

STATE OF MARYLAND
GOVERNOR'S EMERGENCY MANAGEMENT ADVISORY COUNCIL



Michael Greenberger, Chairman

Martin O'Malley
GOVERNOR

Anthony Brown
LIEUTENANT GOVERNOR



TO: Maryland Senate President, Thomas V. Mike Miller, Jr.
Maryland House Speaker, Michael E. Busch

CC: DLS Library and Information Services
ATTN: Sarah Albert

FROM: Michael Greenberger, Chairman of the Governor's Emergency
Management Advisory Council (GEMAC)

RE: 2010 GEMAC Annual Report

DATE: December 29, 2010

Dear President Miller and Speaker Busch:

Attached you will find copies of the Governor's Emergency Management Advisory Council's 2010 Annual Report to the Governor and General Assembly as required under MARYLAND CODE ANNOTATED, PUBLIC SAFETY ARTICLE § 14-105(e) and in accordance with the reporting requirements specified in MARYLAND CODE ANNOTATED, STATE GOVERNMENT ARTICLE § 2-1246.

Sincerely,

Michael Greenberger,
Chairman



Michael Greenberger, Chairman

Martin O'Malley
GOVERNOR

Anthony Brown
LIEUTENANT GOVERNOR



**2010 Annual Report of the
Governor's Emergency Management Advisory Council
(GEMAC)**

A Report to the Governor and the Maryland General Assembly

December 21, 2010

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Executive Summary:

The Governor's Emergency Management Advisory Council (GEMAC) is created by statute and is charged with advising the Governor on all matters that relate to emergency management in Maryland¹. The GEMAC serves as an independent advisory body, comprised of persons with special expertise in areas critical to homeland security and emergency management, as well as persons broadly representative of business interests, public utilities, and other communities (e.g., non-governmental organizations) within Maryland.

The GEMAC met with the Governor in April of 2010 to discuss the 2009 Annual Report and the work plan for 2010. As a result of the discussions at that meeting, the GEMAC focused the majority of its activities in 2010 on two major topics: use of the Incident Command System in public health emergencies and best practices for public/private information sharing initiatives and partnerships.

In a memorandum provided to the Governor in November, the GEMAC recommended that a "Unified Area Command" structure that integrates appropriate local, state, and private sector representatives into decision-making would provide the structure and communication needed to address the unique demands of a public health emergency. The GEMAC has also developed but not finalized a memorandum that focuses specifically on the types of information that hospitals need from the State to ensure effective preparedness and response to public health emergencies and mass casualty incidents.

Much of the summer and fall months were devoted to studying the concept of a "Business Operation Center" which has been developed and used successfully by California to share information with the private sector on a daily basis and during emergencies and also as a way of integrating assistance from private businesses into the State's response to emergencies. As a result, the GEMAC is working with the Maryland Emergency Management Agency to provide input and guidance on the development of a Business Operation Center in Maryland.

At the end of the year, the GEMAC received demonstrations and informational briefings on the State's major situational awareness technologies. The GEMAC believes these technologies may provide an excellent way of sharing information with the private sector and looks forward to dedicating more time to learning about these systems in 2011.

¹ MARYLAND CODE ANNOTATED, PUBLIC SAFETY ARTICLE, §§ 14-105(a) and (d). In addition, Executive Order 01.01.1987.11 also designates the GEMAC as Maryland's State Emergency Response Commission (SERC). CODE OF MARYLAND REGULATIONS 01.01.1987.11. This Annual Report is submitted to the Governor and the General Assembly pursuant to the statutory reporting requirements specified in MD. CODE ANNOTATED, PUBLIC SAFETY ARTICLE § 14-105(e).

I. Current Membership of the GEMAC:

Three new members were added to the GEMAC in September of 2010. The new members include: **Meghan Butasek**, the Director of the Baltimore City Health Department's Office of Preparedness and Response; **Dr. Donald Shell**, the Health Officer for Prince George's County; and **Barbara Childs-Pair**, a Maryland resident who was the former Homeland Security Advisor and Director of the District of Columbia's Office of Homeland Security and Emergency Management. Below are the names of the twenty-three members currently on the Advisory Council:

Michael Greenberger, Chairman
Meghan Butasek – **NEW MEMBER**
Timothy K. Cameron
James C. Chang
John Chew
Barbara Childs-Pair – **NEW MEMBER**
Frank Cruice
Richard Lee DeVore, Jr.
Harvey Eisenberg
John "Bobby" Fenwick
William G. Herbaugh
Vernon Herron
JoAnne E. Knapp
Jay Livingston
Jack Markey
Thomas Mattingly, Sr.
Jeanette Partlow
Daniel R. Sadler
Dr. Donald Shell – **NEW MEMBER**
Edward P. Sherlock, Jr.
Frederic N. Smalkin
Roger A. Steger, Sr.
Alan J. Williams

II. 2010 Meeting Schedule:

- April 5, 2010
- April 26, 2010
- June 7, 2010
- July 26, 2010
- September 17, 2010
- December 7, 2010

Department of the Environment on the potential impact of the Gulf Oil Spill to Maryland and the history of oil spills in the State. Since the focus of the Hurricane Exercise was not on testing ICS principles, the GEMAC did not provide any further recommendations or comments on this exercise. The GEMAC continues to recommend, if funding permits, that the State conduct a statewide exercise in 2011 that tests unified command principles, the effectiveness of the State's public health response plans, information sharing with the private sector, and coordination across all levels of government.

C. Public Health ICS Memorandum:

The GEMAC spent considerable time in 2009 assessing the State's response to H1N1 and continued in 2010 to analyze how best to implement the Incident Command System during public health emergencies. Based on lessons learned from the 2009 H1N1 Response, the GEMAC reaffirms that:

- State agencies roles and responsibilities in response to catastrophic public health emergencies, particularly those of the Department of Health and Mental Hygiene (DHMH), Maryland Institute of Emergency Medical Services System (MIEMSS), and the Maryland Emergency Management Agency (MEMA), need to be precisely defined to avoid confusion and duplicative efforts;
- Maryland's Pandemic Influenza Plan should avoid assigning DHMH and MEMA overlapping leadership in coordinating state agencies; and
- While each local jurisdiction and many state agencies will have individual incident command structures, there should also be a single incident command structure guiding and coordinating the entire response and providing clear guidance about statewide operational objectives.

The GEMAC believes that a "Unified Area Command" best provides the structure and communication needed to address the demands of a catastrophic public health emergency. A UAC is identical in all ways to an Area Command, except that it involves individuals across various agencies, companies, or jurisdictions. The overall objectives, goals, and resources of all partners and jurisdictions are represented in a UAC, and help inform the long term strategy that is adopted. Instead of one commander, the leadership in a UAC would actually involve a group of individuals overseeing and guiding the response for various incidents.

Pandemics require quick and efficient responses from public health and emergency management agencies within state government and jurisdictional boundaries. In Maryland, these partners include MEMA, MIEMSS, DHMH, as well as local health officials, local emergency management, local emergency medical service responders, health care infrastructure partners and countless other "trusted partners" in the private and public sectors. A response to a pandemic requires that these partners form one comprehensive body of command and control, an objective best achieved by structuring the response around a UAC.

E. Public/Private Partnerships / Business Operations Centers:

The GEMAC has been studying best practices from California and New York on the development of Business Operations Centers (BOCs) as a model for public/private sector partnerships. These centers can be established both physically and virtually and significantly improve communication and coordination with private businesses in times of disaster while also ensuring that communities can recover as soon as possible. These centers allow for the exchange of information with the private sector in a bi-directional manner and incorporate assistance (e.g. supplies, equipment, services, volunteers) from the private sector during the State's response to emergencies.

MEMA is currently in the process of developing a federal grant proposal through the Regional Catastrophic Preparedness Grant Program to develop a BOC in Maryland. A sub-committee of the GEMAC has agreed to provide MEMA with guidance and input as the proposal is developed. It is anticipated that the proposal will be completed in January 2011.

F. Technology Demonstrations:

At the December meeting, the GEMAC received presentations on a number of the State's situational awareness technologies, which included:

1. **WebEOC** (Web Emergency Operations Center): A web enabled crisis information management system used by state and local emergency managers to provide secure real time information sharing, situational awareness, and resource requests during emergencies.
2. **EMMA** (Emergency Management Mapping Application): A web based mapping application with geospatial information system tools that enable users to view and analyze data at all stages of emergency incidents.
3. **RITIS** (Regional Integrated Technology Information System): An automated data sharing, dissemination, and archiving system of transportation management data in Maryland, the District of Columbia, and Virginia.
4. **HC Standard** (Health Care Standard): A software platform that integrates hospital and health care data into one web based system, including the County/Hospital Alert System, the Facility Resources Emergency Database, the County/Hospital Request System, and the State's Patient Tracking System.

The goal of these demonstrations was to educate GEMAC members on the State's technology systems and also to ask for feedback on potential users that could be added to the systems, how these systems could be modified or enhanced to provide more value, and any other relevant considerations. Given the length of these presentations at the last