

National Pipeline Survivor Support System:  
Creating resilient, prepared,  
safety-aware, and empowered communities out of tragedy

Development of an organizational framework  
and operational strategy for implementing  
the National Pipeline Survivor Support System

Prepared for  
The City of San Bruno, California  
&  
Mayors' Council on Pipeline Safety

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## Executive Summary

As a consultant on this U.S. Department of Transportation Technical Assistance Grant (US DOT TAG), c.a.s.e. was contracted by the Mayors' Council on Pipeline Safety (MCPS) and the City of San Bruno, California (San Bruno) to complete the following tasks:

1. Research and adapt model Survivor and Disaster Assistance programs such as Eric Greitens' "Mission Continues," General Honoré LLC "Honoré Preparedness Group," other programs created and maintained by the Red Cross, U.S. Department of Health and Human Services, and U.S. Veteran's Administration, and various programs and services used by professionals specializing in identifying and treating PTSD and in the delivery of bereavement support.
2. Vet and create a multifaceted National Pipeline Survivor Support System committee designed to incorporate public utilities, city officials, public agencies, first responders and survivors in pipeline safety best practices discussions.

A Working Document Report (Appendix I) was completed by c.a.s.e. that began the work of Task #1 by identifying and reviewing various organizations, programs, and services that provide assistance to the survivors of disasters, and which could be used as models for building the National Pipeline Survivor Support System, NPSSS, or what will be referred to as NPS<sup>3</sup> throughout this final report. This initial working report also provided some draft recommendations about the scope, organization, and leadership of the NPS<sup>3</sup>.

From this Working Document Report, c.a.s.e., the Mayors' Council on Pipeline Safety, and founding partner Pipeline Safety Coalition (PSC) organized and facilitated a scoping meeting at the Washington, D.C. offices of the National Transportation Safety Board in August 2016 with federal agency staff who work directly with disaster service agencies and related organizations, as well as the Executive Director of Mothers Against Drunk Driving (M.A.D.D.). The notes of that meeting and the attendees and their affiliations can be found in Appendix 2. Based on that expert scoping meeting, the Working Document Report was refined and this final report was generated. This final report recommends a strategy for the recruitment, organization, development, and on-going implementation of the NPS<sup>3</sup> committee in 2017 and beyond. In fact, this final report goes a step further and recommends three specific types of programs that the NPS<sup>3</sup> should organize and implement that would meet the five components identified by MCPS and San Bruno in the original US DOT TAG proposal.

## Background

In a time of aging gas pipeline infrastructure and widespread pipeline build out, public safety should be the first priority for governments, citizens, and businesses. Safety can be enhanced by the pro-active participation of survivors of gas and hazardous liquids pipeline failures; but only if those survivors are provided the resources to understand the causes and consequences of the tragedy. Too often survivors of these tragedies are left with more questions than answers and there are long periods of uncertainty about the cause of the disaster. Survivors of pipeline failures certainly need more timely answers to these tragedies, but they also need on-going support to turn these tragedies into a pro-active approach to pipeline safety in the future. For some survivors this may also mean providing a way for them to tangibly participate in prevention programs and pipeline planning to avoid future failures and the mediate the trauma that they have experienced related to such failures. In the case of many local and national disaster programs and survivor networks identified and reviewed in this report, whether they be targeted at specific types of survivors such as war veterans or survivors of fires, pipeline explosions, drunk and drug driving crashes, natural disasters or targeted at specific geographic scales, pipeline disaster survivors, should not be left to their own capabilities when the Red Cross and other immediate relief services have fulfilled their designated roles and leave. Victims of pipeline disasters should be able to find long-term assistance resources that allow them to move beyond feelings of uncertainty and helplessness. There should be a targeted program to turn these survivors' tragic experiences into strength, resilience, and advocacy for pipeline safety that benefits all of us. The development of the NPS<sup>3</sup> has the capability to fulfill that programmatic role.

For too long, the public has been relegated to the back seat in matters of pipeline safety. If not addressed adequately, these matters may influence individual lives as well as the intimate and extended social networks that make up a community. To address this lack of public involvement, the City of San Bruno and the Mayors' Council on Pipeline Safety (MCPS) secured funding from the U.S. Department of Transportation (US DOT) Pipeline Hazardous Materials Safety Administration (PHMSA) to vet and create the organizational structure of the NPS<sup>3</sup>. As US DOT Secretary Foxx said in a 2014 address to the National Association of Regulatory Utility Commissioners, the nation should not wait to “mobilize around the next tragedy” with regard to pipeline safety.

In reducing the risk of future pipeline tragedies, regulators, industry, decision-makers, and safety experts are not the only stakeholders that must be involved. Research has shown that disaster prevention and preparation must start with behavioral change at the local level, and that one of the most effective ways to create such change is through culturally appropriate public awareness, education, and early warning programs that directly engage and inform individuals and front-line

communities.<sup>1</sup> There are various approaches to creating such programs, including public relations campaigns, informal education, formal school-based interventions, and participatory learning.

One of the central motivators behind the development of the NPS<sup>3</sup> is that the participatory learning approach to disaster risk reduction is the only approach that provides front-line communities with an experience of empowerment through self-discovery and experiential learning, yet this approach has too often been seen as the most difficult approach to implement and is therefore not a central feature of most pipeline safety public awareness and education programs in the United States. Participatory learning uses the tools of participatory action research (PAR) and asset-based community development (ABCD) to develop community-based disaster risk management plans and processes. When participatory learning is initiated in local communities prior to, during, and after a pipeline disaster, pipeline safety awareness and education programs can be designed that are more culturally sensitive and locally relevant. The NPS<sup>3</sup> seeks to initiate this type of bottom-up culture of preparedness and safety through the mobilization of survivors and those immediately involved in pipeline disasters and recovery with the creation of a National PS<sup>3</sup> Advisory Committee composed of pipeline disaster survivors and their families, trauma-informed medical health professionals, first responder survivors and their allies, and legal, regulatory, and policy advocates (See Figure 1).

The NPS<sup>3</sup>, as envisioned by San Bruno and MCPS in their original proposal to PHMSA's TAG program, would have five specific components:

1. A national hub for delivery of direct outreach and practical resources needed by impacted individuals and communities in the event of pipeline disasters.
2. A supportive network for survivors to transition from the experience of tragedy to proactive involvement in pipeline safety in their own communities and nationally.
3. Public awareness and community education program formulated by and for survivors of pipeline disasters that addresses the safety risks gas pipelines pose to individuals and communities.
4. A transparent and inclusive mechanism to encourage and empower victims of gas pipeline disasters to have an active role in the development of national pipeline safety guidance.
5. A change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety.

Overall, the NPS<sup>3</sup> would provide the structure and on-going bottom-up support to individuals and local communities to find the help they need when disaster strikes while also creating informed and aware individuals and communities knowledgeable about pipeline safety who are ready and willing to take an active role in all aspects of pipeline safety regulation, monitoring, and investigations.

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<sup>1</sup> Community Risk Assessment Toolkit (ProVention Consortium) <http://www.proventionconsortium.net/?pageid=39> ; Developing Cultural Competence in Disaster Mental Health Programs (U.S. HHS) <https://store.samhsa.gov/shin/content/SMA03-3828/SMA03-3828.pdf>; Mental Health Services for Victims of Disaster (Cohen) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489840/pdf/wpa010149.pdf>; Standing Together: An Emergency Planning Guide for America's Communities (Joint Commission on Accreditation of Health Organizations, Illinois Department of Public Health, Maryland Institute of Emergency Medical Services Systems, and the National Center for Emergency Preparedness at Columbia University) [https://www.jointcommission.org/assets/1/18/planning\\_guide.pdf](https://www.jointcommission.org/assets/1/18/planning_guide.pdf)

## Preventing Pipeline Disasters and Addressing Gaps in Intermediate and Long-Term Disaster Recovery

"At 3:17 p.m. on March 18, 1937, with just minutes left in the school day and more than 500 students and teachers inside the building, a natural gas explosion leveled most of an East Texas school. Hundreds died at New London High School in Rusk County after odorless natural gas leaked into the basement and ignited. The force of the explosion was felt even four miles away. Parents, many of them roughnecks from the East Texas oilfield, rushed to the school. Despite immediate rescue efforts, 298 died, most from grades 5 to 11 (dozens more later died of injuries)."<sup>2</sup> Because of this tragedy, Texas passed laws requiring that natural gas be mixed with a rotten-egg smelling chemical, Mercaptan, to give the public early warning of gas leaks. Other states soon followed in requiring Mercaptan in natural gas pipelines. Over 30 years after the New London, Texas tragedy, , on August 19, 1970, the Department of Transportation/PHMSA regulation 49 CFR 192.625 was codified requiring that all natural gas distribution lines and gas transmission lines in certain populated areas be odorized in order to allow a person with a normal sense of smell to readily detect leaking natural gas. Why did this life-saving requirement take so long to implement on a national scale?

According to HMSA's summary of 2014 pipeline gas "incident" and hazardous liquid "accident"<sup>3</sup> data, there were 19 fatalities, 96 injuries, and over \$293 million (in 1984 dollars) in property damages as a direct result of 308 gas and hazardous liquids pipeline separate incidents and accidents. Accounting for inflation from 1984 to 2014 (2.82%), property damages in 2014 amounted to over \$674 million as a result of close to one pipeline disaster a day. While in 2014 not all of these significant events resulted in death or injury, this accident rate should be alarming. As in the case of the New London, Texas disaster in 1937, the consequences of oil and gas pipeline disasters over the past 15 years have at times become a part of state and national calls for public discourse from PHMSA and the

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<sup>2</sup> Excerpt from "New London Texas School Explosion, March 18, 1937", [www.aoghs.org](http://www.aoghs.org), Retrieved 4-17-2015.

<sup>3</sup> Since March 2004, PHMSA defines an "incident" on a gas pipeline as meeting any of the following conditions, excluding all Fire First incidents: (1) An event that involves a release of gas from a pipeline, or of liquefied natural gas, liquefied petroleum gas, refrigerant gas, or gas from an LNG facility, and that results in one or more of the following consequences: (i) A death, or personal injury necessitating in-patient hospitalization; (ii) Estimated property damage of \$50,000 or more (in 1984 dollars), including loss to the operator and others, or both, but excluding cost of gas lost; (iii) Unintentional estimated gas loss of three million cubic feet or more; (2) An event that results in an emergency shutdown of an LNG facility. Activation of an emergency shutdown system for reasons other than an actual emergency does not constitute an incident. (3) An event that is significant in the judgment of the operator, even though it did not meet the criteria of paragraphs (1) or (2) of this definition. (49 CFR 191.3) And an "accident" on a hazardous liquid or carbon dioxide pipeline as meeting any of the following conditions: (a) Explosion or fire not intentionally set by the operator. (b) Release of 5 gallons (19 liters) or more of hazardous liquid or carbon dioxide, except that no report is required for a release of less than 5 barrels (0.8 cubic meters) resulting from a pipeline maintenance activity if the release is: (1) Not otherwise reportable under this section; (2) Not one described in §195.52(a)(4); (3) Confined to company property or pipeline right-of-way; and (4) Cleaned up promptly; (c) Death of any person; (d) Personal injury necessitating hospitalization; (e) Estimated property damage, including cost of clean-up and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding \$50,000 (in 1984 dollars). (49 CFR 195.50)

pipeline operators. This public outcry occurred after the gas pipeline explosion in Bellingham, Washington in 1999 (3 dead), in the gas pipeline explosion in San Bruno, California in 2010 (8 dead), in the gas pipeline explosion in Allentown, Pennsylvania in 2011 (5 dead), in the leak of heavy crude oil/bitumen into the Kalamazoo River in Michigan in 2010 (1,100,000 US gallons; 4,200 m<sup>3</sup>), and another leak of heavy crude oil/bitumen in a residential neighborhood of Mayflower, Arkansas in 2013 (500,000 US gal; 1,900 m<sup>3</sup>). Unfortunately in most of these cases the public outcry is short-lived and news of the incident fades from the headlines after a week or two. In most cases the pipeline is repaired and operational faults corrected, lawsuits are settled, fines are levied, and policies and regulations that might better protect human life and property are contemplated, sometimes proposed in draft legislation, but, never leave a Congressional staffer's desk. Until the next disaster.

While these local tragedies increasingly find their way into the wider public consciousness through national news and social media reports, they are soon forgotten by those outside the immediately impacted area. Local first responders in all of these disasters do what they can with the resources they have; however, the fact remains that in all cases one or more deficiencies related to pipeline maintenance or emergency response resources and communications, have been found, and in some cases proved more costly, environmentally damaging, and threatening to the public's health had the maintenance, resources and knowledge been in place prior to the emergency. Such deficiencies have proven deadly. The burden of those deaths is still tangible in the communities where these disasters have occurred. No amount of funding to families or improved emergency preparedness and regulations after the fact brings back children, parents, companion animals, loved ones, family heirlooms, or the ability to feel safe in one's own home. In fact, the profound losses and changes that some pipeline survivors are forced to live with post-disaster means they may suffer from long-term psychological trauma, as well as financial, and physical effects that are not addressed by the existing network of disaster support services. The urgent need to prevent future pipeline tragedies, to keep these tragedies in the public eye and improve policy and regulations, to understand and address the local long-term consequences of such catastrophic yet low probability events, and to provide immediate, intermediate, and long-term care and support to individuals and communities impacted calls for a set of holistic policy-informed and trauma-informed approaches and programs.

## Preventing Chronic Disaster Syndrome and Putting a Face to Pipeline Tragedies

In Eric Klinenberg's social autopsy of a different type of tragedy-- a deadly heat wave that hit Chicago in the summer of 1995- he identifies four management and governance problems hindering protection of social welfare prior to, during, and after disasters in the United States: 1) delegation of key health and support services to paramilitary governmental organizations, such as fire and police departments, who are ill suited for the "soft" service of preparing and responding to crises involving community well-being; 2) expectations by government that all residents, regardless of socio-economic, educational, or housing situation, will be an active consumer of public goods such as emergency preparedness kits or post-disaster assistance; 3) a lack of acknowledgment of the basic needs of citizens which he attributes to increasing social distance between government administrators and those lower on the socio-economic-educational hierarchy coupled with privatization of public goods and services; and 4) the use of public relations and marketing campaigns to spin the good news stories about the success of emergency preparedness and response programs while denying the severity or persistence of systemic problems<sup>4</sup>.

Since Klinenberg's book we have witnessed various disasters across the world and U.S. in which these problems have played out and the triple phenomena of displacement, disaster capitalism, and removal of vulnerable populations has led to what Adams, Van Hattum, and English describe as "chronic disaster syndrome"<sup>5</sup>: the long-term stress related to loss of family, community, jobs, and social networks, as well as the continuous struggle for a decent life in unsettled and uncertain life circumstances after a disaster.

Clearly to avoid the chronic disaster syndrome, we need a concrete way forward that addresses the four disaster management problems identified by Klinenberg, to protect the health and welfare of citizens, to prevent further harm during a disaster, and at the very least to provide solace to those who have become victims of pipeline disasters. This report recommends the development of a NPS<sup>3</sup> that will provide a way for communities and individuals directly impacted by pipeline tragedies to prevent chronic disaster syndrome by building an organization and set of programs that addresses the five key areas of all emergency plans (Prevention, Preparedness, Response, Recovery, Mitigation)<sup>6</sup> recognizes the unique continuum of physical, psychological, social, and spiritual processes involved in post-disaster recovery, and provides much-needed resources in the critical, yet often neglected, intermediate and long-term stages of disaster and trauma recovery.

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<sup>4</sup> Klinenberg, E. (2015). Heat Wave: Social Autopsy of Disaster in Chicago. University of Chicago Press.

<sup>5</sup> Adams, V., Van Hattum, T., & English, D. (2009). Chronic disaster syndrome: Displacement, disaster capitalism, and the eviction of the poor from New Orleans. *American Ethnologist*, 36(4), 615-636. <http://doi.org/10.1111/j.1548-1425.2009.01199.x>

<sup>6</sup> U.S. Department of Homeland Security, FEMA. *Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0*. Pages 1-8 to 1-10. November 2010.

## The National Pipeline Survivor Support System (NPS<sup>3</sup>)

### Recommendations

MCPS and the City of San Bruno specified five components to be included in the development of the national pipeline survivor support system:

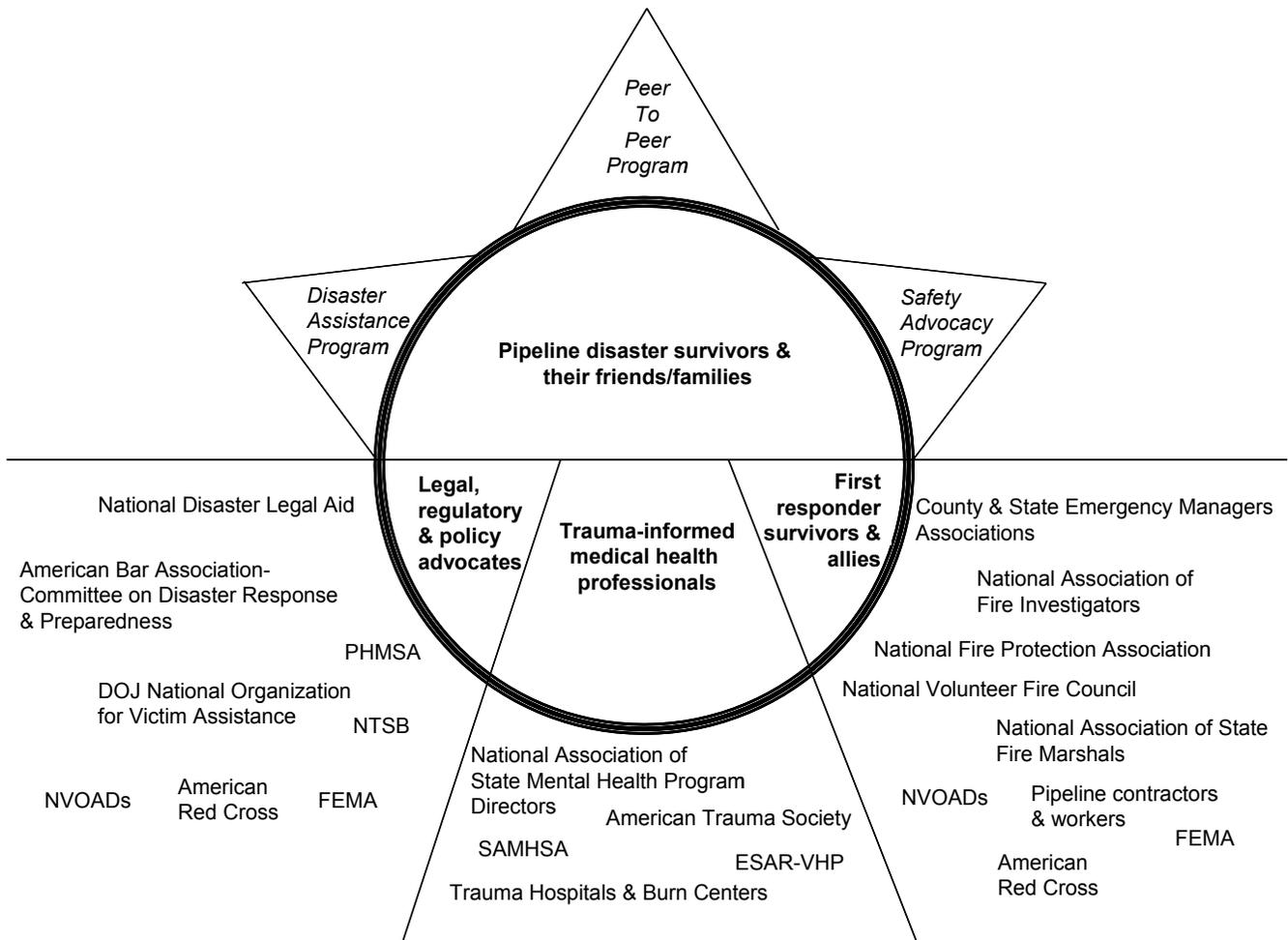
1. A national hub for delivery of direct outreach and practical resources needed by impacted individuals and communities in the event of pipeline disasters.
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The final recommended organizational structure, strategy, and vision of the NPS<sup>3</sup> incorporated all five of these components in various ways. The final recommendations were also greatly informed by a scoping meeting held at the offices of the National Transportation Safety Board (NTSB) on August 9, 2016. Attendees at this meeting included staff from the NTSB who have participated in previous pipeline disaster investigations and who work in the Transportation Family Assistance program, PHMSA's Program Development branch, Health and Human Services' Substance Abuse and Mental Health (SAMH) Crisis Counseling and Disaster Assistance programs, the Executive Director of M.A.D.D., a survivor of the Allentown, PA pipeline explosion, the City Manager of San Bruno, California, and the Executive Director of MCPS and Pipeline Safety Coalition (PSC). The scoping meeting was facilitated by Dr. Simona Perry of c.a.s.e. Consulting Services.

## A National Hub: NPS<sup>3</sup> Advisory Committee & Organizational Structure, 2017-2022

Based on review of the programs in Appendix I, additional research on the federal and other non-governmental organizations that support survivors of disasters, and the August 2016 Scoping Meeting with federal and non-governmental organizations, we recommend a centralized organizational structure with a National Advisory Committee initially composed predominately of pipeline disaster survivors and their families, then followed in importance by trauma-informed medical health professionals and researchers, first responder survivors and their allies, and lastly legal, regulatory, and policy advocates (Figure 1). It is recommended that the MCPS and Pipeline Safety Coalition serve as the initial conveners of the Committee and be responsible for recruiting the founding Committee members and assisting the Committee to develop its mission and operational strategies. It should be up to the National Advisory Committee to then decide what role the MCPS and Pipeline Safety Coalition will play in the NPS<sup>3</sup> moving forward. It is recognized that as the NPS<sup>3</sup> develops it will probably be necessary to change the Committee's membership to reflect evolving needs and growth.

Figure 1. NPS<sup>3</sup> Advisory Committee in circle, NPS<sup>3</sup> Programs in sun rays, and possible Partner Organizations in three blocks below horizon. MCPS and Pipeline Safety Coalition will serve as convening organizations, recruiting Advisory Committee members, and assisting in developing the mission and operational strategies.



Initially, the task of the Advisory Committee will be to develop a strong mission statement and organizational structure. Three questions should be answered by the National Advisory Committee when developing the NPS<sup>3</sup> mission statement:

1. How do we best assist survivors and their families after pipeline tragedies happen?
2. How can we empower individuals and communities to re-imagine their roles before, during, and after pipeline tragedies occur?
3. And, how do we encourage communities to take a more active role in pipeline disaster prevention and emergency preparedness?

With regards to developing the NPS<sup>3</sup> mission and programs, federal agencies in attendance at the Scoping Meeting emphasized the importance of clear definitions. Specifically, it was recommended that language be clarified regarding the terms "survivor," "victim," and "disaster". It was recommended by SAMHSA that in reference to the terms survivor and victim, they be defined along a continuum in order to account for both the psychological research that shows a normalized curve pattern in how communities respond to disasters and the individual exposure model that indicates their are different trauma responses based on levels of awareness and warnings prior to disasters<sup>7</sup>.

As a result of this discussion about victims, survivors, the continuum of recovery, trauma research and trauma-informed care, it is highly recommended that the NPS<sup>3</sup> mission be developed using a trauma-informed approach. According to SAMHSA guidelines, utilizing a trauma-informed approach to program development and delivery means:

- 1) Realizing the widespread impact of trauma and understanding potential paths for recovery;
- 2) Recognizing the signs and symptoms of trauma in those involved with NPS<sup>3</sup>;
- 3) Responding by fully integrating knowledge about trauma into policies, procedures, and practices;
- 4) Seeking to actively resist re-traumatization.

This approach draws from six principles that should be considered as the cornerstone of all NPS<sup>3</sup> work :

- 1) Safety,
- 2) Trustworthiness and Transparency,

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<sup>7</sup> Hoffman, M.A., Kruczek, T. (2011) A bioecological model of mass trauma: individual, community, and societal effects. *The Counseling Psychologist*, DOI: 10.1177/0011000010397932 . Norris, F., Tracy, M., Galea, S. (2009) Looking for resilience: Understanding the longitudinal trajectories of responses to stress. *Social Science & Medicine* 68(12):2190-2198, DOI: 10.1016/j.socscimed.2009.03.043. Gadalla, T. (2009) Determinants, correlates and mediators of psychological distress: A longitudinal study. *Social Science & Medicine*, DOI: 10.1016/j.socscimed.2009.03.040 . Cook, J.D., Bickman, L. (1990) Social support and psychological symptomatology following a natural disaster. *Journal of Traumatic Stress* 3(4):541-556, DOI: 10.1002/jts.2490030406.

- 3) Peer support,
- 4) Collaboration and Mutuality,
- 5) Empowerment, Voice and Choice,
- 6) Cultural, Historical, and Gender Issues.

All National Advisory Committee members should agree to adhere to these principles in order to serve on the Committee.

Federal agencies in attendance at the August 2016 Scoping Meeting also raised an important point about what using the term "disaster" to describe pipeline incidents means when engaging federal and state laws and policies and assistance programs. They brought up how the term "disaster" may in some cases be useful, or in other cases be a hindrance, to family assistance program success or access to such assistance programs. Overall it was agreed that terminology and the words used to describe pipeline events where people lose lives and personal possessions really does matter and will either bolster or hinder the long-term, participatory, and disaster risk reduction work that the NPS<sup>3</sup> hopes to engage survivors in. All terms used in developing the mission and programs need to be clarified and made relevant to the specific circumstances of pipeline tragedies. This will be best accomplished with broad and thoughtful input from a combination of survivors of pipeline disasters having diverse first-hand experiences and disaster assistance agencies working with survivors under various scenarios. For example, City of San Bruno officials have the perspective that the term "accident" is not an appropriate term for characterizing what happened in their City because it has the connotation that it was a "mishap" and that it was not necessarily preventable. They would not want the word "accident" associated with the work of the NPS<sup>3</sup>. However, in other disaster contexts, such as aircraft crashes, the term "accident" has frequently carried with it very serious criminal and civil penalties<sup>8</sup>. Careful forethought and on-going dialogue among the National Advisory Committee, local groups or chapters, and service agencies and organizations, about which terms provide the most leverage and capture the needs of pipeline-related survivors will be a very important part of developing not only the mission statement and scope of work, but also in securing necessary funding to assist survivors and develop programs.

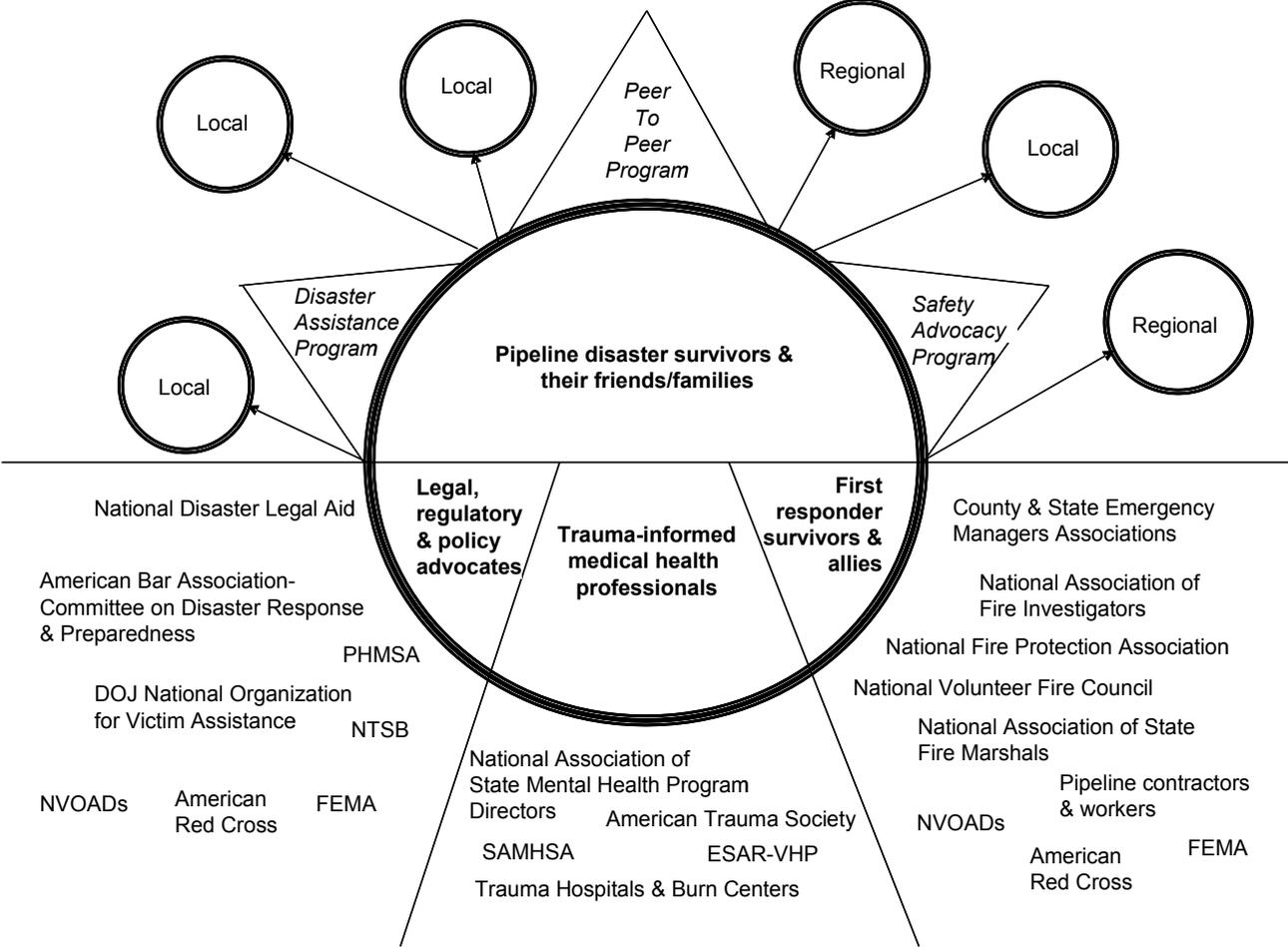
Within two to five years, but no later than 2022, the NPS<sup>3</sup> Advisory Committee should operate more as the organizational hub to a satellite of semi-autonomous local groups or chapters that are led by local pipeline survivors, local emergency staff, and mental health trauma-specialists from a specific geographic area or locality (Figure 2). The NPS<sup>3</sup> should obtain a non-profit status (501.c.3 or 501.c.4), and be set-up as one legal entity under the National Advisory Committee that will also serve as the Board of Directors for the organization. The Advisory Committee, in close collaboration with current disaster-relief regional and local groups, should develop and implement a national mission,

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<sup>8</sup> Nemsick, J.R., Passeri, S.G. (2012) "Criminalizing Aviation: Placing Blame Before Safety" American Bar Association, Section of Litigation: Mass Torts Articles.<http://apps.americanbar.org/litigation/committees/masstorts/articles/winter2012-criminalizing-aviation-blame-safety.html> (accessed 09-27-16)

set programmatic and funding goals, develop and maintain close working relationships with partner local, state, regional, national, and international organizations who have expertise and hands-on experience in the health, first responder, legal, regulatory, and policy fields (Table 1), and serve as the financial and legal hub for all work implemented throughout the NPS<sup>3</sup>. The network of local satellite groups or chapters should operate according to the national mission while implementing programs and services that matter most to local communities while building and maintaining strong relationships with county emergency management centers, mental health and medical trauma centers, trauma-informed social service providers, community centers, and NVOAD affiliates at the local and regional levels.

Figure 2. Local and Regional Satellite Groups in small circles off circle. NPS<sup>3</sup> Advisory Committee in circle, NPS<sup>3</sup> Programs in sun rays, and possible Partner Organizations in three blocks below horizon.



**Table 1. List of potential partner organizations generated at August 2016 Scoping Meeting.  
This list is a guide only and should not be considered comprehensive or complete.**

<b>Name/Type of Organization</b>	<b>Trauma-informed health professionals</b>	<b>First responders and allies</b>	<b>Legal, regulatory, policy advocates</b>
National Association of State Mental Health Program Directors	X		X
American Trauma Society	X	X	
Substance Abuse and Mental Health Services Administration (SAMHSA)	X		X
Emergency System for Advanced Registration - Volunteer Health Professionals (ESAR-VHP)	X	X	
Trauma Hospitals and Burn Centers	X	X	
County & State Emergency Managers' Associations		X	
National Association of Fire Investigators			X
National Association of State Fire Marshals		X	
National Fire Protection Association		X	X
National Volunteer Fire Council		X	
National Voluntary Organizations Active in Disaster (NVOADs)	X	X	
American Red Cross		X	
Federal Emergency Management Agency (FEMA)		X	X
National Disaster Legal Aid			X
American Bar Association- Committee on Disaster Response & Preparedness			X

U.S. Department of Transportation Pipeline Hazardous Materials Safety Administration (PHMSA)			X
U.S. Department of Justice National Organization for Victim Assistance			X
National Transportation Safety Board (NTSB)		X	X
Pipeline Contractors and Workers		X	X

In anticipation of the costs associated with vetting the organization among pipeline survivors, a fund was established as part of the TAG in the amount of \$15,000. This \$15,000 will go towards recruiting and convening the first Advisory Committee during the first six months of 2017. Once in place, the Advisory Committee should explore future funding for the NPS<sup>3</sup> programs by analyzing state and federal fees paid by the pipeline industry to maintain their infrastructure, from fines levied after pipeline disasters occur, and from various federal and state programs related to community emergency planning and preparedness. There should also be further research conducted into the possibility of financial or other logistical support from the federal Crisis Counseling Program (CCP) mandated by Congress in the Robert T. Stafford Disaster Relief and Emergency Assistance Act and other federal grant assistance programs from the Department of Justice or Department of Transportation for funding the administration of the NPS<sup>3</sup>. In addition to these sources of funding, it would also be advisable to create an individual donation and volunteer program that allows people to donate financial resources, material goods, or their time and expertise to assisting pipeline survivors and the NPS<sup>3</sup>.

## A Supportive Network of Survivors: NPS<sup>3</sup> Disaster Assistance Program NPS<sup>3</sup> Peer To Peer Program

One of the tangible, concrete ways that the National Advisory Committee could lay the ground work to support local survivor groups or chapters would be to build a pipeline-specific Disaster Assistance Program that is responsive post-disaster to the immediate, intermediate, and long-term disaster needs of individuals and communities and has reliable communication channels with first responders (especially Fire and EMS), on-scene coordinators and county emergency management agencies, local and national American Red Cross Disaster Relief Services, NVOAD affiliate organizations, legal and financial professionals, victim advocates, and mental health crisis specialists. The relationships and lines of communications with first responders should be the foundation of the Disaster Assistance Program because during the immediate after-math (and sometimes for several weeks or months afterwards) it can be unclear that a fire, explosion, or spill is related to a pipeline failure or other hazard. However, once it is determined that the event was a pipeline-caused event local NPS<sup>3</sup> groups could be deployed to provide direct connection and assistance with accessing intermediate and long-term housing options, obtaining copies or new forms of identification papers that may have been destroyed, grief support counseling services, trauma and disaster mental health services, and various immediate needs. Local PS<sup>3</sup> groups could also begin to provide those survivors who are seeking answers with the resources and information they need to begin looking into the how, why, and what of pipeline safety and pipeline explosions, fires, and spills. It is recommended that the Disaster Assistance Program eventually create a toll-free help line for pipeline survivors or those concerned about pipeline safety in their communities to call looking for assistance with a variety of services related to pipeline safety both before, during, and post-disaster.

To ensure that victims and survivors of pipeline disasters have the intermediate and long-term emotional support they need, the NPS<sup>3</sup> should establish a Peer To Peer Program designed and implemented using a trauma-informed approach. It is recommended that the Program should be modeled on the American Trauma Society's Trauma Support Network that connects survivors with peer mentors who have lived through similar experiences, teaches survivor skills to manage day to day challenges, and develops an on-line community of support and hope for survivors as well as their families and friends. The development of survivor-led on-line participatory forums as well as face-to-face peer mentor initiatives and peer support groups are essential to meeting the diverse intermediate and long-term needs of survivors and developing a successful Peer To Peer Program.

In general, the NPS<sup>3</sup> Disaster Assistance and Peer To Peer Programs should not re-invent existing emergency and crisis services, such as SAMHSA's Disaster Distress Helpline, which is available 24-7 on a national level to assist individuals in emotional and mental distress during and post-disaster. Rather, the Programs of the NPS<sup>3</sup> should seek to collaborate closely with existing services to raise public awareness of their utility and availability and provide greater access to these services, and

where necessary develop appropriate initiatives to fill in the service gaps. It is these existing disaster programs, some of the most underutilized and underfunded mental health services in the United States, that should serve as models for what post-disaster recovery and resilience should look like in this country.

## Public Awareness and Community Education Program: NPS<sup>3</sup> Safety Advocacy Program

“Public awareness and public education for disaster risk reduction can empower normal people everywhere to participate in reducing future suffering.” (Public Awareness and Public Education for Disaster Risk Reduction: A Guide by International Federation of Red Cross and Red Crescent Societies, 2011)

The NPS<sup>3</sup> should create a Safety Advocacy Program composed of a national network of local communities and citizens participating in the survivor support network and committed to improving pipeline safety and post-disaster resilience by insisting that local citizens' concerns and needs are put ahead of regulatory efficiency and corporate profit margins. In sum, the goal of the Safety Advocacy Program should be to create a cultural of preparedness when it comes to pipeline safety. This vision of a pro-active, responsive, community-based approach to pipeline safety includes providing local citizens with access to all current pipeline locations, on-going and future maintenance activities, recent pipeline inspection reports, recent violation reports, recent corrective action reports, and all post-incident investigations conducted by PHMSA, NTSB or other federal and state agencies. This pro-active approach should also imagine ways to ensure that there is always a seat at the table for pipeline disaster survivors in the development and implementation of pipeline safety regulations, regular oversight of pipeline maintenance and construction activities, and post-incident investigations. The NPS<sup>3</sup> should provide a leadership role in the design of local, state, or national pipeline safety public awareness and education programs. It is recommended that within one year of its formation, the NPS<sup>3</sup> initiate a public awareness campaign for greater government and industry transparency with regards to pipeline hazards and risks putting real stories and faces to the preventable pipeline tragedies occurring nearly every day across the United States.

As part of development of the NPS<sup>3</sup> Safety Advocacy Program, we recommend development of a one-stop web portal that addresses the gaps in pipeline safety and maintenance data and identifies potential pipeline infrastructure risks and hazards that could turn into disasters if not addressed. This portal should be developed with the input of communities and survivors of pipeline disasters as well as pipeline safety experts. For example, communities and safety experts could nominate specific pipelines that they are aware of in their region for recognition as a public health and safety hazard that are in need of immediate prioritization by pipeline regulators and emergency management agencies. While maps of transmission pipelines, violations and summary inspection reports, and flagged incidents are available on the PHMSA public website and the post-incident investigations are available from the NTSB (in cases where NTSB is called to do an investigation), there are currently no centrally located publicly accessible databases that provide the location of distribution lines, on-going or upcoming maintenance activities, routine pipeline inspection reports, or post-incident investigations that were not conducted by the NTSB. In addition to naming these gaps in publicly available data, the web portal would also be an educational and learning tool for survivors and their

families, with links to PHMSA's data and summary reports, the National Pipeline Mapping System for transmission pipelines (NPMS), NTSB post-incident reports, and other publicly available data. It is recommended that the Advisory Committee review the Chester County (Pennsylvania) Pipeline Information Center that was developed as a PHMSA Technical Assistance Grant work product of the Pipeline Safety Coalition in 2013<sup>9</sup>, as one possible model for how this one-stop web portal of the NPS<sup>3</sup> Safety Advocacy Program could function.

The NPS<sup>3</sup> Safety Advocacy Program should work with FEMA, as well as local and county emergency management agencies where possible, to provide pipeline-specific information during the development of Comprehensive All-Hazards Emergency Management and Mitigation Guidance/ Template Documents and County or Municipal Plans. These Plans are required of all counties and local municipalities in the United States receiving state and federal disaster assistance funding. At the August 2016 Scoping Meeting the lack of uniform FEMA Guidance about including gas and liquids pipeline hazards and risks in these Plans was raised. Since most localities develop their All-Hazards local emergency response plans according to the risks and hazards identified by FEMA, unless a local government (like San Bruno) has experienced a pipeline disaster, these Plans tend to not include pipeline risks. Currently, many of these local emergency plans tend to rely on top-down disaster response protocols that generate long-term feelings of helplessness, generate anger and despair, and can leave certain individuals and communities even more vulnerable to future disasters, pipeline-related or other<sup>10</sup>. To shift this negative planning paradigm, the NPS<sup>3</sup> Safety Advocacy Program should work through its local groups and chapters to provide community-based, trauma-informed, and bottom-up input into the development of comprehensive local emergency response plans that take into consideration the hazards and risks related to pipelines.

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<sup>9</sup> See Pipeline Safety Coalition's 2013 PHMSA Technical Assistance Grant Report, "Chester County Pipeline Notification Protocol - PNP: Protecting Communities and Transmission Pipelines through Communication," [http://www.pcoalition.org/content/upload/documents/Document%20Library/PNP%20Final%20Report%2012\\_13PDF.pdf](http://www.pcoalition.org/content/upload/documents/Document%20Library/PNP%20Final%20Report%2012_13PDF.pdf) and the Chester County Pipeline Information Center, <http://www.landscapes2.org/pipeline/pipelinemain.cfm>.

<sup>10</sup> See Pipeline Safety Coalition's 2014 PHMSA Technical Assistance Grant Report, "First Responder and Training Specific to Gas Pipelines in Chester County, Pennsylvania," <https://simonaleeperry.files.wordpress.com/2015/05/report-first-responder-education-and-training-specific-to-gas-pipelines-03-06-2014-c-a-s-e-consulting.pdf>.

## APPENDICES

## APPENDIX 1

### National Pipeline Survivor Support System: Creating Resilient, Prepared, and Safety-Aware Communities

Identification, review, and adaptation of existing survivor and disaster assistance programs and services as a framework for a National Pipeline Survivor Support System

Working Document Report: May 16, 2016

By Dr. Simona L. Perry, c.a.s.e. Consulting Services LLC

#### Project Specifications

As a consultant on this U.S. Department of Transportation Technical Assistance Grant (US DOT TAG), c.a.s.e. was contracted to complete the following task: Research and adapt model Survivor and Disaster Assistance programs such as San Bruno's network of survivors, Eric Greitens' "Mission Continues," General Honoré LLC "Honoré Preparedness Group," other programs created and maintained by the Red Cross, U.S. Department of Health and Human Services, and U.S. Veteran's Administration, and various programs and services used by professionals specializing in identifying and treating PTSD and in the delivery of bereavement support.

This report identifies, reviews, and provides recommendations and suggestions for adapting these programs in the organization and delivery of a National Pipeline Survivor Support System (NPSSS) in 2017 and beyond.

#### Background

In a time of aging gas pipeline infrastructure and widespread pipeline build out, public safety should be the first priority. Safety can be enhanced by the pro-active participation of gas pipeline failure survivors; but only if those survivors are provided the resources to understand the causes and consequences of the tragedy. Survivors of pipeline failures need not only on-going support to turn a tragedy into a pro-active approach to safety in the future but also a way to participate in prevention programs and planning for future failures. In the case of many local and national disaster programs and survivor networks identified and reviewed in this report, whether they be targeted at specific types of survivors such as war veterans or survivors of fires, pipeline explosions, or natural disasters or targeted at specific geographic scales, gas and oil pipeline explosion survivors should not be left to their own capabilities in finding resources that go beyond victim-hood and create survivors with a purpose. For too long, the public has been relegated to the back seat in matters of pipeline safety. If not addressed adequately, these matters may influence individual lives as well as the intimate and extended social networks that make up a community. To address this lack of public involvement, the City of San Bruno and the Mayors' Council on Pipeline Safety (MCPS) secured funding from the U.S. Department of Transportation (US DOT) Pipeline Hazardous Materials Safety Administration (PHMSA) to create a NPSSS. As US DOT Secretary Foxx said in a 2014 address to the National Association of Regulatory Utility Commissioners, the nation should not wait to "mobilize around the next tragedy" with regard to pipeline safety. In reducing the risk of future pipeline disasters, regulators, industry, decision-makers, and safety experts are not the only stakeholders that must be involved. Research has shown that disaster prevention and preparation must start with behavioral change at the local level, and that one of the most effective ways to create such change is through culturally appropriate public awareness and education programs that directly engage individuals and front-line communities. There are various approaches to creating such programs, including public relations campaigns, informal education, formal school-based interventions, and participatory learning. One of the central motivators behind the development of the NPSSS is that the participatory learning approach to disaster risk reduction is the only approach that provides front-line communities with an experience of empowerment through self-discovery and experiential learning, yet this approach has too often been seen as the most difficult approach to implement and is therefore not a central feature of most pipeline safety public awareness and education programs in the United States. Participatory learning uses the tools of participatory action research (PAR) and asset-based community development (ABCD) to develop community-based disaster risk management plans and processes. When initiated in local communities prior to, during, and after a pipeline disaster, pipeline safety awareness and education programs can be designed that are more culturally sensitive and locally relevant. The NPSSS seeks to initiate this type of bottom-up culture of preparedness and

safety through the mobilization of survivors of pipeline disasters.

The NPSSS, as envisioned by San Bruno and MCPS, would have five specific components:

1. A national hub for delivery of direct outreach and practical resources needed by impacted individuals and communities in the event of pipeline disasters.
2. A supportive network for survivors to transition from the experience of tragedy to proactive involvement in pipeline safety in their own communities and nationally.
3. Public awareness and community education program formulated by and for survivors of pipeline disasters that addresses the safety risks gas pipelines pose to individuals and communities.
4. A transparent and inclusive mechanism to encourage and empower victims of gas pipeline disasters to have an active role in the development of national pipeline safety guidance.
5. A change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety.

Overall, the NPSSS would provide the structure and on-going bottom-up support to individuals and local communities to find the help they need when disaster strikes while also creating informed and aware individuals and communities knowledgeable about pipeline safety and taking an active role in all aspects of national pipeline safety regulation, monitoring, and investigations.

#### Methods of Identification and Review of Existing Survivor Programs

Since the City of San Bruno and MCPS had already envisioned the main components of an NPSSS, these components were used to develop five criteria for identifying programs and five questions to use in an in-depth review of a subset of the programs identified.

#### Criteria for Identification

While several programs were already directly identified in the U.S. DOT Technical Assistance Grant proposal for review - namely City and County post-disaster mobilization programs after the 2010 gas explosion in San Bruno, California, "The Mission Continues," and General Honoré LLC's "Honoré Preparedness Group" - other survivor programs needed to be identified for evaluation as models for the creation of the NPSSS. Programs identified for review had to meet at least three out of the five following criteria:

1. The program provides direct outreach and practical resources to impacted individuals and communities prior to, during, and after natural disasters and traumatic events and various emergency situations.
2. The program develops a network for survivors to transition from the experience of tragedy to proactive involvement in disaster readiness and prevention in their own communities and/or nationally.
3. The program integrates survivors into the formulation of public awareness and community education materials and resources.
4. The program uses transparent and inclusive mechanisms to encourage and empower victims of disasters to have an active role in the development of disaster preparedness, prevention, and recovery policies and resources.
5. The program creates a change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety.

#### Questions for Review

The following five questions were used to evaluate each program that met the above criteria:

1. How does the program provide direct outreach and practical resources to impacted individuals and communities prior to, during, and after disasters and emergency situations?
2. How does the program develop a network for survivors to transition from the experience of tragedy to proactive involvement in disaster readiness and prevention in their own communities and/or nationally?

3. How does the program integrate survivors into the formulation of public awareness and community education materials and resources?
4. What are the transparent and inclusive mechanisms that the program uses to encourage and empower victims of disasters to have an active role in the development of disaster preparedness, prevention, and recovery policies and resources?
5. How does the program create a change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety?

Federally funded and mandated disaster and trauma survivor programs in the U.S. Department of Health and Human Services, U.S. Justice Department, and U.S. Veterans Administration and coalitions of disaster relief support agencies such as the National Voluntary Organizations Active in Disasters (NVOAD), are listed at the end of the report. These programs were reviewed, but were not scrutinized with the questions above since they are top-down or coalitions of organizations and will provide a central role in locating financial and expert resources for the NPSSS but may not necessarily provide an organizational model for development of a decentralized, local, and survivor-led effort. The exception to this is the American Red Cross, which was reviewed separately since it is top-down, but has in some cases been a very effective local disaster relief and long-term recovery organization.

## 1. The Mission Continues

As its website indicates, The Mission Continues “empowers veterans who are adjusting to life at home to find purpose through community impact.” Their unique model not only provides military veterans with skills and networks to reintegrate to civilian life after the military, it also seeks to “inspire future generations to serve” in the military and to “solve some of the most challenging issues facing our communities: improving community education resources, eliminating food deserts, mentoring at-risk youth and more.”

While this program does not meet Criteria 1 in terms of providing direct outreach and practical resources to impacted individuals and communities specific to a disaster or emergency situation, it was selected for inclusion because of its strong focus on re-directing post-9/11 military veterans, who have been in combat zones and may suffer from Post-Traumatic Stress Disorder and other psychological impacts, towards service to the community and personal and collective empowerment. This outward-directed, future focused mission did meet the other 4 Criteria to be evaluated in the formulation of a NPSSS.

How does the program provide direct outreach and practical resources to impacted individuals and communities prior to, during, and after disasters and emergency situations?

The Mission Continues is not a direct disaster or emergency response program. Instead, it mobilizes post-9/11 military veterans (some of whom may in fact suffer from PTSD and other physical and psychological traumas of war) to become involved in direct service to meet pressing community needs, such as hunger, homelessness, crime, etc. In this way, the program is about military survivors of war directing their energies and acquiring the skills and social networking that will enable them to thrive in civilian life while giving back to their communities.

How does the program develop a network for survivors to transition from the experience of tragedy to proactive involvement in disaster readiness and prevention in their own communities and/or nationally?

The Mission Continues calls itself a “Movement”: a collective effort that empowers veterans to serve in new ways, solve tough challenges and mobilize communities to serve alongside them. Through several specific programs, Mission Continues Fellows, Service Platoons, and Mass Deployments, the program provides leadership and skill-building opportunities for veterans.

On an individual level, the Mission Continues Fellows program selects qualifying post-9/11 veterans for direct involvement in community service with a non-profit organization of their choice for a continuous six-month period. The goal is for Fellows to connect with other returning veterans from across the country, develop professional skills, provide professional networking opportunities, and appropriately translate military-based skills back into civilian life and the civilian workforce.

On a collective level of veteran networking and support, Service Platoons and Mass Deployments, give veterans an opportunity to meet other returning veterans and work side-by-side with them on continuous or one-time community service projects.

How does the program integrate survivors into the formulation of public awareness and community education materials and resources?

There is no direct formulation by The Mission Continues of public awareness and community education materials and resources. Instead, awareness and education about veteran needs and military service comes about as a result of direct service and action during community service activities Mission Continues Fellows and Platoons are engaged in. By providing concrete opportunities for veterans to participate hands-on in community service projects, veterans share their skills and experiences not only with other military veterans but with civilians in positive ways. The Mission Continues has a two-way outreach component that hopes to inspire future generations to become involved in the military while at the same time encouraging civilians to work alongside veterans who are no longer serving in the military.

What are the transparent and inclusive mechanisms that the program uses to encourage and empower victims of disasters to have an active role in the development of disaster preparedness, prevention, and recovery policies and resources?

The program does not directly encourage and empower victims of disasters to take an active role in disaster preparedness, prevention, and recovery policies. However, its strong emphasis on re-integration of military veterans into the civilian world means that their focus is on empowerment and involvement in society.

How does the program create a change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety?

As the founder of The Mission Continues said in an article for the LA Times in February 2013, "Lots of organizations give things to veterans. We're an organization that expects things from veterans." This philosophy provides veterans with a clear path to empowerment in the future while at the same time giving back to the community.

See <http://nation.time.com/2013/06/20/can-service-save-us/>

and

[https://www.ted.com/talks/jake\\_wood\\_a\\_new\\_mission\\_for\\_veterans\\_disaster\\_relief?language=en](https://www.ted.com/talks/jake_wood_a_new_mission_for_veterans_disaster_relief?language=en)

## 2. Trauma Survivors Network and Trauma Prevention Coalition

The [American Trauma Society's \(ATS\) Trauma Survivors Network \(TSN\)](#) uses a peer-networking model to help trauma patients and their families connect and rebuild their lives following serious injuries. While the specific purpose is to meet the needs of those who have suffered a physically traumatic event, the involvement of the medical community through ATS means TSN is also attuned to the long-term physical and mental care of trauma victims, as well as prevention of traumatic accidents throughout the United States. ATS has been around for over 45 years, and as it states on the [website](#): "Our goals are to prevent injury whenever possible, and to ensure optimal treatment of trauma when it does occur." ATS does this by advocating for specific training of medical professionals in trauma care and prevention, highlighting and advancing trauma prevention efforts in the United States through their [Trauma Prevention Coalition](#), and providing on-going resources to promote the healing of physical and emotional wounds left by traumatic events. While there is less of a focus on survivors' participation in trauma prevention, NTS' focus on trauma recovery and long-term resilience through use of peer-support and family-based programs warrants a closer look when considering disaster relief and assistance scenarios that could emerge as a result of pipeline accidents that result in traumatic life-changing injuries, such as lost limbs, burns, and head and spinal injuries.

How does the program provide direct outreach and practical resources to impacted individuals and communities prior to, during, and after disasters and emergency situations?

The national TSN provides information and referrals, connects survivors with peer mentors and support groups, enhances survivor skills of trauma victims to manage day to day challenges, develops

an on-line community of support and hope for trauma survivors and their families and friends, trains health care providers to deliver the best care and support to patients and their families and friends before, during, and after traumatic events. At the more direct, local level, TSN collaborates with local trauma hospitals, trauma social workers, and other medical professionals to directly deliver services that include, a direct link to CarePages, a free, personal, private Web page to help survivors communicate with friends and family, a Traumapedia where survivors can learn from the experts about common injuries and how they are treated, a Patient and Family Handbook that provides survivors with practical information about the local trauma center and what to expect in the hours and days after an injury, a Peer Visitation Program to link trauma patients with volunteer trauma survivors who are ready to listen, various Peer Support Groups where trauma survivors connect and learn from each other, the NextSteps Program where trauma survivors learn how to better manage life after a serious injury, and a Community Forum where trauma survivors and their families share experiences and provide support and hope to others.

How does the program develop a network for survivors to transition from the experience of tragedy to proactive involvement in disaster readiness and prevention in their own communities and/or nationally?

Through its focus on [self-management](#), as well as specific recovery programs and peer support groups, TSN seeks to provide trauma survivors with the tools they need to move from being a victim of tragedy to being a self-reliant and pro-active individual able to not only help themselves, but also help other trauma survivors. An important component to this is the inclusion of family members in the recovery process. Their family support groups and on-line handbook recognizes the importance of long-term social and mental health support systems beyond the emergency room and hospital trauma setting.

How does the program integrate survivors into the formulation of public awareness and community education materials and resources?

TSN's National Advisory Council is a volunteer group from across the United States that includes trauma care professionals, mental health professionals, and trauma survivors and family members of trauma survivors. Through this Council, ATS solicits and receives advice on implementation, resources, and activities of the national TSN directly applicable to trauma survivors. In addition, the Peer Visitation Program allows trauma survivors to give back by providing strength, hope, and practical resources to recent trauma victims and their families.

What are the transparent and inclusive mechanisms that the program uses to encourage and empower victims of disasters to have an active role in the development of disaster preparedness, prevention, and recovery policies and resources?

The TSN National Advisory Council provides a mechanism whereby survivors do have direct input in the various survivor-focused programs and services ATS develops and implements. On the health professional and service-delivery side, the Trauma Prevention Coalition provides a mechanism for all healthcare providers to have access to adequate resources to serve traumatic injury cases, a forum for collaboration with other trauma health professionals and advocacy organizations, and models for development of injury and violence prevention.

How does the program create a change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety?

See [http://www.traumasurvivorsnetwork.org/ckeditor\\_assets/attachments/27/tsnotes\\_jan\\_2014.pdf](http://www.traumasurvivorsnetwork.org/ckeditor_assets/attachments/27/tsnotes_jan_2014.pdf)

### 3. General Russel Honoré, LLC & The Honoré Preparedness Group

As Lt. Gen. Russel Honoré, the now-retired General who led “Task Force Katrina” to assist in disaster relief and recovery after a Category 5 Hurricane hit the Gulf Coast in the summer of 2005, has famously said, “Hope is not a method.” Since his retirement, General Honoré has committed himself to creating what he calls a Culture of Preparedness in America. He created General Russel Honoré, LLC in order to inspire and train future leaders in business, policy making, and civil society to have the necessary tools to prepare appropriately for any type of disaster. Out of his work The Honoré Preparedness Group was founded in 2015 to serve as an organization dedicated to emergency

preparedness education and providing products that help the public prepare.

How does the program provide direct outreach and practical resources to impacted individuals and communities prior to, during, and after disasters and emergency situations?

The Honoré Preparedness Group's Preparedness Plan is a workbook for preparing for disasters. It is focused on practical steps for preparing for natural disasters. Since it is in a simple, plain language format with checklists, it is suitable for all education levels, which particularly in urban or densely populated areas, is very important.

How does the program develop a network for survivors to transition from the experience of tragedy to proactive involvement in disaster readiness and prevention in their own communities and/or nationally?

There is not much the Preparedness Group offers to survivors, except on an individual level to be better prepared next time. All of the Preparedness Group's efforts are directed towards disaster readiness, and providing individuals, families, and local communities with concrete tools to be ready when a disaster strikes.

How does the program integrate survivors into the formulation of public awareness and community education materials and resources?

General Honoré's speaking engagements, training events, and books use real-life scenarios of those who have lived through disasters (including his own experiences) to capture the public's imagination when it comes to disaster awareness and readiness. Specific survivors are not normally part of this work, except as case studies.

What are the transparent and inclusive mechanisms that the program uses to encourage and empower victims of disasters to have an active role in the development of disaster preparedness, prevention, and recovery policies and resources?

The Preparedness Plan is the primary mechanism useful to empower victims of disasters to take an active role in preparing and preventing disasters and finding the appropriate resources for relief and recovery. Although, it is clear that General Honoré's speeches and leadership events may also be a great source of hopefulness and empowerment to survivors of disasters.

How does the program create a change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety?

By arming individuals, families, and communities with the knowledge, tools, and skills to prevent and prepare for disasters, General Honoré and the Honoré Preparedness Group seek to create a culture of preparedness, not victim-hood or fear.

#### 4. American Red Cross Disaster Relief Services

The mission of the American Red Cross is to prevent and alleviate human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors. In their vision statement they go on: "We aspire to turn compassion into action so that all people affected by disaster across the country and around the world receive care, shelter and hope" and "our communities are ready and prepared for disasters." As the largest, independent non-profit humanitarian organization in the United States, the American Red Cross is known for being uniquely situated to provide immediate, short-term disaster relief services to individuals and communities. Setting the American Red Cross apart from other disaster support services is their unique relationship with the federal government as a Congressional-chartered organization that is legally recognized as "a federal instrumentality" with specific requirements laid out under that charter. These requirements include: 1) fulfilling the provisions of the Geneva Conventions for the protection of victims of conflict, 2) providing family communications and other forms of support to the U.S. Military, and 3) maintaining a system of domestic and international disaster relief mandated by the National Response Framework and coordinated by the Federal Emergency Management Agency (FEMA). This Charter expands their mission and also makes them operate as more of a top-down organization than bottom-up organization.

How does the program provide direct outreach and practical resources to impacted individuals and

communities prior to, during, and after disasters and emergency situations?

Specific disaster-relief services include providing overnight shelter, distributing emergency supplies, ensuring access to health and mental health professionals and support programs, providing meals and snacks, and much more. All of these disaster relief services are completely free to victims of disasters, and are carried out with a 95% volunteer work force and Emergency Response Vehicles (ERVs) that serve as mobile comfort stations to those who have lost homes and loved ones. Ninety percent of the disasters that American Red Cross responds to are residential fires.

To bridge the gap between immediate disaster services and long-term disaster recovery, the American Red Cross provides impacted individuals and communities with contacts to local liaisons, normally a local Red Cross affiliate or local or state government agencies. For example, after the devastating wildfires that impacted San Diego County, California in May 2014, the American Red Cross San Diego/Imperial Counties Chapter, there was specific wildfire preparedness guidance set up on their website, including a guide to creating an emergency preparedness kit useful in all disaster situations. And, after Hurricane Katrina in 2005, local American Red Cross Chapters partnered with over 150 organizations across the impacted areas to develop a Hurricane Recovery Program that provided long-term recovery assistance. Overall, American Red Cross has more than 650 Chapters across the United States working to improve citizen preparedness, offering courses in first aid and CPR, and teaching people how to prepare for emergencies.

How does the program develop a network for survivors to transition from the experience of tragedy to proactive involvement in disaster readiness and prevention in their own communities and/or nationally?

The philosophy of the American Red Cross is that disaster recovery work helps ensure communities are better prepared for the next emergency. One of the cornerstones of the American Red Cross vision is not only to provide care and shelter after disaster, but also, hope. This is done through their thousands of volunteers, some of whom are survivors themselves. Local chapters also offer training and resources in disaster preparedness and survival skills that can increase individual and community self-reliance when a disaster does happen.

How does the program integrate survivors into the formulation of public awareness and community education materials and resources?

Each Local Chapter is closely tied to the communities in which it serves, especially through local governments, food banks, and faith-based organizations. As a result, the responsiveness of the American Red Cross to the experiences of survivors and any direct input by survivors in the development of public awareness and community education materials and resources is not geographically uniform. In regions where there is evidence of input it is usually after catastrophic disasters, such as the Gulf Coast after Hurricane Katrina and Colorado after the 2013 floods. Such input may take place as part of formal disaster preparedness trainings, such as [a panel of local business owners impacted by the 2013 floods in Colorado](#) during the [Rocky Mountain Business Preparedness Academy](#) community forums. Unfortunately, the [layoff of staff and closure of Local Chapters under the current CEO Gail McGovern's tenure](#) has raised important questions about the ability of the American Red Cross to integrate survivors into their disaster awareness and emergency preparedness materials or even to respond to disasters.

What are the transparent and inclusive mechanisms that the program uses to encourage and empower victims of disasters to have an active role in the development of disaster preparedness, prevention, and recovery policies and resources?

Throughout the years, the American Red Cross' overall transparency has been placed under scrutiny. While the organization does conduct internal reviews of its effectiveness in preparing for and responding to disasters, these reviews are not available for the public. After Hurricanes Sandy and Isaac in 2012 the U.S. Congress and public integrity watchdog groups and investigative news organizations, such as [ProPublica](#) and National Public Radio, have been taking a closer look at the effectiveness of disaster relief efforts. Much of this critical look into the organization was summarized in a U.S. [Government Accountability Office report, "American Red Cross: Disaster Assistance Would Benefit from Oversight through Regular Federal Evaluation,"](#) issued in September 2015. The report concluded that the public should have access to internal reviews of American Red Cross' effectiveness in responding to disasters, and went on to recommend that these reviews be

conducted by either a federal agency or third-party contractor.

How does the program create a change of heart from a victim-focused and helpless culture of fear and vulnerability to an empowered culture of preparedness, self-reliance, and safety?

The main way that the American Red Cross creates a culture of preparedness, self-reliance, and safety is through its training programs, which are run by Local Chapters. As long as those Local Chapters are strong, local communities can gain the knowledge and skills they need to prepare for and survive disasters. Unfortunately, the centralization and standardization of the organization in the past five years has meant that these local programs may not be as robust as they once were.

#### 5. Mothers Against Drunk Driving, M.A.D.D.

The NTSB recommended that Mothers Against Drunk Driving, M.A.D.D., might also serve as a model for the design of the NPSSS. Subsequently, Debbie Weir, CEO of M.A.D.D., was invited to attend the Scoping Meeting in Washington, DC in August 2016.

MADD was started by two mothers of victims of drunken driving, Candace Lightner and Cindi Lamb, in September of 1980. Today they are one of the most well-respected and influential non-profits advocating for the survivors and victims of drunk driving and drugged driving accidents across the United States. They provide survivors and victims with a support network and services staffed with volunteers who are themselves survivors and victims of drunk and drugged driving, provide skills training in various compassionate care and support services to law enforcement and other local agencies, raise awareness about the dangers of drunk and drugged driving, and through their advocacy and petitions they have changed federal and state regulations throughout the country. They consider the immediate, intermediate, and long-term consequences of drunk driving to individuals and communities in all of their work.

#### Recommendations

Among the programs reviewed in-depth for this report, the TSN and M.A.D.D. come closest to what a system of support for pipeline survivors might look like. While the TSN has close ties to experts in the field of physical and psychological health it is also overseen by survivors through its Advisory Committee and seems to take a truly bottom-up approach. M.A.D.D.'s balance of direct services to survivors and their families and a long history of legal and policy advocacy provides a robust model for building the NPSSS into an organization that not only supports survivors immediately after tragedies, but is by their side throughout the intermediate and long-term phases of disaster recovery and rebuilding. When coupled with a participatory learning approach these programs and organizations are recommended as powerful models for developing the NPSSS.

#### Draft Recommendations for the Design of NPSSS

“Public awareness and public education for disaster risk reduction can empower normal people everywhere to participate in reducing future suffering.” (From Public Awareness and Public Education for Disaster Risk Reduction: A Guide by International Federation of Red Cross and Red Crescent Societies, 2011).

Based on review of the programs above, plus additional research on the federal and other non-governmental organizations that support survivors of disasters, we recommend a Pipeline Survivors organizational design that has a national steering group composed of survivors, mental health and medical trauma professionals, participatory research facilitators and researchers, disaster response and prevention specialists, labor, and emergency responders operating in service to autonomous local groups or chapters that are led by pipeline survivors and mental health professionals from that locality.

**Operational Resources:** Base funding for the NPSSS could come directly from state and federal fees paid by the pipeline industry to maintain their infrastructure and from fines levied after accidents occur. There should also be further research conducted into the possibility of financial or other logistical support from the Crisis Counseling Program (CCP) mandated by Congress in the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and administered by U.S. HHS.

**Disaster Response Role:** One of the tangible, concrete ways that local NPSSS groups or chapters could operate during a disaster would be to serve as a local liaison group to American Red Cross Disaster

Relief Services in the event of pipeline events. The local group could be deployed to provide connections to long-term mental health services providers and support groups through American Trauma Society, Hospice & Palliative Care Agencies, U.S. Health and Human Services' Crisis Counseling Programs, as well as other local and national non-profits.

Proactive and Responsive Role in Development of Pipeline Safety Culture of Preparedness: The NPSSS should also contribute to building a nationwide network of local communities whose priority is pipeline safety and post-disaster resilience and that puts local citizens concerns and needs ahead of regulatory efficiency and profit margins. In sum, to create a cultural of preparedness when it comes to public pipeline safety. A pro-active, responsive, community-based approach to pipeline safety should include a real-time way for local citizens to obtain current pipeline maintenance activities, violations, and corrective action reports. Ideally this would be a one-stop web portal that identifies potential problems that could turn into disasters if not addressed. This pro-active approach should also mean that there is always a seat at the table for pipeline disaster survivors in the development of pipeline safety regulations, oversight, and investigations, and during the design of any pipeline safety public awareness and education programs.

Other Disaster Preparedness, Relief, and Support Organizations & Programs

1. The National Voluntary Organizations Active in Disasters Programs (NVOAD)
2. Tragedy Assistance Program for Survivors (TAPS) - <http://www.taps.org/>

“The Tragedy Assistance Program for Survivors (TAPS) offers compassionate care to all those grieving the death of a loved one serving in our Armed Forces. Since 1994, TAPS has provided comfort and hope 24 hours a day, seven days a week through a national peer support network and connection to grief resources, all at no cost to surviving families and loved ones.”

3. U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration

Crisis Counseling Program (CCP) mandated by Congress in Robert T. Stafford Disaster Relief and Emergency Assistance Act to help States and Local governments prepare for disaster.

“There seems to be a consensus that the process of planning is nearly as important as the content of the plans. Individual and organizational relationships among interested parties are formed and solidified, planning responsibilities of the SMHA and others are established, and multiple plans are integrated during the process.” - From All-Hazards Guidance report

4. U.S. Department of Justice Office of Victims of Crime <http://www.ovc.gov/welcome.html>

Long-term support and education for victims of mass violence, domestic and international terrorism and professional and volunteer disaster response and recovery personnel

5. Industry/Labor - UA veterans group?

Disaster Preparedness Reports & Training Materials

1. Community Risk Assessment Toolkit (ProVention Consortium) <http://www.proventionconsortium.net/?pageid=39>
2. Developing Cultural Competence in Disaster Mental Health Programs (U.S. HHS) <https://store.samhsa.gov/shin/content/SMA03-3828/SMA03-3828.pdf>
3. Mental Health Services for Victims of Disaster (Cohen) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489840/pdf/wpa010149.pdf>
4. Standing Together: An Emergency Planning Guide for America's Communities (Joint Commission on Accreditation of Health Organizations, Illinois Department of Public Health, Maryland Institute of Emergency Medical Services Systems, and the National Center for Emergency Preparedness at Columbia University) [https://www.jointcommission.org/assets/1/18/planning\\_guide.pdf](https://www.jointcommission.org/assets/1/18/planning_guide.pdf)
5. Mental Health All-Hazards Disaster Planning Guidance (U.S. HHS)

<https://store.samhsa.gov/shin/content/SMA03-3829/SMA03-3829.pdf>

6. A Citizen's Guide to Disaster Assistance (FEMA, EMI)

<https://training.fema.gov/emiweb/downloads/is7complete.pdf>

Appendix 2  
NOTES  
NPSSS SCOPING MTG.  
August 9, 2016  
NTSB HQ Washington, DC

Morning introductory session

"It's not a movement until we start talking about "rights."" - Linda Sheehan

Each organization discussed what they brought to the table, their organizational assets, expertise, resources for disaster assistance, and knowledge bases

Introduction to pipeline disasters and the NPSSS concept, vision, and outline of proposed organizational framework from scoping report

Lunch Break

Afternoon strategy brainstorming session: Brainstorm and feedback on meat of proposed organizational structure based on framework (white board)

Steering/Advisory Committee w/ trauma experts, mental health experts, faith leaders, survivors, federal/state emergency agency staff

On-line resources for survivors - peer to peer networking; easily searchable database of resources to prevent, prepare, respond, recover, overcome, networking with experts in legal, medical, financial, mental health, pipeline safety, faith, community resilience; encyclopedia of pipeline safety regs and policies; up to date compliance reports, investigations of incidents, pipeline and utility industry report cards

FacetoFace OntheGround Resources and Relationships - local/regional groups who have connection and working agreements with PHMSA, NTSB, Red Cross, etc. to step in for long-term needs of survivors and be local support group for survivors. MADD's training in compassionate care to law enforcement as a model.

Policy/Decision Making - integrate survivors and those working with survivors into review of pipeline safety policies, rules, guidelines

How do we get from paper to practice to policy?

Consider funding sources and volunteer programs of all types for sustainability-- grants, fees/ fines, individual donors

Ethics of organization- who participates and who doesn't, rules of engagement with corporations and regulatory agencies

Connecting the dots between disaster response, victims of disasters, prevention of disasters, and need for transparent pipeline safety programs and mandatory safety regulations.

"Putting a face to pipeline disasters."

Meeting Participants

Dr. Nikki Bellamy, SAMHSA, Center for Mental Health Services (CMHS)

Sharon Bryson, NTSB, Office of Safety Recommendations & Communications

Katy Chisom, NTSB, TDA, Coordinator of Victim Services

Lynda Farrell, Mayors' Council on Pipeline Safety, Executive Director, Pipeline Safety Coalition, ED

Chris Hart, NTSB, Chairman

Connie Jackson, City of San Bruno, City Manager and Pipeline Disaster Survivor  
Dr. Elias Kontanis, NTSB, Transportation Disaster Assistance (TDA), Acting Director  
Stephanie Matonek, NTSB, TDA, Coordinator of Victim Services  
Christie Murray, DOT/PHMSA, Office of Program Development, Director  
Dr. Simona Perry, c.a.s.e. Consulting Services LLC, Research Partner  
Paul Sledzik, NTSB, Transportation Disaster Assistance Division, Chief  
Terri Spear, SAMHSA, Emergency Coordinator  
Patty Voight, Allentown Pipeline Disaster Survivor  
Debbie Weir, MADD, CEO