

MEDICAL RESPONSE TO THE JOSEPH PALCZYNSKI INCIDENT

On Tuesday, March 21, 2000 the Baltimore County Police Tactical Unit ended a hostage incident that had lasted nearly 100 hours. This incident would utilize resources from law enforcement agencies from throughout the State of Maryland, testing the capabilities and patience of each person involved.

The bizarre set of circumstances leading to this standoff actually began on March 4, when Joseph Palczynski was arrested in the Bowleys Quarters area of Baltimore County on assault charges following a domestic argument with his girlfriend, Tracy Whitehead. Palczynski was released the following day on \$7,500 bond despite a lengthy criminal history. On March 7 he kidnapped Whitehead and killed a couple with whom she had been residing. A Good Samaritan was also killed by Palczynski as he attempted to aid Tracy Whitehead. Two more people were shot on March 8 as the killer attempted to carjack passing motorists. One, a pregnant mother, died at a local hospital. The second shooting victim was a 2-year-old boy who sustained minor injuries.

An extensive manhunt was initiated that evening. Resources from a variety of law enforcement agencies would be utilized over the next 10 days in the continuous search for the suspect. During that period Whitehead was able to escape and Palczynski found himself in Virginia where he kidnapped a 53-year-old man, forcing the man to drive him back to Baltimore County. It is surmised that the suspect, being familiar with the local waterfront areas and the railroads, jumped a train that passed through Virginia.

On March 17, Palczynski, armed with handguns, a rifle, and hundreds of rounds of ammunition, broke into the first floor apartment of Tracy Whitehead's mother. The gunman threatened to kill, not only Lynn Whitehead, but her boyfriend and his son as well.

THE AGENCY

Law enforcement in Baltimore County is provided by a countywide police force. The Baltimore County Police Department protects over 700,000 citizens in 610 square miles utilizing 1,700 sworn officers. The Tactical Unit is comprised of 23 fulltime members operating in two squads each with countersniper and assault elements.

The team is supported by hostage negotiators and K-9 as needed. The Baltimore County Police Tactical Unit does not formally employ a TEMS component. Approximately five team members have received EMT training although none has any practical experience in the provision of field medical care. A captain from the county fire department, who is also a faculty member of the CONTOMS program, does assist the team periodically with training.

THE INCIDENT

As the search for Palczynski began it quickly became apparent that the operation could extend for a number of days. A variety of state, local, and even federal law enforcement agencies provided support to Baltimore County in the search. Operations continued 24 hours a day. On March 9, two days into the incident, the fire captain offered to act as a TEMS advisor to the Baltimore County Tactical Unit. Immediately the ad hoc medical component became useful as one member was treated for diarrhea and another

found a deer tick following a wooded search. He was forwarded to follow-up care to rule out Lyme Disease. Due to limitations, medical advice was not available to the entire search contingent. On occasion personnel examined potentially hazardous areas, such as underground storm drainage pipes, without medical advice and appropriate air sampling.

On March 17 as Palczynski entered the apartment of Tracy Whitehead's mother, Lynn, the Baltimore County Tactical Unit has just completed early evening briefings and was in the process of checking equipment. As word came that the suspect may be inside a residence 10 miles away, team members quickly donned gear and responded to the area. A secure staging area was set at the rear of a county fire station which was approximately one block from the target. The entire team-both squads-deployed. Their TEMS advisor was in attendance that evening and was requested to accompany the assault team as it made its way to the inner perimeter.

The target location was a rowhouse on Lange Street in Dundalk that had been divided into apartments-one four room apartment on the first floor with a similar unit on the second. The countersnipers deployed to surrounding rowhomes of similar configuration to cover the movement of the assault element. The assault element moved to a residence two doors away from the target. This location would be utilized as the main forward staging area for the assault teams throughout this ordeal.

A dog was encountered in the basement while attempting to deploy personnel to the rear. The animal was destroyed when it became vicious and blocked the only exit to the rear of the structure. Those officers covering the rear utilized the basement of the house adjoining the target.

Given the number of hostages and Palczynski's violent history, the medic suggested to the team leader that three advanced life support units be staged at the county fire station. In addition, the suggestion was made that the Maryland State Police helicopter be requested and staged at a landing zone nearby. (All aeromedical transport within the State of Maryland is conducted by Maryland State Police.) An early request was also made for additional tactical medical support. Sgt. Mark Gibbons of the Maryland State Police, a CONTOMS faculty member and a special agent from the Federal Bureau of Investigation, Baltimore Field Office, were deployed as tactical medics. For most of the incident Sgt. Gibbons would remain in a Maryland State Police armored personnel carrier at one end of Lange Street while the FBI Special Agent would be in an APC at the opposite end of the street. The Baltimore County medic remained in the rowhouse with the assault element two doors from the target.

Although plans were rapidly made by the tactical team leader for a possible rescue of the hostages, a written medical plan would not be made until 36 hours into the incident. Due to their limited numbers it was not possible to assign a tactical medic to the command post to work as liaison between law enforcement and fire/rescue. On Sunday, March 19 as the initial forces were rotated out of the inner perimeter for the first time since the beginning of the incident, medics met with EMS supervisors and the local medical director to formulate an action plan. The document was similar to the standard medical threat assessment formulated at CONTOMS. The plan was provided to the command staff and included in the subsequent safety briefing for fire department EMT's. The plan also included a provision for Kevin Gerald, M.D., special operations physician for the Maryland State Police, to conduct sick call for on-scene personnel periodically throughout the incident.

As the incident progressed a variety of health and medical issues arose. Twenty-four hours into the incident it was felt that the carcass of the dog could become a health problem and was subsequently removed. Hydration and nutrition needed to be addressed as well as shift rotation. The latter was handled between the team leader and command post. In addition, the apartment in which the assault element had staged presented the medic with a number of hygienic challenges, some of which could not be fully rectified. The usual medical problems (diarrhea, headaches, allergies, etc.), seen in extended operations were handled throughout the standoff. On at least one occasion a civilian, not willing to evacuate a home within the perimeter, was evaluated by a tactical medic for medical problems.

On Tuesday, March 21, both Lynn Whitehead and Andy McCord escaped from the residence leaving their 12-year-old son behind. Tactical team members from Baltimore County entered the structure in an attempt to rescue the boy. As Palczynski reached for a weapon he was shot numerous times. Palczynski was pronounced dead at the scene shortly after 2300 hours.

LESSONS LEARNED

1. TEMS component

Once again the need for tactical EMS is reinforced by this incident. The search and final hostage situation involving Joseph Palczynski lasted two weeks. Complete mission success must be predicated on the health and well-being of not only innocent civilians but all law enforcement officers involved. This situation drew resources from many local law enforcement agencies from across the State of Maryland, as well as Maryland State Police and federal law enforcement. Most of the agencies on site had no formalized tactical medical support. The advantages of such a component became self-evident to most by the conclusion of the incident. The provision of tactical medical support is quickly becoming the standard of care.

2. Inter-agency liaison

Complex incidents cannot be handled by one agency. It is critical for fire/EMS to maintain a liaison official at the command post. If Sufficient TEMS providers are available they would be the obvious choice for this position. At this scene a number of residents within the perimeter would not evacuate their homes. As the incident progressed some required the replacement of prescription medication. This type of service and many others, including civilian evacuation centers, might be handled more efficiently by a fire/EMS agency, thus allowing the police command staff to concentrate on the law enforcement mission.

3. Sufficient TEMS providers

This situation not only reinforced the need for a TEMS component but also shows the need to have mutual aid agreements in place wherein additional TEMS providers can be obtained from nearby agencies. Only one medic was available during the 10-day search. His involvement, sporadic as it was, was focused on the Baltimore County Tactical Team. During the standoff itself only three tactical medics were deployed during the first three days. All three remained on site until Sunday when a duty

rotation began to take shape. The three medics began to work 12-hour shifts, although none were ever able to take off a full 12 hours. With frequently changing conditions they were usually only capable of sufficient time off for approximately three to four hours of sleep prior to being called back.

At least six tactical medics, three per 12-hour shift, could have been utilized. In a 12-hour duty rotation one medic could have been assigned to the command post, handling liaison and medicine across the barricade issues. The second and third medics could remain with the assault element and in the armored personnel carrier.

4. Nutrition and Hydration

In extended operations the need for appropriate hydration and nutrition cannot be overemphasized. Sufficient quantities of bottled water should be available to all personnel on the scene. This not only includes tactical team members but everyone from officers controlling traffic to K-9 officers and their partners securing perimeters. Although carbonated beverages and coffee may taste better, they do little to maintain appropriate levels of hydration. In addition, appropriate types of food should be considered. Well rounded meals with sufficient quantities of protein and carbohydrates will benefit team members in such operations. Although items such as pizza and hot dogs may be easier to transport to areas within the inner perimeter, they generally provide little nutritional benefit. Items such as chicken and pasta can be supplemented by fruits for snacking. Good nutrition is almost as important as good morale.

5. Medical plans

The need for a medical plan is once again reinforced. This written document must be developed in conjunction with not only law enforcement but fire and EMS input. Copies of the document should be included with all other formal documentation of the incident. As with normal medical threat assessments developed prior to a planned event, this plan should include which hospitals will be utilized for trauma, burns, etc., as well as which facilities will be utilized for law enforcement, civilian and suspect casualties. Other areas of concern covered should include helicopter landing zones, sick call (time and location), designated forward staging areas and route of travel to and from same, radio frequencies/channels civilian evacuation centers, etc.

As the incident itself will continually change, your plan should remain flexible enough to quickly adapt to unforeseen events. Frequent review is necessary to ensure all potential problems have been addressed.

6. Shift rotation / sleep deprivation

It is imperative to have tactical members capable of taking decisive action when such is required, whether it be one hour or 100 hours into an incident. Although some members will thrive on the lack of sleep, the adrenalin rush seen in the initial stages of an incident will, at some point, wear off. Obviously, sleep deprivation will result in performance decrements. These decrements may vary between assault elements and countersniper elements depending on the circumstances. Is it prudent to have

personnel remain on scope longer than eight hours? The command staff must develop plans to rotate personnel during extended operations. This may mean having to rotate team members with personnel from other agencies. In this incident, tactical team members had been involved in the search for 10 days prior to the hostage incident. Good physical conditioning allowed personnel to go well beyond normal limits.

7. Support of the entire tactical team

With countersniper positions sometimes being in remote locations, TEMS providers can easily forget their presence. Medics should check on their welfare periodically either by radio or, at minimum, each change of shift.

8. Plan deviation

Operational plans are guidelines set to alleviate the need to make simple decisions during a crisis situation, i.e., which hospitals will be utilized or the location for a landing zone. Although personnel should be capable of adapting the plan to changing conditions they must be careful in doing so. In this instance a medical transport unit bypassed the forward staging area during the final assault on March 21. They attempted to take an alternate route directly to the scene but were blocked by several police units. If the plan is altered it needs to be communicated to the command post.

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