

DomPrep Journal

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- PPE Shortages & Funding Gaps
- From Hysteria to Complacency
- Old School Florida Smuggling
- Triggered Collapse, Part 3
- Triggered Collapse, Part 4

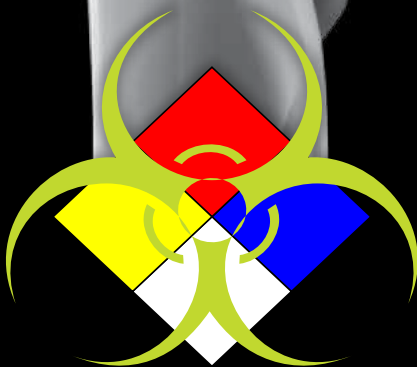
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Resilience When Help May Not Be on the Way

By Catherine L. Feinman



Disasters like 9/11 and Hurricane Katrina physically devastated the regions in which they occurred, affected people who were not directly impacted, and spurred nationwide action to assist in the response and recovery activities. As significant as those events were, though, they could not prepare the nation for the COVID-19 pandemic. Unlike most disasters in recent history, every community is feeling the impact and there is no end in sight. Daily routines have been universally interrupted, and everyone is now living in the hot zone.

Critical resources such as masks, gloves, and other personal protective equipment (PPE) have been cleaned off shelves, resulting in [widespread shortages](#). Mutual aid agreements typically fill such resource gaps, but not when these neighboring partners are experiencing the same PPE challenges. It is now basically every community, every agency, and every company for itself. Some are proactive and creating innovative solutions. Others are still [complacent](#) and trying to ignore the disaster at the doorstep. It is not going away anytime soon.

However, experts knew this day would come, and they shared projections of how a [pandemic like the Spanish flu that began in 1918](#) (which infected about 500 million and killed tens of millions) would affect today's highly mobile and densely populated communities – another black swan event. The time to prepare is past – and there is no way to know today whether those dire predictions will come to fruition with the current pandemic. It is certain though that [circumstances will worsen](#), the number of quarantines will increase, the economy will be hit hard, and the death toll will rise before the nation can recover and return to another new normal.

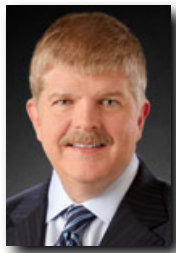
Although the COVID-19 crisis is not like 9/11 and Katrina, the core elements of a response plan for any disaster include collaboration and communication. These two elements can help bridge the response and recovery gaps created when adequate investments in preparedness were not made. These elements also boost stakeholder buy in when leaders have to make tough decisions about shutdowns and quarantines. Discussions tend to be more well received in the aftermath of a disaster than in the planning phase, where investments in what-if scenarios are lacking. Looking toward the future, this full-scale real-life exercise provides a great opportunity to develop comprehensive pandemic plans and identify and close critical gaps.

After previous disasters struck, communities and the nation as a whole slowly returned to normal or a new normal. Communities may not have emerged exactly the same as before, but the people are resilient. With COVID-19, countries around the world will remain in the eye of the hurricane and in the rubble at ground zero for months to come, but it will pass. However, if lessons are not learned and leveraged and best practices are not developed, that will be the greatest tragedy.

PPE Shortages & Funding Gaps for Pandemics

By Greg Burel

SARS, H1N1, Ebola, Zika, and now the COVID-19 pandemic blindsided U.S. public health officials and the world at large. Although this is a newsworthy headline, it is not entirely accurate. Hyperbole may sell newspapers, but has ignored the great progress that has been made in national public health emergency preparedness. This narrative downplays the lessons learned, many which resulted in improvements in preparedness. Preparedness for well understood threats and expert knowledge of how to respond to those threats – from a scientific, medical, and logistics perspective – is already established. Addressing the many lurking yet unknown threats is more challenging.



For any threat, there is a need to harness and combine multiple important disciplines to shape and implement a response. For example, the unknown and novel threat – such as an emerging infectious disease (EID) – requires a precise response even when the EID threat is unpredictable and not well understood. Despite EID threats being inevitable, the shifting requirements in responding to such threats shed a critical light on the current response to the COVID-19 pandemic.

In 1999, the Strategic National Stockpile (SNS) was established to address preparedness and medical material response needs from feared terrorist actions arising from the potential impact of the Y2K computer bug. That threat, while sensationalized at that time, never truly materialized, thanks to much work by many information technology experts. The 1999 Health and Human Services (HHS) Anti-Bioterrorism Operating Initiative was the imperative behind the development of the National Pharmaceutical Stockpile's advertised ability to respond within 12 hours to an unknown event. The early start saw \$51 million appropriated and used to create a handful of Push Packages designed for delivery 12 hours after a decision is made to send to any U.S. location. Even today, these legacy Push Packages still exist for just that event.

Expanding Missions, but Not Funds

The preparedness imperative of today's SNS remains, but the mission continues to expand with capabilities strengthened. An asset without an original charge to respond to an EID is now regularly in a role to support those responses. The SNS mission grows boundlessly and the SNS is viewed globally as the gold standard of public health emergency response. Its continued success in responding to a wide range of threats instills faith in the organization while continually expanding its mission. However, as is so often the case, expanding missions are not accompanied with expanding funds to accomplish the growing charge.

The nation is now challenged by a lack of long-term, ongoing investment in either stockpiling or otherwise creating capacity for immediate material acquisition such as personal protective equipment (PPE) to prevent the spread of infectious disease that might be encountered in a pandemic event. COVID-19 is not only dominating the news cycle but, for many, has changed daily life. Theoretically, that should then drive Congress to further

fund the development of better pandemic preparedness in the SNS and across health and medical response agencies.

SNS early efforts in pandemic influenza preparedness focused partially on PPE for healthcare workers. Had those efforts been sustained with continuing funds, they would be useful in responding to COVID-19. Unfortunately, these purchases were funded by supplemental appropriations that were never included in the basic



appropriations of the SNS. This is understandable. Important competing priorities for an organization housed outside the U.S. government's primary agency for health and medical response made it difficult for SNS to see increased appropriations for this "insurance policy" against a future threat. Since transitioning to the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), the primary leader for the U.S. government's health and medical response, there has been strong advocacy for the SNS to receive adequate preparedness funding for all hazards – including pandemic emerging disease threats. The long-term lack of investment in pandemic preparedness particularly is now of vital concern as much of the PPE required is manufactured in whole or in part in China. More is learned each day about the ongoing shortage of this material.

Emergency Appropriations vs. Continuing Investment

On 6 March 2020, the president signed into law a supplemental emergency appropriations bill not unlike that provided for pandemic influenza preparedness in the early 2000s. This appropriation will provide \$8.3 billion in much needed supplemental funds to respond to COVID-19 and to build new stock of material. Although funding provided for the current response is important, the nation would have been in a better posture had the funding provided for pandemic influenza response been continued as part of SNS appropriations so the investment made would have been sustained. Continuing investment would have ensured product availability today to respond to COVID-19. Now, the government is trying to catch up while a panicked nation watches. Unfortunately, when the threat of COVID-19 has passed and the supplemental funding has been spent, the nation will go back to previous capabilities unless Congress acts to include these critical supplies in its regular appropriations. History has shown that new capabilities created in the face of an immediate threat often decline in the wake of the event – even though new EID threats will emerge or reemerge in the future.

Again and again, as experts try to forecast material needs based on known and anticipated threats, the constantly constrained available funds require trading off the full list of supplies needed for the SNS for some lesser negotiated position that cannot meet all requirements from the public health and national security perspectives. PPE is an excellent example of the challenges faced in those trade-offs. SNS holds PPE to protect healthcare workers in such an

event. Although the PPE may keep disease from spreading to healthcare staff while other pharmaceutical interventions are developed, PPE on its own will not make someone who got sick better. Complicating this trade-off decision process is the manufacturing cycle for all the necessary materials. Manufacturing PPE requires available raw material and equipment to turn that raw material into, for example, masks. These masks and other materials are regularly sold on the commercial market, but the just-in-time supply process generally leaves no cushion of stocked PPE in hospitals. In fact, there is limited flexibility in any stock in any healthcare setting. Normally, material needed to take care of patients is delivered in increments to support 24-hour cycles of care. For example, the supplies needed to perform an elective surgery at 10 a.m. likely arrived at the hospital the night before the procedure.

What Congress Needs to Do Now

Pharmaceutical manufacturing is an entirely different and far more complex world. Not only do ingredients have to be sourced and assured to be safe and effective, those ingredients must be combined and finished under very strict manufacturing regulations to ensure they are safe and effective as medicines. Further, it is not generally possible to start and stop drug

History has shown that new capabilities created for an immediate threat often decline after the event, despite the inevitability of another event in the future.

manufacturing “on the fly.” Manufacturing of this type must be continuous, or lines have to be tested and re-certified after certain idle periods. This is complex enough without considering biologic drugs that rely, for example, on continuing collection of plasma from humans or animals. Similarly, it does not consider the needs for bioreactors to continuously produce living organisms necessary for production.

In considering all the complicating factors and confounding decisions involved in federal procurement for the medical supply chain, one thing is imminently clear. There is now no more time to wait, to deliberate, or to put off funding a routine capability in the SNS and across federal agencies to acquire, sustain, and maintain capability to sufficiently respond to pandemic events. Congress must ensure that the SNS and the broader health response agencies have adequate funding for all stages of pandemic preparedness and response. This imperative must include funding to cover needs from basic personal protective equipment in the response to the development, procurement, and deployment of new specific medical interventions. In the supplemental funds delivered by Congress to fight the COVID-19 pandemic lies a critical opportunity – one the nation cannot afford to waste.

Greg Burel is the former director of the Strategic National Stockpile (SNS) and a leading expert on medical supply chain management in the United States. With more than 35 years of civil service, he rose through the ranks of the federal government, beginning his career at the Internal Revenue Service and serving in leadership roles in both the General Services Administration and the Federal Emergency Management Agency. He retired from the SNS in December 2019 and is currently the president of Hamilton Grace LLC, a consulting firm focused on supporting preparedness and response. He is also a fellow of the National Academy of Public Administration. He was awarded the Samuel J. Heyman Service to America Medal for Management Excellence and selected as a National Academy of Public Administration fellow in 2016.

From Hysteria to Complacency, Then Back Again

By James M. Rush Sr.

Message From Publisher:

I would like to remind our readers the subject of pandemic is not new to us. When you search the word “pandemic” on DomesticPreparedness.com you will find over 500 articles published on this topic. (As a reminder, we use a small magnifier icon to open a search field.) I trust the panic and hysteria presented in the general media is not affecting local and state DomPrep readers too much. You are on the firing line, maintaining preparedness and resilience. Remember, only a couple weeks again in the [poll and comment report](#), 54% felt federal agencies were not able to fulfill their Emergency Support Function (ESF) roles and responsibilities in the current environment. So the current situation should not be a surprise to anyone.

Let’s also remember the axiom, “Don’t let a serious crisis go to waste.” Review Jim Rush’s recommendations presented in this article and pressure your leadership to break the hysteria-complacency cycle as we move forward.

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With recent urgent stories about the coronavirus, it seemed to be just a matter of time for the nation to revert to hysteria. Instead of a calm, resolute culture of preparedness, there has been a “PowerGlide” of public sentiment. In the 1960s, many Chevrolet automobiles had a PowerGlide transmission with just two gears: low gear and high gear. Similarly, in the past eight years, society has had two collective mental gears: complacency and hysteria.



The fact is, it is too late to worry if the current coronavirus manifests into a worldwide pandemic. Supply chains are already being negatively affected. If the medical supply chains are impacted due to diminished supplies of cotton, N-95 facemasks, personal protective equipment (PPE), and generic pharmaceuticals, it may be a harrowing year in the United States. Thankfully, the Chinese government claims its manufacturing is coming back online. Things could improve and stay that way in the U.S. medical supply chain.

Sudden Changes in Gears

Prior to 9-11, the nation was in the complacent gear. Afterward, there was significant fear of subsequent attacks, so the nation transitioned immediately into the hysteria gear. Despite the high likelihood that there would be another attack, soon after 9-11, the nation reverted

to its default gear of day-to-day business as usual (complacency gear again). Since then, little has been done to significantly improve the overall state of readiness to manage another 3,000-casualty event, let alone a 100,000- to 300,000-casualty event such as a 10-kiloton detonation on a population center or a 10-million-patient pandemic. Not thinking about it is the nation's Achilles heel.

In 2005, thousands of people suffered and died during hurricane Katrina. Some with disabilities were slumped down dead in wheelchairs outside storefronts. Nurses were crying on hospital rooftops as they manually ventilated patients and waited for a medical evacuation helicopter. Bodies floated down streets in New Orleans – an American city, with corpses in the water.

Shifting between hysteria and complacency does not work. What is needed is a third gear – an “overdrive” that will take the nation into the future.

The Centers for Disease Control and Prevention (CDC) has been saying for years that it was a matter of “when” and not “if” there would be a pandemic. Currently, there are just under a hundred thousand ill people around the world who have experienced far fewer deaths than the U.S. experiences in a normal flu season and yet people are about to dust off their living wills.

Shifting Into Overdrive

What is needed is a third gear – an “overdrive” that will take the nation into the future:

- Reinvigorate the [National Disaster Medical System](#) – and it needs some significant reinvigorating.
- Develop *real* plans to take care of real casualties.
- Develop supply and equipment lists of all classes of materials – including packaged disaster hospitals – that real people need for professional medical care and sheltering.
- Ask the U.S. Department of Health and Human Services or U.S. Department of Homeland Security to purchase and manage these critical assets as federal reserve inventories.
- Look at the planning scenarios derived from the jurisdiction's [hazard vulnerability assessment](#) and plan for the scenarios that will most likely occur.
- Build packaged disaster hospitals that are supplied and equipped with 60 days of supply of medical and nonmedical items without resupply.

- Re-establish the Defense Logistics Agency’s War/Contingency (Federal Reserve Inventories or FRI).
- Revamp FRI with items that were drained as a part of the “peace dividend” of the 1990s, including food, water, medical supplies, equipment, pharmaceuticals, and PPE.
- Enhance the Medical Reserve Corps ([MRC](#)) by contacting every retired nurse, certified nursing assistant, physician, laboratory and radiology technicians, respiratory and physical therapists, retired hospital support staff, psychiatrist, psychologist, and independent practice nurse to determine if they want to be a part of a revamped and very operationally active and paid MRC.
- Connect communities and develop a real disaster-ready community response. After all, the model in the [Strategic Petroleum Reserve](#) already exists.

If the nation can muster the “will,” “good stewardship,” and the funding to increase the national readiness posture, the first few steps can be taken toward full readiness to save hundreds of thousands of lives during the next manmade or natural disaster. It is too late for the current COVID-19 virus should it develop in the United States. However, if it does, it will stand as the “day complacency died” in America.

The nation needs to know that it did all that it could have done in preparing when the really big next one emerges. An extra gear needs to be inserted into the current two-speed culture. This gear is known as the “readiness” gear. Start shifting!



James M. Rush Sr. has over 45 years of healthcare administration and community emergency management experience in the U.S. armed forces, the U.S. public-health community, and the nation’s civilian healthcare industry. He served as the Region III project officer for the National Bioterrorism Hospital Preparedness Program, and the CDC’s National Pharmaceutical Stockpile, always dedicated to assisting healthcare and public health organizations prepare for “all hazards” events and incidents. He is author of, among other published works, the “Disaster Preparedness Manual for Healthcare Materials Management Professionals,” and a self-published book “Unprepared.”

A Family Tradition – Old School Florida Smuggling



By Robert C. Hutchinson

The evolution of drug smuggling and related crimes in south Florida can be viewed through one family and its many criminal associates. The Barker Family entered the smuggling business in the 1970s and transitioned from marijuana to cocaine and illegal aliens by the 1990s. Through drug and alien loads, broad conspiracies, and multiple deaths, the smuggling group was active, successful, and notorious. This is an account of old school Florida smuggling through the long thread of one small family. It is a bit of a history lesson and a fascinating journey back in time.



Follow this intriguing true story in a new 16-part DomPrep series. Catch up on this month's installments:

Ch. 6: Guns, ludes, and continued close encounters

Ch. 7: Drug and alien smuggling ventures

Ch. 8: Bobby Geans and the Barker Family's continued smuggling activities

Ch. 9: Expansion into the very lucrative business of alien smuggling

Ch. 10: One of the many alien smuggling ventures and its tragic consequences

Ch. 11: Federal indictment and arrest of Richard Barker followed by the murder of his wife

Ch. 12: Federal trial and sentencing for the alien smuggling and deaths of the four victims

NEW TODAY Ch. 13: Reactions after federal sentencing and Richard Barker's later release from prison to re-enter the smuggling world

Look for updates each Wednesday (DPJ Weekly Brief & DomPrep Journal) and Fridays (special edition), and online at DomPrep.com

Triggered Collapse, Part 3: Lessons in Lawlessness

By Drew Miller

A pandemic, loss of the electric system, or other triggering disaster need not be that effective in directly killing people to generate a collapse that results in millions of deaths and a weakened nation. The “cascading effects” of an economic shut down – loss of law and order, looting and marauding, disruption of health, sanitation, water, and transportation systems triggered by the initial disaster – may deliver much worse, longer lasting damage. When electric grids, nuclear reactors, and local water stop functioning, or the police force experiences many casualties, increases in violent crime could be far worse than the virus or other threat that caused it.



The risk of collapse is increasing because of six trends: (1) new technologies like DNA manipulation and bioengineering, new means to manufacture nuclear materials, nanotechnology, and others; (2) rising overpopulation and urbanization, which makes it easier for a virus to spread and harder to sustain the populace; (3) increased economic interdependence, just-in-time inventories; (4) dependence on long-distance food shipments, electricity, inadequate local water; (5) less personal resilience; and (6) more people and gangs with the means to kill and maraud.

Changing Times, Increasing Risks

Combining the spread of a deadly new virus with the vulnerability of just-in-time delivery supplies, as well as a complex and interdependent economy, increases the likelihood of a collapse. For example, a pandemic has costs to economic activity, public services, production of essential goods, and transportation. A subsequent failure of the electrical system or another big disaster could lead to widespread, long-lasting loss of law and order as the nation faces disruptions in factory operation, municipal water system functions, and economic activity. Panic buying and hoarding would add to food shortages.

Major changes in modern day society negatively impact vulnerability to disruptions and resilience to recover. A comparison between general characteristics of the 1800s and the same general traits today highlights the vulnerability of modern society (see Figure 1). As such, U.S. disaster planning should focus more on avoiding or recovering from a collapse than on the initial or “triggering” disaster.

In addition, gangs would accelerate the breakdown in law and order and magnify marauder threats. The number of gang members in the world is estimated at several million. The United States has tens of thousands of [gangs](#) and perhaps a million gang members. The MS-13 Latino gang alone, known for brutal murders, has tens of thousands of members dispersed among most U.S. states. In addition to gang members, others would also use the disaster and distraction to police as an opportunity to loot.

| Fig. 1. Relative vulnerability of the population to disruptions | | |
|--|--------------|----------------------|
| | 1800s | 2010s |
| % population farming | >80% | <2% |
| Food travel distance | Few miles | 1,000s |
| Food on hand | Months | Days |
| Water supply | Well | Municipal |
| Electronic dependence | None | Heavy |
| Production sourcing | Local | International |
| Inventory levels | Large | Small (just in time) |
| Overall vulnerability | Low | High |

A major disaster could lead to economic and societal shutdown that escalates out of control. A [Defense Science Board study](#) warned that even a relatively benign cyberattack could trigger collapse:

[F]ood and medicine distribution systems would be ineffective, transportation would fail or become so chaotic as to be useless. Law enforcement, medical staff, and emergency personnel capabilities could be expected to be barely functional in the short term and dysfunctional over sustained periods.

Lessons From Past Pandemics, Disasters, Riots & Exercises

There are too many unknowns and situation-specific variables to reliably estimate public reactions to a disaster that disrupts food supplies and overwhelms the medical system and law enforcement. However, past disasters and pandemics provide insights that increase confidence that there will be elements of panic and lawlessness, looting, marauding, and murders, that need to be anticipated and prepared for.

Spanish Flu pandemic, 1918. The last serious pandemic is often cited as an example of what to prepare for. Over 500,000 Americans were killed. An internal American Red Cross report concluded that, “A fear and panic of the influenza, akin to the terror of the Middle Ages regarding the Black Plague, [has] been prevalent in many parts of the country.” Reactions were generally worse in cities. Automobiles were largely absent on the streets in Manhattan and Philadelphia. Little data on worker absenteeism is available but, even in defense industries, crucial to the war effort – [absenteeism ranged from 45 to 60%](#).

Outbreak of smallpox in Yugoslavia, 1972. Europe’s last major smallpox outbreak was centered in Kosovo and Belgrade, then part of Socialist Federal Republic of Yugoslavia. The [outbreak was stopped by quarantines](#), aggressive police and military measures, and 18 million emergency vaccinations to protect a population of 21 million that was already highly vaccinated. Panic and lawlessness were largely preempted or overcome by swift institution of martial law, with blockades of villages and neighborhoods, roadblocks, prohibition of public meetings, border closures, and prohibition of nonessential travel. Hotels were requisitioned for quarantine use; 10,000 people who may have been in contact with the virus were held under army and police guards. Blocks were cordoned off with barbed wire, “[essentially](#)

[creating health prison camps.](#)” Almost the entire Yugoslavian population was vaccinated or revaccinated, with help from other countries and an existing stockpile of vaccines. The [net result](#): just 175 Yugoslavians contracted the disease; only 35 died.

New York City, 1977. New York City suffered a [lightning strike that caused power failure](#) for [one night](#). As a result of the blackout, over 3,000 arrests were made for looting, 400 policemen were injured, and 500 fires were started. More than 25,000 emergency calls were placed, with four times the usual number of hospital emergency admissions.

Plague outbreak in [Surat, India](#), 1994. This plague caused a nationwide panic and “a near international isolation of India,” \$3-4 billion in economic losses, despite a very localized occurrence of the disease and just 53 fatalities. When news of plague was released, 600,000 people (one fourth of the population) fled Surat by whatever means available. Even doctors fled the city in desperation. Other cities, thousands of kilometers away, experienced overwhelmed hospitals (imagined illness) and panic buying. Some nations imposed commercial quarantines on India. The plague was spread by fleeing people, but most of the deaths occurred in Surat.

U.S. disaster planning should focus more on avoiding or recovering from a collapse than on the initial or “triggering” disaster.

Hurricane Katrina, 2005. “[The Federal Response To Hurricane Katrina: Lessons Learned](#),” written by DHS in 2006, summarizes, the impacts of the hurricane and flooding on law and order:

Almost immediately following Hurricane Katrina’s landfall, law and order began to deteriorate in New Orleans.... People began looting in some areas as soon as the storm relented. Violent crimes were committed against law enforcement officers and other emergency response personnel.... The city’s overwhelmed police force – 70% of which were themselves victims of the disaster – did not have the capacity to arrest every person witnessed committing a crime, and many more crimes were undoubtedly neither observed by police nor reported. The resulting lawlessness in New Orleans significantly impeded – and in some cases temporarily halted – relief efforts and delayed restoration of essential private sector services such as power, water, and telecommunications.

The reports and evidence of lawlessness from Katrina documented in a [2006 Congressional report](#) are worth considering. Conditions cited in the report that contributed to lawlessness and violence, included: collapse of local law enforcement; ineffective public communication; lack of food, water, electricity, and medical supplies; uncertainty about evacuations; and loss of hope. The need for military support to law enforcement was evident. Katrina showed that lawlessness, looting, killing, and policemen abandoning their duty can result from disasters with relatively minor threat of death.

Vancouver, Canada, June 2011. One hundred were injured, stores looted, cars burned, police attacked following a riot after loss in Stanley Cup championship soccer game. Police noted [signs of organized violence](#) with some bringing masks and gasoline, “they came prepared to break into display cases and steal.”

The United Kingdom, 2011. The UK experienced lawlessness on a countrywide scale. UK riots showed that law and order can break down and violence spread without an underlying disaster or cause. The UK Prime Minister called it “pure criminality”; others said it was inevitable violence from youth fed up with unemployment or mad at police. Attacks on police and looting started in London but spread quickly to cities across the UK. Rioters coordinated



their activities. Looting and violence grew as more people took advantage of the opportunity and police lost control of many areas. Violence repeated in London for four nights until 16,000 additional police officers were moved in to restore order. In Birmingham, three men were killed trying to protect their businesses. Hundreds of youths in Manchester looted shops and set fires to cars and buildings. Police cars and five police

stations were attacked with firebombs in Nottingham. Almost all (22 out of 23) boroughs in London were affected, with 2,500 shops and businesses looted across England. While 4,000 people were arrested, up to 14,000 were believed to have been involved in looting, arson, or attacks on police. A London School of Economics study of the riots found that most were involved simply as an opportunity to easily steal [“free stuff.”](#) Gangs were only a small percentage of law breakers.

Baltimore Riots, 2015. It took the State Patrol, National Guard, and police reinforcements from several states, as well as armored vehicles to restore law and order in Baltimore after racial protests opened opportunities for arson and looting. Despite the presence of police and TV cameras, a mob in broad daylight looted and then burned a CVS drugstore. Police fired pepper-spray balls to disperse crowds, with 15 buildings and 144 cars set on fire and 19 police officers injured. President Barack Obama denounced the rioters as criminals and “thugs,” saying there was no excuse for the violence. The violence was also promoted by social media with a call for students to [“purge,”](#) referencing a 2013 horror movie depicting a night when crime is legal and emergency response services are not available.

Top Officials Exercise, May 2000. A “Top Officials” tabletop exercise with senior leaders and disaster response experts simulated a plague attack in Denver, Colorado. By the second day of the exercise, Denver area hospitals had run out of antibiotics and ventilators, and plague was being reported in other states and countries. By Day 3, medical care in Denver began shutting down due to insufficient staff, beds, ventilators, and drugs. Person-to-person spread of plague was occurring, and the Centers for Disease Control advised Colorado to close its state borders to limit further spread of plague. By the end of the exercise on Day 4, there were an estimated [3,700 cases of plague](#) and 950-2,000 deaths. The public did not participate due to concerns of disinformation and panic. Issues were raised over how to feed and control a populace that was likely to have grave concerns. In this [four-day exercise](#), “competition between cities for the National Pharmaceutical Stockpile supplies had already broken out. It had all the characteristics of an epidemic out of control.”

Dark Winter Exercise, June 2001. During an exercise called Dark Winter, a group of government officials and journalists play-acted their way through a “germ game,” a fictional scenario in which the (then obscure) terrorist group called al-Qaida set off an outbreak of smallpox in U.S. shopping malls. In the simulation, [National Guard units were activated](#) and used to impose curfews and quarantines, and keep public peace. Senator Sam Nunn, who played the president in the exercise, drew these lessons learned from the smallpox exercise in his [Congressional testimony](#):

I am convinced the threat of a biological weapons attack on the United States is very real.... The most insidious effect of a biological weapons attack is that it can turn Americans against Americans. Once smallpox is released, it is not the terrorist anymore who are the threat.... Panic is as great a danger as disease. Some will respond like saints.... Others will respond with panic, perhaps even using guns and violence to get vaccines.

This article is Part 3 of a six-part series on closing disaster recovery gaps and preparing for triggering events that could cascade into long-term societal disruptions:

[Triggered Collapse, Part 1: A Nation Unprepared](#)

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Drew Miller, Ph.D., a former intelligence officer, Pentagon Senior Executive Service official, and retired Air Force Reserve Colonel, business executive, management consultant. He was an honor graduate of the Air Force Academy, receiving an academic scholarship to Harvard University, where he earned a master's degree and Ph.D. in public policy. He has published articles on the bioengineered pandemic threat and presented at national conferences on disaster preparedness. He served as a part-time elected official, county commissioner, and University of Nebraska Regent for 16 years, and continues to serve in the Civil Air Patrol.

Triggered Collapse, Part 4: Cascading Consequences Beyond the Event

By Drew Miller

Editor Note: This 6-part series was submitted and scheduled at the end of 2019. In light of COVID-19, we are accelerating the publication of the final three parts to ensure DomPrep readers have this critical information to assist in their jurisdictions' pandemic response plans.

The Johns Hopkins Center for Health Security is a credible source for dealing with pandemics and disaster response. In 2018, the Center created a realistic simulation of a moderately contagious and moderately lethal virus, similar to the lethality of the 2002 SARS outbreak, which killed about 10 percent of those infected. Designed by senior scholar Eric Toner, the "Clade X" simulation was based on a virus that was bioengineered and released by a group modelled after Aum Shinrikyo – the cult that released sarin in the Tokyo subway in 1995. According to Toner, researchers are convinced that this scenario is plausible – a virus like this could be created and spread to ultimately kill up to 900 million people if no vaccine were successful. Health care systems would collapse, panic would spread, and the U.S. stock market would crash. Toner warned that a pandemic could cause the collapse of hospital systems, "Most people don't know how close we came to having that happen in the U.S. in 2009 ... due to a not particularly virulent flu strain."



During that simulation – with experienced medical, national security, and former elected officials as key players – participants deployed National Guard troops across the United States to provide security at pharmacies and hospitals. That action was taken as an acknowledgment that some citizens are not going to simply wait for their turn to get a vaccine but will fight to improve their chances of survival. In some countries, military forces were deployed both to maintain domestic order and secure borders, "Widespread looting in some countries led to [violent government crackdowns](#)."

[Tara O'Toole](#), a former top Homeland Security Department official who played the homeland security secretary in the Clade X exercise commented that, "We are in an age of epidemics, but we aren't treating them like the national security issues that they are."

Simulating a Catastrophe & Considering Quarantine

A collapse in the economy, food distribution, and law and order could cause more fatalities than the triggering event. Foreshadowing incidents like the current coronavirus, more than 30 senior government and business executives convened at the 2006 World Economic Forum Annual Meeting. [Booz Allen Hamilton's Influenza Pandemic Simulation](#) explored implications of an influenza pandemic in Europe. Here are some key takeaways from simulation participants:

- Truck drivers being unable or unwilling to deliver goods during the pandemic could cause food stores to close from an inability to restock.
- The entire food chain as well as transportation and logistics are essential industries that would need to be prioritized during a pandemic. Governments would need to assume some responsibility to assist delivery of food and supplies.
- It is unrealistic for officials to simply tell people to stay home.
- To ensure critical infrastructure and resources (e.g., food, fuel, and health care), the government might need to take national control, similar to wartime measures.
- Conditions are likely to be much worse in lesser developed countries.
- Contingency plans should be developed now to go beyond the typical disaster response to include how to respond should the society and economy collapse.
- Looting and vigilantes may require martial law, conscription of workers to augment healthcare and security workforces, and nationalization of critical food and water supplies. Dr. David Nabarro, UN System Coordinator for Avian and Human Influenza, stated after the exercise:
 - “Quite likely by day 28 all systems will have fallen apart.”
 - “Martial law should be used to protect the people.”
 - “Military must be involved in the response to help keep the peace and deliver essential goods and services.”

A 2006 Department of Homeland Security publication stated that an influenza pandemic could cause “[unprecedented national economic disruption](#),” security risks, and social instability:

- “Movement restrictions and/or quarantines will disrupt the supply chains and municipal services.”
- “Business planners should assume some level of social disruption and plan for direct security risks to their operations and along their supply chain.”
- “There will be fundamentally graver negative impacts on individuals, businesses, and the nation from the compounding effects of the disease impacts and disease mitigation strategies applied over a much greater duration than other typical disaster scenarios.”
- “Pandemic influenza has the potential for causing levels of global illness, death, economic disruption, and social disturbance like no other.”

[Dr. Margaret Hamburg](#), then a Department of Health and Human Services official, warned in 2001 that, “[W]e must also recognize that the fear of a silent, invisible killer such as an infectious agent will likely evoke a level of fear and panic substantially greater than what has occurred in response to those more ‘conventional’ disaster scenarios.” She cited the example of panic and civil disruption from the Surat, India plague outbreak in 1994.

Secondary Consequences & Threats of Violence

[Nancy Kass](#), a professor at the Johns Hopkins Berman Institute of Bioethics, and others publishing a study in a biosecurity journal, warned in 2008 that, “the secondary consequences

A collapse in the economy, food distribution, and lawlessness could cause more fatalities than the triggering event.

of severe pandemic influenza could be greater than deaths and illness from influenza itself.” [“It takes a lot of people to keep society going.”](#)

Although traditional pandemic planning gives medical treatment priority to hospital staff and first responders – such as firefighters and

ambulance workers – truck drivers, food plant workers, water and nuclear plant workers, hospital janitors, and many others continue to work while risking exposure to the deadly virus or lawlessness. Hurricane Katrina demonstrated how post-disaster events can be more damaging than the event that precipitated it:

- Loss of electricity and heat
- Scarce clean water
- Backed up sewage
- Widespread social chaos
- Outbreaks of other infectious diseases
- Social degeneration, looting, or violence

Former Central Intelligence Agency Director Admiral James Woolsey warned in 2017 that North Korea probably has nuclear warheads optimized for high-altitude electromagnetic pulse (EMP) effects. When delivered by satellite or intercontinental ballistic missile (ICBM), one detonation even without great accuracy could disable the national electric grid for over a year, [killing up to 90 percent of the population](#) through societal collapse and starvation. The number killed in the initial nuclear detonation would be much less than post-incident fatalities.

Food supplies that could typically last for two to five days could be depleted within hours due to panic buying and [hoarding](#). This phenomenon is currently occurring across the United

States. Gangs too may accelerate the breakdown in law and order and magnify looting and marauder threats in a pandemic. The United States has about 50 murders daily, [33,000 violent and criminally active gangs](#), and [about 1 million gang members](#). In addition to local drug and mafia gangs, foreign gangs are present across the country. [MS-13](#), a Latino gang known for brutal murders, has an estimated 10,000-150,000 members in 42 U.S. states. With law enforcement personnel reduced from a pandemic, focused on protecting medical facilities and enforcing quarantines, or ineffective due to no electricity, gangs and lawbreakers have more opportunity for criminal activity.

If either the viral threat or lawlessness threat is severe, truckers may not be willing to risk their lives to deliver food, retail workers may refuse to work, and food production may cease. Even without such threats to food



distribution, [quarantines](#) and road closures could hinder or prevent food shipments. Rural farm states, for example, may close their borders to keep out refugees from urban areas who may bring violence or to stop road traffic that could increase the risk of spreading the virus. These states may reason that they have plenty of food and water, so they are better off with a strict quarantine. The opposite may be true for people in more urban states, but road closures and border control are ultimately state and local government decisions. While people can go for many days without food, a food shortfall or just the rumor and fear of no food, could lead to panic and breakdown in law and order.

Leadership Challenges: Viruses, Vaccines & Violence

The 2006 [Pandemic Influenza National Strategy and Implementation Plan](#) warned that, “civil disturbances and breakdowns in public order may occur.... Local law enforcement agencies may be called upon to enforce movement restrictions or quarantines, thereby diverting resources from traditional law enforcement duties. To add to these challenges, law enforcement and emergency response agencies can also expect to have their uniform and support ranks reduced significantly as a result of the pandemic.” In addition to quarantine enforcement, the impact of supply chain disruptions and conflicts “as persons vie for limited doses of vaccines and antiviral medications” are noted.

Another factor that could raise public outrage and incite violence is the necessary yet contentious practice of prioritizing who receives vaccines. A pandemic caused by a biological attack would require government at all levels to ration urgent care and vital supplies. Hospitals would have to turn sick people away. It takes six months or more to produce a vaccine for a new flu variant or virus. While the public waits for vaccines, the death toll will rise. The need to give medical personnel, law enforcement, military, and other key workers priority will lead to unequal distribution of vaccines. Some who object would attempt to steal vaccines or food for their families or lash out at perceived injustice. Those categorized as nonessential workers (truck drivers, food plant workers, etc.) may use this as another reason to stop working to reduce their risks during the pandemic. Rather than calmly accepting a low priority and long wait for vaccines, people are more likely to take actions to save their lives, which may include breaking laws and killing if necessary.

The 2006 [Department of Defense Implementation Plan for Pandemic Influenza](#) called for the military to be prepared to assist with dealing with lawlessness and societal stress:

- “State, tribal and local jurisdictions will be overwhelmed and unable to provide or ensure the provision of essential commodities and services.”
- “The provision of routine security services for the protection of critical infrastructure will require federal augmentation.”

With so many variables and so little data from past experience, there is no valid way to predict how people will react in a severe pandemic. The response to COVID-19 will provide many new lessons learned. Variables that have significant and uncontrollable impact include rumors and the way the media portrays events. Although government officials may feel uncomfortable or believe it is politically incorrect to write about and plan for the likelihood that a segment of the population will loot and kill, this kind of violence needs to be considered and planned for so it can be deterred and mitigated.

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has allowed us to be ready
for the **Ebola outbreak**
in West Africa.

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