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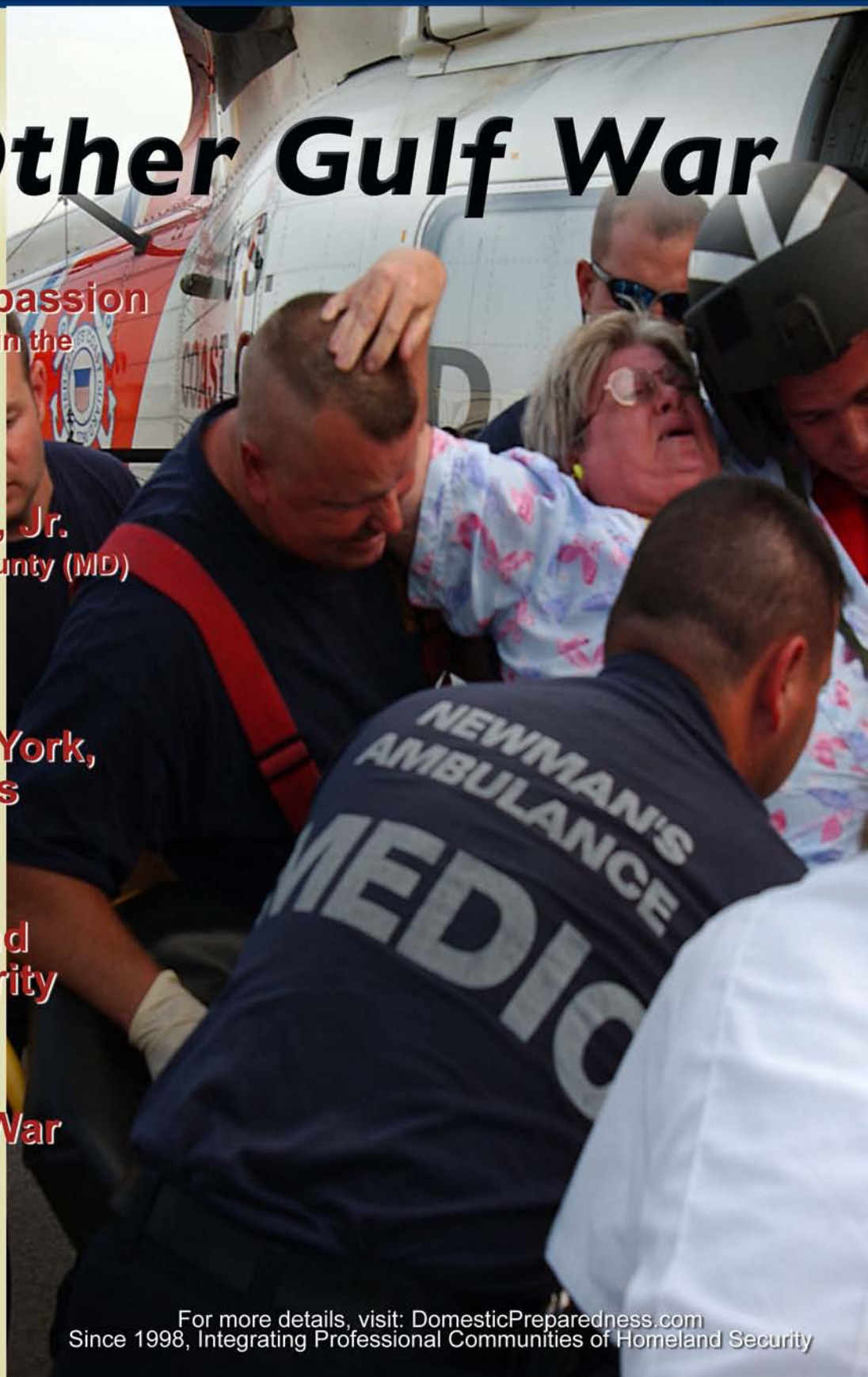
The Other Gulf War



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The Other Gulf War

By Martin (Marty) Masiuk
Viewpoint

Everyone feared that Katrina was going to be big. A category-5 hurricane, bearing toward a major port city that sits below sea level, had been talked about for many years. As the story unfolded, the entire nation realized that *this* event wasn't going to be "big"; it would be, and continues to be, huge. With over a million displaced people, the loss of many lives, and long-term medical consequence still unknown, the stories, studies, and fact-finding reports will unfold for a very long time to come as this newest war is fought. The combined efforts of those writing the stories and reports will help America be better prepared for the next battle.

DomPrep cannot begin to tell the complete story – and, of course, neither can any other publication. That is not our mission – which is, rather, to bring to our readers in the nation's various domestic-preparedness communities expert reports, told by day-by-day practitioners, that will help them do their own jobs better. Another way of saying it is that each of the several reports carried in each issue is designed not only to keep DomPrep's audience of preparedness professionals better informed but also better prepared to get ready for the next event, incident, or disaster they will be facing.

In this issue, three such reports are being presented.

Adam McLaughlin, DomPrep's Channel Master for State Homeland News, was among those mobilized to deploy to New Orleans to assist in the stricken city's Emergency Management Office. His report focuses on how the state of Louisiana created a new 911 call center, how the state of New York helped in the multifaceted recovery effort, and how the disaster named Katrina helped the domestic-preparedness officials in Massachusetts realize that they should revisit their own preparedness plans - it can be taken for granted that their counterparts in other states will do the same thing.

John Morton interviewed Thomas W. Carr Jr., the fire chief of Montgomery County, Md., shortly after Carr returned from the Gulf Coast area. Their 41- minute conversation is a compelling one and a "must listen" for all first responders. In addition to focusing particular attention on the need for interoperability of communications, Chief Carr discusses such important related topics as the rescue-and-recovery operations, incident management, and the operational performance of the Army Reserve; he also addresses the complex issue of stress management of the first responders themselves.

Continued on the Next Page

Lastly, DomPrep is proud to have Michael Sohmer, the chief pharmacist of San Diego's DMAT-CA-4 (DMAT stands for disaster medical assistance team) file his report – a heroic "can do" story that examines both the combination of frustration and fatigue that hindered much of the recovery operations and, of greater importance, the teamwork and dedicated professionalism that saved so many lives against unforeseen and unforeseeable odds. We hope that, after reading Sohmer's article, you will forward it to any decision-making officials you know who can prevent similar breakdowns from happening in the future.

All three articles, we believe, are compelling reading, by and about real-life heroes as they return from the field of battle.

At the same time that so many of our nation's cities and states, as well as the federal government, have been re-evaluating their preparedness plans, this publisher has been doing the same thing. The first and most immediate effect of this internal reflection and re-evaluation process is a decision that DomesticPreparedness.com, Total Integrated Preparedness Solutions (T.I.P.S.), and the First Responder Network should be, and will be, merged into one unified publication, *DomPrep Journal.*

DomPrep Journal will be available in html and PDF formats. In addition, five or six issues a year – the number may vary from one year to the next – will be printed and delivered to specialized audiences. However, our editorial mission will remain the same: to provide highly relevant articles and features that integrate the nation's first responders with the nation's state, local, and federal preparedness communities and, more recently, building-facility managers, preparedness officials working in the critical-infrastructure, maritime, and borders and ports communities as well.

Consequence management of either a manmade or natural disaster event will continue to be our principal editorial theme. The lessons learned from 9/11, and now Katrina, underscore and make more relevant the DomPrep Channel Masters' commitment to the providing of operational solutions to our growing audience of preparedness professionals who have the primary responsibility of planning for, preventing, and/or responding to disasters and catastrophes of all types affecting our nation.

Interview: Thomas W. Carr, Jr.
Chief, Montgomery County (MD) Fire and Rescue Service

Chief Carr, whose department provided a helpful presence both in New Orleans and in Mississippi, shares his insights into the use of the out-of-area fire and rescue personnel/assets that were employed via emergency assistance management compact (EMAC) channels in support of the Hurricane Katrina response and recovery operations.

To get the complete audio download of the interview, please visit
www.DomesticPreparedness.com

Because our reader base has been growing significantly in recent months, DomPrep.com has invested in a significant upgrade to both server and connectivity capacity to handle the additional traffic and broadband requirements needed to implement our expansion.

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Last, a personal note: the publisher's family has also been affected by Hurricane Katrina – but on a much less traumatic way than so many others have been. One of his sons, a senior-graduate student at Tulane University's A.B. Freeman School of Business, was accepted by the University of Maryland to attend that fine school as a "visiting" student for the fall semester. After considerable reflection, though, he instead decided to serve as an American Red Cross volunteer and do what that wonderful organization determines will be the best use of his skills to help in the ongoing recovery effort. His personal story, we know, will be like many others, and will have the same unifying theme: Americans coming together for a greater good.

We are proud of them all.

After the Storm: A Flood of Compassion

Healing the Wounded, In the City That Care Forgot

By Michael Sohmer

An On-Scene Report, Viewpoint

Six of us, including a nurse supervisor, four logistics officers, and me – the chief pharmacist of CA-4, a Disaster Medical Assistance Team (DMAT) headquartered in San Diego, Calif. – started out for Louisiana in three 24-foot trucks early in the evening of Sunday, 28 August. We arrived at Louisiana State University (LSU) in Baton Rouge in the middle of the afternoon on Wednesday, 31 August. Because the chief medical officer present had put out a call that any and all pharmacists available were urgently needed, I reported as soon as possible to a makeshift pharmacy intake area that had been set up at the Carl Maddox Field House.

After participating in three chaotic hours of ordering and dispensing medications, I and the other members of our group left Baton Rouge and proceeded to the Louis B. Armstrong International Airport in New Orleans, arriving early in the evening on that same day. The other members of our San Diego CA-4 team – one of the first three DMAT teams deployed to the airport – had been there since the evening before.

Because there was no running water, electric power, or air conditioning available, we thought it would be prudent, for security as well as medical purposes, to keep our stockpile of medicines in the refrigerated FedEx truck that was provided to us. The outside temperature was in the mid-90s and in or close to triple digits inside the airport terminal.

We dispensed medicines out of the FedEx truck for the next 36 hours, enduring both the ear-shattering noise of the compressors and the near-freezing 40-degree temperature inside the truck. When electric power was restored, though, we quickly and happily commandeered the "New Orleans Legends Bar and Grill" inside the airport, set up a field pharmacy behind the bar, and proceeded to fill – as quickly and as safely as possible under the circumstances – the literally hundreds of orders for medications that were being thrown at us.

The other members of our initial staff at the airport, besides myself, were Susana Leung, a CA-4 pharmacist, a CA-4 pharmacy tech, and three additional pharmacists from the states of Oregon, Texas, and Washington. We were augmented several days later when five additional pharmacists, and one pharmacy tech – from the states of Florida, Massachusetts, Oregon, and Pennsylvania – reported in. The Air Force stepped up to the plate by assigning both a pharmacist and a pharmacy tech to the team.

At full strength we had 14 pharmacists (13 DMAT and one Air Force) and three technicians (two DMAT and one Air Force). We set up three shifts: 0700 to 1900; 1200 to 2400; and 1900 to 0700. In six days of 24/7 operations our DMAT teams triaged more than 23,000 patients, treated more than 2,600, and, amazingly – because we pharmacists had no pharmacy software program available that could print labels – filled over 5,500 handwritten prescriptions.

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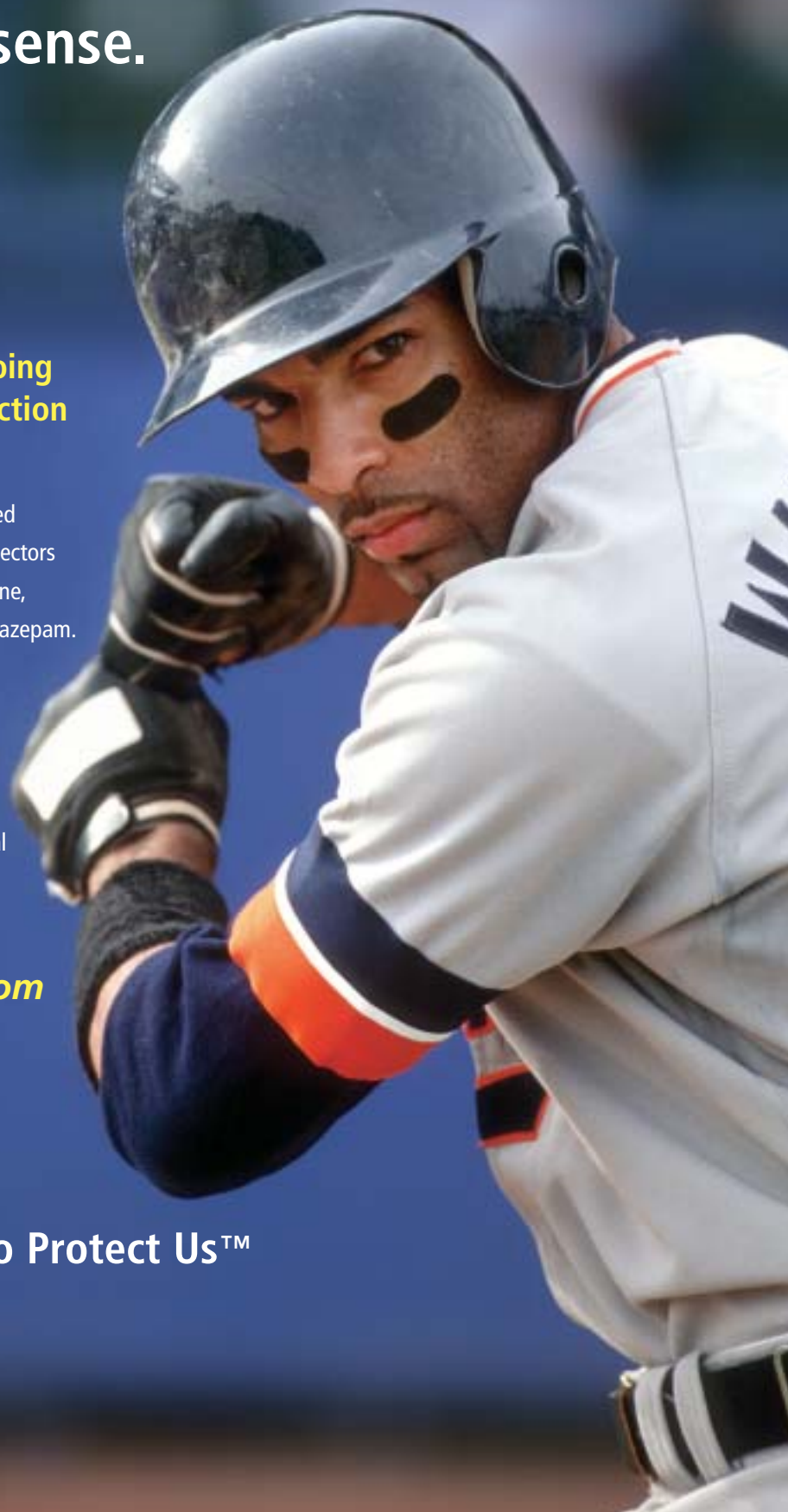

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Most of the rescue victims and evacuees came from downtown New Orleans and the "parishes" (i.e., counties) surrounding the city. Patients were ferried to the airport in a 24-hour unending caravan of ambulances, buses, helicopters of all types (including Chinooks, Blackhawks, Sea Knights, Jet Rangers, and many other makes and models), and any other means of transport available. The helos, most of them loaded to the max with sick and injured evacuees, were flown by Army, Navy, Marine Corps, Coast Guard, Air Force, and Air and Army National Guard pilots and by Lifeflight pilots from area hospitals as well as a number of private pilots. Almost without exception, the choppers stayed on the ground only long enough to unload their human cargo, then took off again to rescue more people.

Many of the evacuees had been rescued from rooftops or bridges, where they had been stranded since the levees broke, or from attics in homes engulfed by floodwaters. The patients brought to the airport were carried in on litters by teams of volunteers or on airport "tugs" usually – i.e., during normal operations at the airport – used to haul food and luggage from one part of the airport to another.

Inside the terminal, our deputy commander, Thérèse Rymer, and her staff would triage the patients and separate them into four groups – green, yellow, red, and black. The patients then would be moved into the appropriately colored tents that had been set up in accordance with previously established triage protocols – green for the walking wounded; yellow for delayed; and red for immediate treatment, which are the most critical.

The black-tag patients, who were not expected to live, were transported to an "expectant" ward, in a secluded area of the terminal, where they were kept warm and comfortable; they also were ministered to by Ri Venuti, our team psychologist, Chaplain Mark Reeves, and a volunteer nurse who was not with DMAT but had offered her time and skills to administer palliative care to these dying patients. Our pharmacists filled numerous orders for morphine to keep these patients as comfortable as possible so they would not suffer during their last hours on earth.

A major problem developed, though: We were rapidly using up the caches of medicines that FEMA (Federal Emergency Management Agency) had provided the teams, and were particularly low on morphine and other pain medications. We also were out of many of the "chronic" medications that many of the patients had been taking even before the hurricane hit. The most difficult situations involved patients suffering from a spectrum of medical problems – e.g., hypertension, heart disease, diabetes, renal failure, etc. – that had been compounded and aggravated by trauma suffered during the hurricane and the immersion that followed.

To conserve what was left of our pharmaceutical caches, Charlie Valencia, (the pharmacy chief of Night Ops), and I (the pharmacy chief of Day Ops), decided to dispense just a one-day supply of pain medication, a three-day supply of chronic meds, and a full – seven to ten days – supply of antibiotics. Our hope, of course, was that the patients at the airport would quickly be transported to various hospitals in Louisiana or even out-of-state hospitals. That did not always happen, of course, so we often had to refill prescriptions written only a day or two earlier.

We made sure that we first supplied the triage area, and the tent areas, with acute-care and critical-care drugs such as Benadryl, Lidocaine, Nitroglycerin, Epinephrine, and Atropine so that all levels of triaged medical care could be met. We also circulated our formulary list – arranged alphabetically and by therapeutic class – to the doctors and other medical professionals at the airport, and encouraged them to order medications only from that list (another hope that was not always fulfilled). The physicians asked us to use our own clinical judgment in making therapeutic substitutions for medications that patients had been using prior to the hurricane but that were not in our necessarily limited inventory. These clinical judgments were, in fact, being made continuously, and many of the patients at the airport benefited immensely from our efforts.

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All of this helped alleviate the overall shortage of medications, but did not eliminate a rapidly worsening situation. After several days of continuous operations we were running dangerously low on all of the medications we needed, not just the pain medications. Moreover, the re-supply list we had submitted had still not been filled.

Fortunately, we were able to continue operations anyway – thanks primarily to the help provided by the Air Force's 375th EMEDS (Expeditionary Medical System) and 57th Medical Wing stationed at Lackland Air Force Base, the U.S. Forest Service's Southern Region Red Team, and a number of private donations. We received the urgently needed morphine and Valium less than 14 hours after ordering those medications from the Air Force while we were still struggling to convince higher authorities to allow us to use this life-saving supply chain. Remembering that CA-4 Team Commander Dr. Jake Jacoby had repeatedly emphasized the need for "redundancy, redundancy, redundancy," I called contacts – at the Cardinal Health Inc. offices in Valencia, (Calif.) and Atlanta – to serve, as a backup if FEMA could not meet our re-supply needs. They told me that Cardinal would do whatever it could to help.

That has always been the case with Cardinal. CA-4's sponsoring hospital, the University of California San Diego Medical Center, has an active MOU (memorandum of understanding) with Cardinal under which the company supplied the medications needed for CA-4's deployment to Guam in 2002.

One of the Cardinal representatives offered to use the company's corporate jet to fly in critical medications, including controlled substances, from Atlanta to the New Orleans airport. While I was filling out the controlled-substance transfer protocols, I received a call, from a DEA agent, telling me the agency would take the actions needed to clear through whatever controlled substances were needed without the time-consuming paperwork. This was a particularly encouraging call after all the preceding delays.

All I now had to do was to request clearance to use this alternate supply chain – which I did. The request was denied, though – apparently (although this was not specifically given as the reason) because another supplier was being used and we were not permitted to go outside of the supply chain previously established. The denial of my request caused me extreme concern, and all I could say (silently, to myself) was "Thank God for the United States Air Force!"

Because I had received CDC (Centers for Disease Control and Prevention) training on the Strategic National Stockpile (SNS) at Anniston, Ala., three years ago, I felt confident that supplies from this valuable national asset would arrive almost immediately, as they did during the aftermath of the 9/11 terrorist attacks. I did see some ventilators arrive, after several days, in the telltale SNS containers, but the medications I had requested were nowhere to be found. It was not until four days after our initial re-supply request had been submitted, in fact – far too late, in other words – that we received what seemed to me VMI (vendor-managed inventory) medications from the SNS.

What caused the medication re-supply problems is still an unanswered question. Whether the governor of Louisiana and/or other senior officials requested an SNS 12-hour push package, also is not known – or, if a request had been made, whether it had been filled, or simply ignored. I and others working the staggered shifts at the airport certainly think that the magnitude of the disaster named Katrina warranted a quick and effective departure from business-as-usual procedures.

Nonetheless – and here I think I reflect the sentiments of the entire CA-4 team – I believe we did a huge amount of good for an extraordinary number of patients, despite having to overcome some overwhelming obstacles, many of them unforeseen. The DMAT pharmacists, the other members of the DMAT CA-4 team and other DMAT teams, and U.S. Air Force personnel all performed superbly.

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We also are grateful in many ways large and small for the unstinting help and support given us by the Federal Protective Service, the U.S. Air Marshals, the Customs and Borders personnel, the Army's 82nd Airborne Division and many others, including several private-sector organizations and individual citizens, who exhibited the utmost in professionalism and personal integrity I have ever witnessed. On a personal note, I would be honored to re-deploy again, on short or no notice, with any of them during any future crisis response.

Note: The author apologizes for not being able to list, by name and job title, the names of the many CA-4 team members and others with whom he worked during the response to Hurricane Katrina. He knows they will understand.

Michael J. Sohmer is the System SNF consultant pharmacist for Sharp HealthCare based out of Sharp Chula Vista in San Diego. He is a 1983 graduate of the University of Maryland School of Pharmacy at Baltimore. Sohmer also is the chief pharmacist of DMAT San Diego CA-4 and the San Diego County Metropolitan Medical Strike Team (MMST), the co-director of the San Diego County Pharmacy Emergency Response Team (RxERT), and the president of Pharmacy Emergency Response Management Group, Inc. (RxERMG).

States of Preparedness

By Adam McLaughlin
Sate Homeland News

Louisiana

State Police Create New 911 Call Center In the Wake of Hurricane Katrina

The Louisiana State Police do not normally operate a 911 call center, but all of the 911 relay towers in southeastern Louisiana had been knocked out not long after Katrina hit, so the 911 calls came pouring in to the state police instead. At State Police Headquarters in Baton Rouge, Maj. Genny May, Louisiana State Police, working in close coordination with her fellow troopers, and civilian workers, set up a hasty 911 call center that allowed the state police to respond. "After the relay towers went down," she said, "we started to receive an overwhelming volume of calls, especially from the New Orleans area." Many of the calls," she continued, "were coming from relatives who had received calls from family members still trapped inside their houses, but we had no way to dispatch the calls to the New Orleans Police Department because communications [with New Orleans] were down."

Two state troopers, Lieutenants Wade Wolf and Lance Barnum, created a database to track all of the 911 calls received, which were coming in at a rate of more than 5,000 per day in the first several days after the hurricane. The database was set up using Microsoft Excel, but the troopers later managed the calls on a secure Joint Regional Information Exchange Server, or JRIES.

"We still had no way of dispatching responders to the calls right away, so we had two New Orleans police officers who were in Baton Rouge help us triage the calls," said May. To help the police manage this important task, a Geographical Information System team from Louisiana State University (LSU) developed a system that converted the call locations into latitude and longitude coordinates and then plotted them on a grid-imagery map of the greater New Orleans area. "What this did," May commented, "was help us identify patterns for calls, prioritize them, and understand which areas of the city and surrounding towns were in [the greatest] need of assistance." The LSU team "worked for almost three days straight," she said, "converting and plotting all of those calls onto the map, which we displayed in the State Emergency Operations Center."

After communications had been re-established, the state police, working with a host of other law-enforcement agencies from all over the country, were able to use the database to conduct searches. As of 20 September, almost all of the people who called in had been located, and a high percentage of the buildings where the calls came from had been searched.

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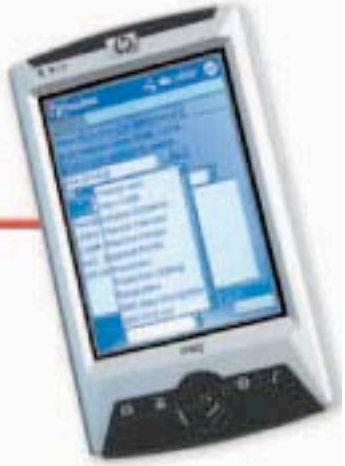

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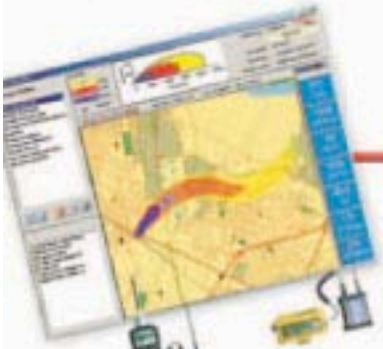

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"Because we could not start searching right away," said Maj. Dale Hall, who served as the Louisiana State Police's assistant critical-incident commander for Hurricane Katrina, "we went on the assumption that many people who called in early had already been rescued, or had self-evacuated. … Once we were able to get state troopers and out-of-state law-enforcement aid on the ground, we started with the most recent calls and worked backwards.

"Without the dedication, ingenuity, and tireless efforts of those … [who] developed this system," he commented, "our ability to methodically respond to these calls would have been severely reduced."

New York

NYC Firefighters Assist New Orleans Fire Department

As the nation watched the escalating disaster unfold during the first several days after Hurricane Katrina struck New Orleans, New York City firefighters were waiting patiently for their chance to support the devastated city. Just before Labor Day, the Fire Department of New York (FDNY) received an EMAC (Emergency Management Assistance Compact) request to assist the overwhelmed New Orleans Fire Department, which had been working non-stop since the hurricane first hit land.

On 5 September, the first group of just over three hundred FDNY personnel departed JFK International Airport for Louisiana to assist their New Orleans brethren. The NYC firefighters expressed pride in being able to help with relief efforts. Many of them said they were "just doing their job"; others referred to the way other fire departments from throughout the United States came to their aid after the terrorist attacks of 11 September 2001.

Once on the ground in New Orleans, the FDNY team established a base camp on the campus of Our Lady of Holy Cross College. "If we can help because of the training that we have received over the last few years, so be it," said Capt. James Hayes. "… That's why we are here. … We want to help [the New Orleans firefighters] … get the life back into their city." It was not long after their arrival that the NYPD firefighters, riding on the New Orleans engines, were deployed throughout the Crescent City, carrying out fire-suppression and rescue missions. The FDNY also deployed a Type II Incident Management Team (IMT), a command-and-control unit that specializes in the major functions of the Incident Command System: Command, Operations, Planning, Logistics, Finance, and Administration.

In a practical as well as symbolic gesture of unity and support, the FDNY brought to New Orleans the *Spirit of Louisiana* – a fire engine that had been presented to FDNY on behalf of the state of Louisiana after the 9/11 attacks – down and returned it to the firefighters of New Orleans.

Massachusetts

Officials Revise Disaster-Response Plans

After watching the destruction caused by Hurricane Katrina and the follow-on problems with city, state, and federal relief efforts, officials throughout Massachusetts started revising their own city and state disaster-response plans. The city of Boston, to cite but one example, is reviewing its plan to evacuate and relocate residents, and the state created a task force to prepare for a Katrina-strength hurricane and/or other disasters.

Current evacuation plans rely on individual citizens getting themselves out of Boston, but the experience of New Orleans showed that thousands of people, particularly those in lower-income brackets, may have no way to leave the city. "Let's say there was an incident today and we could not get out of the city, and we had to get people out of different neighborhoods. What would we do right now? It would be problematic," said Carlo A. Boccia, Boston's director of homeland security.

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To solve that problem, Boston Mayor Thomas Menino asked Boccia to overhaul the city's current evacuation plans. One example of present shortcomings is that the city has not yet identified the facilities that might be used to temporarily house thousands of evacuees. Boccia said he hopes to have such sites identified within two months, and that consideration also is being given to stocking the sites with medical supplies, food, and water. "It would be wonderful if we could take 10, 000 people to a place and have pre-positioned medical care [available]," he said.

The state's emergency plans also are being reviewed, according to Christine McCombs, director of the Massachusetts Emergency Management Agency. She convened the task force assembled to improve the state's hurricane-relief plans, and expressed optimism about the final results. "I always say to the team that plans are living documents. They are not meant to be created and then shelved," she said.

The Use of Naval Militias in Homeland Defense

By Brent Bankus
Military Support

Because of the increase in operational tempo (OPTEMPO) imposed on the nation's armed forces--the Guard and Reserve components as well as the active-duty forces – to fight the Global War on Terrorism, there is a growing concern that the defense establishment as a whole may now be somewhat too "thin" to carry out all of the missions imposed on it.

An area of particular concern in the field of homeland defense is the protection of U.S. ports and waterways and the surrounding maritime infrastructure. The defense of ports and waterways is one of the primary missions assigned to the U.S. Coast Guard, but that service, which has been overworked and underfunded for many years, also plays a key role in narcotics and migrant interdiction, icebreaking, the protection of U.S. fisheries zones, and the saving of lives – not only at sea but also, as happened immediately after Hurricane Katrina hit the Gulf Coast, on and along the U.S. East, West, and Gulf Coasts, and occasionally far inland.

To augment their presently meager maritime assets, a small but growing number of states are returning to the use of naval militias – which, like their land counterparts (called State Defense Forces, or SDFs), are volunteer military organizations under the command of the governor of the state to which they belong.

Augmenting the Active Force

The nation's naval militias, although not much in the public eye in recent years, have a long and distinguished history of service, with the high point of their use stemming from the late nineteenth century to the second decade of the twentieth century. They have been used primarily to provide harbor security, but also have participated in foreign wars – the New York Naval Militia sent several ships to patrol the waters off Cuba during and for a short period after the Spanish-American War.

At present, there are active naval militias in only four states – Alaska, New Jersey, New York, and Ohio, but reorganization initiatives have started in California and Wisconsin as well. The legal underpinning for the naval militias, spelled out in Titles 10 and 32 of the U.S. Code (USC), requires that most militia members must be drilling reservists of the U.S. Navy, U.S. Marine Corps, or U.S. Coast Guard, but civilian volunteers also are accepted under certain circumstances. Like their SDF counterparts, the naval militias usually operate under the USC statutes.

Nonetheless, they provide another contingency asset – and a large dimension of highly trained capability – for state governors. In addition to their harbor-security duties, various members of the naval militias have been used to provide medical and legal (JAG) support, to man EOCs (emergency operations centers), participate in search-and-rescue missions, and to serve as ceremonial guards.

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Expertise and Experience

More than 90 percent of the approximately 5,000 personnel enrolled in the four active militias have prior service experience, so training costs for militia personnel are minimal. But the value of the service they provide is incalculable. Alaska's relatively small but highly capable Naval Militia, for example, has been called out – on short or no notice – on a number of occasions: to help the state cope with the Exxon Valdez oil spill; to provide on-site assistance during avalanche recovery operations; and to provide backfill personnel for the Alaska National Guard.

The record is much the same for the other three militias now active. The Ohio Naval Militia routinely carries out maritime-security patrols for the state, focusing special attention on the restricted area in the vicinity of Camp Peary on Lake Erie, which is popular as a national rifle marksmanship site. The Ohio militia also was placed on state active duty recently to support a regatta boating event on Lake Erie.

The New Jersey Naval Militia, which has six patrol boats available to it, routinely carries out maritime security patrols in the waters near several power plants, the naval facilities in Lakehurst, and the Earle Naval Weapons Station – all of which would be attractive targets for terrorists. The New Jersey militia, which has conducted joint operations with the New Jersey Army National Guard, responded immediately during the 9/11 crisis by serving as an ad hoc transportation unit to help ferry rescue workers into and out of Manhattan, easing the load on the active-duty forces and city and state first responders who were engaged in numerous other emergency chores.

Help When It Is Most Needed

The New York Naval Militia, the largest by far of the four now active, also was used extensively during the response to the 9/11 attacks: supplying medical and legal help to city, state, and federal forces, for example; carrying out security patrols at train stations, bridges, tunnels, and other transportation hubs and links; and providing maritime security in the vicinity of the nuclear power plant at Indian Point, N.Y. Members of the New York militia also served at the New York City EOC during the 9/11 crisis, and at the National Guard Joint Operations Center.

The adjutants general of the four naval-militia states have nothing but high praise for the organizations and the work they have done to augment the various other security/protection assets within each of the states. The fact that two other large states already have taken the first steps needed to reorganize their own naval militias is encouraging. The devastation caused by Hurricane Katrina along the Gulf Coast, not only in New Orleans and points south but also in southern Mississippi, suggests that Louisiana, Mississippi, Alabaman, Florida, and Texas also might want to investigate the possibility of forming naval militias as well. Given the likelihood of a continuing drain on active-duty forces and all of the nation's Guard and Reserve components, the availability of low-cost/high-value naval/military units immediately responsive to orders from the state governor would seem to be an asset impossible to ignore.

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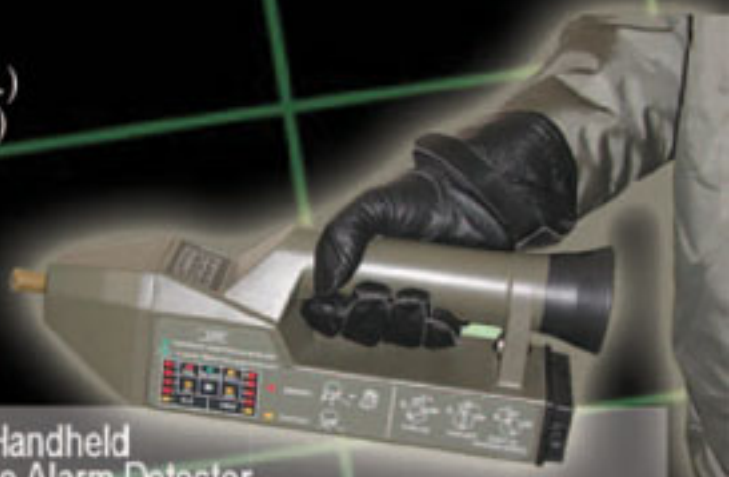

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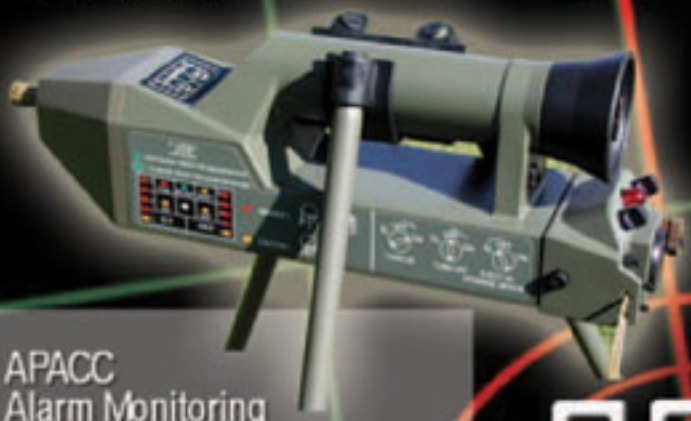

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