it was short (about 30 minutes, until 2014), and it included the powerful Station nightclub fire footage. That video served to demonstrate the tremendous value of including context in training, rather than simply stating a requirement.

*Fire and crowd-crush incidents resulting in mass casualties, with a contributing factor of poor crowd management, continue to be relatively common worldwide.*

### ***The Power of Why***

In "[The Unthinkable](#)," investigative journalist Amanda Ripley's groundbreaking study of how people respond to disaster, the author pointed out the value of explaining why it is important to follow particular safety instructions, not just stating they should be followed. She argued that, rather than simply telling airline passengers they should put their own oxygen masks on before helping others or that they should inflate their life vests only after exiting the plane, they should be told why they should do those things. If told that they would lose consciousness in seconds during a rapid decompression and be unable to help their children or that inflating a life vest inside the plane could prevent them from swimming out of the plane and surviving, the warnings become motivators to remember and comply.

At Montgomery College, the new training requirement for people not normally involved in emergency response was enthusiastically received by staff. The simple, but dramatic and moving Station video made believers and vocal program advocates of the events management staff. It clearly demonstrated the long-term value of explaining the "why" in addition to the "what."

## **Recommendations**

Many organizations are still unaware that they are required to use trained crowd managers for events involving 50 or more people. Even competent occupational safety and fire protection professionals may not be aware of this requirement. Any emergency manager or safety professional in an organization that could potentially host an event with 50 or more people should consider taking the following actions:

- Become versed in the NFPA Crowd Manager requirements (NFPA 101®: Life Safety Code®, Sections 12.7.6.1/13.7.6.1) and the requirement of the local agency having jurisdiction. Some jurisdictions have different thresholds, and they may allow for changes in the requirements based on the nature of the event or whether or not a building is fully sprinklered.
- Identify potential spaces and events where crowd management requirements would apply.
- Identify or develop a simple training program and a checklist to be used by crowd managers.
- Present the problem and its solution to leadership only after having completed the simple steps above. It is possible to obtain rapid buy-in after already having done the homework. Show that the requirement is not optional, that it only applies to particular spaces and events, that related training is short, that training applies to only select staff (renewed every three years), and that compliance is as easy as following a basic checklist.
- Ensure the Station nightclub fire video is part of the training product, whether that product is developed in-house or not. This simple step creates allies and helps ensure a self-sustaining program.

## **Conclusion**

Incidents with great loss of life due to overcrowding or inadequately informing a crowd of their egress options are numerous. Efforts of the NFPA and state and local jurisdictions have resulted in an effective and easily implemented standard for managing the problem. By following Montgomery College's example of gaining leadership buy-in (by demonstrating the very limited increases in cost and on staff training and workload) and ensuring program sustainability (by gaining a cadre of supporters simply by teaching the "why" along with the "what"), an organization can prevent fire and crowd crush tragedies relatively painlessly.

Additionally, good crowd management does not just address fire hazards. An effective program also increases an organization's readiness for the armed intruder or other no-warning threats. Having trained people and processes in place for rapid dissemination of specific instructions is a critical element in preventing and mitigating against a variety of potential tragedies.

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# Defining Leadership Options in a Disaster Response

By Wendy W. Nesheim

*Many actively practicing medical professionals are trained and available to deploy to the site of a natural or manmade disaster within hours after an event occurs. Although these medical professionals work with established and traditional leadership styles during their regular “day jobs,” the complex nature of disasters requires leadership approaches in the field that may seem inconsistent or even contradictory.*



Being able to transition from a medical facility to a disaster site is critical in order to identify and provide immediate and emergent medical care to community members affected by a disaster. However, the leadership style used may need to transition as well.

## ***Different Leadership Styles for Different Scenarios***

In a hospital or other healthcare setting, it is not unusual to witness leadership styles that focus on specific tasks and performance results. Some departments and settings, by necessity, require an autocratic style of leadership, while other areas of healthcare organizations work well with little or no direct supervision of employees. Participative leadership styles provide employees a part of the decision-making process; however, disaster settings are not always conducive to individual opinion and the kind of autonomy a medical professional might have at a healthcare facility or within a private practice.

Compounding the different leadership styles used in a nondisaster setting is the paradox created when these same medical professionals respond to a disaster. Disaster medical responders often include physicians, advanced practice professionals, nurses, pharmacists, behavioral health practitioners, respiratory therapists, and paramedics. One such paradox may be created when a medical professional is in a leadership role during a day job, and then must follow the Incident Command System (ICS) in a different role upon deployment to a disaster site. That is, the leadership dynamics a medical professional incorporates on a day-to-day basis can change dramatically in a disaster response.

Other paradoxes that must be considered include the episodic nature of disaster response, the dynamic nature of disasters, and the role of education and autonomy for the medical professional. Disaster medical response teams – public or private, federal, state, or community level – are typically intermittent assets



Disaster medical responders unloading equipment during a training exercise. (Source: Patricia Wilkins, 25 February 2017).



Disaster medical responders practice setting up a Base of Operations. (Source: Patricia Wilkins, 25 February 2017).

used on demand. As such, these assets may have little consistent team training or experience on conflicting leadership styles used in a disaster response. The nature of disasters as an event that can change quickly and in unexpected ways can also affect leadership approaches. Finally, leadership styles effective in a disaster setting do not always incorporate the necessary understanding that medical response personnel are highly educated, creative, problem-solvers trained to be autonomous. Without a thoughtful approach to leadership styles for medical professionals responding to a disaster scenario, the result may be confrontations and challenges on leadership decisions by

personnel, loss of personnel for future responses, and curbed recruitment efforts needed to maintain healthy, active response teams.

### ***Developing a Paradoxical Leadership Approach***

Highly educated, creative problem-solving medical responders are ideal for the complexity of disaster settings, so it is imperative to ensure a leadership environment that acknowledges and incorporates the strengths and needs of medical responders. As discussed in a 2011 article published in the *Journal of Management*, such responders are “[high in need of cognition](#)” and enjoy thinking through problems for an appropriate solution. Further, [disaster medical responders seek work](#) that is personally and professionally challenging, which in turn results in knowledge sharing and creativity. By circumstance and organizational structure, however, a medical responder’s need to initiate action in a disaster setting can remain problematic. Therefore, the use of what appears to be inconsistent or contradictory leadership styles is needed. In a 2015 article published in the *Academy of Management Journal*, the authors refer to the mixed leadership approach as “[paradoxical leader behavior](#).”

Paradoxical leader behavior can combine leadership styles to situations and to people. For instance, a disaster response team using ICS for management of the situation clarifies the roles and responsibilities of medical responders. Within the ICS structure, however, an effective leader should encourage medical responder flexibility to create solutions to problems. Such flexibility provides educated and autonomous responders the cognition challenges they seek, as well as adaptive and even proactive skills to use in dynamic situations, and further accentuates the individual nature of each responder. Finally, since the paradoxical leader acts as a model of flexibility and adaptation by embracing seemingly contradictory leadership styles, medical responders following the model may, in turn, champion such leadership behaviors in future disaster responses.

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# Reducing Recidivism Among Islamic Extremists

By Richard Schoeberl

*As the United States embarks on new policies and a new administration, its citizens must be more vigilant now than ever before. There will continue to be an upsurge in extremist ideology and high recidivism rates among convicted terrorists who have now reengaged in violence. Rehabilitation may be the only real solution to combat this ongoing threat.*



According to a July 2016 [House Homeland Security Committee Report](#), at least 875 people were wounded or killed globally in Islamic extremist-related attacks in 2016 – an increase from 720 people the previous year. Most of those plots were conceived by people who were merely inspired by the Islamic State group (IS), as opposed to those who trained beside fighters in Iraq and Syria. In [one of his last speeches as president](#), Barack Obama stood before the men and women in uniform at MacDill Air Force base on 6 December 2016 and stated, “No foreign terrorist organization has successfully planned and executed an attack on our homeland.” Although the IS did not physically bring fighters from the fields of Iraq and Syria to carry out attacks on U.S. soil, those inspired by the IS ideology were unfortunately successful in their efforts.

## ***Radical Islamic-Inspired Attacks on U.S. Soil***

Inspiration from terror organizations and online social networks served as the easiest means to carry out attacks – through the radicalization efforts of Islamic extremists abroad. During the eight years of the Obama Administration, there had been 13 verifiable attacks linked to radical Islamic propaganda:

- June 2009, U.S.-born Abdulhakim Mujahid Muhammad in Arkansas carried out a drive-by shooting at a military recruiting station in Little Rock. Muhammad claimed to be a member of al-Qaida.
- November 2009, U.S.-born Major Nidal Malik Hasan carried out an attack in Fort Hood, murdering 13 people. Hasan pledged allegiance to IS.
- April 2013, Russian-born Tamerlan (U.S. green card holder) and Kyrgyzstan-born Dzhokhar Tsarnaev (naturalized U.S. citizen) both carried out attacks in Boston at the 2013 Boston Marathon, killing three and injuring more than 260 people. Both brothers were self-radicalized through online jihadist propaganda and pledged allegiance to al-Qaida.
- September 2014, U.S.-born Alton Nolen in Oklahoma beheaded Colleen Hufford and stabbed another person. It was surmised Nolen was radicalized online as his method of attack was inspired by online radical videos.
- October 2014, U.S.-born Zale Thompson in New York City injured two police officers with a hatchet before being shot. Thompson was radicalized by propaganda online by the IS, al-Qaida, and al-Shabab.

- December 2014, Ismaayil Brinsley in New York City murdered two police officers execution style. Brinsley had ties to a terror-linked mosque and promoted jihadist ideology on social media.
- May 2015, two gunmen – U.S.-born roommates Elton Simpson and Nadir Hamid Soofi – opened fire in the Curtis Culwell Center in Garland, Texas, where a Muhammad cartoon contest was taking place, and were subsequently killed by a police officer. IS claimed responsibility for the attack.
- July 2015, in Chattanooga, Tennessee, Kuwaiti-born Mohammad Youssef Abdulazeez (naturalized U.S. citizen) shot and killed four Marines and a sailor. He was inspired by IS.
- December 2015, in California, U.S.-born Syed Farook and wife Pakistani-born Tashfeen Malik (U.S. Green-card holder), shot and killed 14 people and injured another 22 at an office holiday party. IS claimed responsibility for the attack.
- June 2016, in Florida, U.S.-born Omar Mateen opened fired at a nightclub killing 49 and injuring 53. Self-radicalized, Mateen pledged his loyalty to IS leader Abu Bakr al-Baghdadi.
- September 2016, in Minnesota, Kenyan-born Dahir Ahmed Adan (U.S. citizen) attacked people with a steak knife at a Minnesota mall, injuring 10 people before being killed. He had recently become self-radicalized.
- September 2016, in New York City, Afghan-born Ahmad Khan Rahami (naturalized U.S. citizen) detonated multiple bombs in the New York and New Jersey area injuring over 30 people. Rahami had been inspired by Anwar al-Awlaki, Nidal Hassan, and Osama bin Laden.
- November 2016, in Ohio, Somalian-born refugee Abdul Razak Ali Artan (legal permanent U.S. resident), attempted to drive over Ohio State students. After his car was stopped, he began attacking people with a butcher knife, injuring 11 people, one of them critically. Artan was inspired by IS, which subsequently took credit for the attack.

### ***Engaging & Re-Engaging in Terrorist Activities***

The ark of progress for the United States has been long and upward in terms of its readiness to prevent and combat acts of terrorism – but preparedness alone simply will not end the attacks. Additional strategies are needed to combat terrorism and further curb the appeal of the radicalization path so many youth travel. The House Homeland Security Committee Report articulates what many have postulated: many of those radicalized, and those having aligning beliefs with IS, continue to be young men under the age of 30. According to a 2015 [Pew Research Center report](#), because of the convenience of smartphones, 92 percent of teenagers go online daily, and 24 percent are online “almost constantly.” Based on this data, it would be easy to surmise why so many of those radicalized online are under the age of 30. IS attracts those who are tech savvy and social media serves as an accelerant of the [radicalization process](#).

Although religion plays a marginal role in the radicalization process, a majority of these people are driven by political or social change, grievances, personal dissatisfactions, and sense of adventure. There is no “simple” or “easy” explanation or reasoning behind radicalization,

as different people follow different paths to get there. Behavioral changes and certain traits can be attributed to the radicalization process and are a strong indication that an individual is gravitating toward extremist beliefs and becoming radicalized.

Aside from the newly radicalized youth that seek fame and fantasy fighting abroad or plotting at home, those who have reengaged their terrorist beliefs are also of great concern. A [2015 report issued by the Director of National Intelligence](#) suggests that upward of 28% of former detainees from Guantanamo Bay are suspected of or have reengaged in terrorism. Senate Foreign Relations Committee member [U.S. Senator Cory Gardner](#),

reinforced this in January 2017 when he stated, “About 30 percent of terrorists at Guantanamo Bay went back into battle. We know that a dozen or so killed Americans.”

*Deradicalization could very well be the only means to permanently neutralize the ongoing danger posed by radical Islamic extremism.*

As countries like the United States and the United Kingdom have increased the detention of terrorist

suspects, it is apparent that extremist problems cannot be solved with mere detention efforts. Eventually, the detainees will be released from prison and, conversely, the need to release suspects who have previously engaged in terrorism must be done in a way to minimize the risks to national security. For example, in February 2017, former Guantanamo Bay detainee Abu-Zakariya al-Britani carried out a suicide bomb attack in Mosul, Iraq; IS claimed responsibility and praised al-Britani. He had been held at Guantanamo Bay detention center for his connections to al-Qaida terrorists from 2002 through 2004, then released without charges and returned to England. He later reengaged in his extremism fighting on the battlefields in Syria.

Despite the reality that there has been an enormous amount of research on the desire to understand and prevent radical Islamic extremism, research has neglected to focus on deradicalization or disengagement from terrorism. After 9/11, efforts to combat terrorism were focused solely on counterattacks and improving the infrastructure to combat further terrorist acts, nothing was done to actually undermine the appeal of terrorism.

### ***Finding the Best Deterrent Tactics***

The Department of State’s Bureau of Counterterrorism and Countering Violent Extremism (CVE) has several [Programs and Initiatives](#) in place to explore curbing the appeal to radicalization and aims to disengage those from extremist ideologies. Since late 2015, the CVE Program promotes counter-messaging and alternative narratives, and addresses radicalization through the criminal justice sector, such as police-community engagement, diversion programs, and juvenile justice. In 2015, recognizing the rise of extremism in its own country, France created a national database for terrorist offenders (FIJAIT), a database utilized to identify previous offenders and to further prevent terrorist recidivism. France is now able to [register names and terrorist offenses for up to 20 years](#) in the FIJAIT. There is an obvious need to evaluate the effectiveness of established deradicalization programs as a new strategy in countering recidivism of Islamic extremists and implementing the effective components. Several countries are now exploring alternative means to counter the rise and appeal to radical extremism.

The deradicalization, disengagement, or rehabilitation process may prove to be, for the most part, complex for traditional Islamic extremists since they are motivated by an ideology, but religion plays only a marginal role in the radicalization process. The deradicalization or disengagement process is the sequence of shifting a person's faith, religious re-education through rejecting the Islamic extremist ideology, and the acceptance of more conventional values. With the optimism that reforming an Islamic extremist can actually happen and is ultimately achievable, efforts to establish programs to deradicalize those connected to Islamic extremism have been established in multiple countries around the globe. However, much doubt remains over the effectiveness of these programs.

Deradicalization is not deprogramming – but rather rehabilitating. The main premise is to re-integrate these people into conforming society and re-socialize them by combining counseling efforts, religious re-education, psychological therapy, and communal engagement efforts. Most terror suspects face imprisonment with no rehabilitative component, hence the high rate of recidivism. People who commit acts of terrorism are not only troubled but vulnerable, and easily influenced. Unfortunately, there are no successful programs currently in place in the United States.

In early 2016, a federal judge in Minnesota recommended an experimental program be established that assesses the risks posed by terrorist offenders and provide recommendations for deradicalization. The program enlisted the assistance of the German Institute on Radicalization and De-radicalization Studies. The German Institute has led training on deradicalization and intervention programs previously in the Netherlands, the United Kingdom, and Canada. The program in Minnesota will explore the defendants' level of capability and intent to commit future acts of violence, and measure their stage of radicalization. The program will work much similar to that in the correctional system today by imposing conditions post-release, instituting rehabilitation programs, and monitoring within the community. At this point, it is too early to gauge any success rate in the Minnesota program.

Deradicalization programs are comprised of several approaches directed at changing extremists' interpretation of Islam, distancing these people from the extremist group they were once part of, and most importantly reintegrating them back into mainstream society. [Saudi Arabia](#) boasts a 12% recidivism rate, which translates to about an 80% success rate. However, the 20% hardliners are far more violent and more involved in the actual terror acts themselves versus minimal involvement of material supporters (i.e., training, financing, recruitment, promotion of propaganda).

Saudi Arabia has been considered a [model of rehabilitating terrorists](#); many former Guantanamo Bay detainees have successfully completed the Saudi-based program. Despite some impressive successes, many have relapsed and returned to their activities related to terrorism. Of those released from Guantanamo Bay detention center, many are known or suspected of subsequently joining Islamic extremist groups. This is only a snapshot of the problem as thousands more are detained around the world. The only hope to reduce the chance someone will return to acts of terrorism is through deradicalization, the only means to potentially defuse the threat posed by these Islamic extremists. When deradicalization is coupled with disengagement, it creates additional barriers to recidivism.

Islamic extremist groups fulfill both a psychological and primary need for those involved. Considering this, several rehabilitative efforts must be examined and implemented that focus on the importance of establishing strong social and family networks, conflict resolution, and most significantly religious re-education efforts. Going forward, the impact and significance of Islamic extremist rehabilitation programs will affect the national security of the United States and that of the world. Radicals exist on the periphery of almost every religion; however, the fears concerning the increase of radical Islam have grown to be particularly widespread over recent years. Deradicalization could very well be the only means to permanently neutralize the ongoing danger posed by radical Islamic extremism.

*Richard Schoeberl, a Ph.D. candidate in Criminology and Terrorism, has over 20 years of security and law enforcement experience, including the Federal Bureau of Investigation (FBI) and the Central Intelligence Agency's National Counterterrorism Center (NCTC). He has served at a variety of positions throughout his career ranging from supervisory special agent at the FBI's headquarters in Washington, D.C., to acting unit chief of the International Terrorism Operations Section at the NCTC's headquarters in Langley, Virginia. Before his managerial duties at these organizations, he worked as a special agent investigating violent crime, international terrorism, terrorist financing, cyberterrorism, and organized drugs. He also was assigned numerous collateral duties during his FBI tour – including a certified instructor and member of the agency's SWAT program. In addition to the FBI and NCTC, he is an author and has served as a media contributor for Fox News, CNN, PBS, NPR, Al-Jazeera Television, Al Arabiya Television, Al Hurra, and Sky News in Europe. Additionally, he has authored numerous articles on terrorism and security. He is currently the National Manager for Whelan Security.*

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During this 30-minute discussion, you will learn: The approximate amount of lethal material available worldwide, the reasons that chemical weapon agents are a clear and present threat to local and state officials, the difficulty in detecting them, the need for prompt awareness and response, and the ways in which chemical weapons have become the new norm. [Click](#) to listen.

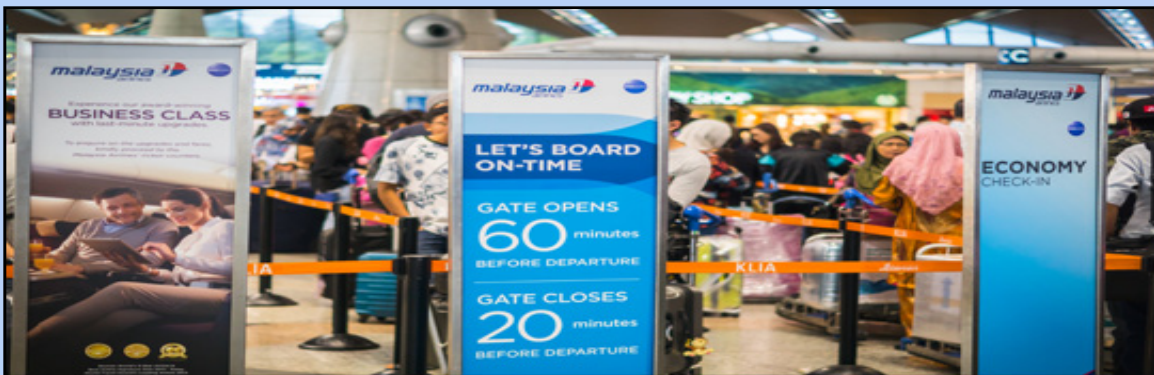
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[New WMD Concerns: Many Questions, But Few Answers](#)

[Advances in Medical Countermeasures for Chemical Terrorism](#)



# Coastal Resilience Grants – States Left Holding the Sandbag

*By Rodrigo (Roddy) Moscoso*

***The federal Fiscal Year 2018 (FY18) budget plan includes significant reductions to most domestic programs, and a common theme across agencies appears to be the elimination of grant programs, particularly those supporting environmental protection and monitoring. Beyond reductions to the Environmental Protection Agency's budget, other agencies involved in similar activities are also facing significant cutbacks.***



On 16 March 2017, the Office of Management and Budget released the Trump Administration's [FY 2018 Budget Blueprint](#), which includes significant reductions for many domestic programs, particularly those supporting environmental issues. Notably, the blueprint for the National Oceanic and Atmospheric Administration (NOAA), “Zeroes out over \$250 million in targeted National Oceanic and Atmospheric Administration (NOAA) grants and programs supporting coastal and marine management, research, and education including Sea Grant, which primarily benefit industry and State and local stakeholders,” adding that, “These programs are a lower priority.” These grants represent 20% of the proposed reduction for NOAA, which totals nearly a billion dollars for FY18.

## ***Revisiting Key Resilience Findings***

In January 2017, DomPrep's Preparedness Leadership Council (PLC) issued its report, [Examining Coastal Resiliency: How Policy, Education, Partnerships, and Data Can Help Change the Future](#). This report presented key findings from a roundtable discussion – including representatives from state and local governments, emergency managers, and experts in academia who discussed current challenges facing coastal communities in developing resilience measures specifically related to the threat of sea-level rise and climate change. Anchoring the PLC's discussion were presentations on improving regional partnerships and data sharing and analysis across all stakeholders. The report concludes with an action plan calling for greater communications and multidisciplinary data analysis that includes economic cost impacts affecting coastal as well as noncoastal communities across the country.

The plan also references the need for widespread integration of coastal resilience into other disciplines that will be affected by climate change – including infrastructure planning, civil engineering, etc. Underpinning these recommendations are NOAA's coastal grant programs, which enjoy broad support not only from grant recipients but from local and regional stakeholders as well. A [list of 2015-2016 grant recipients](#) shows that these recipients target vulnerable communities, where the need to incorporate climate change data into community plans and policies is critical. NOAA's website cites that its focus is on, “comprehensive regional approaches that use science-based solutions and rely on collaborative partnerships to ensure success,” which is echoed in the PLC report.

### **Current Grant Programs & Funding**

“I’ve been really impressed with [NOAA’s Coastal Resiliency] grant program,” said Dr. James Hurley, director Wisconsin Sea Grant and current president of the 33-program Sea Grant Association during an interview on 14 March 2017. “It’s a program that tends to cross NOAA line offices due to the process involved in grant applications. It originates from NOAA’s National Ocean Service (NOS), but some of the final projects span other offices like Oceanic and Atmospheric Research (OAR). That in particular is due to the success of Sea Grant as leaders or partners in six of the twelve funded projects.” A group of Wisconsin investigators recently submitted a proposal to the current fiscal year, which hopefully will further investigate coastal processes affecting Lake Michigan – including the nearly four-foot lake level rise in just the past three years.

Being an inherently multidisciplinary approach funded by a multidisciplinary agency, NOAA’s Coastal Resiliency Grant Program is well positioned to serve as an effective steward of grant funding supporting coastal resilience efforts and the PLC report’s Action Plan. Whether these funds will be eliminated remains to be seen as the FY18 budget is finalized in the coming months. Rest assured that the 39% of the U.S. population (and growing) that live in counties directly on the coastline will be [should be] aware of where the budget axe falls.

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*Rodrigo (Roddy) Moscoso is the executive director of the Capital Wireless Information Net (CapWIN) Program at the University of Maryland, which provides software and mission-critical data access services to first responders in and across dozens of jurisdictions, disciplines, and levels of government. Formerly with IBM Business Consulting Services, he has more than 20 years of experience supporting large-scale implementation projects for information technology, and extensive experience in several related fields such as change management, business process reengineering, human resources, and communications.*

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# Border Control Challenges – A Year Later

By Robert C. Hutchinson

*One year ago, DomPrep convened subject matter experts to discuss their experiences with and knowledge about border control challenges. A lot has happened in that year, so it is time to examine what has changed, what still needs to be addressed, and what will likely still be discussed a year from now.*

In March 2016, 28 subject matter experts from the public and private sectors participated in a [roundtable discussion](#) at Florida International University in Miami to discuss the impact of numerous border control issues on homeland security and public safety. The discussions ranged from legal and illegal immigration to visa waiver and overstay concerns to international public health threats. From within those topics, valuable conversations included the refugee crisis in Europe, the expansion of relations with Cuba, the Ebola virus, and other emerging global health threats.

In the past year, many of the concerns have evolved along with international and national policy changes and responses by affected nations and organizations. However, the majority of issues have not been resolved but transformed into different or broader border security challenges requiring serious focus and resources to address before the next evolution. Many border security challenges changed, but not necessarily due to directed planning, preparedness, and action, but because of time.

## ***Evolving Cuban Policy***

A topic of special interest one year ago in the South Florida area was the quickly changing United States foreign policy with Cuba. The roundtable discussed the controversial “wet foot, dry foot” policy for determining which Cuban migrants could stay in the United States. In the marine or maritime environment, this subject has always been contentious due to safety and political concerns. The topic became even more relevant due to the approximately 50,000 Cuban nationals that had traveled through Mexico to the United States, a new and growing route at that time that automatically provided a dry foot status for entry. The majority of these Cuban migrants reportedly intended to travel to South Florida after their immigration processing in Texas.

Over the past year, the previous administration continued to advance a new foreign policy with Cuba, further expanding trade and travel that had not been seen for over 50 years. These policy changes had a great political, social, and financial impact on the South Florida region as well as the entire United States. One of the greatest policy changes was the no-notice [rescinding of the “wet foot, dry foot” policy](#). The unexpected cancellation of this over 20-year policy changed the dynamic of border enforcement on the land and marine borders with very little warning to the agencies that secure the border.

Beyond the new policy involving the interdiction of Cuban migrants attempting to enter the United States, the future removal of Cuban nationals from the United States to Cuba

remains an extraordinarily divisive and volatile subject due to decades-old practices and preferences. It is still unknown if the new administration shall cancel or modify any of the policy changes involving Cuba and Cuban nationals.

### ***Public Health Concerns***

The discussions regarding public health concerns were wide-ranging a year ago with the diminishing Ebola virus outbreak in Africa and the continued concern for its next emergence or another serious infectious disease. The Zika virus was emerging on the radar screen as the newest public health threat that ignored physical borders, strategies, and policies during the discussions.

Information infrastructures were identified as critical for communicating risk factors and determining if people are traveling from high-risk areas during outbreaks. It was agreed upon that public health surveillance capabilities varied in countries around the world, which affected U.S. strategy and policy. It was also agreed upon that lessons were not fully learned from the Ebola virus and other previous infectious disease outbreaks to establish a level of preparedness needed for the future.

One of the many roundtable concerns was that public health agencies often do not understand law enforcement authorities, responsibilities, expectations, and preparedness levels – and vice versa. The infrequent utilization of quarantine and isolation laws results in confusion for which agency or organization is in charge of coordination and enforcement – public health, law enforcement, military, or local officials. The great confusion and conflict for the initial reaction and response to the Ebola virus in the United States demonstrated this challenge for the roundtable.

*Concerns have evolved and policies have changed, but many unresolved issues have simply been transformed into different or broader border security challenges.*

One of the roundtable subject matter experts dispelled the myth that the Centers for Disease Control and Prevention (CDC) has the resources to sufficiently cover and screen the

numerous ports of entry for the hundreds of thousands of legal entries into the United States each day. Due to its limited resources, CDC leverages the border security resources of the Department of Homeland Security (DHS) to assist in public health surveillance, screening, and enforcement. However, internal government audits questioned the preparedness of DHS components to adequately plan for and respond to a serious pandemic threat in the border environment.

The DHS Office of Inspector General (OIG) issued a report in 2014, entitled “[DHS Has Not Effectively Managed Pandemic Personal Protective Equipment and Antiviral Medical Countermeasures](#).” In January 2016, DHS OIG released an [audit report](#) regarding the department’s response to the 2014 Ebola virus outbreak, which found that DHS components did not ensure that all personnel received adequate training on the passenger screening process or the use of certain protective equipment. In October 2016, DHS OIG released a

follow-up report entitled “[DHS Pandemic Planning Needs Better Oversight, Training, and Execution](#),” indicating that DHS cannot be assured that its preparedness plans can be executed effectively during a pandemic event.

Since the roundtable, the [CDC issued a new rule](#) to improve and modernize its abilities to respond to infectious diseases by expanding its powers to screen, test, and quarantine people traveling into the United States as well as interstate travel. According to the CDC, the new rule, effective 21 March 2017, improves its ability to protect against the introduction, transmission, and spread of communicable diseases while ensuring due process. Unfortunately, this new rule, which is viewed as overdue and critical by many involved in the border security and public health fields, is seen as a serious threat to [civil liberties](#) to many others.

### ***Visas, Waivers & Overstays***

A year ago, there was a strong focus by the roundtable participants on the threat of foreign fighters entering the United States from visa waiver nations. The flow of migrants and refugees from the Middle East into Europe, as well as the returning foreign fighters from that region, was a topic of serious discussion and concern for the ease of entry into the United States. Recent terrorist attacks in Europe only strengthened these fears and concerns.

One year later, the topic remains relevant, but from a different angle. The new administration executed executive orders to expand visa and entry screening for persons from seven nations, many with ongoing conflicts; it was later reduced to six countries. Rather than focusing on visa waiver nations and travelers from conflict zones, it focused on nations of concern from the previous and current administrations. It shall be interesting to assess the relevancy of both concerns one year from now. The focus and interest shall likely track closely with the frequency and severity of terrorist attacks in Europe and around the world involving subjects from those nations.

In June 2016, it was estimated during a [congressional hearing](#) that as many as five million foreign nationals had overstayed their visas and illegally remained in the United States over the years. The subject of travelers overstaying their permitted amount of time and remaining in the United States without a robust process to identify and document their departure also faded from frequent discussion over the past year, especially when compared to the expansion of interior immigration enforcement under the new administration. This increase in the arrest and removal



of illegal aliens appeared to be a new policy, but was actually returning to the policies from earlier in the decade. The return to routine interior immigration enforcement operations shall address both visa overstays and entry without inspection of border crossers – the segment most often identified as illegal aliens.

The topic of discussion a year from now may likely be the abuse of immigration programs such as the [U visa program](#). U visas were designed for victims of certain crimes who have suffered mental or physical abuse and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity. However, the U visa program has reportedly been abused with little oversight, creating a considerable vulnerability for public safety and homeland security.

Senate and House Judiciary Committee Chairmen identified [significant fraud](#) within the U visa program through falsified applications and the ignoring of congressional limits for the program. According to congressional findings, recent cases have highlighted how the program is being exploited through falsified police reports and bribes to secure U visas, thus allowing foreign nationals to avoid deportation; whistleblowers report that illicit activity to secure U visas is common. Program oversight has been reportedly insufficient, thus allowing improper utilization and further delaying deportation well beyond the legal limits and eligibility for the program. This program could be leveraged not only by criminal aliens and other undeserving applicants, but also by those who wish to do even greater harm by exploiting this vulnerability to remain out of detention and in the country for years pending a review or hearing.

### ***One Year Later***

One thing that has not changed since the roundtable is that, in a global environment, border security is not confined to geographical boundaries. It remains critical to expand physical boundaries and capture information throughout the entire emergency preparedness and homeland security enterprise. Border security remains a critical yet controversial subject that requires constant attention in an ever-changing world.

A year from now the conversations may have changed, but the fundamental challenges and threats may appear rather familiar. The topics shall likely include Cuban foreign and immigration policy changes, emerging public health threats such as pandemic influenza, and the misuse of the immigration system due to lack of oversight or fortitude. However, with a strong collaborative mindset and effort, many of these border control challenges can be addressed and mitigated, so focus may shift to new challenges in the future.

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