

Thursday, February 9, 2017

Hospitals Urged to be Alert for Possible ‘Lone Wolf’ Terror Attacks

The Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) is urging hospitals and other health care facilities to continue to be alert for potential “lone wolf” terror attacks. ASPR issued a similar warning just before New Year’s Eve, noting that ISIS had recently encouraged its followers in the U.S. to perpetrate such attacks over the holiday.

ASPR has asked AHA to share with hospitals the attached document from the Department of Homeland Security, Federal Bureau of Investigation and National Counterterrorism Center. In it, **the agencies state that they have not seen any specific, credible threat against hospitals and health care facilities, but “remained concerned that calls for such attacks may resonate with some violent extremists and lone offenders in the Homeland because of their likely perceived vulnerabilities and value as targets.”** The document outlines possible indicators of the targeting of hospitals and health care facilities and possible mitigation strategies facilities can take.

In light of this communication, we urge you to review the security measures at your facility and your Hospital Incident Command System.

In addition, ASPR shared the following list of additional resources on active shooter preparedness, which may be helpful.

- ASPR-TRACIE topic collections on [Explosives and Mass Shooting](#) and [Workplace Violence](#)
- [Security Starts Here: Connect, Plan, Train, Report](#): DHS Tools and Resources to Help Businesses Plan, Prepare, and Protect from an Attack
- Resources to promote the [“If you see something, say something”](#) campaign
- Training for personnel on recognizing and reporting suspicious behavior in health care settings, [Healthcare and Public Health Suspicious Activity Training](#)
- Suspicious Activity Reporting [list of indicators and behaviors](#)
- [2015 Healthcare and Public Health Sector Coordinating Council Guidance on Active Shooter Planning and Response in a Healthcare Setting](#): This document was developed by the HPH SCC to provide specific guidance to health care providers, incorporating the unique aspects of the health care setting, such as special considerations for operating

rooms, neonatal units, and medical gases and resources for coordinating medical and behavioral health responses after the incident.

- [Incorporating Active Shooter incident Planning into Health Care Facility Emergency Operations Plans](#): This document, produced by ASPR, DOJ and DHS-FEMA encourages health care facilities to consider how to better prepare for an active shooter incident in their emergency operations plan. The document is geared toward emergency planners, disaster committees, executive leadership, and others. Information sharing, coordination with law enforcement, and psychological first aid information is provided.
- [MESH Coalition Active Shooter Training Video](#): This video, produced by the MESH Coalition, a non-profit public-private health care coalition in Marion County, Indiana and the Indianapolis Coalition for Patient Safety, Inc., a collaboration of the six major Indianapolis health systems, shares with viewers the unique considerations for those responding to an active shooter in health care settings. The video is cited by the HPH SCC as embodying the goals of their Guidance document.
- [FBI Active Shooter Resources](#): Additional active shooter planning resources from the FBI.

For questions, please contact AHA's Roslyne Schulman at rschulman@aha.org.



FIRE LINE

INTELLIGENCE FOR FIRE, RESCUE, AND EMS



8 February 2017

(U//FOUO) Terrorists Call for Attacks on Hospitals, Healthcare Facilities

(U//FOUO) Recent calls over the past year for attacks on hospitals in the West by media outlets sympathetic to the Islamic State of Iraq and ash-Sham (ISIS) highlight terrorists' perception of hospitals as viable targets for attack. Targeting hospitals and healthcare facilities is consistent with ISIS's tactics in Iraq and Syria, its previous calls for attacks on hospitals in the West, and the group's calls for attacks in the West using "all available means." While we have not seen any specific, credible threat against hospitals and healthcare facilities in the United States, we remain concerned that calls for such attacks may resonate with some violent extremists and lone offenders in the Homeland because of their likely perceived vulnerabilities and value as targets.*

- » (U//FOUO) The pro-ISIS Nashir Media Foundation released a series of messages on 29 December 2016 encouraging lone offenders in the West to conduct attacks on hospitals, cinemas, and malls.² In early June 2016, ISIS called for a "month of calamity," encouraging followers in Europe and the United States to attack schools and hospitals in an audio message released via Twitter.³ Additionally, in its January 2016 issue of *Rumiyah* magazine, ISIS provided tactical guidance and encouraged lone offenders to conduct arson attacks on hospitals.⁴
- » (U) ISIS, through its Amaq news agency in November 2016, took credit for an attack on a hospital in Quetta, Pakistan that resulted in at least 74 deaths and 100 injuries.^{5,6,7} Aid organizations and coalition governments have alleged since early 2015 that ISIS has systematically targeted hospitals, healthcare facilities, patients, and healthcare workers in Iraq and Syria, resulting in hundreds of deaths and injuries and reducing the overall capacity of healthcare delivery infrastructure.⁸⁻¹²



(U) Casualties evacuating Pakistan hospital after an attack claimed by ISIS.¹

(U) Possible Indicators of the Targeting of Hospitals and Healthcare Facilities

(U//FOUO) Some of these activities may be constitutionally protected, and any determination of possible illicit intent should be supported by additional facts justifying reasonable suspicion. These activities are general in nature and any one may be insignificant on its own, but when observed in combination with other suspicious behaviors—particularly advocacy of violence—they may constitute a basis for reporting.

- » (U//FOUO) Consumption and sharing of media glorifying violent extremist acts in attempting to mobilize others to violence;
- » (U//FOUO) Loitering, parking, standing, or unattended vehicles in the same area over multiple days with no reasonable explanation, particularly in concealed locations with optimal visibility of potential targets or in conjunction with multiple visits;
- » (U//FOUO) Photography or videography focused on security features, including cameras, security personnel, gates, and barriers;
- » (U//FOUO) Unusual or prolonged interest in or attempts to gain sensitive information about security measures of personnel, entry points, peak days and hours of operation, and access controls such as alarms or locks;
- » (U//FOUO) Individuals wearing bulky clothing or clothing inconsistent with the weather or season, or wearing official uniforms or being in authorized areas without official credentials;
- » (U//FOUO) Individuals presenting injuries consistent with the use of explosives or explosive material without a reasonable explanation; and
- » (U//FOUO) Unattended packages, bags, and suitcases.

(U) Possible Mitigation Strategies

- » (U//FOUO) Limit access in restricted areas and require employees to wear clearly visible identifications at all times;
- » (U//FOUO) Ensure personnel receive training and briefings on active shooter preparedness, lockdown procedures, improvised explosive device (IED) and vehicle-borne IED awareness and recognition, and suspicious activity reporting procedures; and
- » (U//FOUO) Conduct law enforcement and security officer patrols in loading, waiting, and patient triage areas, and around drop-off and pick-up points where there are large numbers of people concentrated in restricted spaces.

(U) Report Suspicious Activity

(U) To report suspicious activity, law enforcement, Fire-EMS, private security personnel, and emergency managers should follow established protocols; all other personnel should call 911 or contact local law enforcement. Suspicious activity reports (SARs) will be forwarded to the appropriate fusion center and FBI Joint Terrorism Task Force for further action. For more information on the Nationwide SAR Initiative, visit <http://nsi.ncirc.gov/resources.aspx>.

* (U//FOUO) DHS and the FBI define a **lone offender** as an individual motivated by one or more violent extremist ideologies who, operating alone, supports or engages in acts of violence in furtherance of that ideology or ideologies that may involve influence from a larger terrorist organization or a foreign actor.

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(U) Prepared by the Office of Intelligence and Analysis (I&A), FBI Directorate of Intelligence, and National Counterterrorism Center. Coordinated with NPPD and the Office of Health Affairs. This product is intended to assist federal, state, local, tribal, territorial, and private sector first responders in effectively deterring, preventing, preempting, or responding to terrorist attacks against the United States.

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