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The Dopplerian Resonance Effect on Continual Preparedness

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There are several events in recent memory of such national significance that they have caused a lasting as well as dynamic change from "business as usual" in the disaster-response arena. Hurricane Andrew spawned the Stafford Act in 1988, for example, forever changing how the Federal Emergency Management Agency (FEMA) and other agencies respond to disasters. In 1996, the Nunn-Lugar-Domenici Act, based on the heightened threat of terrorism in the United States, gave birth to the Domestic Preparedness Program and the Office for Domestic Preparedness. However, the Stafford Act did not foresee the massive breakdowns that occurred between the states, the federal government, and local communities in response to Hurricane Katrina, and the Nunn-Lugar-Domenici Act did nothing to prepare for the massive resource coordination effort needed to respond to the 11 September 2001 terrorist attacks and to the release of anthrax at several offices on Capitol Hill and the testing of thousands of suspected packages with "white powdery substances" that followed shortly thereafter.

It seems, unfortunately, that the further the American people get from events like September 11, the more complacent and unguarded they become – and vigilance seems to be on pause in personal and corporate as well as government planning. Even the threat of a pandemic influenza, a frightening topic only a year ago, barely gets a mention today outside of planning circles, showing up, if at all, as a distant blip on the nation's collective radar screen. This is a far cry from the period immediately after the 9/11 attacks, when there was a surge of family-created disaster plans, businesses hosted workshops to educate their employees on what to do in an emergency, and there was more coordination between and among all levels of government, private industry, and individual citizens.

Today, there are several initiatives focused on public-health and healthcare-response planning, the penultimate area of critical-infrastructure focus for ensuring population-based safety and survivability under conditions of severe environmental duress. The Joint Task Force National Capital Region - Medical (JTF-CapMed) initiative represents an effort to assist the nation's civilian and military public-health and healthcare infrastructure to join forces in a network-centric, collaborative architecture for incident management and response. This effort might well serve as a national template for private industry to enter into an even greater cooperative and collaborative preparedness and response framework. If successful, JTF-CapMed would certainly represent a highly repeatable approach to regional-preparedness and response-planning efforts.

Money Well Spent; Capabilities Well Achieved

It seems clear that all of the hundreds of millions of dollars that have been spent on equipment and interoperability initiatives in recent years have significantly improved the day-to-day readiness capabilities of local communities throughout the United States. However, those capabilities have never been consolidated in a true regional or nationally coordinated response plan fully based on accepted NIMS (National Incident Management System) principles. There are large stores of emergency equipment now in place throughout the country, to cite one example of increased capabilities, but one could challenge most jurisdictions to specifically identify where that equipment is stored, and whether it is operational or not.

Corporate business planning, moreover, is now seen as a luxury in today's unstable economy. In addition, many if not all families and individual citizens seem to be motivated only by the most recent disaster affecting them personally. Anyone asking a New Yorker if his city has a hurricane plan in place, and then asking the same question of a resident of New Orleans would almost certainly receive two different answers.

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Which brings up a reasonable but absolutely necessary question: Why are the American people not better prepared today? One at least partial answer is what might be called the "Dopplerian Resonance of Disasters" – a term coined by the former chief medical planner for the U.S. Department of Defense, Pietro (Peter) Marghella. As he explains it, "Much like a train speeding toward a station, early warning systems, intelligence resources, and detection and surveillance assets allow us to *feel* the vibrational resonance of an approaching disaster. We, of course, can choose to take actions to improve our posture of preparedness once the vibration is felt.

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"Or we can choose to ignore it," he continues, "and hope that we won't be standing on the track when the 'train' explodes by us. Unless [we ourselves] ... have been hit by the disaster ... we tend to remember the event only to the extent that we feel that vibration; the longer the disaster moves away from us in time and space, the more likely we are to drop our guards and give less effort to preparing for the inevitable next disaster."

A Paradigm Shift to True Interoperability

The best and perhaps only way to be *better* prepared, though, is to be *always* prepared. It is not sufficient simply to write a comprehensive emergency-management plan, or a medical-response plan, publish it, and then file it away. The plan starts to become outdated the second it is printed. It is time, therefore, to embrace the idea of "Continual Preparedness."

But Continual Preparedness takes planning, a lot of planning, and the integrated response that follows it, to an entirely new level. It also assumes the involvement of all stakeholders ranging from government agencies and non-profit organizations to private industry and individual citizens. Finally, for the plan to be truly effective and ready for use in an actual emergency, it must be kept as current as possible -- or it will be forgotten just as quickly as the disaster that gave birth to the plan in the first place.

William (Bill) Josko, Vice President of Previsstar Inc. and a public-safety and homeland-security software expert, commented as follows on the current U.S. state of interoperability: "Technologies exist today that effectively bridge the chasm of collaboration and true interoperability in both communications and data environments." Josko further explained that having such standards in place as the National Information Exchange Model (NIEM), the Common Alerting Protocol (CAP), and the Information Sharing Environment (ISE), coupled with enabling technologies such as XML, Web Services, and other types of middleware – all operating within a systems-oriented architecture – allows true interoperability to finally become reality.

From a technical as well as technological perspective, therefore, there probably has never been a better time for stakeholders at all levels of society to truly interoperate and collaborate. However, in Josko's opinion, technology is not the real issue but, rather, the existing "silozation" of those multiple stakeholders -- in both the public and private sectors -- that inhibits collaboration toward unified planning and response that presents the greatest challenge.

Combining what Marghella and Josko have to say lends itself perfectly to the concept of Continual Preparedness. The United States must align people, processes, policy, and technology to, as Marghella often says, "Marry the planner's art with the planner's science." In short, to truly achieve a state of Continual Preparedness the United States must achieve a major paradigm shift characterized by meta-leadership among all of the stakeholders involved.

Adam Montella is Vice President of Homeland Security and Emergency Management Services for Previsstar Inc. and a nationally known emergency-management and homeland-security professional with more than 23 years direct experience in both government and the private sector. He served as the first general manager of emergency management for the Port Authority of New York and New Jersey in the period following the 11 September 2001 terrorist attacks and has served in many other emergency-management positions at all levels of government. A former member of the House Operations Recovery Team of the U.S. House of Representatives and of numerous local, state, national, and international emergency management associations, he also is a well known public speaker in his chosen field and a former recipient of Harvard University's prestigious Innovations in American Government Award.

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