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THESIS

STRENGTHENING AND EXPANDING THE CITIZEN CORPS

by

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March 2006

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The Citizen Corps (CC) is the primary Department of Homeland Security vehicle for achieving civilian preparedness. CC volunteers are included in the National Preparedness System (NPS) through various sponsoring agencies who determine the roles and functions of the volunteers within their organization. However, not defining the CC as an independent support function within the NPS makes it difficult to isolate data for the purpose of creating Target Capabilities Lists, measuring performance, and including volunteers in operations plans. This thesis posits that to achieve adequate civilian preparedness, the CC's roles and functions need to be restructured to align with the certification systems of the professional emergency response disciplines. CC certifications will also bridge gaps in the response continuum. The CC reorganization will modularize and isolate roles and functions for the purpose of strategic planning, measuring performance levels, serving as a predeployment civilian response, typing, credentialing, and pre-registering as an independent resource capability (which will be essential in planning for a pandemic and surge capacity needs). For planning purposes, and to add visual clarity to the CC roles and functions, the CC should be positioned as an independent Emergency Response Function within the National Response Plan.

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ABSTRACT

The Citizen Corps (CC) is the primary Department of Homeland Security vehicle for achieving civilian preparedness. CC volunteers are included in the National Preparedness System (NPS) through various sponsoring agencies who determine the roles and functions of the volunteers within their organization. However, not defining the CC as an independent support function within the NPS makes it difficult to isolate data for the purpose of creating Target Capabilities Lists, measuring performance, and including volunteers in operations plans. This thesis posits that to achieve adequate civilian preparedness, the CC's roles and functions need to be restructured to align with the certification systems of the professional emergency response disciplines. CC certifications will also bridge gaps in the response continuum. The CC reorganization will modularize and isolate roles and functions for the purpose of strategic planning, measuring performance levels, serving as a predeployment civilian response, typing, credentialing, and pre-registering as an independent resource capability (which will be essential in planning for a pandemic and surge capacity needs). For planning purposes, and to add visual clarity of the CC roles and functions, the CC should be positioned as an independent Emergency Response Function within the National Response Plan.

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LIST OF ACRONYMS AND ABBREVIATIONS

CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosive
DHS	Department of Homeland Security
FY	Fiscal Year
HHS	Department of Health and Human Services
HSC	Homeland Security Council
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
NRP	National Response Plan
ODP	Office for Domestic Preparedness
SLGCP	Office of State and Local Government Coordination and Preparedness (DHS)
TCL	Target Capabilities List
UTL	Universal Task List
WMD	Weapons of Mass Destruction

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I. INTRODUCTION

A. DESCRIPTION OF THE PROBLEM

The National Preparedness System (NPS)[1] was created as a result of the tragic events of 9/11/01 to create an interoperable and compatible national response that would align and leverage existing resources. The Citizen Corps was established as part of the NPS to accommodate the outpouring of requests from civilians who wanted to help in the response.

The Citizen Corps was developed through partnerships with pre-existing programs (including Citizen Corps Programs such as the Community Emergency Response Teams and the Neighborhood Watch Program) for the purpose of creating "well trained, better informed, and better prepared citizens to take care of themselves and others during times of crisis – allowing first responders to address the most critical needs."[2] The Citizen Corps also supports professional emergency responders in non-crisis situations. Citizen Corps volunteers are included in the NPS system through various sponsoring agencies who determine the roles and functions of the volunteers within their organizations.

The Citizen Corps is not an independent support function within the NPS, which makes it difficult to clearly identify and incorporate the Citizen Corps as a core capability within DHS's strategic and operations plans. The Citizen Corps' roles and functions within the national preparedness system remain ambiguous and fragmented. Training for the Citizen Corps' capabilities also does not align with the emergency professional response disciplines, adding greater ambiguity to Citizen Corps roles. In particular,

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[1] The National Preparedness System derives its authority from *Homeland Security Presidential Directives* 5, 7, and 8, and is comprised of seven core national initiatives. These initiatives include the National Incident Management System (NIMS), the National Response Plan (NRP), the National Infrastructure Protection Plan (NIPP), the National Preparedness Goal (NPG), Capabilities-Based Planning Tools (National Planning Scenarios, Universal Task List, Target Capabilities List), Homeland Security Grant Program Guidance, and National Preparedness Guidance.

[2] U.S. Department of Homeland Security, Citizen Corps website, http://www.citizencorps.gov/ppt/cc_overview_060804.ppt [Retrieved 10/22/05]

without a clear definition of roles and responsibilities, Citizen Corps participants face challenging questions regarding liability and other obligations during an emergency event.

This thesis examines the alignment of the Citizen Corps roles, function, and placement within the NPS. Thesis chapters include a discussion of the alignment of the Citizen Corps within the NPS and a comparative analysis of other volunteer organizations that observe and fill emergency response gaps. It concludes with a series of policy recommendations on engaging civilians as part of the continuum in the emergency response system.

1. **Background**

The Citizen Corps organizational structure begins with a dotted line relationship from the President to the USA Freedom Corps, the Citizen Corps' parent agency. The Freedom Corps, in term, is administered by the Corporation for National and Community Service in coordination with the Department of Homeland Security (DHS). Under direction from the President of the United States, DHS is to "encourage active citizen participation and involvement in preparedness efforts."[3] DHS performs this role through a Citizen Corps structure that includes state and territory Citizen Corps coordinators and points of contact who are appointed by their governor for the purpose of facilitating efforts between federal, state, local, and tribal governments and non-governmental partner organizations. This structure is organized locally through a series of Citizen Corps Councils.[4] DHS also adds support for the Citizen Corps initiatives through its Grants and Training office, which allocates billions of dollars of federal grant money to states, cities, and territories. To receive these federal funds, states, cities, and territories must produce strategy plans that include an active role for Citizen Corps activities.

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[3] The White House, *Homeland Security Presidential Directive/HSPD-8: National Preparedness* (December 17, 2003), http://www.fas.org/irp/offdocs/nspd/hspd-8.html [Retrieved 1/23/06]

[4] Citizen Corps, *A Guide for Local Officials*, http://www.citizencorps.gov/pdf/council.pdf [Retrieved 9/6/05]

The Citizen Corps' efforts are further supported by a National Citizen Corps Council that brings together leaders of national organizations and associations representing the emergency response disciplines, community and volunteer service organizations, government, and the private sector.[5] The purpose of the National Citizen Corps Council is to encourage collaborative efforts at the state, local, and tribal levels to support Citizen Corps initiatives. The National Citizen Corps Council describes its organizational and financial structure as follows: "membership does not encompass financial support from Citizen Corps or DHS nor is there any financial obligation from member organizations. The purpose of the Council is to foster collaboration; it is not intended as an advisory or governing body or to set national policy."[6]

There are five primary Citizen Corps Programs that include Community Emergency Response Teams (CERT), Fire Corps, Neighborhood Watch Program, Medical Reserve Corps (MRC), and Volunteers in Police Service (VIP). Each of these programs has its own organizational structure, functions, and training programs. DHS serves as a coordinating entity that facilitates volunteer opportunities under the Citizen Corps umbrella and also ties the Citizen Corps to NPS initiatives. In addition to these five programs, DHS coordinates an awareness program for the purpose of promoting core preparedness efforts for all community members. The DHS "Be Ready Campaign" and "Ready.gov" civilian awareness programs aim to increase the preparedness of the general public and increase collaborative efforts with local government agencies.[7]

Support for the Citizen Corps mission also includes a far reaching network of collaborating affiliate programs and organizations. Affiliates include the American Radio Relay League, Association of Public Television Stations, Civil Air Patrol,

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[5] Citizen Corps, *Citizen Corps Councils*, http://www.citizencorps.gov/councils/national.shtm [Retrieved 9/6/05]

[6] Ibid.

[7] U.S. Department of Homeland Security, Federal Emergency Management Agency, *Are You Ready? An In-depth Guide to Citizen Preparedness* (August 22, 2004), Preface, http://www.fema.gov/areyouready [Retrieved 1/20/06]; U.S. Department of Homeland Security,"Ready.gov" campaign, http://www.ready.gov [Retrieved 1/20/06].

Department of Education, National Crime Prevention Council, American Red Cross, National Voluntary Organizations Active in Disasters, Meal on Wheels, and many more. These partners offer Citizen Corps support and services that are beneficial to all aspects of securing the homeland.

Overall, the Citizen Corps has two tracks. One is an affiliate volunteer role that functions under an authorized agency. The other is a non-affiliated civilian preparedness role. Neither track, however, appears to have sufficiently met the expectations and needs of the national preparedness initiatives. In particular, the level of involvement of pre-existing programs in collaborative efforts to encourage civilian participation has been modest at best. The number of individuals reached is small and, with few exceptions, the organizational collaboration at local levels has remained limited. The compatibility of these local citizen preparedness activities with the larger NPS also appears tenuous and unclear.

B.   THE ROLE OF THE CITIZEN CORPS

DHS is in the early stages of developing both the NPS and the Citizen Corps, and the timing of this research coincides with the construction of the next phases of the NPS.[8] The primary challenge will be to align the Citizen Corps with the NPS so that the general public, professional emergency responders and agencies can more easily recognize and understand the Citizen Corps within the NPS.[9] However, the Citizen Corps will be

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[8] Keith Bea, "The National Preparedness System: Issues in the 109th Congress," (CRS Report for Congress, March 10, 2005). http://www.mipt.org/pdf/CRS_RL32803.pdf [Retrieved 10/22/05]; U.S. Department of Homeland Security, *State and Urban Area Homeland Security Strategy: Guidance on Aligning Strategies with the National Preparedness Goal* (July 22, 2005), 22. http://www.ojp.usdoj.gov/odp/docs/StrategyGuidance_22JUL2005.pdf [Retrieved 1/14/06].

[9] U.S. Congress, House, The Subcommittee on Economic Development, Public Buildings, & Emergency Management, *Hearing on "The National Preparedness System: What are we preparing for?"* (April 14, 2005), http://www.house.gov/transportation/pbed/04-14-05/04-14-05memo.html#PURPOSE [Retrieved 2/1/06]

challenged in establishing its place and moving civilian preparedness forward within the NPS until its roles and functions are clearly defined.[10]

The current role of the Citizen Corps volunteer is variable within the NPS because this role is determined by the lead agency that has accepted these volunteers to serve under its authority. Having the Citizen Corps' role defined by the individual supporting agencies within NPS leads to confusion about the Corps' core mission and the level of civilian preparedness. As one emergency manager described the confusion: "You don't fire bullets and you don't squirt water. I don't know what you do!"[11] Clearly, the Citizen Corps' role, function, and placement within the NPS requires a broad-based educational and training mission designed to clarify organizational roles and responsibilities, to ensure that all emergency partners understand the contribution that the Corps can make to achieve effective preparedness, and how those activities can be best linked to other parts of the National Preparedness System.

1. **The Professional Emergency Disciplines within the Context of the NPS**

The National Preparedness System (NPS) was created by several Presidential Directives for the purpose of addressing response-capability inventories, capability readiness, capability resource classifications, compatibility, interoperability, and common approaches to emergency planning that leverage pre-existing programs to cover all-disciplines and all-hazards.[12] The National Incident Management System (NIMS), which

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[10] U.S. Department of Homeland Security, *Target Capabilities List 2.0: A Companion to the National Preparedness Goal* (December 2005), 119-122, http://knxup2.hsdl.org/homesec/docs/dhs/nps21-011006-02.pdf [Retrieved 1/27/06]; Carol Freeman, Macro International Inc., "Post-Katrina survey on Household Preparedness" (December 22, 2005, unpublished paper); Hart-Teeter Research, The Council for Excellence in Government, "We the People: Homeland Security from the Citizens' Perspective," http://coexgov.securesites.net/admin/FormManager/filesuploading/FINAL_VERSION_PDF.pdf [Retrieved 1/22/06]

[11] Burt Wallrich, "The Evolving Role of Community Based Organizations in Disaster Recovery," *Natural Hazards Observer* XXI: 2 (November 1996).

[12] Bea, "National Preparedness System," 2; *Homeland Security Presidential Directive/HSPD-5; Homeland Security Presidential Direcitve/HSPD-8*.

is a companion document to the NPS, outlines processes for standardizing qualifications and certifications, course approval, resource typing, and credentialing.[13]

Professional emergency responders have more clarity regarding their roles within NPS than the Citizen Corps because professional responders have been in existence for a longer period of time, which gives them better public recognition. Professional emergency responders, such as EMTs, firefighters, and law enforcement are more established, because their roles and functions are legislatively adopted through state licensure standards. Professional emergency responder roles may need some clarification when defining new collaborative roles, such as intelligence sharing, but no one appears terribly confused about where these emergency responders (as opposed to the Citizen Corp) fit into the system. This clarity of functions makes it far easier to comply with the NPS strategies.

2.   The Citizen Corp within the Context of the NPS

The Fire Corps, CERT, Neighborhood Watch Program, and VIPS volunteers do not have certification standards that have been adopted by state licensing authorities. The MRC volunteers are an exception to the Citizen Corps certification issues. Emergency Medical Services (EMS) has a National Regulatory Board which creates standards that have been incorporated into state statutes.[14]   Many of the MRC volunteers have nationally recognized certification levels that make it easier to include them in strategies, policies, emergency plans, ICS, and mutual aid agreements. EMS also has a slightly

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[13] U.S. Department of Homeland Security, Federal Emergency Management Agency, *National Incident Management System* (March 1, 2004), http://www.fema.gov/pdf/nims/nims_doc_full.pdf [Retrieved 1/28/2006]; U.S. Department of Homeland Security, Federal Emergency Management Agency, *Resource Typing* http://www.fema.gov/onp/introstate.shtm#resource [Retrieved 2/1/06]; U.S. Department of Homeland Security, Federal Emergency Management Agency, NIMS Integration Center, *National Emergency Responder Credentialing System*, http://www.fema.gov/pdf/nims/credent_faq.pdf [Retrieved 2/1/06].

[14] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services website, http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05]; National Registry of Emergency Medical Technicians, "About the NREMT," http://www.nremt.org/about/mission_statement.asp [Retrieved 10/29/2005]

broader scope of certification levels, including basic levels, providing the MRC with a pool of state certified volunteers and tempering the certification issue.

The lack of legally recognized practice levels, for the majority of the Citizen Corps programs, makes leveraging the use of Corps volunteers in a response role more tenuous in the minds of the authorized agencies. The absence of a Citizen Corps Education System (CCES) that includes certification levels, scope of practices and curriculum standards that could be adopted into state statutes has meant that most of the parent agencies that sponsor Corps volunteers assign them to non-emergency support roles. Although these roles definitely need to be filled, they do not drive our nation toward improved preparedness, especially during the time interval preceding the arrival of professional emergency responders. The standardization of Citizen Corps capabilities may change its primary role of supporting emergency response agencies, but it will make Corps volunteers more valuable and their role more understandable to emergency responders. The consistency gained from standardizing Citizen Corps roles will make it possible to isolate and capture data that will provide a more realistic measurement of civilian preparedness and resource capability levels.

The classification of the Citizen Corps as a resource will require developing nationally recognized certification levels that bridge to successive levels within the professional emergency responder disciplines. This will allow states to easily adopt the Citizen Corps certifications into state statutes. It will also make it easer to include Corps volunteers in mutual aid agreements, accept them through EMAC, or utilize their services through FEMA. (Currently, the majority of the Citizen Corps volunteers must be hired first by FEMA, which then conducts the appropriate background checks, before deploying with the Corps.) This certification continuum should also include the civilians who do not need to affiliate with an agency. This inclusion will ensure response coverage across the full spectrum of the emergency response continuum so that the various roles are easier to understand and include within NPS.

The primary difference between the affiliate and non-affiliate roles has to do with liability and whether or not Corps volunteers are functioning under the oversight of an authorized agency. The issue of liability for volunteers will be addressed further in a later chapter.[15]

3.   Citizen Corps Non-Affiliates

The majority of the Citizen Corps' awareness efforts, such as the "Be Ready Campaign" and Ready.gov program, do not require affiliation with an agency. The Corps is not formally recognized as a responder in state and local strategic and operational response plans. The preparedness role of the non-affiliated civilian will be an important component in response capabilities during an incident because the general population is much larger than the number of professional emergency providers and non-affiliated civilians will have a much bigger and more visible presence during emergencies. For example, there is one firefighter for every 280 people, one sworn officer for every 385 people, and 1 EMT/paramedic for every 325 people.[16] In addition, in "95 percent of emergencies, bystanders or victims themselves are the first to provide emergency assistance or to perform the rescue."[17]

The non-affiliated population also provides a potential infrastructure for geographically pre-staging resources. Civilians are naturally interspersed within communities and their proportionally large numbers multiply the emergency responders' ability to respond to incidents. When professional emergency responders are not able to arrive on scene for several days, or the emergency system is overwhelmed, a prepared general population could be the strongest resource for providing an initial response.

The Neighborhood Watch program and the CERT programs are already geographically structured. Local emergency plans should be scaleable and can easily use

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[15] Nonprofit Risk Management Center, *Liability Laws for Charitable Organizations and Volunteers* (Updated 8/05), 9, , http://www.nonprofitrisk.org/pubs/PDFs/sll.pdf [Retrieved 03/21/06]

[16] U.S. Department of Homeland Security, Citizen Corps Introduction (PowerPoint Slide 10), http://www.citizencorps.gov/ppt/cc_overview_060804.ppt [Retrieved 10/22/05]

[17] Ibid., PowerPoint Slide 9.

the pre-existing geographic boundaries set by Citizen Corps councils. The use of geographically located and trained Corps volunteers and prepared civilians would help bridge the predeployment gap. The standardization and reorganization of civilian roles and functions will send a strong message to the general population that civilians have a responsibility for their preparedness and they are, in fact, responders.

Non-affiliated civilians who serve in a response role bring with them their own problems and challenges, including operational and legal issues. The issue of whose authority civilians serve under, no matter what their skill or certification level, is an important policy question. Spontaneous, uncoordinated rescuers can cause injuries, interfere with professional emergency response and rescue, and may represent liability issues. These liability issues could be reduced by creating scope of practice guidelines and curriculum standards that are recognized by professional emergency responder regulatory boards, national and state laws, volunteers, and civilians.

The liability of non-affiliated responders (e.g., a civilian bystander who gives CPR or the civilians who helped others at the World Trade Center) can be covered by the Good Samaritan Act. Even so, civilian bystanders who have received training that includes scope of practice and Incident Command System (ICS) awareness information would be less problematic in rescue operations.

All aspects of the Citizen Corps still need to be standardized in a way that allows civilian resource capabilities to be categorized. Adding the Citizen Corps as a new Emergency Support Function (ESF) within the National Response Plan may bring clarity to Citizen Corps roles and functions. The ESF could address issues such as predeployment response gaps,[18] pre-registered and credentialed civilian resources, civilian resource databases, capability inventories and the integration of civilians into exercise scenarios. Defining Citizen Corps roles, functions and placement within the

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[18] "Predeployment response" means a response by civilians prior to the arrival of professional emergency responders.

NPS would clarify the oversight responsibility for civilian preparedness, both for the civilians and the professional emergency response community.

The reorganization of the Citizen Corps will increase its effectiveness during catastrophic incidents that quickly overwhelm the nation's resources. The standardization of the Citizen Corps will allow greater predictability and stability – others will understand the role of the Citizen Corps and can expect a standardized level and quality of response. This will allow the Corps volunteers to be more effectively leveraged in more situations and provide a broader palette of modularized resources and creative solutions in managing emergencies. These are just a few of the many concerns and challenges in standardizing the role, functions, and placement of the Citizen Corps within the NPS. The remainder of this thesis will further explore the need and viability of such concepts.

C.   THESIS STRUCTURE

This thesis is organized into five chapters. Chapter I explains the problem addressed, its significance, and the structure of the thesis. Chapter II analyzes current NPS documents and Citizen Corps programs and organizational structure to identify inconsistencies that may deter Corps volunteers and civilians from participating in the NPS to the fullest extent possible before, during, and after an incident. These comparisons will be used to identify preparedness elements that need improvement and posit solutions.

Chapter III identifies case study models that most closely replicate Citizen Corps standardization gaps. The case studies are used as a benchmark to examine Citizen Corps weaknesses within the NPS by identifying alternative systems that have a proven track record in addressing issues similar to those of the Citizen Corps. The case studies are analogous with the professional emergency provider disciplines and serve as best practice models for the proposed Citizen Corps Preparedness System (CCPS) and Citizen Corps Educational System (CCES) components designed to integrate the Corps into NPS as an independent function.

Chapter IV offers a recommended Citizen Corps vision statement and applies a strategic planning format to address solution concepts identified in Chapter III. This strategic planning process addresses the main issues and tensions identified as issues for refining the Citizen Corps function within the NPS. This approach demonstrate the role of a facilitation team and analyzes the purpose of the performance, management, operation and implementation systems of the NPS and how the proposed Citizen Corps Preparedness system will align with both the emergency response disciplines and NPS. This chapter explores stakeholder input, organizational structures, leadership, curriculum standards/training, evaluation/performance measurements, and management systems to serve as a continuous improvement process for the Citizen Corps as it matures.

Chapter V analyzes the findings from the research and presents policy recommendations for strengthening and expanding the Citizen Corps within the NPS. Specifically, it identifies a breakdown in social connections, mores and social trust, and shows how the resultant breakdown directly affects the willingness of civilians to participate in preparedness efforts. DHS does not have the purview to fully ameliorate the social breakdown throughout American society; however, it is within its power to strengthen social trust by fostering and forging healthy core values of integrity, service, and stewardship.[19] DHS can support these core values by recruiting and retaining strong leadership and a personnel base that value and support its civilian stakeholders.

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[19] David M. Walker, "Integrity: Restoring Trust in American Business and the Accounting Profession" (November 26, 2002), 12, http://www.gao.gov/cghome/acpro122.pdf [Retrieved 3/6/06]

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II.   CITIZEN CORPS ALIGNMENT REVIEW

The concept of strengthening and expanding the Citizen Corps into a more mature structure will require understanding the relevance of the Corps within the context of the NPS.   There are many NPS documents that interlink to create interoperability, compatibility, common approaches, resource capability inventories, capability readiness, capability resource classifications, and emergency planning that leverage pre-existing programs to cover all-disciplines and all-hazards.   The NPS is actually a system of systems.   In order to determine how the Citizen Corps fits within the NPS, it will be important to perform a comparative analysis.

This comparative analysis will also assess how well the Citizen Corps is performing its preparedness mission within the NPS and determine what is working well, gaps, what needs improvement, and posit solutions.   It is important to first assess whether or not the Citizen Corps and the NPS missions align and if they are also in alignment with stakeholder expectations.   In addition, the following questions should be addressed: How prepared do we need to be?   What are the preparedness needs for civilians?   What are the roles, function, and placement of the Citizen Corps within NPS?   Do the civilians, Corps volunteers, emergency management community, and government agencies agree on the Citizen Corps role, function, and placement within the NPS?   What are the cultural issues that may be driving Citizen Corps and NPS organizational structures and plans? Who is responsible for implementing the Citizen Corps within the NPS and are there accountability systems in place?

These are important questions that need to be examined in order to determine the appropriateness of the CC roles, functions, and placement within the NPS.

A.   GOALS, DIRECTIVES, AND INITIATIVES THAT GUIDE AND REGULATE THE CITIZEN CORPS WITHIN THE NPS

The first place to begin the system gap analysis is to answer the question why we are doing what we are doing.   The laws, directives and initiatives that guide and regulate

the CC within the preparedness system will act as a lens through which to view this question. These laws, directives and initiatives will provide guidance as to the feasibility of recommendations made in this thesis.

1. National Preparedness System in Context

In 1974 Congress began adopting legislation to give the federal government a means to assist states and local governments during disasters. The Stafford Disaster Relief and Emergency Assistance Act is one of the better-known emergency relief acts. The most recent update of this Act occurred in 2000, paving the way for the Homeland Security Act of 2002. The 2002 Act granted the President "broad authority to implement a National Preparedness System."[20]

The trail of laws, directives, and goals that support the CC begins with the National Security Act 2002 and the foundations of the *National Strategy for Homeland Security* (*Strategy*). In 2003 Homeland Security Presidential Directives 5, 7, and 8[21/22/23] gave authority to DHS to develop the *Strategy's* sixth critical mission area, the *National Emergency Preparedness and Response*. This mission area is the one that most closely relates to the Citizen Corps.[24]

Figure 1 represents the relationship of the documents that makeup the NPS.[25] Each of the seven "National Initiatives" builds upon the others to accomplish the presidential directives that guide the NPS.

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[20] Subcommittee on Economic Development, Public Buildings, & Emergency Management, *Hearing on the National Preparedness System.*

[21] *Homeland Security Presidential Directive/HSPD-5.*

[22] *Homeland Security Presidential Directive/HSPD-7.*

[23] *Homeland Security Presidential Directive/HSPD-8.*

[24] Department of Homeland Security, *National Strategy for Homeland Security*, x, http://www.whitehouse.gov/homeland/book/nat_strat_hls.pdf [Retrieved 10/22/05]

[25] Bea, "National Preparedness System."
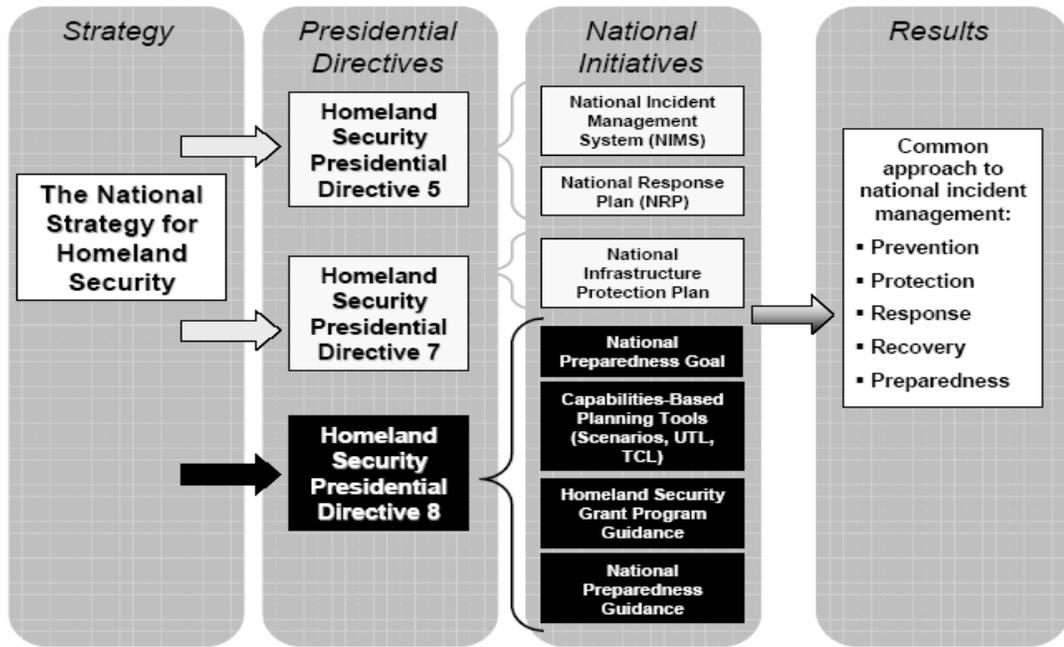
Figure 1.   National Preparedness System[26] (From Office of Justice Programs, 2005)

2.   Citizen Corps within the Context of the NPS

The call for Citizen Corps and civilian involvement is interspersed throughout the NPS documents. The system serves as a template to coordinate preparedness efforts that bridge multiple jurisdictions and multiple disciplines. An examination of the interrelatedness of these documents, their basic purpose and organizational structures, and how the Citizen Corps fits within them, shows that Corps roles, functions, and placement do not align. Several of the NPS documents are quite large (e.g., the Target Capabilities List is 508 pages). Therefore, the comparative analysis will filter out information that is not related to the Citizen Corps and reduce this information down to the core alignment issues. The following excerpts are a short synopsis of each of the NPS documents as they relate to Corps alignment issues within the NPS.

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[26] U.S. Department of Homeland Security, *Interim National Preparedness Goal: Homeland Security Presidential Directive 8: National Preparedness* (March 31, 2005), 2, http://www.ojp.usdoj.gov/odp/docs/InterimNationalPreparednessGoal_03-31-05_1.pdf [Revised 10/23/05]

The *Strategy's* _Emergency Preparedness and Response_ critical mission area calls for DHS to maintain and expand the Citizen Corps as a national program to "prepare volunteers for terrorism-related response support. If we can help individual citizens help themselves and their neighbors in the case of a local attack, we will improve our chances to save lives."[27] This strategy has been translated in the NPS documents as a request that emergency response agencies include the Corps in their emergency plans and training exercises.

HSPD-5, *Management of Domestic Incidents,* calls for a national, not federal, approach to a standardized incident management system. The document is a directive for federal agencies to define their roles and responsibilities in supporting state and local governments during an incident. This document also spells out the state and local responsibility in requesting assistance from the federal government. The expectation of the state and local government is that they will do everything in their power to align their strategies and emergency operations plans with the NPS. The federal government expects that state and local governments will meet a certain level of preparedness, as spelled out in the NRP, which equates to state and local governments shouldering their share of the financial responsibility for major incidents by acquiring and maintaining preparedness resources. The level of Citizen Corps preparedness will be a resource factor in mitigating the costs associated with major incidents.

The federalist approach means that the NRP and NIMS are based on a collaborative approach and this approach can also be seen in the Citizen Corps structure. This approach makes sense from the standpoint of flexibility to make decisions closer to the local level and match local needs; it is also less prescriptive and more descriptive. The system offers a template that leaves room for state, local, and tribal autonomy to develop strategies and emergency operation plans that best meet their specific needs. There is also a hope that this will create ownership, resiliency, and a regenerative approach to sustaining preparedness levels. Further, the structure mimics the type of

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[27] *National Strategy for Homeland Security*, 45.

cooperation and relationships that will be needed during real incidents. The federal government is encouraging participation through grant awards based on compliance with system implementation guidelines. Still, the preparedness system will not be built in its entirety immediately; DHS prioritizes risks based on threat, levels of preparedness and population, awarding grants for efforts that address the highest priorities.

This approach leaves the necessity of implementing individual of elements of the system open to interpretation and gaps may not be obvious until a major incident occurs. In addition, creating and implementing a response system using this approach could take longer than a national, one-size-fits-all, system. This temporal aspect will leave inchoate accountability and preparedness gaps in the system while it is being developed by federal, state, local and tribal agencies. The Hurricane Katrina incident exposed the difficulty of building a monolithic and cohesive system.[28/29/30/31/32] This is a critical axis where civilians, emergency responders and agency stakeholder expectations may come into conflict, especially during events like Hurricane Katrina. The success of such a large national undertaking will require engagement and collaboration by all stakeholders. The engagement of stakeholders will, in part, depend on their belief in and acceptance of a national preparedness system.   DHS will need to aggressively support facilitating

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[28] John Harrald, *Back to the Drawing Board: A First Look at Lessons Learned from Katrina* (The George Washington University, House Committee on Government Reform Hearings, September, 15, 2005), http://www.seas.gwu.edu/gwu/shared/Harrald_hurricane_testimony.doc [Retrieved 03/21/06]

[29] CNN.com, "People making decisions hesitated," September 13, 2005, http://www.cnn.com/2005/US/09/13/katrina.response/ [Retrieved 1/11/06]

[30] Robert Block, Amy Schatz, Gary Fields and Christopher Cooper, "Power Failure: Behind Poor Katrina Response, A Long Chain of Weak Links," *Wall Street Journal*, September 6, 2005, http://online.wsj.com/public/article/SB112597239277632387xYOQX_P04Q8UyBopbzTsXfSE_oA_20051 007.html?mod=blogs [Retrieved 1/11/06]

[31] ABC News/Washington Post Poll, Sept. 8-11, 2005, Poll Reporting.com, http://www.pollingreport.com/disasters2.htm [Retrieved 1/13/06]

[32] Henry A. Waxman and Charlie Melancon, "Essential Response Plan Not Completed Before Katrina," *American Chronicle,* November 1, 2005, http://www.americanchronicle.com/articles/viewArticle.asp?articleID=3410 [Retrieved 03/21/06]

stakeholder input, especially the Citizen Corps and civilian preparedness efforts, to gain a shared understanding, acceptance, and support for a cohesive national vision of preparedness.

The *HSPD-8 National Preparedness Guidelines* spell out "how" HSPD-5 should be implemented. This document also gives DHS responsibility for the Citizen Corps, but does not specifically describe how that should look within the NPS. It calls for a periodic review of best practices and "encourages"[33] citizen participation through cooperative efforts with and through emergency response agencies. Yet, is "encouragement" enough? Will it create a structure that will support civilians to reach the level of preparedness the needed for responding to emergencies, especially catastrophic incidents?

The issue of the Citizen Corps as an embedded component within the sponsoring agency, or as an unorganized civilian predeployment response within the NPS, brings up the question of whether "encouraging" agencies to include civilians is enough to ensure civilian preparedness. Any agencies may need more specific guidance and templates. Likewise, the CCES will address the current CC issues of oversight authority and liability.

Capabilities-Based Planning Tools were developed as an essential part of the "National Preparedness Goal, Guidance, and Grant" documents. This performance management system uses the capabilities-based planning tools[34] which include the "National Planning Scenarios," "Universal Task Lists," and "Target Capabilities Lists." This system was created to determine how we are doing, what our needs are, and what can be improved. These planning tools track the targeted benchmarks for implementation

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[33] *Homeland Security Presidential Directive/HSPD-8.*

[34] *Interim National Preparedness Goal,* 8.

of NPS documents and these reports constitute the first rudimentary steps toward measuring and reporting national preparedness.[35]

The Citizen Corps is also in the early stages of being integrated into the NPS documents and there are very few targeted benchmarks defined for the Corps. The Citizen Corps tracks the number of Citizen Corps Councils, and the number of Corps volunteers who have participated in one of the five Citizen Corps Programs. However, the ability to collect data elements that can be used to analyze the levels of performance is not available. Also, a central repository does not exist for verifying and tracking Citizen Corps resources and preparedness on a national or geographic level and much of the current data is either self- reported[36] or in the form of surveys.[37]

These are Citizen Corps maturation issues that will need to be addressed in order to determine Citizen Corps effectiveness, address response gaps for citizens waiting for professional emergency responders to arrive on scene, and aligning the Corps within the NPS.

B.   GAP ANALYSIS

1.   Stakeholder Satisfaction

Currently, it is difficult to survey Citizen Corps stakeholder preparedness levels because their roles and functions are not as clearly defined as the professional emergency responders. This creates a myriad of variables that make it difficult to isolate and capture data. In addition, civilians do not have a vehicle to voice their opinions about the direction of civilian preparedness. This may be partially due to the newness of the

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[35] U.S. Department of Homeland Security, *Performance and Accountability Report, FY 2006,* http://www.dhs.gov/interweb/assetlibrary/CFO_DHS2005PerformanceAccountabilityReport.pdf [Retrieved 1/11/06]; Anne M. Khademain, "Strengthening State and Local Terrorism Prevention and Response," in Donald F. Kettl, ed., *The Department of Homeland Security's First Year, A Report Card* (New York: The Century Foundation Press, 2004).

[36] U.S. Department of Homeland Security, *Citizen Corps Annual Report 2005*, 9, http://www.citizencorps.gov/news/reports/index.shtm [Retrieved 12/17/05]

[37] ORC Macro, "2003 Citizen Corps Survey of U.S. Households: Final Survey Report" (PowerPoint presentation submitted to DHS Citizen Corps), slide 44, http://www.citizencorps.gov/ppt/citizen_corps_2003_survey_results.ppt [Retrieved 2/13/06]

Citizen Corps and NPS. In a 2003 survey, only eight percent of respondents reported hearing of the Citizen Corps, and out of these eight percent, many could not accurately explain the function of the Corps.[38]

The success of the Citizen Corps will require finding ways to reach the public and increase Citizen Corps recognition. The Director for the Institute for Crisis, Disaster, and Risk Management testified that part of the response failures for Hurricane Katrina stem from confusing government preparedness with civilian preparedness and that more money is spent on training first responders than preparing the public.[39]

In addition, it would be helpful to survey the emergency response community on their thoughts regarding Citizen Corps roles and functions. This is a difficult subject to broach, because the social desirability effect may cause the emergency response community to give guarded responses. A facilitation team that is trusted by the emergency response community may help address tensions that result from blending predeployment responses, certification levels, and training exercises with civilians.

The Citizen Corps needs to have a clearer more visible placement within the NPS. Its roles and functions also need to be understood and accepted by the professional emergency response community. Therefore the concept of a Citizen Corps Preparedness System (CCPS) and Citizen Corps Educational System (CCES) is being proposed. The CCPS and CCES would more closely mirror the systems used by the professional emergency response disciplines and NPS structure.

2. Needs Assessment

The NPS and Citizen Corps are relatively new and there are few studies available from which to compare preparedness interventions to conclusively formulate findings that say whether or not practices will be effective. This brings up the need for consistent and clearly defined data collection definitions so that preparedness practices and interventions can be compared in a systematic way for purposes of identifying best

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[38] Ibid., slide 11; Council for Excellence in Government, "We the People," 7, 11.

[39] Harrald, "Back to the Drawing Board."

practices. The standardization of the Citizen Corps' roles and functions will also provide avenues for benchmarking best practices. The first stages of developing and determining what preparedness levels and types of interventions will be needed should include answering such questions as: *How prepared do we need to be? How prepared are we? How do we prioritize efforts to make improvements and close response gaps?*[40]

One of the difficulties in determining emergency preparedness needs, whether for the broader NPS or the Citizens Corps only, is that there is no consensus on what defines "preparedness."[41] In addition, there is no viable way for the nation to fully protect itself or prepare for every vulnerability or potential incident; however, it is possible to strive for a continuum of improvement as the NPS and Citizen Corps matures.

Professional emergency responders identified their response needs by creating scenarios that mirrored all types of catastrophic hazards for catastrophic incidents requiring a collective national response. These scenarios assisted planners in identifying common tasks that would need to be accomplished during each of the fifteen scenarios. The scenarios were used as a building block to determine levels and amounts of resource capabilities needed for a response. In addition, this information was used as a planning tool to determine risks and prioritize benchmarks for the incremental implementation of preparedness capabilities. However, these National Scenarios and Universal Task List (UTL) do not specifically include a neighborhood response prior to professional emergency responders arriving on scene.

The current role of civilians in the national scenarios is one of either supporting emergency responders or serving as victims. This creates a critical gap in assessing preparedness needs; the validity of the current preparedness measurements is skewed when only professional emergency responder performance is being quantitatively and qualitatively measured as a response element. It will be important to design National Planning Scenarios that reflect what will be needed for a civilian response prior to the

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[40] *State and Urban Area Homeland Security Strategy*, 5.

[41] Bea, "National Preparedness System."

arrival of professional emergency responders and how civilians transition into a supporting role after the professional emergency responders arrive on scene.

In addition, it is especially important to prioritize risks because preparedness can not be achieved all at once; the breadth of vulnerabilities and the burden on resources is too great. The Citizen Corps capabilities are currently being determined by counting the number of Citizen Corps Councils, training hours, self-reported memberships, and recording best practices among the Citizen Corps sponsoring agencies. It will be important to determine stand alone civilian roles and functions before more concrete qualitative and quantitative data can be collected. This might explain why the recent Hurricane Katrina report stated, "Ours was a response that could not adequately accept civilian…generosity."[42]

3.   Performance Measurements

The questions of how prepared are we and how prepared do we need to be, can be better answered if systematically collected data is available to decision-makers. There are currently several ways that the Citizen Corps attempts to measure preparedness levels. However, the Hurricane Katrina disaster empirically showed that the levels of civilian preparedness were either non-existent or inadequate.[43] The following examines the performance measurements currently in use and the areas that need improvement.

DHS requires the Citizen Corps to submit an Initial Strategy Implementation Plan (ISIP) and Biannual Strategy Implementation Review (BSIR), but it is unclear how this

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[42] U.S. Congress, House, "A Failure of Initiative: Final Report of the Select Bipartisan Committee to Investigate the Preparation for the Response to Hurricane Katrina," February 15, 2006, 2, http://gpoacess.gov/congress/index.html [Retrieved 2/15/06]

[43] Columbia University, Mailman School of Public Health, Marist College Institute for Public Opinion, "Snapshot 2005: Where the American Public Stands on Terrorism and Preparedness Four Years after September 11: Confusion, Loss of Confidence, and Unmet Challenges," http://www.ncdp.mailman.columbia.edu/files/NCDP_2005_Annual_Survey_Overview.pdf [Retrieved 03/21/06]; Block et al., "Power Failure;" CNN.com, "People Making Decisions Hesitated;" New York Academy of Medicine, Center for the Advancement of Collaborative Strategies in Health, "Redefining Readiness: Terrorism Planning Through the Eyes of the Public," February 11, 2006, v, viii, http://www.cacsh.org/pdf/RedefiningReadinessStudy.pdf [Retrieved 2/13/06]; New York Academy of Medicine, Center for the Advancement of Collaborative Strategies in Health, "Redefining Readiness: Terrorism Planning Through the Eyes of the Public," February 11, 2006, v, viii, http://www.cacsh.org/pdf/RedefiningReadinessStudy.pdf [Retrieved 2/13/06]

information is being utilized to determine civilian preparedness.[44] Again, this points up the problems with the Citizen Corps and civilian roles and functions within the NPS and the need for the Corps to be measured as an independent response function to isolate and determine the quality or level of performance, capability, and capacity.

The system uses Capabilities-Based Planning Tools to set benchmarks and evaluate performance levels.[45] However, the data collected for the Citizen Corps are not as well defined as for the professional emergency responders. This may affect the ability of decision-makers to determine civilian preparedness interventions.

The surveys and polls reflecting civilian preparedness levels are being used in the absence of systematic and well-defined methods of determine performance levels. The civilian perspective on preparedness shows that only twelve percent of the population reported being prepared for multiple hazards, while thirty-nine percent reported not being prepared for any disaster.[46] These figures are similar to other surveys, but there are some variances depending upon the wording of the survey.[47] For catastrophic disasters, such as Hurricane Katrina, only thirteen percent report having a neighborhood plan in place.[48] The barrier to personal and neighborhood preparedness planning seems to lie in a lack of knowledge and facilitation skills. However, sixty-three percent thought neighborhood collaboration was important, forty percent said they would volunteer if opportunities

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[44] U.S. Department of Homeland Security, *Guidance for ISIP and BSIR: Initial Strategy Implementation Plan (ISIP) and Biannual Strategy Implementation Report (BSIR),*http://www.vaemergency.com/grants/grantDocs/Guidance%20for%20ISIP%20and%20BSIR%20SHSP.doc [Retrieved 1/21/06]; *Citizen Corps Annual Report 2005*.

[45] *Interim National Preparedness Goal*, 8; Kettl, ed., *Department of Homeland Security's First Year,* 7; Presentation and interview with David Kaufman, Deputy Director, Preparedness Programs, Office of Grants and Training, Department of Homeland Security, Monterey, California, January 8 and 9, 2006; *Performance and Accountability Report, FY 2006.*

[46] ORC Macro, "2003 Citizen Corps Survey of U.S. Households," slide 6.

[47] Hart-Teeter Research, The Council for Excellence in Government, "From the Home Front to the Front Lines: America Speaks Out About Homeland Security," 4, 25, 45, http://www.excelgov.org/admin/FormManager/filesuploading/Homeland_Full_Report.pdf [Retrieved 1/22/06]; ORC Macro, "A Quarterly Review of Citizen Preparedness Surveys."

[48] ORC Macro, "2003 Citizen Corps Survey of U.S. Households," slide 5.

were available, and seventy percent said they would be likely to develop a neighborhood plan if support were provided.[49] This further supports the assumption that civilians have a desire to be prepared.

The concept of the Citizen Corps as an independent function by creating a CCPS and a CCES component means that the Citizen Corps roles and functions will allow for easier NIMS typing and credentialing. Giving the Citizen Corps independent roles and functions will help in assessing resource inventory and capability levels for the Corps, which will be especially beneficial in identifying all surge capacity and rapid deployment needs.

The DHS grants are also a component of the NPS performance tools. These grants are based on risk and compliance per the NPS document guidelines. The Citizen Corps is one of the NPS priorities for FY 2006,[50] and this priority is supported by the *Guidance on Aligning Strategies* and the *National Preparedness Goal* which encourage state, local, and tribal governments to "consider all sources of citizen and community support from those responsible for the coordination of citizen education, communication, training, participation, and volunteer activities."[51] Again, the Citizen Corps' roles and functions, as a response resource, are not as well defined as those of the professional emergency providers.

4. Citizen Corps Roles and Responsibilities

The current Citizen Corps structure is driven by local oversight authority and liability concerns. The oversight of Citizen Corps activities is the main point of discussion in this thesis, which calls for the creation of broad-based educational system where the Citizen Corps has independent roles and functions within the NPS. The roles of the Corps can be broken down into two categories: non-affiliated and affiliated. These two tracks are show in Table 1.

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[49] ORC Macro, "2003 Citizen Corps Survey of U.S. Households,"slide 7.

[50] *State and Urban Area Homeland Security Strategy*, 8.

[51] Ibid.

Table 1.   Proposed CC Preparedness Functions

Proposed Citizen Corps Preparedness Functions
Citizen Corps Non-Affiliated   *"Predeployment Neighborhood Initial Reaction Response"*   - Bystander Response   - Civilian Preparedness
Citizen Corps Affiliated   - Crisis Support to Emergency Response Agencies   - Non-Crisis Support to Emergency Response Agencies   - Mutual Aid Support through FEMA, EMAC or Affiliate Volunteer Organizations (i.e., Red Cross)

The issue of whose authority a civilian serves under, whether as a volunteer or professional emergency provider, is an important policy question. This is because spontaneous, uncoordinated, rescuers can cause injuries, interfere with professional emergency response and rescue, and may create liability problems.

a.   Non-Affiliated Civilians

The following Scenario is an example of a non-affiliate role and function:

A "non-affiliated" bystander recognizes that a person is showing signs of a heart attack and calls 911. Another person gives CPR after the person collapses. EMS arrives on scene and the patient is transferred to the next higher level of care while the bystander transitions to a support role and continues providing CPR.

This demonstrates the successful transfer of care between civilians and professional emergency responders. The role of both civilian awareness and basic skills is significant, especially when considering that once the heart stops, brain damage begins within four minutes, and every minute without an Automated External Defibrillator (AED) reduces the chances of survival by ten percent. The non-affiliate response role begins when a person recognizes there is an emergency and calls for help. Recognizing

an emergency is critical because it buys the victim time until Advanced (Cardiac) Life Support and an AED arrive on scene.   This demonstrates that civilian rescuers are an important part of the response continuum. In a survey of Hurricane Katrina survivors, twenty-four percent said that they rescued themselves and twenty-five percent said that friends or neighbors rescued them – only seven percent said they were rescued by police or firefighters.[52]

This lends credence to the potential for civilians to serve in a blended response with emergency professional responders and supports the concept of a national Citizen Corps scenario that includes a "Neighborhood Predeployment Initial Action Response." This would require implementing the CCPS and CCES for the purpose of formally recognizing the Citizen Corps' roles and functions. This would ensure Citizen Corps and civilian participation in training exercises and measuring Corps preparedness levels in a meaningful way.

The proposed predeployment response gap should also add a box to the Incident Command System (ICS) algorithm to include a "*Predeployment Neighborhood Initial Action Response*" system that initially shows a dotted line to the professional ICS. This system would follow the same model as the ICS. The Citizen Corps' "Ready Campaign"[53] and NPS documents have partially addressed this gap; however the "Ready Campaign" and "Ready.gov" programs need to be further defined before they can be more fully integrated into the NPS (and then into a predeployment Neighborhood Initial Action Response system).   In addition, the CCES would allow transitioning the predeployment neighborhood command to the professional ICS. This transfer could include a situation report, giving command another resource. The reorganization of the

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52 *Washington Post*, Kaiser Family Foundation, and Harvard University, "Survey of Hurricane Katrina Evacuees," September 2005, 8, http://www.kff.org/newsmedia/upload/7401.pdf [Retrieved 1/22/06]

53 Federal Emergency Management Agency, "Are You Ready?" Preface.

CC roles and functions should be added to the ICS algorithm by including Citizen Corps divisions/branches, task forces, single resources, or blended teams that are mixed with professional emergency responders.

b. *Affiliated Volunteers*

The Citizen Corps Affiliated Volunteer serves under the protocol and scope of practice defined by an authorized agency. The difference between affiliated and non-affiliated civilians has to do with an agency accepting liability and workers compensation responsibilities for a volunteer. The affiliated volunteer is covered for liability and workers compensation by the sponsoring agency that has accepted them as a volunteer; however, the volunteer is only covered when performing work that is authorized by the agency. The non-affiliated responder is covered under the Good Samaritan Law, which will be addressed further in later chapters.

5. National and State Recognized CC Certification and Licensure [54/55]

The five Citizen Corps programs do not have certification standards that have been adopted by professional emergency provider regulatory boards or state licensing authorities. Corps volunteers currently serve under the parameters set by the lead agency that has accepted them to serve under its authority and each agency determines the volunteer's role. As mentioned in the Roles and Responsibilities section of this chapter, determining how agencies leverage Corps volunteers during a crisis is tenuous in the minds of the emergency responders and agencies.

A solution for clarifying the Citizen Corps roles and functions may require reorganizing the professional emergency response disciplines to include the Citizen Corps so the full spectrum of response needs is covered as a continuum. The current continuum views civilians as needing to be rescued and not as predeployment rescuers or as rescue partners within the ICS. The professional emergency responder associations, regulatory boards, and the Citizen Corps should work together in developing a formalized

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54 Federal Emergency Management Agency, "Resource Typing."

55 Ibid., NIMS Integration Center, *National Emergency Responder Credentialing System*.

certification system that bridges Citizen Corps roles and functions to the more advanced skills of the professional emergency response disciplines. Ideally, the Citizen Corps and civilian roles should meld into a continuum with the existing professional certification levels so these roles are encapsulated and more easily understood. Finally, these functions should be updated in the NPS documents.

The concept of aligning Citizen Corps certification and licensure structures with the professional emergency response community entails several considerations. These communities have regulatory boards that determine certification levels/scope of practice, curriculum standards, and accreditation of the certifying institution. These elements must be recognized and adopted into state statutes that authorize state regulatory agencies to license providers.

Certifying roles it will also make it be easier to NIMS Type the Citizen Corps and civilian roles, functions and levels of response. The "encapsulation" of Citizen Corps roles and functions will allow modularized utilization of the Citizen Corps and civilians, based on population and risks, to determine the quantity and quality of resources needed for each type of hazard. Further, it will pave the way for NIMS Credentialing of Corps volunteers and civilians, including the appropriate background checks and other requirements for achieving rapid deployment through volunteer organizations, Mutual Aid, EMAC, or FEMA. The five Citizen Corps program partners should also align their recruitment policies with the national credentialing guidelines.

The benefit of creating scope of practice, guidelines, and curriculum standards that are recognized by professional emergency provider regulatory boards, national and state laws, volunteers, and civilians includes the potential to reduce liability and add clarity to how civilian capabilities can be leveraged. In addition, including scope of practice and ICS information in civilian awareness training would ease problems with spontaneous responders.

6. Training

The issue of training brings up liability and regulation issues and, invariably, concerns about quality assurances for Citizen Corps volunteers and civilians. Training

consistency and quality are especially critical when considering the shear number of people who will need to be trained and that some of these people may not have agency oversight. This section introduces the concept of a quality assurance program based on national Citizen Corps instructor and civilian certification standards. There is a need for quality assurance standards because there is a growing list of emergency training programs; by creating National Citizen Corps Instructor standards – along with a CCES that includes strict quality assurance measures – the Citizen Corps training will have "real meaning."[56]

Citizen Corps quality assurance issues should be addressed through collaborative efforts with the existing DHS Cooperative Training Outreach Program (CO-OP) and the proposed Citizen Corps Training Teams. The proposed CCES should include DHS Citizen Corps instructor, curriculum, and certification standards. These programs should be coordinated through the Citizen Corps Territory Coordinator and the state Citizen Corps Point of Contact. The purpose of using Citizen Corps instructors to provide train-the-trainer classes, Citizen Corps program training, Corps updates, and civilian awareness and preparedness programs will be to enhance quality assurance. Also, this type of instructor system could use a regional tiered training network to provide on-going training and updates. Citizens with disabilities should also be included in the planning and training, since they have training needs that are unique.

The implementation of the proposed CCES should be included in the NIMS processes, which include NIMS Resource Typing, approval for Technical Assistance Teams, course approval, and guidelines for the Cooperative Training Outreach Program (CO-OP).[57/58/59/60]

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[56] Paul C. Light, "The Katrina Effect on American Preparedness—A Report on the Lessons Americans Learned in Watching the Katrina Catastrophe Unfold" (New York: New York University Center for Catastrophe Preparedness and Response, November 8, 2005), 8, https://www.mmrs.fema.gov/news/threats/2005/oct/nthr2005-11-21a.aspx [Retrieved 2/13/06]

[57] Federal Emergency Management Agency, NIMS Integration Center, http://www.fema.gov/nims/ [Retrieved 1/31/06]

a. *Americans with Disabilities Act*

The Americans with Disabilities Act (ADA) is another area of consideration for the Citizen Corps, especially in the area of accommodations and training. The issues regarding non-profit training organizations have been thoroughly addressed in the *Americans with Disabilities Act (ADA): Accommodations Resources Guide for Conducting and Administering Health and Safety Service Courses.*[61] However, integration of citizens with disabilities should also be taken into consideration when conducting NIMS Resource Typing for the Citizen Corps. The resource typing, emergency plans, TCL and scenario exercises should take into consideration the value that Americans with disabilities can add to the emergency planning process, Citizen Corps response support, scenario exercises, and preparedness measurements.

ADA compliance is an especially tough issue for instructors who may have limited resources to accommodate students with disabilities. This is because instructors who train volunteers (in first aid, CPR, etc.) are often not able to charge enough to break even on the courses they offer and may not be able to afford to rent classrooms that are ADA compliant.[62] Including citizens with disabilities will require a collaborative effort on the part of strategic planners and ADA representatives to determine the best way to support training and additional preparedness considerations.

7. Implementation

The implementation of the NPS has significantly added to an already heavy workload for emergency response leaders. In addition to time limitations, the supporting

[58] U.S. Department of Homeland Security, Federal Emergency Management Agency, *Resource Management and Mutual Aid*, http://www.fema.gov/nims/mutual_aid.shtm [Retrieved 1/31/06]

[59] Federal Emergency Management Agency, NIMS Integration Center, *Resource Typing Guidance*, April 4, 2005, http://www.fema.gov/pdf/nims/resourcetyping.pdf [Retrieved 1/31/06]

[60] U.S. Department of Homeland Security, *FY 2006 Homeland Security Grant Program: Program Guidance and Application Kit*, December 2006, 38, 40-41, http://www.ojp.usdoj.gov/odp/docs/fy2006hsgp.pdf [Retrieved 1/30/06]

[61] The American Red Cross, *Americans with Disabilities Act (ADA): Accommodations Resources Guide for Conducting and Administering Health and Safety Service Courses*, 2004, http://www.redcross.org/services/hss/resources/adaresourceguide.pdf [Retrieved 11/3/05]

[62] Ibid.

Citizen Corps organizations may not have the skills necessary to take the lead in sponsoring training and including civilians in their response plans and exercises.

The Citizen Corps level of involvement and citizen preparedness vary significantly in every state, local, and tribal jurisdiction. The Citizen Corps is fragmented by the different needs of each state, local, and tribal jurisdiction. This may explain why citizens are unaware of many of the civilian preparedness programs available and that surveys show civilians are interested in participating, but do not know how to get started.[63/64/65]

The professional emergency response community has expressed frustration with what they see as a lack of interest in their outreach efforts on the part of civilians. However, there are also professional emergency providers who do not see a place for civilians.[66] Conversely, civilians are frustrated by what they see as a lack of opportunities that match their skills and abilities. This is a good example of where a DHS Technical Assistance Program could be used to develop Citizen Corps facilitation, training, and evaluation teams. These teams could be adapted to help promote and support civilian preparedness efforts.

8. Resiliency

There are several challenges involved in "encouraging" civilian participation in national and local preparedness efforts. Citizen Corps efforts will need to foster a regenerative and flexible civilian effort. The concept of resiliency will also need to address social connections, mores, and trust issues that could affect sustainable and regenerative loops in the Citizen Corps programs and in motivating civilian preparedness.

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[63] Columbia University, "Snapshot 2005."

[64] Council for Excellence in Government, "We the People."

[65] American Red Cross, "In the News: DHS Stress Personal Disaster Preparedness," July 20, 2004, http://www.redcross.org/article/0,1072,0_312_3033,00.html [Retrieved 1/13/06]

[66] These concerns, from both the volunteers and the professional emergency responder community, were related first-hand to the author during interactions while the author was serving as an instructor, facilitator, state-wide program administrator, national and state board member, conference presenter in general meetings, and as a firefighter and EMS provider.

It will also be important to create a system with a regenerative culture. The resiliency of the Citizen Corps will require building in social trust and motivational instruments. The subject of trust is a driving force in civilian preparedness and participation. As one Hurricane Katrina victim explained; "If you don't hear the message from someone you trust, you tend to be skeptical."[67]

The public trust and motivation issues surrounding civilian preparedness are also expressed in a New York Academy of Medicine survey which found that the current preparedness plans will not work. For example, the study found that only three-fifths of the population would go to a pandemic vaccination site and only two-fifths would shelter in-place as directed. The academy identified that the flaw in the plans arises from not involving civilians in the planning process; the plans also excluded issues that were important to civilians. In another survey, forty-four percent of the respondents felt that

the government's overall emergency preparedness has serious problems.[68] This survey also reported that sixty-one percent of the respondents did not feel that the government cares about them.[69]

Further, a large portion of the population believes they do not have influence over the development of plans.[70] The concept of a CCES, complete with a regulatory board, that aligns licensure with the professional emergency response disciplines, will help to establish a platform from which to create a Citizen Corps Association where civilians can share best practices and have a voice in preparedness efforts that affect themselves, their families, and neighborhood efforts.

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[67] Congress, "A Failure of Initiative," 20.

[68] ABC News/Washington Post Poll, "Hurricane Preparedness is Faulted; Fewer Blame Bush for Problems," September 4, 2005, http://edchange.org/pipermail/mcp_edchange.org/2005-September/000978.html [Retrieved 1/2006]

[69] Washington Post/Kaiser Family Foundation/Harvard University, "Survey of Hurricane Katrina Evacuees," 8.

[70] New York Academy of Medicine, "Redefining Readiness," v, viii.

The issue of resources to support the Citizen Corps can also affect preparedness efforts. The concept of resilience is especially important when considering that Citizen Corps preparedness funds and resources are limited and the consequences of not being prepared are high. It will take enormous time and effort to coordinate, integrate, and institutionalize a robust NPS and Citizen Corps. DHS should take a strong lead in facilitating civilian preparedness efforts; however, local government should also make this a priority. The concept of a consortium made up of local government and sponsoring agencies/organizations, for the purpose of pooling funds to support regional Citizen Corps facilitation and training teams, would build in an enterprise-wide resiliency. This approach also strengthens the Citizen Corps because it could potentially survive federal funding cuts.

9. Research

The research used to assess civilian preparedness, motivation, social trust, and volunteerism is vast. Research can identify trends and point to causal factors that affect preparedness efforts, especially those that block achieving social trust and credibility with the general public.

Public trust in research methodologies and protecting against conflict of interest issues surrounding research for the Citizen Corps and civilian preparedness efforts are important factors in civilian trust and volunteerism. For example, if the efficacy and risks of drugs used for a pandemic are solely interpreted by the pharmaceutical company making the vaccine, there is the potential for a conflict of interest that may negatively affect public trust.

10. Continuous Improvement

The NPS documents are designed to promote continuous improvement. However, if civilians are not also included in the system in a meaningful way, an important variable in the national response system will be missing. DHS needs to encourage and facilitate civilian input when developing strategies and emergency operation plans. A secured Citizen Corps website, password protected, based on Citizen Corps credentials and a reverse communication system that notifies stakeholders of emergent trends, best practices and guideline changes, will enhance opportunities for the inclusion of civilians

in the preparedness system. These communication outreach efforts will create avenues for increasing civilian involvement and preparedness. Civilians who are part of the process have more trust and good will toward society.

11. Conclusions

The analysis has identified the following gaps in the CC and civilian preparedness analysis.

Table 2.   Citizen Corps (CC) Gap Analysis

What are the Gaps?	Cont.
1. Stakeholder Satisfaction • Lack of stakeholder data and input at all levels • CC Associations and Input	**6. Training** • DHS CC *Training Teams* • DHS Continuous Training and Rollouts
2. Needs Assessment • National Citizen Corps Planning Scenarios and UTL • CC Risk and vulnerability assessment	**7. Implementation** • Update Strategic and Operations Plans to include the CC as a function • Update Emergency Strategies and Plans • DHS supported CC *Facilitation, training* • National CC Scenarios and Exercises
3. Performance Measurements • TCL (Based on Natl. CC Scenarios) • Best Practices • NIMS Compliance	**8. Resiliency** • Flexibility • Local Consortiums of Sponsoring CC Agencies • CC Association

4. Roles and Functions
• Non-affiliate CC
  ➢ Predeployment Function
  ➢ Bystander Response
  ➢ Civilian Preparedness
• Affiliated CC
  ➢ Crisis Support
  ➢ Non-Crisis Support
  ➢ Mutual Aid Support through FEMA, EMAC or Affiliate volunteer Organizations
	9. Research
	• Social Trust
	• Performance Measurement Methodologies
	• Volunteer Motivation

5. Certifications/Licensure
• Typing
• Credentialing
• Regulatory Boards
  -National and State Recognized
  -Liability
  -Accreditation
	10. Continuous Improvement
	• Best Practices
	• Update NPS Documents
	• DHS *Independent Evaluation Team*
	• Update NRP to include CC as an ESF and include new CC roles and functions within the ICS

C. NEXT STEPS

There is a gap in the response continuum between the predeployment intervals before professional emergency responders arrive on scene. Civilians are the most likely candidates to fill this gap; however their roles and functions would need to be reorganized and standardized to bridge the predeployment gap. Since the professional emergency response disciplines have existing systems and the national system is build upon those existing systems, it makes sense to adapt those models to the Citizen Corps.

There are several emergency response organizations that have a strong volunteer-base and could serve as case studies to explore the proposed CCPS and CCES. The case study models include the Emergency Medical Services (EMS) System, the American Heart Association (AHA), and the AHA Community Training Centers. The EMS System has a structure similar to the proposed Citizen Corps reorganization and is readily recognized and understood by both civilians and the professional emergency responder community. The AHA Community Training Centers have a structure well suited for training large civilian populations. The AHA is structured around a volunteer instructor training network that trains both "affiliated" and "non-affiliated" providers. These organizations serve as representative groups in the next chapter for examining best practices that could be applied to the proposed Citizen Corps Preparedness System and Citizen Corps Educational System component.

III.   COMPARATIVE CASE STUDY REVIEW

A.   ANALOGOUS CASE STUDY MODELS

This chapter explores case studies that are most analogous to the proposed Citizen Corps Preparedness System (CCPS) and Citizen Corps Education System (CCES) that will reorganize the Citizen Corps' structure to better align with other emergency response disciplines and the NPS. The case studies that are most analogous with the Citizen Corps' history, environment and proposed Citizen Corps reorganization concept include the following: National Emergency Medical Services System (EMS System), American Heart Association (AHA), and AHA Community Training Centers (CTC). These case studies all have national venues and educational systems, train large numbers of affiliate and non-affiliate providers, and their instructor networks are compatible with a larger emergency response system. Analysis of these case studies will help to discern best practices, negatives, and positives for the proposed Citizen Corps reorganization.

1.   Affiliated CC Model—National Emergency Medical Services
a.   History

The 1966 white paper, *Accidental Death and Disability: The Neglected Disease of Modern Society* was the catalyst for the creation of EMS Services as we know it today. The paper stated that needless deaths were occurring in epidemic proportions on our nation's highways due, primarily, to a lack of pre-hospital emergency care. The white paper identified causal factors, such as inappropriate ambulance designs, lack of equipment, and inadequately trained personnel.

The National Highway Traffic Safety Administration (NHTSA), under the U.S. Department of Transportation, was established by the Highway Safety Act of 1970 [71] and carries out programs under the National Traffic and Motor Vehicle Safety Act of

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[71] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services website,
http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05]

1966 and the Highway Safety Act of 1966.[72] The EMS safety initiative is carried out by NHTSA through the Emergency Medical Services Division.[73] "The goal of the EMS Division is to develop and enhance comprehensive emergency medical service systems to care for all injured or ill patients, not just those involved in vehicle-related crashes."[74] In the 1990s the NHTSA EMS Division and the Health Resources and Human Services Administration collaborated with EMS stakeholders to fund projects for developing strategies and goals for an EMS System. The outcome of this collaborative effort produced the 1996 *Emergency Medical Services Agenda for the Future* (*Agenda*).

b.   The EMS System

The *Agenda* evaluates the future role of EMS and its "context within a rapidly evolving health care system,"[75] and envisions the future of EMS as a community-based, fully integrated, component of the health care system. It forms the framework on which to build a standardized national emergency medical system that integrates pre-hospital care with other allied health care. The vision for the EMS System is designed around stakeholder input and participation; this is important when a one-size-fits-all approach is not appropriate or when there are already entrenched systems that can not be easily or affordably changed. The *Agenda* is structured to allow standardization while still allowing state authority and local flexibility.

The *Agenda* envisions an EMS System with fourteen components covering the integration of health services, EMS research, legislation and regulation, system finance, human resources, medical direction, education systems, pubic education, prevention, public access, communication systems, clinical care, information systems,

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[72] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services website,
http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05]

[73] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services website,
http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05]

[74] Ibid.

[75] Ibid., "Agenda for the Future," v.

and evaluation.[76]   The fourteen components of this EMS System are interrelated; however, one of the most foundational components upon which the pre-hospital care system is build has to do with education and licensure. As with the NPS, there are certain documents that need to be developed before other components can be fully developed. For example, the NIMS needed to be created before the NRP could be fully developed; and the national planning scenarios and UTL needed to be developed before the TCL could be fully developed. In the case of the EMS System, the EMS Educational System component is one of the principle, and first, documents that needed to be developed. The CCES is a foundational component within the proposed CCPS and it makes sense to follow the same approach as the EMS System and make the CCES a foundational priority.

      The main focus for the EMS case study will be on the EMS Education System component. The following documents[77] guide the EMS Educational System and were developed using lessons learned since EMS was established 30 years ago.

      (1) National EMS Education Agenda for the Future: A Systems Approach. This document describes the vision for EMS education and identifies five interdependent system components: core content, scope of practice, education standards, program accreditation, and certification. There are five planning committees, one for each of the five educational elements. Committee selection is determined by discipline or by the agency that is responsible for the respective educational component within the health care system. The work of each committee is to design documents that bridge and build upon each of the educational components. The multi-disciplinary committee approach bridges each function within the EMS System and creates checks and balances that ensure stakeholder input at all levels in the health care system. In addition, the

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[76] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services website, http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05]

[77] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services website, http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05]

recommendations in these documents are descriptive vs. prescriptive which would honor state, local, and tribal government authority. Each of the five educational system documents, as they relate to the proposed CCPS and CCES, are described below.[78]

(2) National EMS *Core Content.* This document deals primarily with medical oversight and lists central elements for an EMS course of study. Its development was led by the medical community with input from system regulators, educators, and providers. EMS providers are authorized to give patient care under the umbrella of the physician's license that is considered to be "providing" oversight. (EMS providers often do not work under the physical supervision of a medical director and oversight is substituted by protocols that are followed by EMS providers while out in the field.)

This document can be thought of as the physician's medical bag; the EMS providers are tools the physician uses to extend his or her ability to provide care in the field. The *Core Content* document contains all the knowledge and skills that physicians think EMS providers will need to serve as physician field assistants. Since the EMS providers are often in the field without the physician being on site, it is important to strive for continuous improvement within the system by building in mentorship opportunities, reviewing after-action run reports with EMS providers, and offering professional development opportunities. The EMS System has important parallels to the proposed CCPS and CCES that could be adapted to develop the Citizen Corps, such as oversight protocols, core content, and continuous improvement guidelines.

(3) National EMS Scope of Practice. The Scope of Practice is a system issue and the development of this document was led by system regulators, such as state EMS Directors. The need for the Scope of Practice arose from a survey which identified thirty-nine different state licensure levels between basic and advanced levels. This document divides the *Core Content* into levels of practice and defines the minimum

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[78] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services website,
http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05] "Agenda for the Future," 4.

knowledge and skills needed for each EMS provider level. The Scope of Practice Committee strove to create a comprehensive and integrated system that bridges from one provider level to another. The *Scope of Practice Model* is designed for easy adoption into state laws, rules, or regulatory agency processes.

The EMS system uses terms and titles that are the same as those used in the National Incident Management System, but the definitions are not the same. For example, the EMS title "first responder" is an entry level provider certification, but the national system uses the term to denote any emergency responder arriving on the scene of an incident. The dual definitions of "first responder" present strategic issues that cause public confusion, challenge reciprocity, limit professional mobility, cause difficulties in quality assurance, and duplicate efforts.[79] Therefore, EMS committees are currently proposing the following changes in the scope of practice levels.

Table 3. Scope of Practice Levels

Current National Registry of Emergency Medical Technicians[80]	Recommended per the National EMS Scope of Practice[81]
First Responder (40 hours of initial training)	Emergency Medical Responder
Emergency Medical Technician-Basic (110 hours of initial training)	Emergency Medical Technician
Emergency Medical Technician-Intermediate (200-400 hours of initial training)	Advanced Emergency Medical Technician
Emergency Medical Technician-Paramedic (1,000+ hours of initial training)	Paramedic

The recommended Scope of Practice levels may no longer be in conflict with NIMS terminologies, but their meaning is still not obvious to those outside

[79] U.S. Department of Transportation, National Highway Traffic Safety Administration, "The National EMS Scope of Practice Model," (Washington, D.C.: National Highway Traffic Safety Administration, 2005), http://www.soundrock.com/sop/pdf/SoP_Final_Draft.pdf [Retrieved 12/30/05]

[80] National Registry of Emergency Medical Technicians, "Learn About EMS," http://www.nremt.org/about/ems_learn.asp [Retrieved 12/31/05]

[81] National Highway Traffic Safety Administration, "National EMS Scope of Practice Model."

of the EMS discipline. The terms used in the Fire Service such as *awareness, operations, and technician* are equally nomenclature-specific. It would be beneficial if all of the emergency response disciplines would consider reviewing and changing scope of practice terms for recognition compatibility, across-disciplines and among the general public

For example, each respective discipline could be denoted by a prefix (Citizen Corps, Fire, EMS, or Law Enforcement), followed by level (awareness, basic, intermediate, advance), and then by subject. Since many of the certifications are required in every discipline – e.g., hazardous materials and first responder courses – this type of modularized certification level would also help eliminate duplication,

These types of modularized, cross-disciplinary Scope of Practices would make it easier to issue credentials, classify resource types, collect data, and streamline deployment, especially in those situations that require surge capacity. The utility of having a modularized Scope of Practice that crosses and bridges all levels of the response continuum, including the Citizen Corps, is that the TCL could easily build response capacities or teams with blended skill levels. For example, in the aftermath of an earthquake, CERT volunteers could be teamed with professional search and rescue teams. The CERT volunteers could serve as force multipliers and search in low-risk areas, while the professional emergency responders could concentrate on high-risk areas that require more advanced skills. The current Citizen Corps has some of these elements; however, the Corps' current role, functions, and placement are not well defined, which makes it difficult to integrate the Corps into a homogenized continuum across all aspects of the response system.

(4)   National EMS Education Standards.   The National EMS *Education Standards* defines EMS curriculum; development of this document was led by EMS educators. This document is designed primarily to guide instructors, managers, and publishers in developing curriculum and course delivery. It uses an outcome-based format that makes suggestions for the levels of performance and program length for each practice level; however, the standards will be structured in a way that is descriptive rather than prescriptive, which adds flexibility. This means the courses can be tailored for law

enforcement, EMS, or fire, and educational components can easily be added for specialized discipline or environmental training needs.

(5) National EMS Program Accreditation. The National EMS *Program Accreditation* offers a universally accepted method for ensuring program standardization and consistency. In addition, the accreditation is usually performed by an independent entity that is nationally recognized among a profession for its unbiased integrity and ability to perform the accreditation. There are several organizations that currently accredit EMS programs, such as the Committee on Accreditation of Emergency Medical Services Professions (CoAEMSP).

There are other accreditation organizations that might be appropriate for accrediting the Citizen Corps, such as the Emergency Management Accreditation Program (EMAP)[82] and the American National Standards Institute (ANSI).[83] It would be beneficial for the Citizen Corps to develop quality assurance standards for the proposed CCES. This would help build recognition and trust of the Corps, especially among the emergency response community.

(6) National EMS *Certification.* The National EMS *Certification* document guides the development of exams and skills evaluation. Each state has an authorizing agency that approves educational institutions to award certificates, which are a pre-requisite for the licensing application. Certification is usually awarded to an EMS provider by an accredited program after an individual has successfully completed the program requirements and the standardized examination process.

The terms "certification" and "licensure" are often used interchangeably within the EMS system, but in reality they have different meanings and purposes. Certification means that an accredited program awards a certificate indicating the successful completion of the educational requirements for a specific course of study.

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[82] Emergency Management Accreditation Program, http://www.emaponline.org/index.cfm [Retrieved 1/27/06]

[83] American National Standards Institute, Accreditation Institute, http://www.ansi.org/conformity_assessment/overview/overview.aspx?menuid=4 [Retrieved 1/10/05]

This should not be confused with licensure, which gives legal permission for an individual to perform professional skills within a predefined scope of practice.[84]   For example, a person may complete all the program requirements and receive a certificate, but until they apply for licensure, and are affiliated with an authorized agency, they are not legally authorized to practice.

In the case of EMS, each state has legislative language that specifies the scope of practice, approves training programs and certification processes, and assigns responsibility for licensure to a single agency. Therefore, providers must make a separate application for licensure to each state. EMS providers need to work under the license and medical direction of a physician, which is generally limited to a geographic area. Further, in some states, EMS providers may perform at a higher level than they are licensed to practice if it is under the medical direction of a licensed physician. These types of "variances" expand a provider's scope of practice and may require pre-approved authorization from the state regulatory or licensing agency. In the case of the Citizen Corps this "variance" could be left up to the state authorizing agency and the Citizen Corps supporting agency.

Lastly, NHTSA EMS certification levels include the development of exams by an independent national board that adheres to the APA *Standards for Educational and Psychological Testing.*[85] The National Registry for Emergency Medical Technicians (*Registry*) is the primary organization that fills this function for EMS. The *Registry* was created in 1970 on the recommendation of President Lyndon Johnson's Committee on Highway Traffic Safety. The Registry's mission is to serve as the national organization for EMS certification by "providing a valid, uniform process to assess the knowledge and skills required for competent practice required by (EMS) professionals

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[84] Thomas G. Abram, National Registry of Emergency Medical Technicians, "Legal Opinion – Certification v. Licensure," August 21, 2002, http://www.nremt.org/about/Legal_Opinion.asp [Retrieved 2/5/06]

[85] American Psychological Association, "Testing and Assessment," http://www.apa.org/science/standards.html#overview [Retrieved 2/21/06]

throughout their careers and by maintaining a registry of certification status."[86]   The majority of state EMS regulatory agencies have adopted the *Registry*'s examination and evaluative process as a prerequisite to applying for state licensure.

It would be beneficial to coordinate with the state emergency response regulatory boards, Citizen Corps program partners, and the National Incident Management System Implementation Center (NIC) to align NIMS credentialing with the certification/licensure process for the purpose of creating a national pre-registered pool of emergency providers.

The challenge for DHS will be to coordinate with other national and state regulatory agencies and EMAC for the purpose of creating a national readiness database. There may be some discomfort with a national data base among professional emergency responders and state agencies; for this reason it might be helpful to have this information reside at the state level and only transfer information to a national database as determined appropriate per each state. The transfer of data outside of the state venue should be on a "read only" basis. EMAC may be the most logical choice for managing and accepting national data, but would need to receive full DHS funding to create and maintain the database.

The absence of a CCES causes agencies to hesitate in accepting oversight responsibility for Citizen Corps volunteers. These authorities are concerned about scope of practice, oversight responsibility, and liability issues. This may explain why the Citizen Corps' roles, functions, and placement are not well defined within NPS. It may also explain why so many emergency response agencies and the preparedness system limit Corps volunteer roles, functions, and assignments. If the Citizen Corps and civilians are to be fully integrated into the NPS, it will be extremely important to develop a CCPS and CCES. The proposed CCPS and CCES companion component will be a

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86 National Registry of Emergency Medical Technicians, "About the NREMT," http://www.nremt.org/about/mission_statement.asp [10/29/2005]

primary principle in maximizing the Citizen Corps' full potential within the NPS and in achieving civilian preparedness to the fullest extent possible.

c.   Liability

The issue of liability is complex and will not be fully covered in this thesis. However, there are some points regarding volunteers that should be highlighted. Liability generally comes into play when a rescuer fails to act properly in a situation and as a result causes harm to a person.[87] In the case of the CC volunteers there are laws that have been created to protect them from liability, but there are some instances when the volunteer and his or her sponsoring agency may still be held liable. One example is gross negligence, which is defined as "willful or criminal misconduct, reckless misconduct, or conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer."[88] This gives individuals who are harmed by grossly negligent actions due course to seek legal compensation for their injuries.

The Volunteer Protection Act (VPA) provides immunity for volunteers serving nonprofit organizations or governmental entities from harm caused by their acts or omissions *if*: [89]

- *The volunteer was acting within the scope of his or her responsibilities at the time of the alleged act or omission.* [Unfortunately, in many cases the scope of a volunteer's responsibility isn't defined. In some cases a volunteer will take it upon him or herself to undertake service for the organization.]

- *The volunteer was properly licensed, certified or authorized to act.* [Whether it was appropriate for a volunteer to be authorized to act will not be readily apparent in all instances, especially when responding to emergencies.]

- *The harm was not caused by willful, criminal or reckless misconduct, gross negligence or a conscious, flagrant indifference to the rights or safety of the individual harm*[ed].

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[87] Nonprofit Coordinating Committee of New York, http://www.npccny.org/info/gti2.htm [Retrieved 12/24/05]

[88] Ibid.

[89] Nonprofit Risk Management Center, "Liability Laws for Charitable Organizations and Volunteers," Updated 8/05, 9, http://www.nonprofitrisk.org/pubs/PDFs/sll.pdf [Retrieved 11/3/05]

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The proposed CCES will go a long way in addressing Citizen Corp liability and negligence issues. The proposed CCES will address scope of practice and quality assurance standards, because it also raises volunteer and agency awareness about what constitutes due diligence. It will also be advisable for volunteer organizations to purchase liability insurance, because there are instances when they can be sued. This again highlights the reluctance of many Citizen Corps sponsoring agencies to use volunteers in a response role. Even limiting volunteers to minor support roles may not protect agencies from liability.

There is a legal precedence for liability related to not providing life-saving enhancements when there is a reasonable public expectation that such enhancements should be provided. Cases in point are Busch Gardens and United Airlines, both of whom were sued for not having Automated External Defibrillators (AED) readily available.[90] Prior to the law suits, many companies did not purchase AEDs nor provide training, because they thought it would *add* liability; this did not turn out to be the case. These same standards might be applied to communities who do not provide expected levels of training or preparedness, nor incorporate the Citizen Corps or civilians in their emergency response strategies or operation plans.

d. EMS Research Agenda

The EMS system is relatively young and there is little research available to determine the cost-effectiveness of EMS trends in patient care and the relationship to patient outcomes which makes it difficult to gage the success of EMS interventions.[91] It is also difficult to study and determine the effectiveness of pre-hospital patient care interventions, because providers are only with patients for a relatively short period. This

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90 Cardiac Science website, http://www.cardiacscience.com/solutions_public/faqs.htm [Retrieved 12/24/05]

91 *EMS Research Agenda* (Sponsored by the U.S. Department of Transportation, National Highway Traffic Safety Administration; the Maternal and Child Health Bureau, Health Resources Services Administration; and the Department of Health and Human Services, December 31, 2001), 9, http://www.researchagenda.org/Documents/EMSResearchAgenda.pdf [12/31/05]

makes it difficult to identify the data to capture and the research methodology to choose in evaluating the effectiveness of these interventions.

The Community Training Center (CTC) and EMS have similar research challenges, because they both have a nascent history. To address these research issues, EMS uses systematic reviews[92], meta-analysis studies, and evidence-based reviews which combine smaller studies that pool results as a methodology for comparing determinable practices and identifying trends. These trends are identified through statistical techniques that flag practices which demonstrate positive outcome patterns. If these research tools were applied across all emergency response disciplines, they would offer a powerful tool for decision-makers. However, accurate assumptions require that a shared definition of what data to collect, consistency in data collection timeframes, and format specifications. The data structures currently available are fragmented and will not allow integration of the data, which makes it difficult to gain a global view of the etiology or efficacy of a system. The Citizen Corps is experiencing similar issues with inconsistent and limited data collection, which also affects the accuracy of performance measurements.

The following research recommendations were adapted from the National EMS Research Agenda:[93]

- Require efficacy and evidence of research determinateness before implementing new procedures, devices, or drugs.

- Create highly structured research training programs directed toward discipline specific research methodologies.

- Create a NPS Research Center of Excellence.

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[92] Google web definitions of "Systematic Review;" http://www.google.com/search?hl=en&lr=&rls=GGLD,GGLD:2005-06,GGLD:en&oi=defmore&defl=en&q=define:Systematic+review; [Retrieved 3/13/06]; "Meta-Analysis" http://www.google.com/search?hl=en&lr=&rls=GGLD%2CGGLD%3A2005-06%2CGGLD%3Aen&q=define%3A+meta-analysis [Retrieved 3/13/06]; and "Evidence-based research" http://www.google.com/search?hl=en&lr=&rls=GGLD,GGLD:2005-06,GGLD:en&oi=definer&q=define:evidence-based+programs&defl=en [Retrieved 3/13/06]

[93] *EMS Research Agenda.*

- Commit Federal funds to support independent investigators for the NPS

- Encourage states, corporations, and charitable foundations to support preparedness research within NPS.

- Structure the NPS system to support and apply the results of approved research.

- Standardize data collection methods across the NPS. All entities within the NPS continuum should adopt "Uniform Data Elements for data collection."

There are many opportunities in research for conflict of interest and quality assurance issues; these issues could be addressed by funding an independent Citizen Corps research investigator. This is especially important in light of the rapidly changing field of emergency management. Research that consistently proves accurate in its recommendations for preparedness practices will help protect consumers, tax payers, providers, educators, and agencies, while using evidence-based solutions will help garner public trust. The CC could especially benefit from independent research investigators, because research that gains a reputation of being accurate will enhance public trust, volunteerism, and motivation.

B. EMS CASE STUDY SUMMARY

The Citizen Corps would benefit from a structure similar to the EMS model. Both models consist of a system of systems. The EMS System has environments, conditions and oversight issues similar to the Citizen Corps and gives a realistic assessment of the potential for volunteers to fill a gap in the emergency response system. In the case of EMS, this gap was the time interval prior to the patient arriving at a health care facility. In the case of the Citizen Corps, it is the time interval prior to professional emergency responders arriving on scene. In the 1970s, EMS was a new concept in healthcare; that has changed considerably and EMS is now a viable response link in the healthcare system.

EMS achieved its goal of filling the pre-hospital care gap by establishing standardized certification levels under the direction of authorizing agencies and medical direction, lines of responsibility, state regulatory boards, a national examination/registry,

and a certification/licensure process that could be adopted under state statute, and by creating quality assurance policies. This made it possible for EMS to be defined as an independent function within the healthcare system.

These initiatives also addressed liability issues and helped pave the way for establishing their place within the healthcare system. This gave the EMS discipline credibility, proved that there was a pre-hospital care gap that they could fill, and gave EMS a visual placement within the healthcare system that was recognizable to the general public and healthcare disciplines. This standardization also gave providers a basis for creating an EMS Association that gave providers a voice within the healthcare system.

The Citizen Corps should collaborate with the emergency response disciplines to determine its roles, function, and placement within the existing NPS. The Citizen Corps, as well as the civilian awareness functions, should be included in the proposed CCES, which would pave the way for developing a CCPS within the NPS. The Citizen Corps should also collaborate across emergency response systems to standardize Corps volunteer recruitment processes, templates, and protocols. The CCES component will need to be built prior to standardizing the Citizen Corps program partners' recruitment processes, templates and protocols.

1. Non-Affiliated Certification Model—American Heart Association

a. History

The American Heart Association (AHA) began in 1915 when a group of physicians formed an association to research the causal factors behind heart disease, in an attempt to find better treatments. Today the AHA mission is to serve as a "national voluntary health agency whose mission is to reduce disability and death from cardiovascular diseases and stroke."[94]

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[94] American Heart Association, "Mission Statement," http://www.americanheart.org/presenter.jhtml?identifier=10858 [Retrieved 2/18/06]

As AHA grew, it experienced some identity crises. Spurred by select groups to expand its goals, the AHA began a public education outreach about heart disease and prevention. This applied science approach via public awareness caused some consternation among AHA members who felt that the expanded role was too broad and would weaken the association's original intent of providing and sharing cardiac research among physicians.

The history of the AHA organizational structure reveals a continuous struggle to find a functional balance in the ratio of paid and volunteer staff running the organization. However, AHA continued in its public outreach efforts and eventually created an education system that included certification levels, quality assurance standards, curriculum standards, and the "Chain of Survival." The Chain of Survival shows how the non-affiliated rescuer links to the healthcare community. The concept of the AHA system has been accepted by the healthcare community and is now considered an important link in the system.

b. AHA Organizational Structure

In 1948 AHA found it difficult to move its public awareness and educational initiatives forwarded by relying on volunteer staff. The organization decided to bring in non-medical volunteers with skills in business management, communications, public education, community organization, and fundraising.[95] AHA continued to expand its public outreach through a national network of local AHA chapters and volunteers. AHA and the Citizen Corps have a common link in that they both have a small permanent staff base, with the remainder of the organization sustained by volunteers. Citizen Corps' efforts to expand its volunteer base and public awareness outreach is also challenged by its reliance on volunteers and a continuously changing pool of volunteer talent.

In the mid-1970s, AHA positioned itself as a trusted non-profit organization and took on the responsibility for standardizing cardiac education and

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[95] American Heart Association, "The History of the American Heart Association," http://www.americanheart.org/presenter.jhtml?identifier=10860 [Retrieved 1/5/06]

certification. Healthcare organizations and the general public accepted the AHA certification system and its new role. AHA began Cardio-Pulmonary Resuscitation (CPR) training around 1975 as part of its public information outreach, and later added training courses for Automatic External Defibrillation (AED) and First Aid.

However, in the late 1990s, AHA made dramatic changes in their mission by reducing their focus on public education and outsourcing most of their education-related work. AHA instead began to focus on fundraising. The reorganization was not publicly announced; however, there are documents, such as the "Hungry Heart Association," that reference the transition away from the public education mission toward a fundraising focus.[96]/[97]/[98] AHA reorganization efforts included outsourcing instructor and provider certifications and establishing contracts with companies for a national distribution system with uniform pricing. The reorganization for the purpose of fundraising was apparently a success; according to a 2001 review by Arthur Andersen, AHA averaged a twenty-nine percent return on sales of their education materials, while the industry standard was five to nine percent.[99]

The positive aspect of the AHA reorganization, from the perspective of the permanent administrative staff, was a more controlled management system. This control was sometimes missing when decisions were made by volunteers at the local level. The outsourcing and focus on fundraising created clearer priorities and more efficiency. A senior AHA manager explained that AHA "has been kind of schizophrenic in the past about whether it was a fundraising organization or not."[100] The negative aspect of

[96] American Heart Association, "Program Administration Manual," April 2004, http://www.americanheart.org/presenter.jhtml?identifier=3021292 [Retrieved 11/2/05]

[97] Glenn R. Carroll, "American Heart Association: Reorganization of the Western States Affiliates," (Stanford Graduate School of Business, 2002), https://gsbapps.stanford.edu/cases/detail1.asp?Document_ID=1656 [Retrieved 2/19/06]

[98] Stanford Social Innovation Review, "SSIR Forum: Hungry Heart Association," http://www.ssireview.com/forum/archives/2004/03/hungry_heart_as.php [Retrieved 10/29/95]

[99] Mike Bell, "What is ECC?" American Heart Association website (PowerPoint, slide 8), http://www.americanheart.org/downloadable/heart/1053643181067WHATIS~1.PPT [Retrieved 11/6/05]

[100] Carroll, "American Heart Association," 5.

reorganization, from the perspective of the volunteers, was that they felt disconnected from the organization. It is important for an organization to not have a mission that is too broad and can not be accomplished, or one that disenfranchises stakeholders and makes decisions that do not match with stakeholder expectations. The Citizen Corps will need to be cognizant of its volunteers' perceptions and strive to include stakeholders in the decision-making process. This will help to counteract negative perceptions of the Citizen Corps leaders or the system.

The current AHA organizational structure is divided into seven departments. The department of *Field Operations and Development* houses the *Emergency Cardiovascular Care Program*s (ECC) and is the AHA function that most closely relates to the proposed Citizen Corps reorganization. Therefore, the focus for the following AHA case study will be on the ECC.[101] The ECC is responsible for the ECC science, curriculum standards, and their outsourced publishing, and training networks.

c. *AHA Certification System*

(1) History. The AHA certification system began in the 1980s, when AHA morphed into the role of providing CPR Guidelines for the nation's healthcare system. This role was a natural progression based on AHA research which showed that the time interval prior to the arrival of EMS, or definitive care at a healthcare facility, was critical in saving lives. It also revealed that the general public was capable of providing basic CPR. Again, this presented the challenge of filling a pre-response gap, and AHA struggled with quality assurance, certification, and liability issues. AHA came up with a training network and quality assurance program that used its cardiac research and educational guidelines as a framework for developing training materials. These challenges will be the same for the CCPS and CCES.

(2) AHA Training Network. Every five years, the ECC scientific studies are reviewed and the ECC Guidelines are updated. This means that all instructors need to attend and successfully complete a refresher instructor course. The tiered

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[101] American Heart Association, http://www.americanheart.org/presenter.jhtml?identifier=11282 [Retrieved 2/19/06]

instructor network was extremely important in accomplishing quality assurance, rapid roll-out of the new curriculum, and training large numbers of people. However, instructor frustrations increased, because the rollouts for the new ECC guidelines and curriculum were often unclear and the rollout processes were not well thought out.[102]

AHA is able to train large numbers of people using an instructor training network that has a tiered organizational structure. This is accomplished through the use of a sequential pyramid structure. The idea behind the tiered instructor levels was that the most experienced instructors would teach the next, lesser experienced, level of instructor. The instructor levels range from the most experienced National Instructors down to the least experienced basic instructors. This train-the-trainer system is also based on a tiered quality assurance system that uses instructor experience as a qualifier for advancing to a higher instructor level. Advancement also requires a recommendation from an authority in the healthcare field or an experienced instructor. Experienced instructors also monitor new instructors while they are teaching and new instructors are encouraged to seek out mentors. This type of training system is similar to the Citizen Corps CERT program; however, AHA has a stronger instructional methodology component, a broader training network, a stronger quality assurance program, and a clear placement and acceptance within the healthcare system.

(3) Volunteer Satisfaction and Trust. It is difficult to track the vast number of organizational changes in AHA prior to the late 1990s. The work being done by the affiliates at a local level was not recorded at the national level, because it was based on local needs (or there may not have been volunteers available to record this information). This means that the majority of the AHA's history was retained at the local

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[102] Except where noted, the instructor's comments regarding the ECC Guidelines, rollouts, and research refer to the 2000 ECC Guidelines and do not include the newest 2005 ECC Guidelines, which are still being rolled out.

level. Therefore, some of the information in this chapter is drawn from the author's personal interaction with instructors and providers.[103]

The AHA's shift to a fundraising focus was not communicated to the volunteers and instructors, with the exception of telling them that there would be a new contact for instructor certification and educational materials. The instructors did, however, notice the de-emphasis on education and an increased emphasis on raising funds. AHA now has a corner on the "heart health" market, because they "own" the ECC cardiac science and guidelines. The research used to develop this science was supported through fundraising and donations, made possible by the organization's non-profit status. This makes it difficult for other companies to compete with the AHA; even if a competitor was able to fund cardiac research, it would take years to build enough market recognition to rival the AHA, which clearly has a funding and market recognition advantage. This became a problem for healthcare organizations and instructors when AHA reorganized to focus its efforts on fundraising, yet there were and are few acceptable alternatives. There are many organizations tied into AHA certification standards, with these standards entrenched in their organizational policies.

The AHA also moved its Education System toward a more prescriptive and rigorous compliance and certification system for the purpose of improving quality assurance. This was a good change, since prior to the reorganization there was a tendency among some instructors to issue certification cards to participants who did not complete skills evaluations and so were not fully trained.

Conversely, the instructors had previously been able to offer training without "selling" certification cards to students who did not want them; instructors and CTC managers were now required to give (i.e. sell) cards to everyone who successfully completed training. The instructors observed that AHA was often updating teaching materials and both students and instructors were being asked to purchase the

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[103] The author managed a Community Training Center (CTC) with a state-wide venue that had approximately 4,000 instructors from 1999 through 2005. These instructors confided their concerns about AHA's direction to the author during this time frame, but asked to remain anonymous.

expensive updated cards, books, and instructional videos.[104]   The instructors, many of whom were medical professionals who had taught CPR for the last 25+ years,[105] thought the changes were not significant and did not warrant buying new materials. In addition, they did not feel the videos were serving the quality assurance goal purported by AHA; was just another way so AHA to increase profits.[106/107]   AHA added instructor levels, creating a myriad of supporting educational materials that were very similar to the existing materials.   The long-time instructors found this material confusing and an expensive endeavor.[108/109]

However, AHA representatives said that these instructor levels and materials were introduced as a benefit to providers, and as a method to better serve their mission of saving lives.   AHA also saw the books (which required purchasing the corresponding certification cards and videos) as a way to ensure quality, especially for those instructors who were not very experienced.

The instructors felt the added instructor certification level requirements were too basic and encouraged poor quality instructors.   Long-time volunteer instructors voiced concerns[110] that the qualifications for the new, and more elementary, basic instructor levels did not require the knowledge that needed to effectively teach diverse audiences.   Similar qualification issues could arise in the professional emergency response community for the proposed CCPS and CCES.   The EMS model, on the other hand, is more inclusive of its stakeholders. Perhaps this is due

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[104] American Heart Association, Appendix A: Training Center Agreement Program Administration Manual (CTC/AHA Agreement, April 2004), http://www.americanheart.org/presenter.jhtml?identifier=3020999 [Retrieved 11/2/05]

[105] This is based on interviews with anonymous volunteers and instructors.

[106] Stanford Social Innovation Review, "SSIR Forum."

[107] Bell, "What is ECC?"

[108] Lauri McCanless, "CPR Instructor Elective," American Heart Association, http://www.emergencymed.arizona.edu/cpr/AHA/amerheart_pres.html [Retrieved 2/19/06]

[109] American Heart Association, "Work Place Materials," http://www.americanheart.org/presenter.jhtml?identifier=3011776 [Retrieved 2/19/06]

[110] See note 124.

to having professional associations that have allow stakeholders a voice and perhaps having a voice would alleviate some of the frustrations experienced by the AHA volunteers.

Volunteers and instructors have felt a distinct change in their roles; many feel unappreciated and do not like the new focus and pressure to raise AHA profits. The volunteers and instructors have felt that AHA's focus on fundraising has lessened their enjoyment in volunteering and teaching, and their ability to offer much needed life-saving skills to their communities. The curriculum and certification requirements change often and it is difficult for instructors to keep up with the new instructor certification requirements and the requisite purchase of new materials. A cautionary lesson for the Citizen Corp can be learned from the loss of volunteer trust and the discouragement of AHA volunteers that occurs when the changes in the organization's mission do not align with stakeholder expectations.

(4) Research. The AHA training materials are based on the ECC Guidelines. AHA uses review boards to evaluate and reach an expert consensus on all peer reviewed scientific studies related to AHA cardiac research.[111] This creates the potential for public trust issues, because the guidelines are created from AHA research that is vetted by AHA volunteers. There has already been controversy over the validity of the research, due to perceived conflict of interest issues. [112/113/114/115] The AHA

[111] American Heart Association, "2005 International Consensus on CPR and ECC Science with Treatment Recommendations," http://www.americanheart.org/presenter.jhtml?identifier=3022512 [Retrieved 1/2/06]

[112] Marilynn Marchione, "Cholesterol guidelines become a morality play about conflict of interest in medicine," *NCTimes.com*, October 19, 2004, http://www.nctimes.com/articles/2004/10/20/special_reports/science_technology/20_41_5610_19_04.txt [Retrieved 1/5/06]

[113] John E. Billi, Brian Eigel, William H. Montgomery, Vinay M. Nadkarni, Mary Fran Hazinski, "Management of Conflict of Interest Issues in the Activities of the American Heart Association Emergency Cardiovascular Care Committee, 2000-2005" (American Heart Association, 2005), 204, http://circ.ahajournals.org/cgi/reprint/112/24_suppl/IV-204?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=conflictof+interest+editorial&searchid=1141429448344_14702&FIRSTINDEX=0&search_url=http%3A%2F%2Fcirc.ahajournals.org%2Fcgi%2Fsearch&journalcode=circulationaha [Retrieved 2/23/06]

[114] Jeanne Lenzer, "Prescription for Controversy," *Mother Jones* (May/June 2001), http://www.motherjones.com/news/outfront/2001/05/prescription.html [Retrieved 2/19/06]

reorganization disbanded many of the volunteer-based quality assurance committees[116] and the perception of many of the long-time AHA instructors[117] is that AHA has become a rather incestuous organization. AHA funds the cardiac research, interprets its own science, and uses that science to create its educational materials. There were investigators translating the cardiovascular disease research who were recruited as "active beneficiaries of, and participants in, Council affairs."[118/119] This may become a problem for stakeholders if the AHA is selective about choosing committee representatives, or limits the input from volunteers serving on committees. This jeopardizes research objectiveness and creates a linear peer review. The Citizen Corps should build checks and balances into its proposed reorganization.

d. Community Training Center Model[120]

AHA decentralized and outsourced the instructor and provider certification for CPR, AED, and First Aid courses by creating Community Training Centers (CTC). The CTC has a contract agreement with AHA to provide training, maintain a certification system, and grant instructor and provider certifications.

The CTC used for this case study had over 4,000 instructors state-wide and was further organized into six regions throughout the state, using college EMS directors and instructors to coordinate training in each region. These college EMS

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[115] Common Dreams Newswire, "Subway gives $10 Million to American Heart Association," July 13, 2004, http://commondreams.org/lnews2004/0714-01.htm [Retrieved 1/5/06]

[116] Eduardo Marban, "Chair's Report," Council on Basic Cardiovascular Sciences, January 2002, 3, http://www.americanheart.org/downloadable/heart/1017868371950BCVSSprng02.pdf [Retrieved 03/21/06]

[117] See note 124.

[118] Marban, "Chair's Report," 3.

[119] W. Bruce Fye, "The Power of Clinical Trials and Guidelines, and the Challenge of Conflicts of Interest," *Journal of the American College of Cardiology* 41:8 (2003), http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T18-48CF616-1&_coverDate=04%2F16%2F2003&_alid=368181376&_rdoc=1&_fmt=&_orig=search&_qd=1&_cdi=4884&_sort=d&view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=72fc9b0af1321efd03f4666ac1c49c32 [Retrieved 2/19/06]

[120] The Community Training Center (CTC) used in this case study was an independent training center with a state-wide venue and approximately 4,000 members/instructors who trained approximately 70,000 people each year in CPR, AED, and First Aid. The CTC was the number one AHA training center in the nation (out of 3,500 centers).

directors also served as regional CTC contacts for AHA instructor questions and offered new instructors co-teaching and mentorship opportunities with experienced college educators. They were also able to offer training or host rollout conferences at their college facilities in all regions of the state, which was very convenient for students. These directors, and many of the instructors, volunteered hundreds of hours to teach at rollouts and teach AHA CPR, AED, and First Aid courses in their communities, which increased community preparedness and safety. The CTC collaborated with college EMS directors via regular meetings to discuss quality assurance, training, and quality improvement issues.

Prior to the AHA reorganization, instructors were very involved in quality assurance and ECC committees. However, in the late 1990s, this began to change and AHA consolidated their administrative offices into a stronger and more centrally structured management system. The CTC case study parallels the challenges for the CCPS and CCES in achieving a balance between creating administrative support systems that are descriptive, so they do not dampen the energy, motivation, flexibility and creativity of the local initiatives. AHA decentralized functions that were expensive to support, such as instructor and provider certification. The positive aspects of the decentralization were that it allowed the certifying sites to be located closer to the "customer" and the burden for instructor certification was spread across a larger number of people.

While the CTC are responsible for the instructor training and certification, they were not involved in the AHA organizational and procedural changes. These changes were often at odds with CTC management systems and severely impacted them financially.[121] For example, after new books, cards, videos, etc. were issued, the old materials could no longer be used. This created a huge expense for instructors and providers, who were left with "obsolete" materials on their shelves. Unfortunately, AHA

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[121] American Heart Association, "Program Administration Manual," http://www.americanheart.org/presenter.jhtml?identifier=3021292 [Retrieved 2/20/06]

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often did not fully communicate these changes. This put the CTC manager in the awkward position of being the messenger and compliance enforcement officer for unpopular decisions for which the CTC had no authority, nor input.

The CTC has an extensive instructor database that tracked instructor certifications and expirations, contact information, training experience, mentorship assignments, co-teaching opportunities, on-line ordering and billing, and e-mail broadcasts. The CTC was expanding the database capabilities to include on-line course searches, registration, and adding potential student names to a waiting list if a course was not currently being offered. The AHA data collection elements and reporting requirements for the CTC continually changed, which required backtracking to collect data and caused a financial burden for the CTC. The AHA organizational structure does not give monetary or liability support to the CTC or their instructors. This highlights the extreme difficulty for the CTC when the AHA does not involve them as stakeholders in the planning efforts.

The CTC functioned within a larger institution and this meant that the CTC manager received direction from both AHA and the parent organization. The CTC parent organization did not always support the CTC goals. For example, the budget was not under the control of the CTC manager. This meant that funds were often not available for supporting the CTC efforts, even though the CTC members paid dues for this support.

AHA offers a parallel lesson for DHS because agencies that are seeking grants from DHS ultimately serve two entities that may have two very different organizational structures and cultures. AHA chose to not include its CTC partners in decision-making, and as a result experiences adverse reactions from both the training centers and volunteers.

C.   AHA AND CTC CASE STUDY SUMMARY

The AHA and the Citizen Corps both offer public education through a delivery system that uses a volunteer base. These two organizations also need to retain public

trust and find ways to finance and support public awareness and training delivery systems. The lessons that can be learned from the AHA/CTC experience relate to the importance of stakeholder trust and input.

Quality assurance can be a challenge when states or agencies have significantly varying standards for training and certification requirements.[122] If the organizational structure is too bureaucratic or prescribed, it may deter the growth of the Citizen Corps. This means that the Corps will need to create a CCPS and CCES that is compatible within the NPS, and also offers templates and guidance for sponsoring agencies who want assistance in organizing and supporting a Citizen Corps. The sponsoring organization and Corps volunteers who want to participate in volunteer response efforts outside of their jurisdictions will need to follow minimum educational standards required in the CCPS and CCES. Federal funding should continue to base allocations on the level of Citizen Corps inclusion in their strategic and emergency operations plans.

The organizational structure for AHA is different than the Citizen Corps in that Corps instructors do not have to pay for their educational materials or for their instructor or provider certifications. It will be important for the Citizen Corps to ensure that future access to educational materials and certifications remains virtually free of charge, or at no cost to participants. Utilizing military research and training, such as the Defense Medical Readiness Training Institute, may be a viable alternative for the Citizen Corps for two reasons. First, the training is designed for in-field response. Second, the military "science" and sources are government owned and could be shared at no cost to the Citizen Corps. The CERT program already makes its curriculum available on-line and updates to the curriculum are inexpensive. This distribution system could also serve as an excellent information distribution system for Citizen Corps Councils, instructors, and civilians. The distribution of materials and information could be set up to require security clearance based on certification levels.

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[122] U.S. Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Services, "Agenda for the Future," August 1996, 62, http://nhtsa.gov/portal/site/nhtsa/menuitem.2a0771e91315babbbf30811060008a0c/ [Retrieved 12/26/05]

D.   CONCLUSIONS

The analogous nature of the EMS system, the AHA, and the CTC, when compared to the proposed CCPS and CCES, gives important guidance and insight in recommending a process and organizational structure that would best support the civilian preparedness initiatives. The issue of liability creates a huge concern for all stakeholders, but a CCPS would help. The CCES should be developed in cooperation with appropriate federal agencies, emergency response disciplines, federal, state, city, and non-government Citizen Corp partners and civilians, for the purpose of developing a seamless cross-disciplinary certification system. The proposed CCES will alleviate concerns of sponsoring Citizen Corps agencies about liability, agency workload issues, and how to leverage civilians as responders. The EMS system approach that spreads decisions across multi-disciplinary committees will be a good approach for the Citizen Corps, because it supports stakeholder input.

E.   NEXT STEPS

The next steps for the CCPS require creating an Advisory Board and work groups to develop a strategic plan. The CCPS Advisory Board and workgroups will need to have representation from all the Citizen Corps stakeholders. Each group will need a facilitator to make sure everyone has a voice in the process, and to ensure that the process is inclusive and democratic.

Table four is an outline of the proposed CCPS components in the order of the priority that they will need to be completed.

Table 4.   Citizen Corps (CC) CCPS and CCES Development Metric

CCPS and CCES Priorities	Concurrent Tasks
1 Create CCES Advisory Board to: a) Align certification across all emergency response disciplines b) Bridge scope of practices across all	**1a. Amend HSPD-5 and -8** to create a CCPS and CCES Advisory Committee, Strategic Planning Committee, and incorporate these into the NPS **1b. Resource Capabilities**

emergency response certifications c) Identify preparedness gaps d) Determine data elements, data definitions, technology specifications, report needs, and assign responsibility for data collection. e) Create an interoperable communications system to meet the CC and IC needs.	a) Perform a risk and needs assessment b) Create National CC Scenarios/UTL c) Identify CC response capabilities geographically
2. Education System a) Core Content (outline of skills) b) Scope of Practice (levels of practice) c) Education Standards (descriptive teaching objectives) d) Certification (testing/evaluation standards) e) Accreditation (quality assurance evaluation) f) Adopt Curriculum Standards into State Statutes g) Create a CC Association	**2a. Capabilities** a) Align training with TCL **2b. Quality Assurance** a) Create Facilitation Teams b) Create CC Training Teams c) Create CC Facilitation and Instructor Certifications (align with existing NIMS training guidelines)
3. NIMS a) Acquire NIMS typing classification and credentialing for the CC certifications b) Incorporate CCPS into DHS guidelines for local strategic and operation planning c) Create a pre-registration agreement for CC Mutual Aid, EMAC, and FEMA d) Create an Emergency Response *"Registry"*	**3a. NRP** a) Create an ESF for the CC **3b. Implementation** a) Support CC Implementation process incorporating responsibility into plans b) Support Implementation through funding, facilitation and training teams, and TCL
4. Performance Measurements a) Tie the CC into existing NPS performance measurements b) Create an environment of continuous learning and improvement c) Review CCPS annually or as dictated by life safety issues; and revise as needed.	**4a. Continuous Improvement** a) Create CC Grants to support development of CCPS and CCES b) Build-in Stakeholder Feedback Loops c) Create CC mentorship database pools d) Support National CC Conferences and training opportunities e) Create CC Enterprise-wide system and pool talents, equipment, and training across local jurisdictions **4b. Research** a) Research funding: encourage support from non-profits, foundations, and donations b) Research: resilient communities, public trust, and social capital.
5. Funding	

a) Build resiliency into CCPS. Encourage support from non-profits, foundations, and donations	
b) Create local emergency response consortiums to pool funds for CC Facilitation and Training Teams and equipment	
c) Base funding on needs assessments and meeting TCL	

There are foundational components that will need to be put in place before other elements can be developed. Identifying civilian capabilities will be the primary foundational element in building the rest of the CCPS. The Advisory Board and Citizen Corps Capability Assessment Committee will work with the Advisory Board to answer these questions: What resources do civilians need or need to provide? How prepared do civilians need to be?

These questions can be answered by following the same process used to develop the fifteen National Scenarios. Each of the fifteen scenarios should add a Civilian Predeployment component, recording the UTL required to respond. The CCPS will follow the national scenario process to determine which geographic areas have the highest risk populations. These risk factors will be determined by weighing vulnerabilities, threats, population composition, and level of preparedness. The population areas with the highest risk should be added and blended into the national scenarios to represent civilian response prior to the arrival of professional emergency responders and post-arrival.

This information ascertained from the Citizen Corps Capability Assessment Committee's work will determine what civilian skills and certifications are needed to develop a CCES. The CCES will use the same model as the EMS in building its education system. The CCES will create national Citizen Corps guidelines for core content, scope of practice levels, and educational, certification, and accreditation standards, culminating in standards adopted into state statutes. The capability

assessment, national civilian scenarios, and education system are the most important components in the proposed CCPS because everything else in the CCPS is built on these foundational elements.

The building blocks described in Table 4, steps 2a through 5, will follow the same processes as those in the NPS with the exception of quality assurance, implementation, and continuous improvement. These areas will receive support from DHS Citizen Corps facilitation and training teams. The Citizen Corps will need the added support of these teams to shepherd the CCPS through its fledgling existence until it becomes more mature; without this the Citizen Corps may not grow to its full potential.

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IV. THE CITIZEN CORPS PREPAREDNESS SYSTEM

A. ALIGNING AND INTEGRATING THE CCPS WITH THE NPS

The thesis has identified the need for reorganizing the Citizen Corps structure to align with the NPS. The NPS is a system of systems and the proposed CCPS is compatible with that system. The purpose of this chapter will be to synthesize the proposed CCPS with the NPS performance and measurement systems. The CCPS and CCES can not be achieved unless these systems are aligned. The proposed CCPS will follow a strategic planning methodology that constructs a vision statement, identifies issues and solutions, determines new lines of business, performance systems and management systems, and has an evaluation loop that encourages continuous learning and improvement.

B. CITIZEN CORPS VISION STATEMENT

The first step in aligning the CCPS is to write a vision statement that matches the proposed roles, function and placement within the NPS. The following is a possible vision statement that describes the proposed CCPS and CCES.

> The vision of the Citizen Corps is to create a Citizen Corps Preparedness System that aligns with the emergency response community so that civilians can be fully integrated with the National Preparedness System through a collaborative effort with the emergency response community in order to create an interoperable and compatible response continuum before, during, and after an incident, whether in conjunction with or prior to the arrival of profession emergency responders.

C. PERFORMANCE MEASUREMENTS

The concept of performance management uses a hybrid model that combines budget control and performance measurement models that are aligned with strategic plans, goals, and objectives. The performance measurements are determined by comparing input, output, and outcome data that allow administrators a standardized method to track program effectiveness.

1.   Measurements: Inputs, Outputs, and Outcomes

HSPD-8 does not require benchmarking or other types of performance measurements for the Citizen Corps that would help in assessing its effectiveness. The federal mandate for the Citizen Corps only requires that:

> The Secretary shall work with other appropriate Federal departments and agencies as well as state and local governments and the private sector to encourage active citizen participation and involvement in preparedness efforts. The secretary shall periodically review and identify the best community practices for integrating private citizen capabilities into local preparedness efforts.[123]

This directive does not define how often reviews should occur, what constitutes citizen participation, or a target level for civilian preparedness. This may explain why there is very little performance data available for the Citizen Corps. The lack of this information makes it difficult for decision-makers to make knowledgeable decisions.

a.   *Current Citizen Corps Performance Levels*

The Citizen Corps website shows that there are few Citizen Corps Councils and Corps volunteers in comparison to the total U.S. population. There are 3,141 counties in the U.S.;[124] however, there were only 116 *county* Citizen Corps Councils by the end of 2003.[125] More recent data shows that the combined number of county, local, and tribal Citizen Corps Councils totaled 1,823.[126] This is not comparable data, since the data for one of the years is broken down by county, local, and tribal Citizen Corps Council numbers. The mixed data elements make it impossible to tell, from this information, whether or not volunteers are actually increasing or just the number of councils. There is no way to know the activity level of the councils or their effectiveness.

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[123] *Interim National Preparedness GoalHhomeland Security Presidential Directive 8*, C-5.

[124] Citizen Corps, "U.S. Counties," http://www.citizencorps.gov/citizenCorps/councilmap.do [Retrieved 9/15/05]

[125] Citizen Corps, *2002 Annual Report*, http://www.citizencorps.gov/news/02annrpt.shtm. [Retrieved 9/3/05]

[126] Citizen Corps, "Councils around the Country," http://www.citizencorps.gov/citizenCorps/councilmap.do. [Retrieved 9/3/05]

The only other data available shows there are 5,645 Neighborhood Watch Programs, 366 Fire Corps programs, 1,274 Volunteers in Police Service, and 309 Medical Response Corps programs, for a total of 7,594 Citizen Corps programs nationwide.[127] The Citizen Corps website did not provide information on the total number of volunteers participating in these programs. However, the Citizen Corps Annual Report[128] attempts to give approximate (and self-reported) numbers. The current Citizen Corps structure does not reflect the levels of civilian capabilities or preparedness. The case studies from Chapter II of this thesis provided examples of how the Citizen Corps could capture both non-affiliated and affiliated volunteer resource capabilities. Curiously, their website mentioned that "68% of the U.S. population was served;"[129] however, it is unclear how this number was determined. For example, if sixty-eight percent of the U.S. population[130] were divided by the total number of Citizen Corps programs,[131] there would be 25,713 members in each program. This seems unlikely.

The current Citizen Corps data makes it difficult to evaluate the quality, quantity, levels of participation, and preparedness. In addition, this information is difficult to isolate and capture with the current Citizen Corps structure. These issues are a significant factor behind the proposed reorganization of the Citizen Corps.

b. What Data are Needed?

To design the Citizen Corps system so that data can be cross-referenced, compared, and shared in a meaningful way will require predetermined datasets, definitions, and a system to capture the data. The guidelines for data collection should be

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127 Citizen Corps, "Councils around the Country," http://www.citizencorps.gov/citizenCorps/councilmap.do. [Retrieved 9/3/05]

128 Citizen Corps, *Annual Report 2004*, 9, http://www.citizencorps.gov/news/reports/index.shtm [Retrieved 12/17/05]

129 Citizen Corps, "Councils around the Country," http://www.citizencorps.gov/citizenCorps/councilmap.do. [Retrieved 9/3/05]

130 The U.S. population is 295,734,134; 68% is 195,261,382. Central Intelligence Agency, *World Fact Book,* http://www.cia.gov/cia/publications/factbook/rankorder/2119rank.html [Retrieved 9/3/05].

131 Citizen Corps, "Councils around the Country," http://www.citizencorps.gov/citizenCorps/councilmap.do. [Retrieved 9/3/05]

specific, measurable, result oriented, and time oriented.[132] Accurate data collection will require assigning responsibility and accountability for data collection and reporting. The CCPS should create a Data Advisory and Review committee to determine what information should be gathered, how the data will be gathered, which organizations will supply the data and timelines, and electronic compatibility standards. Data collection should capture specific data elements, allowing decision-makers to combine information in a variety of standardized and ad hoc reports. These reports can then be compared to determine if they are meeting goals and making progress or, if they are not making progress, identify why. Combining data in a variety of ways can answer both positive and negative causal factors behind successes and help drive future decisions. The data collection requirements must not be so broad that they cause extreme hardships or prevent program activities. The committee should review the relevance and accuracy of data, collection difficulties, and the usefulness of data that is collected once a year.

The data collection process can be affected by limited staff and time constraints; however, Citizen Corps volunteers could serve as a huge asset in the data collection process. In addition, civilian preparedness data could be done in conjunction with obtaining an ID. If these measures are not in place, the integrity of the data could be compromised and decisions may be based on false assumptions.

c.   How Can This Data be Used?

The CCES will allow civilian skill sets to be certified, pre-registered (by type and geographic location), modularized, made compatible system-wide, classified/typed, and credentialed. These data elements will help local governments target resource levels according to their local needs and hazards. This will help in determining risk and capability ratios by geographic location.

In addition to collecting data on civilian skill sets by geographic location, other information should also be tracked, such as distance to enterprise-wide resources,

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[132] Robert Bach, "Strategic Planning – A Leadership Skill," lecture presented at the Naval Postgraduate School, October 2005.

dual certifications, age of population and volunteer(s), and population density. In the case of tracking dual certifications, the volunteer may be double-counted as a resource, which could affect resource assumptions. This problem might be solved by having the person with multiple certifications denote his or her primary response role in a database. The primary response role of a multi-certified responder could always be changed through the responder's local agency if needed. In addition, the plans should identify backup positions. The population age and density, and enterprise-wide resource data, would be especially helpful for pandemic preparedness planning. The young and old are susceptible to the effects of viruses; consequently, it will be important to know if an area has either of these population groups and ensure that there are enough enterprise-wide resources available to respond. Likewise, population density is also a factor in the criticality of a pandemic.

2.   Benchmarking

Benchmarking is a tool used by decision-makers to determine the effectiveness of a program by comparing performance with organizations that have similar tasks or functions and measure that have the best performance. Equally important is determining how they achieved this distinction so it can be duplicated. However, it is not always easy to decide what to measure or how to measure it. As mentioned, the current Citizen Corps is not structured so that performance data can be isolated and collected in a uniform manner.

The proposed CCPS will help resolve these issues. The utility of this type of data can be seen in the following example: A Citizen Corps coordinator notices an increase in Citizen Corps Council applications immediately after a facilitation activity. However, this may be due to a myriad of other supporting factors, such as collaboration with neighboring organizations or a recent catastrophic incident that may actually be the causal factor behind the increase in applications. If the data collection has been consistent and broad enough, the manager would be able to request a report showing the number of councils in a region, the increases by a chosen date, which new orientation meetings had a facilitator, and had there been a recent exercise or incident? It will be extremely important to have clear data definitions, integrity, and currency.

Benchmarking builds on other performance measurements and is a helpful analytical tool for identifying trends, interpreting the data and determining causal factors behind the data.

For example, the information on Citizen Corps best practices could be further developed into specialized certifications. This would allow these practices to be shared in a manner that is compatible with the NPS and will add flexibility in utilizing Corps volunteers and civilians.

D.   MANAGEMENT AND OPERATING SYSTEMS

The management and operations systems should not be confused with performance measurements, although the two are linked and both relate to the strategic goals and objectives. The management and operations systems define an approach for making things happen and the performance measurement system assesses how well it is being done. The management and performance measurementss are used to ensure continuous improvement and stakeholder feedback.

1.   Balanced Scorecard[133/134/135]

The Balanced Scorecard is a management tool that links activities, workload and outcomes to strategic goals and objectives. The Balanced Scorecard assesses strategic alignment for both short-term and long-term strategic goals and objectives. This assessment reviews cost-benefit ratios, finances, timelines, political and public support, resources, risk assessments, best practices (benchmarks), and performance measurements to determine if strategic outcomes were achieved.

[133] 2GC Active Management, "Frequently Asked Questions," http://www.2gc.co.uk/resources-faqs.asp#faq1 [Retrieved 12/12/05]

[134] Wikipedia, "Balanced scorecard," http://wikipedia.org/wiki/Balanced_scorecard [Retrieved 12/12/05]

[135] Paul Arveson, "The Learning and Growth Perspective," Balanced Scorecard Institute, 1998, http://www.balancedscorecard.org/basics/learning.html [Retrieved 10/25/05]

The Balanced Scorecard generally measures four areas: 1) management and operation processes; 2) finances; 3) customer satisfaction; and 4) learning and growth. The Balanced Scorecard method helps give decision makers and managers a comprehensive view of their organization, but also breaks down organizational goals into task-oriented objectives that can be managed by front-line staff.

The Balanced Scorecard is used to assess the effectiveness of management and operations activities and uncover gaps in the implementation process, providing advance warning of problems in the implementation process. This management system includes continuous evaluation and improvement feedback that allows the flexibility to make quick decisions, produce innovative ideas, and allow best practices to come forward. The CCPS alignment with the NPS will give decision makers the information they need to help support the Citizen Corps and move initiatives forward.

a. Management vs. Operation Systems

The following questions can help clarify the differences between management and operational systems:

Strategic Management: "What are we trying to achieve? What needs to happen to achieve it? Are we achieving it? "[136] Who is responsible?

Operations Management: What processes do we want to monitor? What aspects of the process do we want to measure? What are considered best practices?"[137] Is there an accountability system in place?

The management and operations systems drive and prioritize what activities are done and when, workload levels, how money is spent, and what opportunities should be pursued to achieve specified outcomes. For example, the NRP identifies the "what" and the "why;" NIMS tells "how" and "when." In the case of

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[136] 2GC Active Management, "Frequently Asked Questions," http://www.2gc.co.uk/resources-faqs.asp#faq1 [Retrieved 12/12/05]

[137] Ibid.

developing the CCPS and CCES, these questions will need to be answered by the strategic planning committee. A skilled facilitation team should be able to help in this process.

b. *Financial Status*

Financial decisions for public organizations are not as straight forward as they are in private industry where financial decisions are based solely on financial returns to investors. In the world of non-profit and government agencies, financial decisions are also based on political and social environments, both internally and externally. Financial management is more than just a balance sheet that follows management policies. The Balanced Scorecard has the capability of giving an overall picture of performance as it relates to stakeholder satisfaction. Decision makers will need to have information immediately available that can tell them if tax dollars are being appropriately spent and effectively managed. DHS funds may not always be available to support the Citizen Corps and decision makers may need to justify how they spend funding and if it is being effectively spend. If managers can show that civilians can be trained to perform basic activities such as directing traffic, checking on neighbors after a storm, or performing CPR, for a fraction of what it costs to have professional emergency respond perform the activities, such evidence may help support the Citizen Corps' initiatives. This is may be especially true in cases where these needs would go unmet (e.g. during catastrophic incidents that overwhelm the professional emergency responders) if civilians are not trained. DHS can also justify Citizen Corps training expenses as a cost-effective way to add value to citizens. This may be especially true if civilians' skills can be used during non-crises. Data supporting these kinds of decision-maker claims will allow the Citizen Corps to meet its full potential.

The Balanced Scorecard is most effective when used in tandem with the performance measurement tools. It is easier for leaders to justify funding if there is a clearly demonstrated cost-benefit ratio that is based on outcomes or services that stakeholders have indicated they expect. For example, DHS grant applications and funding allocations are based on state and local governments submitting an updated strategic plan that demonstrates how grant funds will be managed; governments must also

demonstrated that they performed at the level and manner outlined in the strategic plan. Again, processes should be designed to prevent performance measurement from becoming a burden to state and local governments.

c. *Stakeholder Satisfaction*

The Balanced Scorecard methodology can be used for establishing both internal and external communications and feedback loops. The Balanced Scorecard allows leaders to create a communications system that supports and reinforces feedback throughout the organization. The continuous feedback loop should include opportunities for face-to-face contact for the purpose of building both internal and external social connections and trust. One of the benefits of working together is the synergy and wisdom that comes from groups. The fact that there are more people lightens the workload and also helps generate ideas. Another benefit from face-to-face contacts are the relationships and trust levels that are built. Collaborative relationships are best built before an incident.

A good strategic management system also recognizes the importance of stakeholder satisfaction and the need to determine the stakeholder's definition of "customer satisfaction."[138] An area of great concern for the Citizen Corps has to do with state and local stakeholder satisfaction. For example, local government professionals have expressed frustration with DHS processes that are ambiguous, continually changing, do not offer adequate support, and have poorly functioning technology for submitting reports. These professionals have expressed burn-out and said they will not work with DHS until these concerns are addressed[139] Stakeholder dissatisfaction can indirectly affect the Citizen Corps and should not be underestimated, especially at a time when governments are experiencing difficulty hiring and retaining qualified and committed leaders and employees.[140]

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[138] Arveson, "The Learning and Growth Perspective."

[139] This was relayed to the author by state and local emergency managers at conferences, meetings and in conversations. They wish to remain anonymous.

[140] Congress, "A Failure of Initiative," 3, 151, 155, 158.

d. *Learning and Growth*

The homeland security environment is constantly changing and it will be important for leadership to create an environment conducive to continuous learning and growth. Ideally the strategic process incorporates a system that creates a continuous learning environment. In the case of the Citizen Corps, this might include mentors and/or regularly scheduled training drills.[141]

E. IMPLEMENTATION

Strategic plans, performance measurement systems, and strategic management systems are simply tools that can help administrators accomplish their missions.[142/143] However, leadership is always the driving force behind successfully implementing the plans. It will also be leadership that makes or breaks the successful development and implementation for the proposed CCPS and CCES.

Strategic planning is an emotionally charged process and there are naturally going to be tensions surrounding both its development and implementation, because there are "conflicts or choices embodied in these issues [that] may seem too difficult or disruptive to address."[144] This is an area that is not always addressed, but is critical to the successful development and implementation of a plan. The strategic planning and implementation processes are complex and fragile and may need the specialized skills of a facilitator. The facilitator also brings unbiased neutrality to the process and can keep the process moving forward.

For example, professional emergency responders may perceive the CCPS and CCES objective, training civilians to fill the predeployment response, with apprehension. Emergency responders may fear that civilians have less appreciation for the complexity

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[141] Arveson, "The Learning and Growth Perspective."

[142] White House, "The Federal Response to Hurricane Katrina: Lessons Learned," http://www.whitehouse.gov/reports/katrina-lessons-learned.pdf [Retrieved 3/3/06]

[143] John M. Bryson, *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement* (San Francisco, CA: Jossey-Bass, 2004), 279.

[144] Bryson, *Strategic Planning for Public and Nonprofit Organizations*, 181.

and depth of knowledge needed to handle emergency situations, and that they lack the experience that allows professional emergency responders to almost intuitively prioritize and effectively respond in critical situations.[145]   The truncated knowledge of civilian responders may lead to interference in the work of rescuers or even unfair criticism of rescuers as a whole.

Leaders need to recognize these tensions and offer reassurance. This is also where a facilitator may be extremely helpful because, if these tensions are not acknowledged, constructively addressed, and released, the process may "hit a wall."[146] This concern is not limited to the planning process; it applies throughout the implementation of the CCPS and CCES.

F.   RESILIENCY

The term "resilience" refers to "the ability of a system to absorb blows, repair itself, weather hard times, adopt, adjust, [and] evolve."[147] People will pull together and can effectively work together during an incident.[148] Vice President Hubert Humphrey once observed "Democracy is based on the premise that extraordinary things are possible from ordinary people."[149]

The Citizen Corps exhibits resilience as a result of its ability to draw on multiple resources. DHS funds are limited and the strength of the Citizen corps could make DHS more resilient to funding changes. The Citizen Corps accomplishes this resiliency by leveraging talent and equipment, and combining training efforts across disciplines and agencies. This collaborative effort to share resources adds fortitude when Citizen Corps

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[145] Gary Klein, *Sources of Power: How People Make Decisions* (Massachusetts Institute of Technology Press, 1999).

[146] Bryson, *Strategic Planning for Public and Nonprofit Organizations*, 180.

[147] Donella H. Meadows, "The Global Citizen: Eating Into Resilience," *AlterNet*, April 26, 2000, http://www.alternet.org/story/3058/ [Retrieved 2/23/2006]

[148] Wallrich, "The Evolving Role of Community Based Organizations."

[149] John M. Bryson and Barbara C. Crosby, *Leadership for the Common Good* (San Francisco: Jossey-Bass Publishers, Inc., 1992), xi.

funding is cut.[150] Communities need to take ownership and responsibility for supporting the Citizen Corps by creating consortiums for the purpose of pooling local emergency response agencies' resources to hire state-wide or regional DHS certified Citizen Corps facilitation and training teams. There are additional resources available through partnerships with senior citizens. At a recent Citizen Corps Conference, the President of the AARP, Hubert Humphrey III, expressed the interest of his organization's members in volunteering with the Citizen Corps.[151] There are also opportunities to promote the Corps within the community by partnering with businesses.[152]

The concept of pooling resources from multiple sources could help the Citizen Corps survive federal funding cuts. The Citizen Corps can not rely on DHS, state, or local governments as its main funding sources. It must also rely on the ingenuity and willingness of civilians to take responsibility for building and maintaining the civilian preparedness efforts in their communities. Funds are not the only resource that will sustain community preparedness efforts; the relationships that are forged when civilians pool their energies may be an equally important factor in sustaining the Citizen Corps.

The concept of institutionalizing DHS Citizen Corps Facilitation and Training teams as part of the CCPS and CCES will help establish relationships, provide social momentum, and build the social trust necessary to move the Citizen Corps forward. This may be especially important if the professional emergency response community does not have the necessary skills, is not be interested, or does not have the time to promote and support the Citizen Corps. Facilitation and training teams would help to anneal the CCPS and CCES concepts until it becomes a strong and viable solution, much as EMS and AHA gained acceptance as providing needed functions within the health care system.

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[150] U.S. Department of Homeland Security, Office of Domestic Preparedness, *Highlights of the State and Urban Area Homeland Security Strategy Update Guidance*, July 28, 2005. Provided by anonymous DHS official.

[151] Hubert Humphry, III, President of the Minnesota Chapter of AARP, discussion at the 2006 Minnesota Citizen Corps Seminar, Radisson Riverfront Hotel, February 25, 2006.

[152] Dennis Walters, Volunteer Resource Coordinator, Minnesota Department of Public Safety, Homeland Security and Emergency Management, discussion with the author, March 3, 2006.

V. POLICY RECOMMENDATIONS AND IMPLICATIONS

A. RECOMMENDATIONS

The work for this thesis began in late October 2005 and the Federal Hurricane Katrina reports[153]/[154] came out in late February 2006. These reports support the proposed CCPS and CCES recommendations for enhancing leadership, training, readiness, and staffing. However, there is one overriding recommendation for enhancing civilian preparedness: strengthening social connections and mores that build social trust. The conclusion of this thesis is that there has been a breakdown in social connections, mores and social trust and the resultant breakdown directly has a negative effect on civilian preparedness efforts.

1. Social Connections and Mores

Restoring social connections, mores, and trust will be necessary because these are essential building blocks for achieving civilian preparedness. The notion of social connectedness progressing from socially repetitive ways of interacting can be contagious. These social mores can either spread into positive or negative generalized moral codes in communities. If the group's moral code is positive, it might include reciprocity of good will or deeds that build a broader trust among the community.[155] An example of negative moral codes can be seen in instances of criminal activities and violence. An example of a positive moral code was observed during 9/11 when crime actually went down.[156] Social trust will be essential in mitigating many of the negative psychological and social responses associated with emergency incidents. The social connections and mores will be a driving force behind implementing the CCPS and CCES. These social connections will be what fuel civilian motivation and a desire to work together and prepare as a

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[153] The White House, "The Federal Response to Hurricane Katrina: Lessons Learned," http://www.whitehouse.gov/reports/katrina-lessons-learned.pdf [Retrieved 3/3/06]

[154] Congress, "A Failure of Initiative."

[155] Robert D. Putnam, *Bowling Alone* (New York: Simon & Schuster, 2000), 19.

[156] Clark McCauley, "Psychological Issues in Understanding Terrorism," in Christopher Stout, ed. *The Psychology of Terrorism* (Portsmouth, NH: Praeger, 2004), 29.

community. The good will that can be built from positive personal interactions will result is social trust, which is a foundational building block for moving civilian preparedness forward.

Robert Putnum has done extensive research on this subject and found that "people who trust others are all-round good citizens, [are] more engaged in community life [and] are both more trusting and more trustworthy. Conversely, the civically disengaged believe themselves to be surrounded by miscreants and feel less constrained to be honest themselves."[157] Unfortunately, people are volunteering less and business practices seem to be more profit-driven and less engaged in their communities.[158] The breakdown of social trust and the resultant erosion of social connections and mores is a national issue and the purview to resolve these issues does not fully reside within DHS. However, it will be important for DHS to be aware of the concomitant factors related to the breakdown in social trust, so they can try to temper its negative effects and resolve what is in their venue.

DHS is the organization responsible for planning, organizing, implementing, and achieving civilian preparedness. However, various stakeholders often have divergent and antithetical views about how to achieve civilian preparedness. The challenge for DHS will be to bring together these divergent groups and find common ground from which to build the Citizen Corps. This thesis has proposed a CCPS and CCES and has identified gaps, described solutions, prioritized next steps and recommended a framework to mitigate gaps currently affecting the Citizen Corps.

a. The Employee and Volunteer Connections

Employment is a huge placeholder in the lives of U.S. citizens and the effect it may have on social trust and civilian preparedness must be considered. There has been a spate of profiteering scandals, such as Enron, Qwest, and WorldCom, and the ramifications of these scandals for social trust and volunteerism may not be known for

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[157] Putnam, *Bowling Alone,* 137.

[158] Ibid., 136-137.

some time.[159]/[160] These scandals, when coupled with current business practices, such as outsourcing and trimming jobs, have caused a net loss of jobs in the U.S. These actions have caused Americans to actually see "big business" as a threat to the nation's future.[161]/[162] Americans also see many of the government's economic policies as helping to drive these trends. These business trends may be part of the reason behind the research that indicates an increase in workplace aggression, social incivility, and job dissatisfaction.[163]/[164]/[165]/[166]

DHS will need to be cognizant of the origin of negative social trust factors when planning civilian preparedness initiatives and public responses to major incidents. If the general population feels the government does not have their best interests at heart, they may not trust government to develop plans that will best protect them during an incident. If the public lacks trust, it may mean they will not perform as hoped during a catastrophic incident or participate in civilian preparedness.   The message that is being sent to the general public is that no one is watching out for them. The public is being asked to further trust the government to protect them during a major incident. DHS may

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[159] David M. Walker, "Integrity: Restoring Trust in American Business and the Accounting Profession," November 26, 2002, http://www.gao.gov/cghome/acpro122.pdf [Retrieved 3/6/06]

[160] Cap Cod Times, January 12, 2004 http://www.capecodonline.com/special/hotspots/nafta/nafta.htm [Retrieved 3/7/06]

[161] Bruce Horovitz, "Trust: Americans have great faith in each other, but their trust in CEOs, Big Business, Priests, and HMOs is slipping away," *USA Today,* July 16, 2002, http://www.usatoday.com/educate/college/business/casestudies/20030227-corporatetrust.pdf [Retrieved 3/7/06]

[162] Donna Miles, "Military Tops Public Confidence List in New Gallup Poll," *American Forces Information Services News Articles,* June 3, 2005, http://www.defenselink.mil/cgibin/dlprint.cgi?http://www.defenselink.mil/news/Jun2005/20050603_1544.html?http://www.defenselink.mil/news/Jun2005/20050603_1544.html [Retrieved 3/6/06]

[163] Putnam, *Bowling Alone*, 91, 143.

[164] Bullybuster.org, The Healthy Workplace Bill, "The Ludicrous "Job Killer" Label for the "Healthy Workplace Bill," http://bullybuster.org/advocacy/jobkiller.html [Retrieved 11/8/05]

[165] David C. Yamada and Gary Namie, "The 'Healthy Workplace' Bill: "A Model Act to Provide Legal Redress for Targets of Workplace Bullying, Abuse, and Harassment, Without Regard to Protected Class Status," http://www.bullybusters.org/advocacy/pdf-docs/healthyworkbill.doc [Retrieved 11/8/05]

[166] Gary Namie and Ruth Namie, "Workplace Bullying: Introduction to the 'Silent Epidemic'," 2003, http://www.bullybusters.org/advocacy/pdf-docs/overview.pdf [Retrieved 11/7/05]

need to earn the trust of the professional emergency response community and the general public before effective collaboration among the various stakeholders can be achieved.

(1) Recommendations. DHS needs to help minimize social trust issues by ensuring stakeholder input by analyzing stakeholder expectations and reflecting these expectations in NPS documents that include CCPS and CCES documents. This would help add transparency and built-in checks and balances to systems. If stakeholders feel they are really being heard and their participation has influence, they will feel DHS and others are worth trusting and will so be willing to collaborate.

Also, considering that "Direct personal contact has the most significant effect on a person's willingness to trust," DHS will need to create an accelerated campaign to promote the Citizen Corps preparedness programs.[167] The quickest route to doing this would be through existing organizations, such as schools, faith-based programs, colleges and universities, and the Boy/Girl Scouts. The plan should promote public awareness about civilian preparedness through organizations with high public contact, such as AARP, Departments of Motor Vehicles (and at grocery stores and malls).

b.   *Professionalism vs. Citizen Involvement*

There has been a trend of replacing "well-meaning" volunteers with professional staff.[168] The book *Leadership for the Common Good* explains, "No one organization or institution has the legitimacy, power, authority, or intelligence to act alone on the important public issues and still make substantial headway against the problems that threaten us all."[169] The book *Bowling Alone* identified the disenfranchisement of the volunteer as a natural transition occurring during the industrial

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[167] Putnum, *Bowling Alone*, 378.

[168] Ibid..

[169] John M. Bryson and Barbara C. Crosby, *Leadership for the Common Good* 1st ed. (San Francisco: Jossey-Bass Inc., 1992), xi.

age and states that, in struggling with the idea of a choice between professionalism and volunteers, professionalism won out. [170]

DHS Citizen Corps Facilitation Teams could be extremely beneficial in developing cohesiveness, especially among groups that have divergent backgrounds and goals. It will be important for the emergency preparedness community to include civilians, because this interaction may instill an appreciation for the response and recovery systems that are in place. Conversely, it may give the traditional professional response disciplines an appreciation for the support and resources civilians can offer. Civilians know the people in their communities, the terrain, and resources, which gives them a unique perspective to see gaps, offer alternatives for the local emergency response plan, and ad lib viable solutions in an emergency. These Citizen Corps interactions may help to eliminate tensions or concerns of the professional emergency response community regarding a civilian pre-deployment response. The facilitation teams might be the catalyst that builds social trust and encourages public involvement, volunteerism, and action for civilian preparedness.

The CCES will be an essential element in integrating civilians as credible response components of the NPS. The concept of a CCES will clarify Citizen Corps roles and functions so they are recognizable to the professional emergency response community and the general public, which will help to further promote the Citizen Corps.

Volunteers will need some kind of assurances that their precious time and energies will not be in vain and that they will have meaningful roles and functions; more importantly, that leaders are listening and championing the civilians' best interests. These efforts will help rebuild social connections and social trust.

(1) Recommendations. DHS should coordinate and fund a Citizen Corps Advisory Committee and Strategic Planning Committee to develop the CCPS and CCES. The CCPS and CCES will reorganize the civilians' roles and functions within NPS so they are truly seen as having a valued place during a response. DHS should also

[170] Putnum, *Bowling Alone*, 378.

ensure that civilians have a voice by supporting the development of a Citizen Corps Association. DHS should create and fund Citizen Corps Facilitation and Training Teams to champion the Corps' efforts and ensure that fragile relationships are mended and positive relationships are maintained.

c.   Need for Qualified and Experienced Personnel

The Hurricane Katrina reports cite that one of the main reasons for the poor response was the lack of long-term staff with institutional knowledge and experience. This was partially due to retirements, but also due to employee satisfaction.[171]

This does not appear to be a temporary state of affairs. In the federal government, sixty percent of workers are over the age of forty-five, compared with thirty-one percent in the private sector, and it is estimated that fifty-eight percent of the supervisory and forty-two percent of the non-supervisory workers will be eligible to retire by the end of 2010. The Department of Homeland Security estimates that forty percent of their security managers and program analysts will be eligible for retirement by 2009.[172] There are other factors that will make the recruitment crisis for the government even more challenging. For example, college graduates are more interested in working for the private sector and just one-in-six say they would be interested in working for the

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[171] Congress, "A Failure of Initiative,"157-158; "Best Places to Work 2005," *Partnership for Public Service,* September 14, 2005, http://www.ourpublicservice.org/research/research_show.htm?doc_id=297293 [Retrieved 3/1/06]; Partnership for Public Service, "Federal Brain Drain," Issues Brief PPS-05-08, November 21, 2005, http://www.ourpublicservice.org/research/research_show.htm?doc_id=320870 [Retrieved 3/1/06].

[172] Partnership for Public Service, "Federal Brain Drain."

federal government.[173]   Further, the public no longer views government service as an honorable profession, and some government workers are seen as suffering from professional careerism.[174]/[175]

(1)   Recommendations.   DHS will need to create a recruitment campaign plan and include employee satisfaction surveys that are benchmarked against industry.   It will be important to include independent employees as part of the survey development team, because in a tight recruiting market it will be important to understand what is attractive to recruits.

DHS should implement changes, as judged necessary from employee satisfaction surveys, benchmarks, and performance measurement reports, and strive to become an employer of choice. DHS should set its own standards of quality that ensure its image as a department with integrity and quality programs and create a professional development leadership training program.   DHS should strive to create a culture of innovation where initiative and ideas are rewarded.

DHS should consider working with schools in implementing Citizen Corps preparedness programs.   There are national organizations that promote public service careers to high school students through in-school academies, training opportunities, and career exploration clubs that should be sought as Citizen Corps partners.[176] In addition, DHS should develop courses on information literacy, civics, and advocacy. It will be important to give students the skills, knowledge, and tools they will

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[173] Council for Excellence in Government, "The Public Sector Human Capital Crisis: The Public Sector Human Capital Crisis—Fact Sheet,"
http://www.excelgov.org/admin/FormManager/filesuploading/fact_sheet_on_call_to_public_service.pdf?PHPSESSID=3ba904cb564c8e9325a7bb28ab985b86 [Retrieved 3/6/06]

[174] National Commission on Terrorist Attacks Upon the United States, Statement of Stephen Push to the National Commission on Terrorist Attacks Upon the United States, March 31, 2003, http://www.9-11commission.gov/hearings/hearing1/witness_push.htm [Retrieved 3/6/06]

[175] Diana Lynne, "Day of Infamy 2001: FBI rewarding incompetence?" *WorldNetDaily* January 10, 2003, http://www.worldnetdaily.com/news/printer-friendly.asp?ARTICLE_ID=30426 [Retrieved 3/6/06}

[176] "Exploring," http://www.learning-for-life.org/exploring/engineering/index.html [Retrieved 3/11/06]; National Partnership for Careers in Law, Public Safety, Corrections and Security, http://casn.berkeley.edu/factpublicsafety.html [Retrieved 3/11/06]

need to become active, informed and involved citizens. If young people are exposed to government, it may help inspire interest   serving in this field.

Experienced employees who have institutional knowledge will be needed during incidents. At the time of an incident, there will need to be leaders, employees and civilians who know what to; often this comes only from experience. *Sources of Power*[177] studied the decision-making process of people who are in jobs that require rapidly made life-saving decisions. The case studies in this book demonstrate that decisions which may seem intuitive are largely due accumulated knowledge and experience. The mass retirements projected to occur over the next several years mean that experienced decision-makers will be leaving their jobs. It will take time for new employees to build relationships and partnerships, gain experience, and learn to navigate through the government infrastructure. Therefore, DHS should consider retaining employees with critical knowledge and experience. Retaining employees who are ready to retire would also alleviate the expected social security overload.

DHS should also schedule and support leadership and professional development plans to ensure and maintain the levels of leadership, integrity, quality, knowledge, and skill necessary to prevent, protect, respond, and recover from all-hazards. DHS should adopt a policy that supports a culture of integrity, such as that suggested by the Comptroller General of the United States "do the right thing, at the right time, all the time" by holding on to core values of leadership, integrity, service, and stewardship.[178]

d. *The Media and Public Trust*

The media has a strong influence on public trust and DHS will need to be cognizant of the positive and negative effect the media can have on civilian preparedness. One concern is that the media receives financial support from the very companies it may some day need to investigate or report on in a story that could result in negative press for one of its sponsors. It is hard to imagine that this does not have some effect on what is

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[177] Klein, *Sources of Power.*

[178] Walker, *Integrity,* 12.

reported and that civilians are receiving the benefit of serious investigative reporting. As many companies have demonstrated, if an employee does not agree, that employee is gone. There are certain services that should be protected from these potential conflicts at all costs. They are the media, regulators, government, researchers, and academia. There also need to be stronger laws to protect whistle-blowers; civilians need to take responsibility for supporting the government in this endeavor.[179]

(1) Recommendations. DHS should working relationships with the media, prior to an emergency incident, to develop and ensure public announcement broadcasts that support rescue and response efforts. DHS should fund research to support independent and unbiased research investigators to look at interdisciplinary issues, such as public trust, media integrity, and information literacy. Great care should be taken to uphold public trust and ensure that preparedness research or curriculum affecting civilian safety should not be tainted by research paid for by the benefiting company or government agency.

B.   CONCLUSIONS

The Citizen Corps will prepare and empower civilians to respond and protect themselves and others during an emergency. However, an essential element in driving civilian preparedness efforts will be public trust. "Public trust could be a fragile asset, yet it is essential."[180] It will be extremely important to strengthen social connections, mores, and public trust because "Terrorism has the capacity to erode the sense of community or national security; damage morale and cohesion; and open the rational for

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[179] PBS, Coleen Rowley, biography, http://www.pbs.org/now/politics/rowley.html [Retrieved 3/6/06]

[180] Thomas A. Glass and Monica Schoch-Spana, "Bioterrorism and the People: How to Vaccinate a City Against Panic," *Clinical Infectious Diseases* 34 (January 15, 2002): 221, cited at http://www.journals.uchicago.edu/CID/journal/issues/v34n2/011333/011333.web.pdf?erFrom=8150459302254001693Guest [Retrieved 3/21/06]

ethnic, economic, and religious cracks that exist in our society."[181] This is especially important in light of the fact that "People are more likely to feel that an activity or event is not dangerous if they can control it."[182]

The U.S. needs to create a culture where people are willing to do the right thing, at the right time, and for the right reasons. The reputation of the "good" bureaucrat, who served as a civic steward for the American people, should be brought back into vogue. Public integrity is imperative in gaining civilian trust and achieving civilian preparedness.

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[181] Adrienne Stith Butler, Allison M. Panzer, Lewis R. Goldfrank, eds, National Academy of Sciences, *Preparing for the Psychological Consequences of Terrorism*: *A Public Health Strategy* (Washington, D.C.: National Academies Press, 2003), 47, http://darwin.nap.edu/books/0309089530/html/47.html [Retrieved 3/21/06]

[182] Ibid., 45.

APPENDIX: TERMS AND DEFINITIONS[183]

All-Hazards Preparedness. Refers to preparedness for domestic terrorist attacks, major disasters, and other emergencies.

Capability. A capability provides the means to accomplish one or more tasks under specific conditions and to specific performance standards. A capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel that achieves the intended outcome.

Critical Task. Critical tasks are defined as those prevention, protection, response, and recovery tasks that require coordination among an appropriate combination of federal, state, local, tribal, private sector, and non-governmental entities during a major event in order to minimize the impact on lives, property, and the economy.

Emergency. As defined by the *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, an emergency means any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States. (Source: NRP, December 2004)

Emergency Response Provider. Includes federal, state, local, and tribal emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. (See section 2(6), *Homeland Security Act of 2002*, Public Law 107-296, 116 Stat. 2135 (2002).) Also known as Emergency Responder. (Source: NIMS, March 2004)

Federal departments and agencies. Those executive departments enumerated in 5 U.S.C. 101, and the Department of Homeland Security; independent establishments as defined by 5 U.S.C. 104(1); Government corporations as defined by 5 U.S.C. 103(1); and the United States Postal Service. (Source: HSPD-8)

First responder. Local and nongovernmental police, fire, and emergency personnel who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101), as well as emergency management, public health, clinical care, public works, and other skilled

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[183] Unless otherwise notes, definitions are drawn from *Interim National Preparedness Goal: Homeland Security Presidential Directive 8,* A1-A4, B1.

support personnel (such as equipment operators) who provide immediate support services during prevention, response, and recovery operations. First responders may include personnel from Federal, State, local, tribal, or nongovernmental organizations. (Source: NRP, December 2004)

Incident of National Significance. Based on criteria established in HSPD-5 (paragraph 4), an actual or potential high-impact event that requires a coordinated and effective response by an appropriate combination of federal, state, local, tribal, nongovernmental, and/or private sector entities in order to save lives and minimize damage and provide the basis for long-term community recovery and mitigation activities. (Source: NRP, December 2004) A-1

Jurisdiction. A range or sphere of authority. Public agencies have jurisdiction in an incident related to their legal responsibilities and authority. Jurisdictional authority in an incident can be political or geographic (e.g., city, county, tribal, state, or federal boundary lines) or functional (e.g., law enforcement, public health). (Source: NIMS, March 2004)

Local Government. Local means "(A) a county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government; (B) an Indian tribe or authorized tribal organization, or in Alaska Native Village or Alaska Regional Native Corporation; and (C) a rural community, unincorporated town or village, or other public entity." (Source: Homeland Security Act of 2002)

Major Disaster. As defined under the *Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122)*, a major disaster is any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this act to supplement the efforts and available resources of states, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby. (Source: NIMS, March 2004)

Major Event. Refers to domestic terrorist attacks, major disasters, and other emergencies. (Source: HSPD-8)

National. Of a nationwide character, including the federal, state, local and tribal aspects of governance and polity. (Source: NIMS, March 2004)

Performance goal. A statement of the intended result, effect, or consequence to be achieved by carrying out a program or activity.

Performance measure. A quantitative or qualitative characteristic used to gauge the results of an outcome compared to its intended purpose (e.g. percentage, time, or amount).

Performance metric. A particular value or characteristic used to measure the outcome (e.g., "100," "25," or "partially") that is generally expressed in terms of a baseline and a target.

Preparedness. The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government, private-sector, and non-governmental organizations to identify threats, determine vulnerabilities, and identify required resources. (Source: NRP, December 2004)

Prevention. Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions taken to protect lives and property. It involves applying intelligence A-2 and other information to a range of activities that may include such countermeasures as deterrence operations, heightened inspections, improved surveillance and security operations, investigations to determine the full nature and source of the threat, public health and agricultural surveillance and testing processes, immunizations, isolation, or quarantine, and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice. (Source: NIMS, March 2004)

Recovery. The development, coordination, and execution of service- and site-restoration plans, the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents. (Source: NIMS, March 2004)

Region. As used in this document, "region" generally refers to a geographic area consisting of contiguous state, local, and tribal entities located in whole or in part within a designated planning radius of a core high threat urban area. The precise boundaries of a region are self-defined.

Response. Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other

unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into the nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice. (Source: NIMS, March 2004)

Risk. Risk is the product of threat, vulnerability, consequence, and likelihood of occurrence.

State Government. State means "any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States." (Source: Homeland Security Act of 2002)

System. A combination of facilities, equipment, personnel, procedures, and communications integrated into a common organizational structure to achieve a mission or outcome.

Target Capabilities List. Provides guidance on the specific capabilities and levels of capability that federal, state, local, and tribal entities will be expected to develop and maintain.

Tier. Groupings of jurisdictions that account for reasonable differences in expected capability levels among entities based on assessments of total population, population density, critical infrastructure, and other significant risk factors.

Universal Task List. A menu of tasks from all sources that may be performed in major events such as those illustrated by the National Planning Scenarios. Entities at all levels of government should use the UTL as a reference to help them develop proficiency through training and exercises to perform their assigned missions and tasks in major events.

Volunteer. Any individual accepted to perform services by an agency which has authority to accept volunteer services when the individual performs services without promise, expectation, or receipt of compensation for services performed (See, for example, 16 U.S.C. 742f(c) and 29 CFR 553.101.) (Source: NIMS, March 2004)

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