

LAW ENFORCEMENT & TACTICAL MEDICINE

Force Protection Medical Support at National Special Security Events

Experience From the 2016 Republican and Democratic National Conventions

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A formally declared National Special Security Event (NSSE) presents a uniquely complex and multifaceted public safety challenge of monumental proportions. Beyond the measurable impacts on host venues and local jurisdictions, the massive deployment of regional, state, and federal law enforcement personnel to these events creates the potential for additional demands on already strained emergency healthcare infrastructures. Dedicated medical support for law enforcement during extended operations has previously been described.¹ Proactive force protection health and safety countermeasures remain a mission priority that augments law enforcement personnel safety and security operations during an NSSE.

National Special Security Events

One unique type of law enforcement extended operation is the NSSE. In May 1998, Presidential Decision Directive 62 (PDD-62) was issued, formalizing and delineating the roles and responsibilities of federal agencies in the development of security plans for major events. In December 2000, Presidential Protection Act of 2000 became public law and included an amendment to Title 18, USC §3056, which codified PDD-62.² When an event is designated by the Secretary of Homeland Security as an NSSE, the United States Secret Service (USSS) assumes the role as lead agency for the design and implementation of the operational security plan. The USSS maintains a core strategy to carry out security operations, which relies heavily on established partnerships with law enforcement and public safety officials at the local, state, and federal levels.³

Previous NSSEs have included summits of world leaders, major sporting events (Olympics and Super Bowl), State of the Union addresses, and presidential nominating conventions and inaugurations. Factors considered when designating an event as an NSSE include, but are not limited to, anticipated attendance by high-ranking

US officials, foreign dignitaries, and the size and significance of the event itself.⁴ In addition to the Secret Service, key identified agency roles include those of the Federal Bureau of Investigation (FBI), the Federal Emergency Management Agency (FEMA) and the Department of Health & Human Services (HHS). A myriad of other federal agencies have critical involvement in support of NSSEs. Each agency's specific roles and responsibilities are outlined in the National Response Framework and National Incident Management System.^{5,6} This concept of operations allows for effective multiagency integration and cooperation that transcends levels of government and has enhanced prior operational successes.

Medical considerations surrounding an NSSE is an immense undertaking that must account for contingency planning involving attendees, participants, employees, public safety personnel, and the general public. Successful event management must include a thorough understanding of the local host public safety infrastructure and cannot be accomplished solely through the application of funding and federal agency coordination. Effective integration of key existing emergency healthcare resources is critical to the overall success of an NSSE. The enormity of the contributions and commitments of local, regional and state elements including emergency medical services (EMS), acute care hospitals, resource health systems, and public health agencies to NSSE operations cannot be overemphasized or sufficiently acclaimed. Further, beyond the centralized efforts by the USSS to deploy and coordinate force protection medical support resources during an NSSE, other agencies may also provide internal support using individualized strategies for their own personnel.

Force Protection Medical Support

Law enforcement missions characterized by extended operations are increasingly prevalent. Beyond tactical

operations, these incidents now routinely include hostage/barricade situations, civil disturbance incidents, mass gathering event security, and executive protection missions. While the time durations of specific incidents are situationally dependent, extended operations typically span hours to days. In civil disturbances and disaster scenarios, the ongoing operational medical support needs can extend for weeks to months with responsibilities spanning large geographic areas. Even brief NSSEs, such as a 1-day summit or address, involving highly complex security operations with preparatory logistics that begin weeks to months in advance, may be considered extended operations. Maintaining adequate force protection through the provision of dedicated operational medical support is a key component impacting overall mission success.

The provision of dedicated force protection medical support can be a critical factor toward enhancing individual law enforcement personnel health sufficient to maintaining effectiveness for the duration of incidents. Intrinsic medical support assets are often the sole medical resources to which law enforcement personnel have access during extended operations. The more conventional approach of standby areas for staging of EMS personnel or the establishment of fire-ground type rehab zones may not be feasible or appropriate in this type of environment for multiple reasons. Ongoing active threat levels, lack of familiarity with individual agency standard operating procedures, physical access control restrictions, and provider scopes of practice not directed toward sick call medicine are real imitations.⁷ Further, should the need for true emergency medical care be required, potential delays due to legitimate operational security concerns over the introduction of nonvetted response elements into a secure environment may occur.

A key tenet of tactical and operational medicine emphasizes the importance of mission preplanning, often functionally accomplished through the completion of a medical threat assessment (MTA) for the intended site of a planned mission. This process entails a detailed and timely analysis of local safety and environmental conditions, determination of active potential health threats, identification of resources for routine, urgent and emergency medical care, assessment of EMS system capabilities, and designation of receiving hospitals and trauma centers. For NSSEs, the USSS designates an Emergency Services Specialist to serve as chair of the Health and Medical Subcommittee (HMSC), responsible for developing a comprehensive plan to address all aspects of public health and medical response for the designated events. The resulting compendium of information, well beyond the elements composing a standard MTA, subsequently becomes immediately accessible to medical support teams (MSTs) in operation at an NSSE.

2016 Republican and Democratic National Conventions

The Republican National Convention (RNC) held in Cleveland, Ohio, July 18–21, 2016, and the Democratic National Convention (DNC) held in Philadelphia, Pennsylvania, July 25–28, 2016, were the 49th and 50th declared NSSEs, respectively. Under the auspices of the USSS Emergency Services Section (ESS), multiple force protection MSTs were deployed to each venue, operational from 3 days before the start of each convention. In the weeks immediately before the 2016 conventions, multiple incidents across the United States involving organized lethal attacks on police officers escalated the threat matrix and safety concerns for law enforcement personnel at both the RNC and DNC to unprecedented levels. Deployment of vetted medical assets functioning with strict adherence to principles of operational security was an intentional objective of the highest priority for both venues.

The USSS has deployed formal NSSE medical support, in its current configuration, since the 2002 Winter Olympics in Salt Lake City, Utah. Barring unconventional logistics or extraordinary venue requirements, standard MST configuration includes a USSS agent/officer EMT, ESS paramedic, and an operational physician. Deployable physicians draw from the academic emergency medicine faculty of the USSS-designated national medical control institution thereby ensuring unified command and streamlined communications. MSTs are mobile with security access permitting medical response to law enforcement personnel at all assigned posts of duty. The medical loadout is optimally configured to address common sick call-type medical complaints but equally capable of managing most routine and emergency conditions. The spectrum of clinical scenarios encountered during force protection medical support of NSSEs is diverse and care must be rendered through a portable and highly adaptable platform with a low visibility profile appropriate for the USSS protective environment.

For the 2016 RNC and DNC, scheduled MST shifts were 12 hours with periods of intentional overlap corresponding with peak staffing of NSSE-assigned law enforcement personnel. Teams alternated overnight on-call coverage, ensuring off-hours and off-duty access to medical support often provided at ad hoc locations to include command posts, “down” rooms, hotels, and even vehicles. Adhering to core principals of operational medical support, the central safety objective of the MST approach is to deliver medical care, as appropriate, to law enforcement personnel that may otherwise not be relieved of duty to seek medical attention at healthcare facilities. The vast majority of federal law enforcement personnel assigned to NSSEs are deployed remote from

home, so even relatively minor medical care needs must otherwise be sought at urgent care clinics or hospital emergency departments. The capability of MSTs to manage routine and urgent medical conditions effectively and expeditiously on site can ideally prevent the progression of illness or injuries and avoid having to take operational personnel offline amid the highly complex NSSE security considerations.

For the duration of both the RNC and DNC, requests for MST assistance by NSSE law enforcement personnel were made through a Multiagency Coordinating Center (MACC), staffed by representatives from all participating law enforcement agencies including the USSS ESS chair of the event HMSC. Each respective MACC served as the principal 24-hour public safety communications and coordination center throughout both events.⁸ USSS MSTs were dispatched principally based on physical proximity to requests. When not actively engaged with medical responses, teams conducted preventative medicine surveillance activities. These included routine and systematic field assessments of law enforcement personnel, typically regarding the nutritional and hydration status of those posted to outdoor assignments functionally remote from the main convention sites. Delivery of water and electrolytes to operational personnel at fixed-duty posts is a routine expected activity for every MST during hot weather NSSEs.

One fundamental operating principal common to MSTs in service at NSSEs is the express understanding that this resource does not replace or supplant the activation of appropriate “9-1-1”-type EMS responses as required by the nature of specific incidents. MSTs are principally designed for NSSE law enforcement personnel support and operate by vehicle or on foot as situationally mandated. Moderately variable response times are intrinsic to this model and may be expected. Appropriate safety protocols mandate that EMS be activated whenever medically necessary and it is common for an MST to also respond to specific incidents. This occurred on multiple occasions at both recent conventions. MSTs are not designed with patient transport capability and, if so required, this most often occurs by conventional EMS ambulances with MST personnel accompanying.

Conclusions

Force protection medical support through resources such as the USSS MSTs represent a unique and highly specialized operational medicine approach designed to mitigate, identify, and treat medical contingencies that may arise amongst the subpopulation of law enforcement personnel deployed to an NSSE. The intrinsic capabilities of managing complex medical scenarios, delivering advanced on site care, preventing additional

stress on the local emergency healthcare infrastructure, and minimizing operational personnel downtime at an NSSE take on ever greater importance against the backdrop of a disturbing nationwide trend of violence specifically directed against law enforcement. Effective mission preplanning, development of a highly adaptable medical loadout, and deployment of personnel capable of managing the breadth of illnesses and injuries encountered in the NSSE environment are all critical to MST mission success. The principal objective of law enforcement safety is achieved through an MST model that optimizes personnel health and effectiveness while maintaining operational security and thereby enhancing the overall success of the primary mission.

Disclosures

The authors have nothing to disclose.

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