

**The Bill Blackwood
Law Enforcement Management Institute of Texas**

Critical Incident Response Plan

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ABSTRACT

Critical incident response planning is relevant to contemporary law enforcement because this reveals how a structured incident plan can manage critical incidents. The numerous law enforcement and security companies operate under one management plan during a critical incident to maintain control and assist those in need within a specific location. The contents of this management plan will demonstrate cooperation and control around the outer perimeter of the membering institutions within the Texas Medical Center.

The purpose of this research is to determine if the numerous law enforcement and security companies can operate under one administrative chain of command during a critical incident and still function. Many law enforcement agencies fall under different operating procedures, while security companies fall under different institutional regulations and procedures. Sometimes, the two may come into conflict with one another. The goal is to have them function under one command during a critical incident. The method of inquiry used by the researcher includes training with incident command system programs. Internet research and a questionnaire were submitted from personnel who respond to critical incidents. Finally, information from experienced commanders who respond to critical incidents in their perspective professions were also obtained.

The researcher discovered through this research that regardless of different professions, there needs to be some sort of a critical incident plan to manage an incident. Most agencies may follow a critical incident plan under the National Incident Management System (NIMS). Some may elect to modify it to suit their needs. The

Texas Medical Center experiences the need for controlling, directing, and coordinating the multiple entities involving law enforcement agencies and private security companies within this medical community. Critical incident response planning is necessary in achieving the desired outcome. The response rate to the survey instrument resulted in having all four surveyors answering the same. They all believed that there has to be an established plan, a designated incident commander, and communication and cooperation by all involved. If this is not established, then there is no consistency of operation.

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INTRODUCTION

The problem or issue to be examined considers whether or not a critical incident response plan controlled by a single entity can manage the assets of several law enforcement and security companies during a critical incident. This will involve training with a critical incident response plan. This will also involve a collaborative effort by the membering institutions operating under an established chain of command.

Historical information is needed to understand the complexity of this issue. The background on the Texas Medical Center was obtained through their history website, (History of the Texas Medical Center, n.d.). The history of the Texas Medical Center originated in the early 1930's, and without any cost, the land for the buildings was made available. Seed money to build the institutions was provided. The hope was that there would be a medical center that had used a variety of hospitals, academic institutions, and support organizations. The land for these buildings would be made available without cost. Seed money would be provided to the institutions to build these medical facilities.

In 1936, a local businessman named Monroe Dunaway Anderson, (referred to as M.D. Anderson), founded the M.D. Anderson Foundation with the endowment of three hundred thousand dollars. Mr. M.D. Anderson passed away two years later and left 19 million dollars to the foundation. For Texas, the creation of this charitable fund is the largest ever done (History of the Texas Medical Center, n.d.). Today, this money would be the equivalency of approximately 140 million dollars. With this endowment, the board of trustees reached an agreement to develop medical facilities available for the average person.

As time moved forward, the M.D. Anderson Foundation found the medical center growing. Additional medical institutions began to join this foundation. The M.D. Anderson

Foundation determined that this project could be better served by a group of administrators which would oversee this growth. In 1945, The Texas Medical Center Board of Trustees was created. Some of these medical institutions are world renowned. The M.D. Anderson Cancer and Research Center, St. Luke's Episcopal Hospital, (formally the Texas Heart Institute), The Methodist Hospital, Memorial Herman Hospital, and Ben Taub Hospital are just a few.

Today, sitting on over 1,000 acres, the Texas Medical Center is the largest medical complex in the world. Statistical Information was obtained from the Texas Medical Center website (Facts and Figures of the Texas Medical Center, n.d.). It is estimated that there are over 26,000 registered nurses, LVNs, technicians, and medical staff support, over 10,000 persons who are M.Ds, PhDs, and other Doctorates, over 13,500 volunteers, 33,150 full time students and 75,000 part time students, over 73,600 employees, 6,500 beds, and 600 bassinets. There are over sixty thousand people that come through the Texas Medical Center every day. It has been estimated that a daily total of number of people on the Texas Medical Center are approximately one hundred and ten thousand. The Texas Medical Center has 48 medical institutions that are listed as for non-profit status. These are considered the world's best medical institutions.

The relevance of a critical incident response plan to law enforcement is whether a single entity can manage the assets of several law enforcement and security companies during a critical incident. This will involve training with a critical incident response planning. In order to comprehend this issue, it is necessary to list the numerous law enforcement agencies and security companies who work for these different institutions within the Texas Medical Center. The listing of these law enforcement agencies are the Houston Police Department, the Harris County Sheriff's Office, the Harris County Constable's Office Pct. 1, and Pct. 4, the Houston Community College Police Department, the University of Houston

Police Central Campus, the Texas State University Public Safety Department, the University of Texas at Houston Police Department, the Texas A&M University Police Department, the Houston Independent School District Police Department, the Michael E. DeBakey Veteran's Administration Federal Police Department, the Rice University Police Department, and the Texas Medical Center Police and Security Department.

The listing of security companies are the Texas Medical Center Police and Security Department, the University of Texas at Houston Police Department, the Houston Community College, the University of Houston Police Central Campus, the Texas State University Public Safety, the Texas A&M University Police Department, the St. Luke's Episcopal Security Department, The Methodist Hospital Security Department, the Texas Children's Hospital Security Department, the Ben Taub Hospital Security Department, the Memorial Herman Security Department, and the Andrew's International Security Company.

The number of law enforcement agencies involved within this situation is working within a separate institutional structure while operating as a law enforcement officer. Meanwhile, many of these security companies operate within the medical institution they are contracted with. Standard operating procedures and regulations differ from one institution to another as well as one security company to another.

The purpose of this research is to examine whether the Texas Medical Center Police and Security Department can handle the operations of a critical incident in the outer infrastructure of the institutions area. This will require controlling and directing the operational assets of the institution's law enforcement and security companies. Unless requested, or that which is considered an emergency, the Texas Medical Center will not take control over a critical incident situation inside the confinements of another institution unless it is requested through the administration of that institution, the Texas Medical

Center is in control of the incident, or if it is ordered through the President's Office of the Texas Medical Center.

The research question to be examined focuses on whether or not a critical incident response plan created by a committee selected from members representing different institutions will function during a critical incident, remembering that there are at least 14 police and 12 security agencies represented within this area. Agencies from other medical institutions will also be responding. Although there will be numerous entities coordinating assets with those in need, someone will have to control of the overall operation.

The intended method of inquiry includes information internet sites where facts and figures were discovered, a questionnaire to commanders in different fields, personal interviews with commanders who utilize the NIMS (National Incident Management System) in their field of work and, training courses with the NIMS format. The intended outcome or anticipated findings of the research will indicate that with the proper planning, a critical incident plan will be able to function achieving positive results. This will involved an established critical incident plan with a designated chain of command. People viewing this established plan in advance will be able to see the plan rather than being exposed to it at the last minute. Finally, a collaborative effort by everyone involved is necessary for this to succeed.

The field of law enforcement will benefit from the research or be influenced by the conclusions because with the numerous entities involved, following an established plan will aid in the success of a critical incident. There will be numerous emergency response agencies involved, many security and law enforcement agencies, and medical professionals from many different institutions responding to a critical incident. An established plan is necessary for the operation of those involved.

REVIEW OF LITERATURE

In order to understand the concept, size, and growth of this medical community, research was conducted on the Texas Medical Center's website. Although there were other websites that had some information on the Texas Medical Center, it was very limited. None of the other websites available had the informative content of the Texas Medical Center website, (History of the Texas Medical Center, n.d.). Research was obtained from the website with the most information. This started with the origin of the Texas Medical Center, how it began to grow, and who is in control. As time passes, more and more institutions began associating themselves into this medical community which today has grown into the largest medical complex in the world.

Most websites that were researched did not indicate facts and figures on the Texas Medical Center. The Texas Medical Center's website (Facts and Figures of the Texas Medical Center, n.d.) has information regarding facts and figures. A limited amount of information was utilized for this research. There is more information regarding growth, education, and the future of the Texas Medical Center. Also included within this search engine are certain medical facilities and their individual growth and projects. However, this information is not relevant to the content of this paper.

At 9:02 a.m. on April 19, 1995, a bomb went off destroying the Alfred P. Murrah Federal building. The report (The Oklahoma Department of Civil Emergency Management After Action Report, 1995) explained how the size of a major incident was described as one well beyond the means of control for a local agency. Once the Incident Command System (ICS) program was enacted, controlling and managing the assets were performed. Casualties resulted in a large number of deaths with even more

injured. Planning, controlling, and directing all assets were needed during this type of incident.

There were approximately 168 people killed with numerous casualties. The Oklahoma City Fire Department used the Incident Command System to control the massive search and rescue mission. This system utilized as much of the massive influx of resources from federal, state, local and voluntary agencies along with personnel and equipment under the Oklahoma City Fire Department in the best way that it could.

Another example of where securing a perimeter was vital to a critical incident was discussed at a luncheon where former Texas Medical Center Emergency Preparedness Director Bill Wheeler (Wheeler, 2007) spoke about a new epidemic. He explained the issues on the disease that birds would carry. This is being monitored in Europe. During 2007, there were reported outbreaks of cholera and anthrax. Birds, animals, and even insects were known to be carriers. It has been estimated that within a few years, Texas, as well as the United States, may experience this. This is due to the migration of birds seeking a warmer climate. Whether manmade, contacted through nature, or the results of terrorism, these results could be deadly once it has spread to other parts of the world. Securing a perimeter and inoculation were discussed, but at great length, the information of having a critical incident plan in place as a priority was expanded upon.

The Texas Medical Center Police and Security Services personnel, as well as other administrators, have received training with the Incident Command System (ICS). Training was conducted at the Texas Medical Center's Edwin G. Hornberger Convention Center in Houston Texas. The instructor is Commander Joe Leonard,

United States Coast Guard. Training of these courses was conducted from June 2006 and March 2007 (Leonard, 2006 & 2007). In-Co-SIT Training was also received through the Sam Houston State University (Leonard, 2007). Commander Joe Leonard stated that this standardized course is utilized by the military, many federal and state agencies, many fire department and law enforcements agencies, as well as any first responder groups reporting to an incident. Information and training on the structure and operation were presented to the Texas Medical Center's mid level management managers. He used his knowledge and experiences as the Incident Commander for the Hurricane Katrina relief shelter at the Houston Astrodome to stress the importance that ICS plays in a critical incident. The nucleus of this starts out as one plan, an incident commander and his staff, operating as a supervising unit. If initiated correctly, this should produce the desired results.

METHODOLOGY

The research question to be examined considers whether or not certain the numerous law enforcement and security companies can operate under one administrative chain of command during a critical incident. This is largely due to the fact that some institutions have their internal plans and may not want to comply with the Texas Medical Center's course of action. This would tend to cause some distraction instead of cooperation with the critical incident plan.

The researcher hypothesizes that with planning, communication, and collaboration, this effort will succeed to a achieving a positive outcome. Since the Texas Medical Center has been confronted by storms, flooding, property damage, and even loss of life after some of these catastrophes, one would assume that this would be

enough to have a mandatory critical incident plan in place for all to follow. However, many CEO's have their own internal critical incident plans in place. The problem they are confronted with is that they cannot control any issues outside of their institution. Communication and collaboration is a must.

The method of inquiry will include viewing the Texas Medical Center's website to obtain certain information of the medical center's historical problems. There were four personal interviews conducted where questions were presented to commanders based on their experience in this area. Training with the NIMS format was also looked at. The instrument that will be used to measure the researcher's findings regarding the subject of a critical incident response plan will include questions presented during an interview. There were four questions presented to the four commanders who were surveyed. All four commanders basically answered the same.

The size of the questionnaire will consist of four questions and will be presented to commanders in different areas of operation. These commanders can be considered first responders or those that respond well after the incident has occurred. They all have 20 years plus years of command experience. The four survey participants are from an area located within the southeast Texas coastal region. Population can range in the area of 50,000 but can double in size depending on the season. In order to achieve a different perspective, interviews were conducted with four different unit leaders involving different areas of response. These four commanders are very experienced professionals with the ICS format. Instead of conducting research with numerous leaders in a selected field, commanders in different fields were selected. The selected

fields were a fire department, a law enforcement agency, a governmental unit, and a director within a private company.

The following questions were asked of the four different professionals that utilize the ICS format. The questions are also followed with their agreement on a basic answer.

1. What kind of system is used in your organization in response to critical incidents?

Answer: ICS. (Incident Command System)

2. What do you consider the main components for this system to operate?

Answers: **a.** an incident commander; **b.** a good command staff, or **c.** communication, collaboration, and one chain of command. All listed.

3. Does the ICS system work for your organization, and why?

Answer: Yes, because it is already an established program that works within their organization.

4. If there are any unforeseen glitches, who has the ultimate power to change this into a workable solution? Answer: The Incident Commander.

FINDINGS

The Texas Medical Center Police and Security Department has a rather unique role. This agency handles operations with the outer infrastructure of the institutions for non profit. Unless requested, or that which is considered an emergency, The Texas Medical Center Police and Security Department will not take control over a critical incident situation inside the confinements of another institution unless it is requested through the administration of that institution, the Texas Medical Center is in joint

operation of the incident, or it is ordered through the President's Office of the Texas Medical Center.

In 2007, Texas Medical Center Emergency Preparedness Director Bill Wheeler was on a committee with other member institutions. This committee created the Texas Medical Center Emergency Response Plan where all member institutions would coordinate their activities with the Texas Medical Center if some critical incident occurred. This measure would later be approved by the Texas Medical Center Board of Trustees.

Adding to this complex situation is the response to natural disasters. This can range from a regular rainfall to flooding caused by tropical weather conditions. Historical information from the Texas Medical Center historical website (History of the Texas Medical Center, n.d.) revealed that in June 2001, Tropical Storm Allison dropped large amounts of rain within a two week period. An example would be where approximately 10 million gallons of water flooded the University of Texas Medical School. Flood waters rose faster than the drainage system could handle. The end result: millions of dollars worth of hospital and personal property lost or damage, a lawsuit filed, numerous injuries, and one fatality. The most recent disaster was Hurricane IKE in September 2008. Although Galveston, Texas sustained a direct hit, the Texas Medical Center still suffered damage even though it was 50 miles away.

The Texas Medical Center Police and Security Services enacted the Texas Medical Center Emergency Response Plan prior to Hurricane IKE's landfall. The Texas Medical Center Police and Security Department directed their available assets by assisting member institutions with manpower and assisting them with their calls for

service. The Texas Medical Center continued operating in this role until the membering institution's personnel and other assets returned. A most recent example would be when the Rice University Police Department experienced a critical incident in February 2008, where rain and strong winds force a large brick wall to collapse. One fatality occurred. The Texas Medical Center Police and Security Department enacted the Emergency Response Plan and responded with personnel and performed traffic control duties in the outer areas of Rice University's campus while their Police Department dealt with the incident.

The benefit for a critical incident response plan is for the Texas Medical Center Police and Security Department to assist all membering institutions during a crisis and coordinate all incoming assets with their institutions, both police and security services, and additional institutional assets from outside their facility. The Texas Medical Center Police and Security Services uses the ICS format for this process and will operate in this mode until the crisis is resolved or otherwise directed. Operating within these confinements will allow the institution(s), involved in the crisis to maintain control of their operation without worrying or attempting to control what may be occurring in the outer perimeter of their institution.

Another complexity involving critical responses involving the Texas Medical Center is the different forms of terrorism, (i.e.; chemical, biological, pandemic, etc). The city of Houston has agriculture, shipping industries, petrochemical plants, businesses, and a large medical center. Biological or chemical warfare incidents are on the increase overseas. From European countries to those in the Middle East, many have sustained casualties. Information on these incidents can be viewed from news sources, media,

internet, and through law enforcement training. These incidents are usually created by people. An example would be how terrorists may create a bombing operation for a small target, or on a large scale area, where the target range may be controllable. Then there are times when the incident is uncontrollable and may spread beyond the intended target. This would also depend on the substance used on these incidents, the climate, the wind, and what goals are trying to be achieved.

Another possible incident is with the use of radioactive material. Through training from the Y12 Nuclear plant in Oak Ridge Tennessee, research indicated there are several grades of radioactive material used at different medical institutions. This material is used for medical and research purposes. Many of the locations are kept secure from the public and are monitored under different security levels. Although security is at a higher level within these areas, thefts and attempted thefts of radioactive material do occur. Whether a person accesses the area or other professionals involved with this type of work, all parties are screened before entering and exiting these areas due to the sensitive nature of the material involved. However, in the wrong hands, there is no telling what the outcome may be.

There are many medical centers throughout this country and even the world. There are many medical facilities with security officials and companies that are operate within these medical institutions. On occasion, there is some form of local law enforcement present. The Texas Commission of Law Enforcement and Education has seven medical boards that have their own individual police departments. There are even fewer medical centers that have full time law enforcement officers present. Most of these medical facilities operate with an internal security company, or have outsourced

on a contract basis. Some even operate as a division of the local law enforcement agency. However, after examining many of the websites attached to these operations, research indicated that there are none that have 48 medical institutions with numerous security companies and law enforcement agencies operating on site on a daily basis are like the Texas Medical Center.

The military commander interviewed is from a governmental agency was an instructor during ICS training on the ICS # 200 and 800. He shared his experiences with the ICS format that occurred throughout his career. He stated that when an Incident Commander is appointed, that person has the full power of his office to complete the critical incident assignment. There should be no question of who is in charge. If there are any questions above his pay grade, he has the full weight of the federal government.

In an interview with an emergency preparedness director of a private company, he had a different perspective, yet the most correct for the Texas Medical Center. Since this is a private company, he stated that due to the power structure by the Texas Medical Center, the President of the Texas Medical Center appoints the Incident Commander. The Incident Commander has total autonomy in handling the Critical Incident. Should there be any unforeseen situations that question the Incident Commander's authority, the sole entity will be the one that has appointed the Incident Commander to the command position. With the Texas Medical Center, the ultimate power resides with the office of the Texas Medical Center President. There is no question who is in charge and who will be held responsible when an Incident Commander is appointed.

The law enforcement commander of a different region stated that their SWAT team uses the ICS structured format. He further stated that their training is very similar with other city, state, and federal agency SWAT teams. He also stated that this system is utilized by many tactical military units. Should their assets be required to assist another unit, their training and tactics are basically the same. If he is not in direct control of the incident, they are there to assist. There is no question who commands the unit. Examples of this can be observed when law enforcement officers from different agencies work at the Reliant Center in Houston Texas on large scaled events. Another example can be observed during Galveston's Mardi Gras celebrations, where officers are utilized in different areas from different agencies ranging from crowd and traffic control, tactical situations, or to just respond to the influx of patrol calls due to the large volume of people. There is always someone in charge.

The final interview was with the commander of a south east Texas fire department, who stated that mostly all fire departments utilize the ICS system. This is standard operating procedure in all fire department responses. The commander stated the ICS format is used on every call regardless of how light or serious the call may be. There have even been occasions when other fire departments have requested assistance from other cities. When arriving on scene, that fire department is utilizing the ICS format. When using the ICS format, there is no question who is in charge or what format is being used. An example of this is the Oklahoma City bombing, where an incident command system was established by the Oklahoma City Fire Department to manage the intensive search and rescue mission. The ICS system effectively handled the massive influx of resources from federal, state, local, and voluntary agencies along

with personnel and equipment under the sole command of the Oklahoma City Fire Department. Communication and collaboration is a must for this plan to succeed.

DISCUSSION/CONCLUSIONS

The problem examined by the researcher considered whether or not numerous law enforcement and security companies can operate under one administrative chain of command during a critical incident and still function. Jurisdictional issues from the law enforcement agencies and institutional issues involving the security companies may be confronted during these incidents. The Texas Medical Center deals with law enforcement representatives, security companies, and civilians in a medical community. The purpose of this research was to determine if a critical incident response plan created by a committee, selected from members of a medical community, and representing different institutions would function during a critical incident. It is necessary to remember that there are at least 14 police and 12 security agencies responding as well as personnel from other medical institutions and the city. Although many respond to assist, someone will have to control the overall operation.

The research question that was examined focused on the critical incident response plan and whether it would work during a time of crisis. Research indicated that various types of organizations utilize a critical response plan. It does not matter what size the incident may be. The plan can change the size of its scope if there is a need for it. An example would be during the post phase of Hurricane Ike in September 2008. The Texas Medical Center Police and Security Department was responding to calls for service from many of the institutions that normally have other security and law enforcement agencies within their institutions.

The researcher hypothesized that with an established critical incident plan in place, the response to a critical incident plan should yield positive results. This plan would have a designated chain of command. This command structure would be able to communicate to those in need as well as managing additional assets that are arriving for this incident. As stated previously, a collaborative effort by everyone involved is necessary for this to succeed. The researcher concluded from the findings that the critical incident plan has to be flexible to the changing needs for the incident. One has to remember that the larger the incident, the greater the scope and size of the plan. However, the command structure and response should be the same. Research showed that this is not limited to one field of work but does show that planning, directing, organizing, and control the incident is similar.

The findings of the research did support the hypothesis. The reason(s) why the findings did support the hypothesis is probably due to having an established critical incident plan in place. A designated incident commander operating under the established plan will direct the operation through the staff. The staff will manage and operate within the confinements of the plan. Limitations that might have hindered this study resulted because the Texas Medical Center is considered to be the largest medical community of its size and scope in the world. There are no other medical facilities to compare it to. Research in the medical area was limited. Thinking outside the box, research began to examine the concept of the geographical area, population it has on a daily basis, and the scope of the different member institutions against the incidents it has faced and pending incidents it may face. Once the project was viewed as that of a medium size city or small country, the research began to fall into place.

The study of critical incident response plan is relevant to contemporary law enforcement because regardless of the size and scope of the incident, a planned response is needed for critical incidents. This is true regardless of the type or size of agency, number of agencies involved, and those responding to a situation. An incident commander is needed. His command staff will be selected and operate under his command. Even with the most laid out plan, there must be good communication and collaboration by all involved if this plan is to succeed.

The field of law enforcement will benefit from the research because due to the numerous entities involved, following an established critical incident response plan will aid in the success of a critical incident. There will be numerous emergency response agencies involved, including security and law enforcement agencies and medical professionals from institutions responding to a critical incident. Planning and collaboration are necessary for the operation of a plan's success.

Anyone involved in a critical incident response plan stands to benefit by the results of this research. In starting out with this research, it would seem that only limited parties who would benefit from these results. One usually centers their concentration on their own immediate area of concern, perhaps even with a small plan. However, when the area of concern is large and affects many others, one has to be cognizant that no single set plan can be the answer. It has to be flexible to change with the issues and accommodate them with the proper response. This plan would need to be able to coordinate present and incoming assets, as well as the problems they are facing and are forth coming.

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APPENDIX

BILL BLACKWOOD

LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS

Critical Incident Plan Questions

(The following questions were utilized for this research.)

1. What kind of system is used in your organization in response to critical incidents.
 - a. Answer:

2. What do you consider the main components for this system to operate?
 - a. Answers:

3. Does the ICS system work for your organization, and why?
 - a. Answer:

4. If there are any unforeseen glitches, who has the ultimate power to change this into a workable solution?
 - a. Answer: