Crisis Management: The case of school shootings
The West Nickel Mines (Amish) School Case

By Camélia Dumitriu

Cahier de recherche 02-2009

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Crisis Management: A Case Study of the *West Nickel Mines School* shooting

1. Nickel Mines and Lancaster County

Nickel Mines is a “peaceful rural community”1 located inside a geographic area called **Bart Township**, 60 miles west of Philadelphia (Figure 1). There are 60 townships in Lancaster County (Pennsylvania) and one city, Lancaster City.

![Lancaster County: Map and Townships](source)

Note: Only the representative townships for this case are identified in the figure. For a complete list of Lancaster County townships, see: [http://www.lancasterhistory.org/research/databases/townshipmap.html](http://www.lancasterhistory.org/research/databases/townshipmap.html)

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1 Kraybill, Nolt and Weaver-Zercher, 2007
Lancaster County  | Square miles: 949.06
---|---
Population (as of 2005) | 476,155
Male | 234,186
Female | 241,969
17 or younger | 124,525
18-24 | 38,791
25-44 | 129,064
45-64 | 120,932
65+ | 62,843
Median age | 37.3

Table 1: Lancaster County Demographics
Sources: U.S. Census Bureau (Table DP-1, 2005) and American Community Survey (ePodunk)\(^2\)

1.1 Violence Rate

The average violence rate in Lancaster County is significantly lower than in Pennsylvania and in Lancaster City (Figure 2). One Amish interviewed by a CNN reporter the day of the shooting explained that “In this township, we have no police. […]; because there’s just virtually no crime, many of these townships here have no police at all.”\(^3\)

![Violent Crime Rate & Property Crime Rate (% population affected)](image)

**Figure 2: Violence Rate in Lancaster County (2008)**
*Source of data: Trulia Inc.*\(^4\)

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\(^2\) ePodunk uses three different sources: SF1 and SF3 files from the U.S. Census Bureau, and “The American Community Survey” (ACS).

\(^3\) CNN, Press Conference (11:17), and Reuters Archives “Virtually no crime”. See references for more details.

\(^4\) Trulia Inc. is the most important real estate search engine on the World Wide Web (www.trulia.com); public company headquartered in San Francisco.
Bart Township is located in South-East Lancaster County; on 16.2 sq. mi there are 3,003 households (Table 2).

1.2 Bart Township’s Residents: Relevant Information for the Case

<table>
<thead>
<tr>
<th>Bart Township</th>
<th>Land area: 16.2 sq. mi</th>
<th>Population: 3,003 (rural community)</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Households</strong></td>
<td>In family households: 2,831</td>
<td></td>
<td>According to the U.S. Census Bureau, a group quarters is a group of residents who are not related to each other and who live in group in an entity managed by a specific organization (college or university’s campus, long time health centres, prisons, etc.)</td>
</tr>
<tr>
<td></td>
<td>In nonfamily households: 167</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In group quarters: 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Size of family</th>
<th>Number of families in households:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>196 families composed of 2 members;</td>
</tr>
<tr>
<td></td>
<td>123 families composed of 3 members;</td>
</tr>
<tr>
<td></td>
<td>158 families composed of 4 members;</td>
</tr>
<tr>
<td></td>
<td>61 families composed of 5 members;</td>
</tr>
<tr>
<td></td>
<td>43 families composed of 6 members;</td>
</tr>
<tr>
<td></td>
<td>107 families composed of 7-or-more members</td>
</tr>
</tbody>
</table>

Size of nonfamily households:
1 (one) person: 131; 2 persons: 17.

<table>
<thead>
<tr>
<th>Commuting to work</th>
<th>Car, truck or van (drove alone): 761 (57.8%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Car, truck or van Carpooleled: 165 (13%)</td>
</tr>
<tr>
<td></td>
<td>Walked: 54 (4%)</td>
</tr>
<tr>
<td></td>
<td>Worked at home: 300 (22.8%)</td>
</tr>
<tr>
<td></td>
<td>Taxi: 3 (0.2%)</td>
</tr>
<tr>
<td></td>
<td>Other means: 33 (2.2%)</td>
</tr>
</tbody>
</table>

See Amish culture and transportation means

<table>
<thead>
<tr>
<th>Cars and other vehicles available in Bart township in owner-occupied houses/condos</th>
<th>no vehicle: 257</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 vehicle: 132</td>
</tr>
<tr>
<td></td>
<td>2 vehicles: 224</td>
</tr>
<tr>
<td></td>
<td>3 or more vehicles: 218</td>
</tr>
</tbody>
</table>

Table 2 - Residents of Bart Township: Relevant Information for the Case
Source: City Data (Bart Township, Lancaster County) and U.S. Census Bureau, 2005.

1.3 Education System in Bart Township

While 80% of the students in Bart Township are enrolled in grades 1 to 8, only 12.5% of the school-age population is enrolled in grades 9 to 12. This discrepancy could be explained by the fact that Amish children leave school after the eighth grade, as their religious beliefs forbid school-attendance beyond this grade. Another discrepancy can be noticed in various statistics regarding the type of schools that children attend in Bart Township, compared to those attended in Pennsylvania, as a whole. Thus, 59.1% of the students enrolled in the grades 1 to 8 are attending private schools in Bart Township, while the percentage is only 16% in Pennsylvania as a whole. This may also be explained by the fact that Amish children attend Amish private schools.

Figure 3

Bart Township: Statistical Information Covering the Field of Education

Source: our compilation from U.S. Census Bureau 2005 (http://censtats.census.gov) and City Data (Lancaster, Bart Township, http://www.city-data.com/township/Bart-Lancaster-PA.html)

6 In 1972 the United States Supreme Court (Wisconsin v. Yoder case) ruled in the favour of the Amish community on education issues, exempting Amish children from compulsory school-attendance beyond the 8th grade.
1.4 Bart Township: Industries and Occupational Outlook

Figure 4: Industries and Occupational Outlook

Source: Based on U.S. Census Bureau Data (2000-2005)
1.5 Technology and Energy utilisation rates in Bart Township (2000)

Figure 5: Most Commonly Used Home-heating Sources in Bart Township


Figure 6: Telephone Services in Bart Township

Source: based on U.S. Census Bureau Data, 2005.
2. The Amish Community

The Amish come from a small Protestant sect founded in late-17th-century Switzerland. Being persecuted in Europe for their strict Protestant beliefs, they immigrated to Pennsylvania in the 18th Century. The Amish community had around 180,000 members scattered in 250 settlements in 2001 (Byers, 2008:229, who quotes Kraybill, 2001:14). In 2007, there were 227,000 members of the Amish community who lived in the USA,7 and the Amish population is expected to double by 2020 (O’Connor, 2000).

The shooting occurred in Lancaster County, the third largest Amish community in North America counting 55,000 Amish (Goldemberg and Pilkington, 2006), representing roughly 9% of the county's total population.

2.1 Culture & Values

The Amish are prone to limited contact with the outside world and focus on a rural, religious, and simple life while striving to maintain religious purity. According to “Gelassenheit”, the core principle of Amish’ social structure and values system, each community member must surrender to “God’s will” and embrace a set of values which include simplicity, non-violence, forgiveness and humility, while rejecting “English community’s” values, such as modernism, worldliness and sophistication (Byers, 2008). Many habits of their everyday life, like wearing plain conservative clothing and using horse-drawn buggies as the preferred mode of transportation or farm equipment to work their land, convey these values. Their religious practices also reflect these values; they avoid association with “outsiders” (groups or individuals), in order to preserve their religious beliefs (“shunning” values). Therefore the intricacies of family, seclusion (from the outside world), school particularities, hard work and religion appear to best represent the Amish way of life (Zehr, Moss and Nichols, 2005). For example, Harroff (1998: 245)8 illustrates these cultural constancies throughout the Amish culture not only with the “separation of boys and girls in the school cloakroom” but also with the “seating arrangement when the Amish meet to worship in their homes”; Zehr, Moss and Nichols (2005) talk about the same separation at work, where “males and females are pretty well separated” and in the church, where “men and women sit together in families” only in some isolated cases, such as funerals.

Zehr, Moss and Nichols (2005), who quote Fishman (1996), claim that these cultural constancies are better expressed in the four main beliefs of the Amish:

- In every life situation there is always but a single and unique “TRUTH” which can be found in some educational books and in the Bible.

- A “Right” and “Wrong” are always two facets present in every aspect of life and accordingly, any question will have a wrong and a right answer.

- Time is precious and one should use it effectively and efficiently.

- One should not strive for originality.

2.2 Lifestyle

8 Quoted in Zehr, Moss and Nichols, 2005:605.
Traditionally, Amish Community members adopted the rural agrarian lifestyle; working the land and perpetuating the farming trade through many generations, allowed them to maintain their “self-sufficiency” (Hostetler, 1993, quoted in Byers, 2008) and observe The Ordnung, the rule that governs the social order of Amish society (Peddle, 2000). According to some Orndung norms, the Amish are forbidden to use modern technologies such as telephones, computers, automobiles, or other motorized equipment, because, according to their beliefs, the technology would connect them with the outside world. They do not use electricity either, other than that provided through batteries and bottled gas which is used to operate refrigerators and water heaters. As they do not want to use motorized equipment in their daily activities, Amish houses are often manually built. Also, while they do not own cars, as driving a car it is perceived as a mean of putting distance between family members or between them and their house, nor use air transportation means, they do accept the use of ground public transportation means or even taxis. It is ironic that while the parents refused to use air transportation after the shooting, to go from hospital to hospital to look for their daughters, those very daughters had been transported to the hospital by air, and this is precisely what saved their lives.

The Amish men wear straw hats during the spring and summer, and black felt or wool hats during the autumn and winter. The hat’s dimensions (that of the brim and also that of the crown) reflect the values of the Amish man who is wearing it (traditional versus modern).

The women wear dresses and aprons which they’ve sewn themselves and cover their heads with a bonnet. The Amish woman also sews clothing for her children and her husband. While some shops in the area offer “ready to wear” Amish clothes, most of the Amish prefer to sew their own clothes. Amish women also cook and can vegetables and fruit grown in the family’s own garden and produce milk from their own cows which most Amish also sell to local dairies.

Most of the Amish men are self-employed; they are running their own small businesses, consisting mostly of small shops and stands in farmer’s markets (Byers, 2008). Some of these shops are equipped with phones and small refrigerators run by non conventional energy sources.

While the Amish pay federal and local income and property taxes, and recently they were asked to pay buggy registration fees, following an act of Congress issued in 1965, self-employed Amish men are exempt from paying Social Security taxes. Accordingly, they are not entitled to obtain any social security benefits (such as collecting welfare or unemployment).

The Amish do not oppose modern medicine, treatments, surgery, blood transfusions or hospitalization, but they do prefer to rely on traditional medicine based on natural treatments (Baker 2008). As they

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10 “Amish Studies”, The Centre for Anabaptist and Pietism Studies (Elizabethtown) is an academic website targeting to “to provide reliable information on Amish life and culture”.
11 On religious grounds, the Amish obtained a Court order allowing self-employed Amish men not to pay social taxes. See Dean Brelis, 1982.
are not entitled to social security benefits, they do not possess health insurance, such as Medicare or Medicaid\textsuperscript{13}.

They have their own weekly newspaper, Budget\textsuperscript{14}, launched in 1891 (available in printed format only).

**2.3 Violence**

There are two main reasons that could explain the low violence rate within the Amish community. First, the peculiar isolation of the Amish communities from the outside world offers a buffer from the violence more commonly found in the surrounding American society. Also, the deeply rooted Amish beliefs and values of forgiveness and non-violence prevent, or at least greatly minimize, the occurrence of violent acts from within the community.

While the crime rate in Amish neighbourhoods is extremely low, the reported occurrences often involve persecution crimes targeting Amish people (Byers, 2008). Even though some of these crimes resulted in the death of Amish members, their literal interpretation of the Biblical teaching of “turning the other cheek” has led to minimum cooperation with the American judicial system toward resolving these crimes. As Kraybill (2001: p. 272)\textsuperscript{15} explains it, “the Amish are taught to bear abuse and suffer insult rather than to fight injustice through legal means.” For example, there are instances where Amish people would not assist or cooperate with the US judicial system even when it involved the murder of one of their own. The forgiveness granted by the Lancaster community Amish members to Roberts and his family the week following the shooting serves as another striking illustration of their embodiment of this teaching.

Given the low rate of criminality in the community, and the fact that Amish people are adverse to the use of any technology, including automobiles and electricity, they do not seem to have a sense of danger. The Amish’s lack of preoccupation with safety issues is also cited in the official safety reports in various areas where Amish communities reside. For instance, the report “Amish Buggy Safety in Ohio” prepared by the Ohio Department of Public Safety in 2000\textsuperscript{16} shows that the number of road accidents caused by automobiles driven by tourists in the Amish area that involved hitting a horse-drawn buggy (Amish’s preferred mode of transportation) was increasing during the recent years. The report concludes that, in spite of the recommendations made in the previous reports, the Amish community remained opposed “to the use of buggy safety devices because of their community’s belief in simplicity and determination in avoiding anything that attracts attention or could be construed as prideful.”\textsuperscript{17}

\textsuperscript{13} National Committee For Amish Religious Freedom.
\textsuperscript{14} Based in Sugarcreek, OH 44681
\textsuperscript{15} Quoted in Byers, 2008:232.
\textsuperscript{16} Lt. Governor Maureen O’Connor, May 2000.
\textsuperscript{17} Lt. Governor Maureen O’Connor, May 2000.
3. The West Nickel Mines School

3.1 The Amish Schools

More than 5,000 Amish children attend classes in one of more than 150 Amish schools in Lancaster County (Mark William Dewalt, 2006). Each Amish school has about 30-35 enrolled students across eight grades, with 3-4 students per grade.

Amish schools are often limited to a one room schoolhouse where children aged from 6 to 14 (the “scholars”) are taught together by a young female teacher. Older scholars are often tutors for younger scholars and parents may assist in the classes without prior scheduling. It is the Amish community and not the government that supports these schools.

Each Amish school has a Board composed of 3-5 members of the community, usually fathers of students. The Board is responsible for budget approval, for hiring the teacher (usually a young unmarried woman, herself a former student of an Amish school with an 8th grade diploma), and for the approval of the curriculum (B. Kraybill, Steven M. Nolt, and David L. Weaver-Zercher, 2007; Mark William Dewalt, 2006).

In accordance with a U.S. Supreme Court ruling in 1972, Amish children are allowed to leave school (public or parochial) at the age of 14 (8th grade) in order to become an “active member of the community” and to focus on their religious development with the guidance of the community church with whom they usually develop a lifelong bond (Zehr, Moss and Nichols, 2005). Therefore, the teachings are focused on the necessary and essential education to become a productive member of the Amish community. Reading and writing English and German, history and geography are given priority over gym or extracurricular activities (Zehr, Moss and Nichols, 2005:608;609). The education system relies heavily on the teacher’s ability to orally transmit knowledge in order to preserve the Amish culture within the community; some books are not particularly favoured, because parents think that knowledge and values in those books are not in line with the Amish beliefs and lifestyle.

All students (from first to the 8th grade) are taught in the same classroom, by the same teacher who “moves from grade to grade every ten or fifteen minutes.”

The Amish school provides an accurate depiction of the Amish culture and values (simplicity, modesty, adversity to technology and “uniformity”); the desks, which are made from wood and iron, are arranged in a perfect order on a wood floor. There is no running water, electricity or telephone inside the building and the only lighting source is natural daylight, as the classes end early in the afternoon; exceptionally, the school may have a lamp fuelled by a propane tank or use lanterns during the rainy and winter days. At lunch time, the students eat a sandwich and drink water from thermos (Scharper, 2005).

An Amish school is very different from a big public school, where various conflicts may arise among different groups of students or between students and some teachers. An Amish school is more like a

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18 The book titled “Amish Grace: How Forgiveness Transcended Tragedy” (2007) has its own website where additional information is provided and continually updated (“Resources”). The information we provide is based on such a “resource file” that we retrieved on October 28, 2008, from the book’s website (www.amishgrace.com/Amish_Resources).

“gated community” where everybody knows everybody and where all the members, students and teacher, share the same values. Not only does the teacher know each “scholar” and his or her family background very well, she also knows his/her parents personally, and his/her brothers and sisters who often attend the same school at the same time, whom she likely also taught. In such a context, it is understandable why strangers could not enter the school without being noticed and why, at the end of the school day, before heading home, the teacher simply closes the door (that usually has no locks) behind her (Scharper, 2005).

### 3.2 The West Nickel Mines School

The West Nickel Mines School was a rural one-room schoolhouse providing education to children ranging in age from 6 to 13 years. All the Amish children in the area (West Nickel Mines, East Nickel Mines, and Northeast Georgetown districts) attended West Nickel Mines School located on White Oak Road in Nickel Mines.

Contrary to some information in the media, describing the Amish schools as “vulnerable” when confronted with an eventual intrusion, because they are built in open and isolated areas and have no door locks, the West Nickel Mines School was built in the middle of a large gated schoolyard (Figure 7), had a porch with double front doors, and a side door; one front door had a high security key locking deadbolt and the other had a push bar mechanism. The school (a 30-by-34-foot room) did not have a telephone line and the day of the shooting all the doors were unlocked and the schoolyard gate was open. Twenty-six children (11 girls and 15 boys), Emma Mae Zook, the 20-year-old teacher, her mother, and some female visitors were in the school on the day of the shooting.

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20 The school was demolished and a new school was built in another location.
24 Levin and Parker, (10/03/2006).
4. The Crisis: Timetable

On October 2, 2006, Charles Carl Roberts, a non Amish local milk truck driver shot ten girls in the West Nickel Mines School and killed five of them before committing suicide.

Various actors were involved in the management of this crisis:

- Lancaster County-Wide Communications center (LCWC), the emergency call dispatch centre receiving the local “911” calls;
- Pennsylvania State Police (PSP);
- Numerous Emergency Medical Services (EMS) units;
- Bart Township’s Quick Response Service (QRS), a special unit of the local fire company (Bart Fire Company).

3am: Charles Roberts, a local milk truck driver employed by Land O'Lakes\(^\text{26}\), returns from his shift, after having collected milk from surrounding Amish farms and delivered it to various local dairies\(^\text{27}\).

8:45am - 9am: His wife, Marie Roberts, leaves for a prayer group while Charles Roberts drops his three children at the school bus stop. Then, instead of heading for a mandatory drug test scheduled by his employer\(^\text{28&29}\), he drives to Valley Hardware (a local hardware store located southeast of Strasburg), and buys some specific items (eye bolts, zip ties, nails and wood planks).

10:15am: He stops the car at the Nickel Mines Auction parking lot, near the school (see Figure 8), where an Amish eyewitness later described having seen him buying a cola from a vending machine, while watching children playing in the schoolyard. Usually, the scholars take their school break between 10:00 and 10:15\(^\text{30}\).
10:25am: Charles Roberts enters the schoolyard and parks his car just in front of the school’s main entrance. He is carrying three guns, two knives, and a bag holding 600 rounds of ammunition. He enters the school, where 15 boys, 11 girls, a teacher and some female visitors were present. Displaying a handgun, he asks the children if they had ever seen “anything like this?” They had never seen a gun before and thought it was a “piece of iron.”

From this point on, the events that took place in the school are rather unclear. On numerous occasions after the shooting, local police said that they did not want to comment on the events. According to State police Lt. A.J. Krawczel, “the troopers involved in the incident decided early on to not discuss the events publicly or individually.” According to the public statements released by the PSP officials after the shooting, it appears that Charles Roberts would have freed the 15 boys in the classroom, along with the adult women and the teacher. Then, he would have lined up

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According to Miller, Pennsylvania State Police Commissioner, cited by CNN (October 3, 2006 :10 a.m.) and by USA Today (Welch, 2006).

According to Miller, Pennsylvania State Police Commissioner, cited by Hall and Hampson (10/5/2006) and by Kocieniewski and Daewan (10/04/06).

Halland Hampson (10/5/2006).

The section commander for Lancaster’s criminal investigation division (quoted in Kelley, 2006).
the little girls in front of a blackboard and bound their feet with flex-cuffs, or disposable handcuffs\textsuperscript{36}.

A different story emerges from some media accounts (Kocieniewski and Dewan, 2006; Kelley, 2006; Reid, 2006) and research articles (Kooker, 2008). According to the authors of these articles, when Roberts entered the school and displayed a handgun asking the children if they had ever seen “anything like this?”, the schoolteacher Emma Mae Zook and her mother (who was one of the three school visitors that day) ran away through the side door. A boy ran outside to get the schoolteacher back but he could not find her. It is not clear if he came back or not. Also, Miss Zook’s sister, Ruth Ann, who was one of the 11 Amish girls in the classroom, ran out. The two adult women remaining in the school tried to comfort and encourage the children who were in shock; at that point, Roberts told them that nothing wrong would happen if they listened to him. According to this version of the facts, Roberts would have returned to his truck and then come back carrying a box with tools, tape, lubricating jelly, and plastic ties, in a nylon bag. Based on the nylon bag’s content, the police supposed later that he intended to sexually assault the girls.

As previously mentioned, this version of the facts is different from the official one, which states that Roberts has carried all the tools and guns, since the first time he entered the school, and that all the adult women in the school and the Amish boys fled the school at the same moment, when they were released by Roberts.

\textbf{10:35am}: A “9-1-1” call is received at Lancaster County Wide Communications (LCWC) Center\textsuperscript{37}: “There's a, there's a guy in the school with a gun”\textsuperscript{38} says the caller. After the shooting, during the press conference, the police neither released the name of the caller, nor disclosed the fact that the schoolteacher would have run out when Roberts entered the school, but mentioned instead that the boys and the women visitors were released before the massacre. This ambiguity in the public statements made by the PSP officials, made the people, and the media, think that the call was placed by the Amish schoolteacher who, after being released along with the boys and the other women, would have ran to a nearby farm equipped with a telephone, and would have placed the emergency call. Moreover, in a press conference, Miller, the Pennsylvania State Police Commissioner, said that “The teacher who was released was able to alert authorities.”\textsuperscript{39} A different version of the facts emerged when the police released parts of the transcript of the 9-1-1 calls received from Nickel Mines that day. According to the transcript of the 9-1-1 calls,\textsuperscript{40} the caller identified himself as being Amos Smoker, an Amish farmer who saw Roberts entering the school. At that moment, he ran to a nearby farm and placed an emergency call at \textit{LCWC Center}; the dispatcher put him in contact with the \textit{PSP Communication Center}.

While this conversation was taking place, Roberts freed the women who were visiting the school that day, and, minutes later, the Amish boys. Only Roberts and 10 Amish girls remained in the school.

\begin{footnotes}
\item[36] Hall and Hampson (10/5/2006).
\item[37] The center that provides 9-1-1 services to the County of Lancaster, Pennsylvania.
\item[38] the transcript of the 9-1-1 calls released on October, 6, to \textit{The Associated Press}.
\item[40] the transcript was first released on October, 6, to \textit{The Associated Press}; its content was further print in the media; see “References”, for further information.
\end{footnotes}
From the inside, the girls could see the boys who did not know what to do; some of them had sisters in the school and remained in the schoolyard; others began to pray; others gathered near a house in the neighbourhood.  

10:41am: Amos Smoker calls again asking the LCWC dispatcher: “Did someone call in for police at a school?” During the conversation (he was again asked to repeat the name of the school and the location and he was again put in contact with the PSP communication center), it seems that the PSP troops arrived in the neighbourhood, because suddenly Smoker said “OK, someone's coming out,” and hung up.

Sometime between the first and the second 9-1-1 call the Pennsylvania State Police (PSP) decided to dispatch troops to the scene. At that time, Roberts was barricading the doors with some desks and game tables and pulling the curtains over the windows.

10:44am: According to Pennsylvania State Police (Annual Report, 2006, pp. 35), the first 3 PSP units arrive at the school and report that “all of the doors are locked and the shades are pulled, making it impossible to view the interior of the building.” As LCWC dispatchers report that “there could be as many as 26 people inside the school with the gunman” (Kelley, 2006), the first respondents request LCWC dispatcher to call for more PSP units and for EMS units.

10:50am In response to the LCWC request for more troops, Christiana EMS (Del.), Bart Fire Company's Quick Response Service (QRS) and seven more PSP units arrive at the school, and Bart Fire Company's Quick Response Service (QRS) sets up a perimeter of security around the school. Sgt. Doug Burig, the first PSP commander in chief at the scene, adopts a cautionary approach, ordering that the PSP units “be careful, stay invisible” and advising EMS units to “stage at a nearby farm.” Apparently, this strategy was intended to calm down Roberts and to give PSP units more time to prepare themselves in order to enter the school without putting the hostages’ lives in danger.

10:51 - 10:55am: One qualified negotiator (apparently from SWAT) tries to negotiate with Roberts, from outside, asking him to stop the assault and to come out.

10:55am: Roberts calls 9-1-1 (LCWC). This is the third call on the tape. The tape containing the conversation will show later that the dispatcher tried unsuccessfully to negotiate with him and to convince him to talk to the police. He only said: “It's on White Oak Road. I just took, uh, 10 girls hostage, and I want everybody off the property or, or else, ” […] “You tell them, and that's it. Right now or they're dead, in two seconds.” The next second, the dispatcher heard him telling the girls that "I'm going to make you pay for my daughter," and then he hung up. LCWC dispatcher notified PSP troops about this conversation and provided them with Roberts’ cell number.

10:56am Bart Township QRS and Christiana EMS are asked to comply with Roberts’s ultimatum and step back; they retreat but they don’t leave. Instead they stage at the Nickel Mines Auction House. Bart Township QRS requests an ALS (Advanced Life Support) unit and an air medical resource.

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41 Kelley, 2006.
42 Transcript of 9-1-1 calls: see “References”, for further information.
43 At 10:38, according to the PSP Annual Report (2006), p. 36.
45 The transcript of the 9-1-1 calls (Welch, 2006).
(SkyFlight Care)\(^{47}\). During this time, the PSP troops try to approach the school in order to enter, while the negotiator is constantly trying to reach Roberts on his cell number, but he does not answer.

**10:58am:** LCWC receives a new 9-1-1 call, coming from Marie Roberts.

She says that her husband called her at about 10:50, but did not tell her where he was; he only told her that the police “was there”, but that there was "nothing to worry about.” Then he told her that “he was upset about something that had happened 20 years ago”\(^{48}\), and that “he was getting revenge for it.” She also says that she does not think "he was getting revenge on another person.” Then she says that “she is worried he would trying to commit suicide” because he told her he had left a suicide note in the house.\(^{49}\)

The call is immediately transferred to the *PSP Communication Centre* and the dispatcher asks her to describe her husband and the vehicle he is driving.\(^{50}\)

This was probably the precise moment when PSP officials confirmed the identity of the man in the school.

Being asked by Bowmen\(^{51}\) to read the suicide note over the phone, Marie quotes: "the thought of not seeing my children grow up…. my daughter Abigail I want you to know that I love you and I'm sorry I couldn't be here to watch you grow up.” Then, according to the transcript of the 9-1-1 call, “the line goes dead.”

The transcript of the 9-1-1 call placed by Marie Roberts at 10:58 reveals that Charles Roberts wanted to get revenge for “something” that happened in the past. Also, in his suicide note that Marie read over the phone, he only said how sorry he was for not being able to see his children grow up. After the shooting, police will say that Charles told his wife over the phone that he had “molested young relatives 20 years ago”\(^{52}\) and that he wrote in his suicide note that “he was dreaming about molesting children again.”\(^{53}\) None of these facts are mentioned in the transcript of the 9-1-1 call placed by his wife that day. Also, the first page of his suicide letter that will be released later by the police, does not mention such an event.

**11:03am:** Five minutes go by and nothing changes on the scene. The troops are still reluctant to enter the school. At 11:03 Roberts opens fire in “rapid succession,” killing Anna Mae Stoltzfus and injuring all the other girls. At this precise moment the troops break a window and enter the school. He then reloads the shotgun and kills himself. The PSP officials report that everyone inside the school sustained at least one gunshot wound.\(^{54}\)

---


\(^{48}\) The transcript of the 9-1-1 calls received by LCWC that day. Associated Press (see references, “transcript of 9-1-1 calls”).

\(^{49}\) The transcript of the 9-1-1 calls received by LCWC that day.

\(^{50}\) That day Roberts took the GMC pickup truck belonging to Marie’s grandfather.

\(^{51}\) The State Police officer at the *PSP Communication Centre*, who took her call

\(^{52}\) Levin, 2006.

\(^{53}\) CNN[3], 2006.

Besides the girl shot dead by Roberts, two other girls die soon after: Naomi Rose Ebersol dies minutes later in the schoolyard and Marian Fisher is pronounced dead on arrival at Lancaster Hospital. Two others who were seriously injured die in hospitals on the second morning.\textsuperscript{55}

\textbf{11:10am:} The PSP makes radio contact with dispatchers describing the incident as “a mass casualty with multiple children shot” (Kelley, 2006). In response, LCWC activates its Emergency Plan, dispatching a great number of units, including 12 ambulances and numerous EMS units with ALS\textsuperscript{56} capabilities as well as one Mass Casualty Response Trailer (MCRT) equipped with modern communications technology, to serve as command centre for the state police. Later on, a second MCRT trailer is requested and Chester County Emergency Services arrives at the scene bringing a second MCRT trailer.

In response to the PSP’s declaration of the incident as a “mass casualty”, in addition to the numerous EMS teams that arrived from Lancaster County, other teams arrive from other counties in the area (see Table 3). Immediately after the shooting, the PSP commander declares the scene “safe”, and the troops transport the Amish girls in the schoolyard. Then the incident commander rushes the EMS units to enter the schoolyard, where they put in place the triage and treatment process.

\textbf{11:22am:} The PSP announces through dispatchers that the shooter and one girl are dead inside the school and asks the coroner to come to the scene. The schoolyard looks like a battlefield where numerous EMS teams with various capabilities and equipment (BLS\textsuperscript{57}, ALS\textsuperscript{58}, air transportation emergency equipment) are fighting to save the lives of 8 little girls. As numerous EMS teams are present, the victims are transported to different hospitals and trauma centres according to those assigned, per protocol, to each EMS team.

\textbf{12:40am:} All the wounded girls have already been sent by air or ground transportation to a particular hospital; some of them were later redirected to other hospitals (see Table 3 and Figure 9).

<table>
<thead>
<tr>
<th>Order in which the girls were flown from the scene</th>
<th>Approximate time of arrival to the final destination</th>
<th>Patient</th>
<th>Final condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>About 1pm; Hershey Medical Center was notified of the accident “soon after noon”; then, it sent its two Penn helicopters (it takes 15 minutes to prepare the crew)</td>
<td>Lena Miller is flown in helicopter to Hershey Medical Center (see map, Figure 9).</td>
<td>Dies the next day</td>
</tr>
</tbody>
</table>

\textsuperscript{55} Levin and Parker (10/03/2006).
\textsuperscript{56} Advance Life Support services
\textsuperscript{57} Basic Life Support services.
\textsuperscript{58} Advanced Life Support services.
and the helicopter to take off; then one helicopter came back with the patient

<table>
<thead>
<tr>
<th></th>
<th>“Monday afternoon” (Press Conference, Philadelphia Children’s Hospital, October 2)</th>
<th>Rachel Stoltzfus is flown in helicopter to Philadelphia Children’s Hospital (see map, Figure 9).</th>
<th>Survives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>“Monday afternoon” (Press Conference, Philadelphia Children’s Hospital, October 2)</td>
<td>Barbie Fisher is flown in helicopter to Reading Hospital; from there, she is later flown to Philadelphia Children’s Hospital (see map, Figure 9).</td>
<td>Survives</td>
</tr>
<tr>
<td>2</td>
<td>Arrival time unknown</td>
<td>Mary Liz Miller (Lena Miller’s sister, who was flown to Hershey Medical Center) is flown by helicopter to Christiana Hospital in Delaware (see map, Figure 9).</td>
<td>Dies the next day</td>
</tr>
<tr>
<td>3</td>
<td>Sarah Ann Stoltzfus <strong>arrived at</strong> Philadelphia Children’s Hospital “Monday afternoon” 1:35 pm: Esther and Rosanna King arrived at Hershey Medical Center</td>
<td>Esther and Rosanna King along with Sarah Ann Stoltzfus are transported by ambulance to Lancaster General Hospital. Esther and Rosanna King are later transferred to Penn State Children’s Hospital in Hershey (Hershey Medical Center- see map, Figure 9) while Sarah Ann Stoltzfus is later transported to Philadelphia Children’s Hospital (see map, Figure 9).</td>
<td>All of them survive. Esther King was in better condition; she took less shots because after the first shot, <em>she pretended to be dead</em></td>
</tr>
<tr>
<td></td>
<td>Departure and arrival time unknown</td>
<td>Marian Fisher is transported by ambulance to Lancaster Hospital (see map, Figure 9)</td>
<td>She was pronounced dead on arrival at Lancaster Hospital</td>
</tr>
</tbody>
</table>

Air transport service providers: Sky Flight Care (Brandywine Hospital, Chester County); Lifenet 6-1 (Christiana, Del.); Pennstar 2 (West Chester); Pennstar 4 (Reading); and Medevac 6 (West Chester).

**Table 3: The triage & Transportation Process**
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*Sources: Based on various information in the media, official statements, press conferences (Lancaster General Hospital; Philadelphia Children’s Hospital; Penn State Hershey Medical Center); TLC TV channel News, 02/10/2006; Bart Township QSR’s website (see “References” for further details).*
5. Crisis Management

As shown in our Crisis Management framework, the crisis management process consists of three different stages: prevention and preparation (“proactive crisis management”), intervention and communication (“crisis management throughout the crisis”) and recovery (“post-crisis management”).

5.1 Prevention and Preparation (“proactive crisis management”)

Having described the Amish community, its aversion toward technology and its lack of a sense of danger, it is easy to understand why the School Board did not have a Crisis Management Plan in place at the time of the shooting. The lack of such a plan and of any advice previously given to the children with regard to such an event, along with the insulated nature of the Amish culture are the main reasons behind the scholars’ high state of “disbelief” when Roberts first entered the school.
Just as in the case of Columbine High School (USA) where, seeing the shooters outside the school, some students thought it was part of a senior prank, so instead of running away, they actually went towards the killers, and in the case of Dunblane School (Scotland), where the Headmaster never thought that the noises he heard were gunshots, instead assuming that they came from a nearby construction site, such was the case for the Amish scholars, who did not anticipate what would happen when Roberts entered the school. Since they had never seen a gun before and thought it was a “piece of iron”, they didn’t run away, but stayed there, unsuspecting.59

Regarding other crisis stakeholders:

a) Lancaster County (Pennsylvania) and the PSP had a “Mass Casualty Response Plan” (MCI) in 200660.

b) The Emergency Medical Services (EMS) units were prepared to intervene in emergency situations in accordance with the rules and regulations of the “Lancaster County Mass Casualty Response Plan” (MCI), but they also needed to comply with other specific rules stated in the BSL61 protocol.

5.1.1 The Intervention Plan of the EMS Units

In Pennsylvania, EMS units offer three types of services in case of an emergency situation:

- **Basic Life Support (BLS) services** which are basic ambulance services provided by trained respondents (emergency medical technicians, EMT) who are BLS certified; they assist with basic life-saving techniques (prehospital medical care), including those of preventing additional injuries which could eventually occur during patient’s transportation. This type of service does not include drug therapy. Firefighters and police officers are often BLS certified.

- **Advanced Life Support (ALS) services**, which are provided by EMS units staffed with qualified medical personnel (technicians, paramedics and sometimes with medics) and equipped with specialized equipment (intubation and others). This type of service includes drug therapy.

- **Quick response services (QRS)**, which are basically BLS services and, eventually some basic ALS services. QRS units are “Fire based” (distinctive units of Fire Companies) or “EMS based” (distinctive teams inside an EMS unit). Consequently, firefighters and EMT (emergency medical technicians who staff EMS units) are often QRS certified.

Some EMS units are qualified to offer only BLS services, while others are qualified to offer ALS and BLS services. Some EMS units are “transport capable units”, while others do not transport patients, but instead, consist of teams staffed with paramedics and nurses certified in pre-hospital care, and provide assistance to local ambulance crews.

61 Basic Life Support services
Some “transport capable units” are equipped with ground transportation means, while others are specialized in rapid air transportation and have their own communication center and their own dispatchers. Some EMS units offer routine ambulance transports and other forms of transport, such as “wheelchair Van transports” or “Medical taxi transports”.

In 2004, the Lancaster County EMS Council developed a new improved Mass Casualty Response Plan (MCIP)\(^\text{62}\) that states the EMS teams’ responsibilities and describes the chain of command (Figure 10).

In addition to the rules with which EMS units must comply in accordance with the Lancaster County MCIP, there are additional guidelines described in the “Basic Life Support Protocols” document, developed by the Bureau of Emergency Medical Services of the Pennsylvania Department of Health\(^\text{63}\), according to which:

\[
“\text{EMS personnel are permitted to perform patient care, within their PA defined scope of practice, when following the appropriate protocol(s) or when following the order of a medical command physician.}[\ldots]\text{If violence or weapons are anticipated:}
\]

1. EMS personnel should wait for law enforcement officers to secure scene before entry.
2. Avoid entering the scene alone.
3. If violence is encountered or threatened, retreat to a safe place if possible and await law Enforcement."\(^\text{64}\)

According to this protocol, the EMS response (time, equipment and other resources) should be consistent with the category of the “call at dispatch” as directed by the dispatch centre, but it may be “adapted later if new information is provided by the dispatch centre”.

\[^{62}\text{Pennsylvania Mass Casualty Response Plan (MCIP), 2004.}\]
\[^{63}\text{1 September, 2004; Updated procedures on November 1, 2006.}\]
\[^{64}\text{Basic Life Support Protocols, Procedure 1, page 1. The Bureau of Emergency Medical Services of the Pennsylvania Department of Health, 1 September, 2004.}\]
According to the same protocol, in order to transport the patient, the most appropriate means of transportation (ground versus air) should be selected.

Thus, the medical condition of the patient is categorized according to its gravity in two categories: “category I trauma” and “category II trauma”.

Each trauma center falls in one of the following three categories: first, second or third level. At the time of the shooting Pennsylvania had 28 certified trauma centers across the state\(^65\) from which 6 were in Southeast Pennsylvania:

- Lancaster General Hospital
- The Reading Hospital and Medical Center (Berks County)
- The Hospital at the University of Pennsylvania (Philadelphia)
- Abington Memorial Hospital (Montgomery County);
- Crozer Chester Medical Center (Chester County)
- Christiana Hospital (Delaware County)

\(^65\) Chester County Trauma Center, “Fact Sheet”, 2007.
Lancaster General Hospital is the only *Trauma Centre* (Level 2) in Lancaster County. Back in 2006, there were no *Level 1 Trauma Centres* in Lancaster County. Philadelphia Children’s Hospital was the nearest *Level 1 Trauma Centre*.

![Figure 11 Trauma Centres in Southeast Pennsylvania](http://geology.com)

*Sources: Pennsylvania map retrieved from [http://geology.com](http://geology.com); list of trauma centres provided by Chester County*

According to the MCIP Plan, for a “category I trauma” patient, the EMS team should transport the patient by a mode of transportation that assures the patient’s arrival at the *nearest trauma center* of first or second level in the *least amount of time*, and in less than 45 minutes. If the most rapid transportation mode can’t assure the transportation of the patient to the nearest *trauma center of first or second level* in less than 45 minutes, he or she can be taken to a *level 3 trauma center* only when it is faster by ground than by air.\(^{66}\) If neither one of these situations is feasible, “the patient will be transported to an ED unit.”\(^{67}\)

For a “category II trauma” patient (i.e. in a less serious medical condition), the air transportation should be considered if and only if ground transportation to a trauma center, irrespective of its category (1, 2, or 3) can’t be accomplished in less than 30 minutes. However, the protocol states that air transportation should be privileged for patients with a GCS score\(^{68}\) less than 8 (*and many Amish girls shot had a GCS score less than 6*)\(^{69}\) and for those who require advanced airway techniques (*that was the case for several Amish girls*\(^{70}\)).

\(^{66}\) In some situations, depending on the amount of time required for arrival of an air ambulance, patient preparation by the air medical crew, and patient loading, air transportation may take longer than ground transportation.

\(^{67}\) Medical Education Unit.

\(^{68}\) The GCS score measures three types of patient response (vision, verbal and motor) and ranges between 3 (the worst) and 15 (the best).


5.1.2 The Lancaster County Emergency Plan (Including the PSP Intervention Plan)

The MCI plan of Lancaster County states measures to be taken for each of the 4 categories of incident envisaged by the plan and lists the necessary resources (EMS staff and equipment) for each of them (Table 4).

<table>
<thead>
<tr>
<th>Level</th>
<th>Number of persons involved</th>
<th>Rescue teams and equipment needed</th>
<th>Scope of the intervention</th>
</tr>
</thead>
</table>
| Level I MCI | An incident involving from 3 to 5 patients | - 3 transport-capable EMS units of which at least 1 is an ALS unit.  
- 1st Alarm Fire/Rescue Assignment | Local resources only are mobilized |
| Level II MCI | An incident involving from 6 to 10 patients | - 6 transport-capable EMS units, of which at least 2 are ALS units.  
- 1st Alarm Fire/Rescue Assignment, plus 1 additional Rescue Team.  
- 1 EMS Helicopter placed on standby | May require additional county and/or regional resources. |
| Level III MCI | An incident involving from 11 to 25 patients | 9 transport-capable EMS units of which at least 3 are ALS units.  
- 2 QRS units (Fire or EMS based).  
- 1st Alarm Fire/Rescue Assignment, plus 1 additional Engine and Rescue.  
- 1 EMS Helicopter.  
- 1 Bus (School, Commercial, etc.).  
- 1 MCI Trailer.  
- 1 Out-of-County Regional EMS Strike Team alerted and placed on standby:  
- LCWC Field Communications Unit. | May require regional and/or State resources |
| Level IV MCI | An incident involving 26 or more patients | - 15 transport-capable EMS units, of which at least 5 are ALS units.  
- 3 QRS Units (Fire or EMS based).  
- 1st Alarm Fire/Rescue Assignment, plus 2 additional Engines and 2 Rescues.  
- LCWC Field Communications Unit.  
- 2 EMS Helicopters.  
- 2 Buses (School, Commercial, etc.).  
- 1 or 2 MCI Trailers.  
- 1 Out-of-County Regional EMS Strike Team. | May require State and/or national resources |

Table 4: MCI Plan, Pennsylvania, Lancaster County

Source: Pennsylvania Mass Casualty Response Plan (MCIP), 2004; William M. Kanoff, Lancaster County EMS Council

The first link of the “chain” in case of an emergency situation in Lancaster County is Lancaster County’s 9-1-1 center (Lancaster County Wide Communication center, LCWC) staffed with 75 dispatchers in total, and 16 administrative personnel responsible for radio maintenance and database administration. Because the nature of his/her duties, a dispatcher works in shifts of 12/24 and, consequently, 15 of the 75 dispatchers are on duty every day at the LCWC center.

---

71 LCWC website
The Lancaster County Wide Communication center’s dispatchers are responsible for taking the 911 calls and therefore they are said to be “call takers”. In 2006, they received about 595 emergency calls per day (Figure 12).72

Some of these calls involved the police only, while others involved EMS teams or Fire companies; some of them involved more than one of the above units. The decision regarding where the 9-1-1 calls should be further routed rests with the LCWC dispatcher. Thus, when a 9-1-1 calls is received, the LCWC dispatcher routes it usually to one of the five police dispatching centers in Lancaster County (one for each geographic area for a total of 4 and a fifth for Lancaster City) that is staffed with its own dispatchers. If an emergency situation needs the intervention of Fire companies or that of the EMS teams, the call will be simultaneously routed to one of the four “Fire dispatch centres” (one for each geographic area) and further handled by a second dispatcher who handles both the Fire Company and EMS dispatching in a specific area (Figure 13).

As shown in the Figure 13 an incoming 9-1-1 call is usually routed by the “call taker” at LCWC to more than one destination (police and fire dispatchers). When EMS services are needed, the “fire dispatcher” asks for EMS assistance. This network system in fact multiplies the number of messages in the system which is actually greater than the number of 9-1-1 incoming calls (Table 5).

---

Some 9-1-1 calls are routed to the Fire Company in the area; One destination among the 4

Some 9-1-1 calls are routed to the police; One destination among the 5

Incoming 9-1-1 call

A fire dispatcher handles both Fire Company and EMS dispatching in a specific area

During the emergency situation, both dispatchers remain responsible for managing communications with the troops dispatched at the scene and for loading into the CAD database all new information.

LCWC Call-taker

Computer Aid Design (CAD) system: it will suggest to the dispatcher «the units that are to be sent on the call»

Shared information between the CAD systems

Police dispatcher Zone 1

Fire dispatcher Zone 1

Police dispatcher Zone 2

Fire dispatcher Zone 2

Police dispatcher Zone 3

Fire dispatcher Zone 3

Lancaster City Fire dispatcher

Fire dispatcher Zone 4

Lancaster City Police dispatcher Zone 4

Figure 13: The LCWC Center and the Communication Protocol

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Sources: according to the information provided on the LCWC website, and based on data from the LCWC Annual Report (2006)
### Table 5

**The LCWC Center: Average Daily Number of Messages in the System (2006)**

*Source: Lancaster County-Wide Communications. Year End Report 2006, p. 4*

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS Dispatches</td>
<td>6,297</td>
<td>5,793</td>
<td>7,198</td>
<td>6,876</td>
<td>6,907</td>
<td>7,038</td>
<td>7,241</td>
<td>7,220</td>
<td>6,907</td>
<td>6,909</td>
<td>6,658</td>
<td>6,842</td>
</tr>
<tr>
<td>Fire Dispatches</td>
<td>1,829</td>
<td>1,616</td>
<td>2,037</td>
<td>2,070</td>
<td>1,994</td>
<td>2,863</td>
<td>2,301</td>
<td>1,970</td>
<td>2,065</td>
<td>2,072</td>
<td>1,976</td>
<td>1,928</td>
</tr>
<tr>
<td><strong>Total Dispatches</strong></td>
<td>33,306</td>
<td>30,126</td>
<td>34,447</td>
<td>33,088</td>
<td>35,796</td>
<td>36,665</td>
<td>36,543</td>
<td>35,294</td>
<td>34,632</td>
<td>34,800</td>
<td>32,972</td>
<td>32,166</td>
</tr>
</tbody>
</table>

| EMS % of total | 18.91% | 19.23% | 20.90% | 20.78% | 19.30% | 19.20% | 19.82% | 20.46% | 19.94% | 19.83% | 20.19% | 21.27% | 19.98% |
| Fire % of total | 5.49% | 5.36% | 5.91% | 6.26% | 5.57% | 7.81% | 6.30% | 5.58% | 5.96% | 5.95% | 5.99% | 5.99% | 6.03% |
| Police % of total | 75.60% | 75.41% | 73.19% | 72.96% | 75.13% | 73.00% | 73.89% | 73.96% | 74.09% | 74.19% | 73.81% | 72.74% | 73.99% |

| Avg. Daily | 203 | 207 | 232 | 229 | 223 | 235 | 234 | 233 | 230 | 223 | 222 | 221 | 224 |
| EMS | 59 | 58 | 66 | 69 | 64 | 95 | 74 | 64 | 69 | 67 | 66 | 62 | 68 |
| Fire | 812 | 811 | 813 | 805 | 868 | 892 | 871 | 842 | 855 | 833 | 811 | 755 | 831 |
| Police | 1,074 | 1,076 | 1,111 | 1,103 | 1,155 | 1,222 | 1,179 | 1,139 | 1,154 | 1,123 | 1,099 | 1,038 | 1,123 |
| **Avg. Daily Total** | 9-1-1 Calls Rec’d | 16,984 | 15,593 | 17,867 | 18,285 | 18,831 | 19,675 | 19,908 | 18,708 | 17,894 | 17,867 | 18,152 | 17,569 | 217,333 |
| Avg. Daily 9-1-1 | 548 | 557 | 576 | 610 | 607 | 656 | 642 | 603 | 596 | 576 | 605 | 567 | 595 |

5.2 Intervention and Communication ("crisis management throughout the crisis")

The process of intervention and communication is shown in Figure 14.
Charles Roberts enters the schoolyard and parks his car just in front of the school's main entrance. He enters school.

Roberts frees the women who were visiting the school that day, and, minutes later, the Amish boys.

Bart QRS and Christiana EMS are asked to comply with Roberts's ultimatum and step back; they retreat.

Bart QRS requests an ALS unit and an air medical resource (SkyFlight Care)

Marie Roberts calls LCWC and asks that all the troops step back.

Roberts calls his wife.

The LCWC dispatchers report that there could be as many as 26 people inside the school with the gunman.

The first 3 PSP units arrive at the school.

The PSP units request the LCWC dispatcher to call for more PSP units and for EMS units.

Christiana (Del.) and Bart Fire (QRS) and seven more PSP units arrive at the school; they were told by the LCWC that they would have to deal with "an emotional problem". Bart Fire (QRS) sets up a perimeter of security around the school; all the troops are ordered by the incident commander to remain in "stand by".

One qualified negotiator (apparently from SWAT) tries unsuccessfully to negotiate with Roberts (from outside)

Charles Roberts enters the schoolyard and parks his car just in front of the school's main entrance. He enters school.

Roberts opens fire in "rapid succession".

A "9-1-1" call is received at LCWC

PSP decide to dispatch troops to the scene

Amos Smoker calls again the LCWC

The first 3 PSP units arrive at the school

The PSP makes radio contact with dispatchers describing the incident as "a mass casualty with multiple children shot."

In response, LCWC activates its Emergency Plan

All the wounded girls have already been sent by air or ground transportaton to various hospitals.

The troops break a window and enter the school.

The troops make radio contact with dispatchers describing the incident as "a mass casualty with multiple children shot."

In response, LCWC activates its Emergency Plan

More EMS units arrived: 69 fire companies from eight counties; 12 ambulances with 20 ambulance crews; five EMS helicopters and four PSP helicopters; Sky FlightCare Air-Medical services; Pennstar Flight

Figure 14: Crisis Management & Crisis Communication

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5.2.1 Police Intervention

Police intervention was judged as “excellent” by some analysts\textsuperscript{73} and as “a police blunder” by others\textsuperscript{74} who firmly criticized the PSP’s “wait & see” strategy describing it as “a textbook example showing how quickly and efficiently killing can commence in the presence of a closely established police containment perimeter.”\textsuperscript{75}

According to Armellino (2007) the strategy largely used by the police in the case of school shootings consists of taking a gradual approach in order to protect the lives of those inside the school, as well as the lives of those in the crowd that forms rapidly outside the school in such a situation. Armellino criticizes the “institutional resistance to change”, arguing that, when a perpetrator “in a simple one-room school is able to shoot every child in the presence of a crowd of armed police officers – tactics must be reviewed and possible alternative options considered”.

As previously mentioned, the first three PSP troops arrived at the scene at 10:44, 19 minutes before the shooting began, but at 10:50, when Sgt. Douglas Burig, the PSP incident commander\textsuperscript{76} arrived at the scene (see Figure 10 for more information about the chain of command and the role of the “incident commander”), he ordered them to “be careful, stay invisible.”\textsuperscript{77} According to Rick Armellino (2007), upon their arrival the PSP troops would have asked for permission to approach the school, but the permission would have been denied, as Lancaster Police was likely waiting for the SWAT teams.

Like in many other cases that we have studied (such as Columbine School and Virginia Tech shootings), the shooting took place while the police troops were already at the scene, but remained outside the school, trying to corroborate their actions with those of the medical teams, to set up a crisis management centre, and to establish a perimeter of security, as required by various written procedures. In fact, in 1999 when a school shooting occurred at Columbine High School, the \textit{Columbine Review Commission}\textsuperscript{78} criticized this kind of approach taken by the police, and recommended that in such a situation, police take all the necessary measures “to stop any ongoing attack in the school” instead of wasting time outside the school, trying to comply with numerous rules and regulations. Analyzing the police intervention in the Amish school shooting, Armellino (2007) concluded that “The longer this incident progressed, the higher up the chain of command the decision-maker was likely to be”. This conclusion in fact supports the recommendation made in 1999 by the \textit{Columbine Review Commission}, concerning the need for rapid intervention in such a situation.

\textsuperscript{73} “Lancaster County officially honoured dozens of emergency workers and departments that responded to the Oct. 2 schoolhouse shooting in Bart Township” (Bart Township QSR team Press release, August 18, 2006); retrieved from their website, http://www.bart51.com/, on October 26, 2008); in a press conference, Bart Township Fire Company EMT Dennis Fromm lauded “state police” (meaning all the “troopers”) for their involvement (Jennifer Todd, 2006).

\textsuperscript{74} Rick Armellino, Director and CEO of Baker Ballistics, in his article “Revisiting the Amish schoolhouse massacre,” August 22, 2007, http://www.policelone.com/active-shooter/articles/1290372/; Note: this website is a privately held one first registered on June 2, 1999 and does not represent the official opinion of any police body or other law enforcement agency.

\textsuperscript{75} Armellino, 2007.

\textsuperscript{76} Jones, 2007.

\textsuperscript{77} Kelley, 2006.

\textsuperscript{78} See the case “Columbine High School Shooting”
In some of these cases that we studied, before the crises arose, police had a clue of what could happen but did not arrest the suspects (Columbine, Virginia Tech and Dunblane school shootings) even in the presence of previous criminal records (Columbine); in other cases, the police arrested the suspect but then released him (Finland school shooting, 2008). In both situations police claimed to not have had sufficient proof (according to the established procedures in place) to intervene and retain the suspects, only to have, some time later, the same suspects accomplish their plans. This serves as another example of how a regulation created to improve the quality of decision making, could work counter to the very objective intended by those who formulated the regulation.

Also, as the timeframe of a school shooting is rather short, the qualified police teams\(^79\) do not have sufficient time to arrive and promptly intervene, while the patrol responders, who are usually the first to arrive at the scene and are in the best position to promptly intervene, have limited authority to act (Armellino, 2007). In fact, even if the latter were better equipped and trained, they would still not have the authority to intervene, because, according to established procedures, they are required to wait for “off-site command decisions”. Armellino (2007) concludes that “Patrol responders are the most important law enforcement asset available during the early stages of a potential or active school massacre” and that “Immediate Action Rapid Deployment (IARD) procedures need to become a common and well practiced function of patrol.”

Another operational flaw observed in the case of the Amish school shooting as well as in other school shootings, concerns the communication process between the various rescue teams. The PSP and Bart Township’s QRS both were asking for more help as the situation got worse. First, they asked for “classic” EMS services (BSL services provided by the ambulance teams which are also responsible for the ground transportation of the injured people to various hospitals in their respective area); afterwards, they asked for ASL services (provided only by some EMS units that are qualified to offer also these services along with the BSL services); finally, they asked for flight medical services, which are usually provided by specialized EMS units that have their own control centre and one or more helicopters equipped with specialized equipment for ALS and BLS services. These parallel actions taken by the PSP and Bart Township’s QRS, as well as the various messages sent by LCWC dispatchers, resulted in the arrival of too many EMS teams, which, instead of making the process more effective, contributed to its complexity.

5.2.2 The EMS Teams and the Communication between Them and the PSP

When police entered the school, one Amish girl and the shooter were dead. At that point EMS teams were rushed to enter the schoolyard. They helped the PSP to transport the 9 injured girls into the schoolyard, where a second Amish girl, Naomi Rose Ebersol, died minutes later, and from where the other 8 remaining girls had to be transported to hospitals.

According to the EMS intervention protocol described in Figure 10, we suppose that the first triage identified two patients with a priority “4”\(^80\) (Roberts and one girl shot dead) and eight more patients to whom various priorities would likely have been assigned. Nevertheless, it seems that few if any of these patients could benefit immediately from the medical assistance needed by a “category I trauma” patient (priority assigned: “immediate”, see Figure 10), since only BSL services had been

\(^{79}\) SWAT or others.

\(^{80}\) See Figure 10.
requested by PSP and Bart Township’s QRS. Finally, a second triage process revised the first “diagnosis”, and EMS units providing ASL services and air transportation services were requested. These aspects will be further discussed in a later paragraph.

As previously mentioned and as shown in Figure 10, the incident commander responsible for overall management of the incident should also coordinate (although indirectly) the EMS units’ response. As EMS units had been advised to “stage at a nearby farm” and as the BSL protocol required that they should “wait for law enforcement officers to secure scene before entry”, it seems that EMS’ first response complied with the rules and regulations stated in the “Basic Life Support Protocols”, and with PSP requirements.

Nevertheless, the number and the variety of the EMS teams at the scene were not justified, and reflected the poor communication process between PSP and Bart Township QRS who, independently from one of another, asked for more EMS teams and for more ambulances and ground transportation means (Table 6).

\[ \text{\textsuperscript{81}} \text{See paragraph “The Crisis”} \]
EMS response: General presentation of the main agencies present at the scene (state agencies, EMS units, Air Medical Services units, Fire Companies and QRS units)

<table>
<thead>
<tr>
<th>Name and area served</th>
<th>Staff &amp; Personnel Equipment</th>
<th>Distinctive Competencies &amp; Skills</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATE UNITS</strong>: 100 state agencies and police officers (Kelley, 2006)</td>
<td></td>
<td></td>
<td>According to the information provided on their website, “The LEMA Emergency Operations Center, in close collaboration with the County Commissioners, County Administrator, local Emergency Management Agencies (municipalities within the county), and emergency service organizations coordinates actions that take place during large scale emergency situations (including terrorism situations)”.</td>
</tr>
<tr>
<td><strong>Lancaster County Emergency Management Agency (LEMA)</strong> is the local representative of Federal Emergency Management Agency (FEMA) and acts under its coordination. LEMA is co-located with Lancaster County-Wide Communications, the 911 Center in northern Lancaster County in Manheim. Website: <a href="http://www.lema.co.lancaster.pa.us/lema/site/default.asp">www.lema.co.lancaster.pa.us/lema/site/default.asp</a></td>
<td>6 full time employees. Staff: - Emergency Management - Coordinator (Director) - Deputy Coordinator - Hazardous Materials Administrator - Training Officer - Emergency Medical Services Coordinator, - Administrative Assistant.</td>
<td>Procedures and consulting: LEMA’s emergency plan is based on &quot;All Hazards&quot; approach and deals with many scenarios, including physical attack, natural and technological threats.</td>
<td></td>
</tr>
<tr>
<td><strong>Lancaster Country EMS (LCEMS)</strong> Located south of Charlotte/Mecklenburg County NC Website: <a href="http://www.laems.com/">http://www.laems.com/</a></td>
<td>Quality Assurance Team (6 members) Auxiliary Team (10 members)</td>
<td>- Large scale of operations: Third-service provider of out-of-hospital care in Lancaster county; 61,000 residents dispersed on 540 square miles benefit from their services (according to the information provided on their website). - Important networking: LCEMS is Member of STAR Team (Technical Advanced Response Team) “a multi-agency, multi-functional team of 80 members, made up of medics, law enforcement officers, and firefighters from Lancaster Fire Department, Police Department, County Sheriff's Office, and County Emergency Management Division”. - Availability and core competencies in ALS: Advanced Life Support services provided 24/7</td>
<td>Emergency out of hospital care 24/7; Non-emergency transportation Advanced Life Support care 24/7, including “aggressive care of potential heart attacks, Rapid Sequence Intubation (RSI), and Continuous Positive Airway Pressure (CPAP)”.</td>
</tr>
<tr>
<td><strong>Susquehanna Valley EMS</strong> Serves all the destinations in the western and southern parts of Lancaster County (stations located in Landisville, Mount Joy, Columbia and Willow Street)- see map, Figure 9. Website: <a href="http://www.svems.org/ourstaff.htm">http://www.svems.org/ourstaff.htm</a></td>
<td>60 emergency technicians; 42 paramedics, support staff; 22 volunteers 14 ambulances (MICU), 7 wheelchair vans</td>
<td>Large coverage area, well staffed and well equipped team, core competencies in ALS (Advanced Life Support) services</td>
<td>911 emergency transportation and medical services in the western and southern parts of Lancaster County. - non-emergency transportation within the Susquehanna Valley ALS (Advanced Life Support) and BLS (Basic Life Support) service</td>
</tr>
<tr>
<td>Organization and area served</td>
<td>Staff &amp; Personnel Equipment</td>
<td>Distinctive Competencies &amp; Skills</td>
<td>Services</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ephrata Hospital Advanced Life Support</td>
<td>ambulance staff and medic crew; Medic-4 and Medic-9, teams staffed with paramedics and nurses certified in pre-hospital care and by volunteer technicians</td>
<td>ALS (Advanced Life Support) services “Medic crew” in permanent contact with the Emergency Department physicians at Ephrata Community Hospital</td>
<td>ALS (Advanced Life Support) and BLS (Basic Life Support) services “While on the scene, the Medic crew is in communication with the Emergency Department physicians at Ephrata Community Hospital. Medic units do not transport patients—but they provide assistance to local ambulance crews”.(EHALS website)</td>
</tr>
<tr>
<td>Located inside the Ephrata Community Hospital (EHALS), Lancaster County (see map, Figure 9) Website: <a href="http://www.ephratahospital.org/Default.aspx?Page=Medic">http://www.ephratahospital.org/Default.aspx?Page=Medic</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| White Horse (Lancaster County, www.whitehorsefire.org) | - local ambulance crews  
  – basic equipment: an ambulance equipped with automated early defibrillator                                                                                                                                                                                                                                                                       | No distinctive competences                                                                                                                                                                                                                                                                                                                                                                                                  | Basic Life Support (BLS) services                                                                                                                                                                                                                                                                                                                                 |
| New Holland ambulances (Lancaster County, see map, Figure 9) www.newhollandambulance.com | - local ambulance crews  
  – basic equipment : 2 ambulances                                                                                                                                                                                                                                                                                                                                                                     | No distinctive competences                                                                                                                                                                                                                                                                                                                                                                                                  | Basic Life Support (BLS) services                                                                                                                                                                                                                                                                                                                                 |
| Bart Township QRS (Quick Response Service), Lancaster County Website: http://www.bart51.com/ | Quick Response Service (QRS) is a unit of Bart Township Fire company (the 1st organization in Lancaster County to establish this Q.R.S. service)  
  12 active EMT’s (Emergency Medical Technicians). SQUAD QRS vehicle equipped with an automated external defibrillator                                                                                                                                                                                                                       | Core competencies: fire company  
  Deep implication in the community’s life (Crisis management and Post Crisis Management in Amish school shooting incident)                                                                                                                                                                                                                  | Its QRS unit provides Basic Life Support (BLS) services                                                                                                                                                                                                                                                                                                                                 |
| Manheim Township EMS (Lancaster County) (see map, Figure 1) Website: http://manheimtownshipems.org/ | 20 full-time personnel and 28 part-time personnel  
  5 ambulance vehicles and 2 vans which can be adapted for wheelchair or invalid coach transports  
  1 satellite station at the Lancaster Airport.                                                                                                                                                                                                                                                  | ALS (Advanced Life Support) and BLS (Basic Life Support)                                                                                                                                                                                                                                                                                                           | provides ambulance and related healthcare services                                                                                                                                                                                                                                                                                                                                  |
| Other ambulances                                      | Christiana EMS (no available information); see map, Figure 9  
  Others: Chester County's , Oxford, Parkesburg and Pomeroy ambulances (out-of-county ambulances)  
  All in all: 20 ambulance crews (according to information provided on Bart Township’s website)                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |
### Air medical services units

<table>
<thead>
<tr>
<th>Organization and area served</th>
<th>Staff &amp; Personnel Equipment</th>
<th>Distinctive Competencies &amp; Skills</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sky FlightCare Air-Medical services</strong>&lt;br&gt;Operations are housed in the hanger located on the Brandywine Hospital property (Chester County, see map in Figure 9).&lt;br&gt;Medical command for all flights are either handled by Brandywine Hospital Medical Command Center or by Medical Command center from the flight destination</td>
<td>- Helicopter and helicopter crew: 1 pilot, 1 nurse, and 1 medic on air&lt;br&gt;- Flight Paramedics who are Pennsylvania certified paramedics with a minimum of two years of pre-hospital care experience&lt;br&gt;- A modern communication center equipped with new computers, phone lines, CARE point system that handles the phones and radios and Aero Med dispatch with Aero mapping.</td>
<td><em>Time response:</em> Communications specialists will launch the aircraft within 2 minutes of the request being received;&lt;br&gt;<em>Staff competences:</em> Flight Paramedics are Pennsylvania certified paramedics with a minimum of two years of pre-hospital care experience&lt;br&gt;<em>Scope of services:</em> ACLS (Advanced Cardiac Life Support), BTLS/PHTLS (Basic Trauma Life Support / Pre Hospital Trauma Life Support), PALS (Paediatric Advanced Life Support), NRP (Neonatal Resuscitation Program), NREMT-P (Nationally Registered Emergency Medical Technician-Paramedic), FP-C (Flight Paramedic Certified), AMCCC (Air Medical Crew Core Curriculum), NFPA (National Flight Paramedics Association Member)</td>
<td><em>Treat and transfer</em> critically ill and injured patients between hospitals and from the scene of an incident to an appropriate medical facility (<a href="http://skyflightcare.info">http://skyflightcare.info</a>)</td>
</tr>
</tbody>
</table>

**PENNSTAR FLIGHT**: University of Pennsylvania’s Health System unity<br>- Pennstar 1 serves Bucks, Chester and Montgomery counties (see map, Figure 9)<br>- Pennstar 2 is based in West Chester (see map, Figure 9) and serves, besides its basic area, the Chester, Delaware and Montgomery counties.<br>- Pennstar 3 and Penstar 5 are part of PennTrauma Network at Saint Lukes Bethlehem Hospital, serving the Lehigh Valley.<br>- Pennstar 4 serves Reading area (see map, Figure 9)<br>- Pennstar 6 operates an Airport in Montgomery County and serves Temple University Hospital.<br><br>**Implication in the Amish school event:**<br>Pennstar 2 & Pennstar 4<br>Website: [http://www.penstarflight.com/history.htm](http://www.penstarflight.com/history.htm)<br><br>The staff includes:<br>- Physicians<br>- Nurses<br>- Paramedics<br>- Pilots<br>- Mechanics<br>- Communications Personnel<br><br>Equipment includes:<br>- seven aircraft<br>- dedicated communications center at the Hospital of the University of Pennsylvania, that supports communications between flight teams, medical centers and emergency crews.<br><br>*Staff competences:* PENNSTAR FLIGHT employs its own medical physicians experienced with flight operations and who ensure medical assistance on flights for on-scene emergencies and during patient transportation. They also provide online and offline medical directives to the medical flight crews.<br><br>*Competences and modern equipment for:* anaesthesia, emergency medicine, hyperbaric medicine, internal medicine and pulmonary critical care.<br><br>-It provides *air transportation and medical emergency assistance* to patients between medical centers, as well as “on-scene” services at the site of accidents and trauma-related incidents, within a 100-mile radius of the University of Pennsylvania Health System.

### Other air medical services units

- Lifenet 6-1 (Christiana, Del.) and Medevac 6 (West Chester).

| Table 6 Brief Description and Coordinates of the main EMS Teams Called to the Scene (according to information provided on their websites) | © C. Dumitriu, 2008 |
| Sources: Bart Township Website([http://www.bart51.com/](http://www.bart51.com/)); “Pennsylvania County Salutes Responders to Amish School Tragedy”, EMS Respondent, November 17, 2006 (for the complete agencies list); EMS agencies’ websites (for information concerning each EMS unit) | 35 |
5.2.3 Difficulties and Deficiencies in the Crisis Management Process

Jodi Lefevre, one of the first emergency medical technicians (EMT) to arrive at the scene, later described the situation as “Organized Chaos.” According to Curt Woerth, Bart Township fire chief, **69 fire companies** from **eight counties** were at the scene during and after the incident. Also, **12 ambulances with 20 ambulance crews, five EMS helicopters and four PSP helicopters** arrived at the scene (see Table 6).

The incident was managed and supervised by many **Lancaster County agencies** (The LCWC, LEMA agency, the Critical Incident Stress Management Team from **Lancaster County EMS (LCEMS)** and the MH/MR Disaster Emergency Crises Outreach Team, the Lancaster County Association of Constables and the Lancaster County coroner's office) and by other out-of-county state agencies (the incident-management team of South Central Pennsylvania Task Force, the Chester County Department of Emergency Services, etc.).

5.2.3.1 Diagnosis of the Situation

How can it be that in spite of this impressive number of police troops, and EMS units dispatched to the scene, 5 Amish girls died and 5 other remained with permanent disabilities?

In analyzing the facts, we identified 3 potential main causes of this tragic outcome:

- **a) The first “diagnosis” of the situation made by the PSP was wrong, under estimating the scope of the incident.** As shown earlier (see paragraph “The Crisis”) when the first call was received by the LCWC dispatcher at 10:35am, the caller mentioned that a man with a gun entered the school. The “call taker” then routed the call to the PSP Harrisburg Communications Center (see Figure 13). We believe that at this point PSP diagnosed the emergency case as being a **MCI I situation** (according to Table 4), because they requested only 2 EMS units to come to the scene, telling them that they would have to deal with “an emotional problem.” Nevertheless, none of these EMS units was equipped with ALS equipment nor did they provide ALS services. Later, when the first 3 PSP units arrived at the scene, they realized that the scope of the situation was much larger than anticipated and so requested that the LCWC Center dispatch more EMS units.

- **b) The second “diagnosis” of the situation made by the state agencies was also wrong, overestimating the scope of the incident in terms of potential number of victims, and underestimating it, in terms of speed of intervention needed.** At 10:44, in response to the call made by the first troops to arrive at the scene, the **LCWC Centre**, who did not know that the Amish boys had already been released by that time, notified the troops at the scene that “there could be as many as 26 people inside the school with the gunman.”

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82 Todd, October 15, 2006.
83 Todd, 2006.
84 Kelley, 2006.
87 Christiana EMS and Bart Fire Company's Quick Response Service (QRS)
88 Jodi Lefevre, an emergency medical technician (EMT) from the QRS unit of the Bart Township Fire Company, who was the first to arrive at the scene (quoted in Jennifer Todd, 2006).
We believe that this information misled the PSP troops, leading them to ask LCWC Centre to call for more PSP troops and for more EMS units. We also believe that, based on this information, the incident commander at the scene reassessed the situation and diagnosed the emergency situation as being a MCI IV situation (see Table 4). Three arguments support our hypothesis: firstly, according to the protocol stated in the Lancaster County Emergency Plan MCI (see Table 4), every incident “involving 26 or more patients” requires an MCI IV intervention; secondly, according to the same protocol, the MCI IV intervention is the only type of intervention requiring the presence of “2 MCI Trailers and one LCWC Field Communications Unit” at the scene, and these were precisely the resources deployed at the scene in this case (see paragraph “The Crisis”); thirdly, as previously stated\textsuperscript{89}, at 11:10am PSP made radio contact with dispatchers describing the incident as “a mass casualty with multiple children shot”, or, in such a situation (Table 4), many troops should be asked to come to the scene: 15 transport-capable EMS units of which at least 5 must be certified ALS, 3 QRS Units (Fire or EMS based), 2 EMS Helicopters, 2 MCI Trailers and one LCWC Field Communications Unit, one Out-of-County Regional EMS Strike Team, etc. While the presence of the air medical services units and that of the EMS units ALS certified was absolutely necessary in such a situation where 10 Amish girls were brutally shot in the head, it is difficult to understand why 20 ambulance crews (many of which being only ground transport capable and providing only BLS services) and 68 Fire companies were requested. These crews did their best, but they could not be of much help, as the situation required immediate pediatric intervention, air transportation means, and high standard ALS services. Also, the scope of such an overwhelming tragedy put to the test not only the working experience and training of the emergency crews, but also their feelings, as most of them had never faced such a difficult and dramatic situation. "It's just something that we do. We've just never done it on this scale before”\textsuperscript{90}, said Hen Woerth, chief of the Bart Township Fire Company.

5.2.3.2 Delays in the Triage, Treatment & Transportation Process

The triage, treatment and transportation process put in place by the first EMS teams arriving at the scene led to some delays in the surgery interventions that the girls needed. This is understandable, up to a certain point, as the PSP troops entered the school relatively late and consequently, did not allow the EMS units to intervene before 11:20. When they finally rushed them to enter and act, the scope and the gravity of the situation that needed a rapid response, and the “chaos” created by the great number of EMS units at the scene, put a lot of pressure on the EMS crews that were “in the first line”.

As some argue that in spite of the school location and its great distance to a trauma center (more than 35 minutes according to some authors, more than one hour according to others), this emergency situation “was successfully managed”;\textsuperscript{91} to ensure the objectivity of this research we would like to point out three issues related to these arguments.

\textsuperscript{90} Hen Woerth, chief of the Bart Township Fire Company, quoted in Litvak, November 15, 2006.
\textsuperscript{91} Ressel, Reihart, Brown, Wireback, Gilger, 2008.
First, the authors of some of these articles are not objective researchers, being directly or indirectly implicated in the emergency response in the case of the Amish school shooting.

Second, it seems that neither the school location nor its distance from a “trauma centre” were the factors delaying the necessary surgeries, but the fact that the first decisions taken on the scene were not sufficiently documented. Consequently, the decisions made by the EMS teams concerning the hospitals where the girls were sent may not have been the best choices that they could have made. For instance, Philadelphia Children’s Hospital, that was the only Level one Paediatric Trauma Centre in the area, was prepared to receive up to 5 patients\(^\text{92}\), but instead they received one, and later in the afternoon, two more patients redirected from other hospitals (see Table 3 and Figure 15). Instead, the girls were flown to various trauma centres that were not properly equipped to deal with such a situation. As we showed previously, Lancaster City Hospital was the only location in Lancaster County that had a Level 2 trauma centre and many girls were transported there by ground (see Table 3) despite the fact that this centre could neither provide paediatric services nor did they have the necessary equipment for neurosurgery that the girls needed\(^\text{93}\). Consequently, after arriving at Lancaster City Hospital, two Amish girls were redirected to Penn State Children's Hospital in Hershey (see map, Figure 9, and Figure 15) and one to Philadelphia Children's Hospital. Another girl, Barbie Fisher, was first flown by helicopter to an out-of-county trauma centre, based in Reading Hospital (see map, Figure 9, and Figure 15), and from there she would later be flown to Philadelphia Children’s Hospital.

Third, all the girls assigned to the Lancaster Hospital trauma centre were transported by ground. We have not been able to locate further information detailing the underlying reason for this choice. Many reasons could be hypothesized as leading to this triage and transportation decision: lack of sufficient air transportation means, properly equipped; opposition coming from Amish families concerning the air transportation option; the categorization of these girls as “Delayed” (see Figure 10), in which case they would not have been entitled to air transportation\(^\text{94}\); lastly, the decision makers considered that maybe Lancaster City was near enough and air transportation would not have been more rapid than ground transportation\(^\text{95}\).


\(^{93}\) The information about the Lancaster Hospital and its competences in paediatric care (which was needed in this case) were provided by Dr. Michael Reihart, the hospital’s emergency-room incident commander during the incident.

\(^{94}\) As we have shown earlier, for a “category II trauma” patient (i., e., in a less serious medical condition), the air transportation option should be considered if and only if ground transportation to a trauma center, irrespective of its category (1, 2, or 3) can’t be accomplished in less than 30 minutes.

\(^{95}\) Considering the time needed to take-off and to land.
Figure 15
Nickel Mines School shooting: The Triage & Transportation Process
© C. Dumitriu, 2008.

Sources: Table 3 (distances and transportation time compiled with Google map)
5.2.3.3 Flaws in the Identification Process

In addition to the deficiencies and difficulties in the management of the crisis itself, other difficulties arose during the **identification process**.

As shown in paragraph 2 (“The Amish Community”), the Amish women sew their children’s clothes. All the Amish women wear dresses and aprons and cover their head with a bonnet. As no reasonable communications with the wounded Amish girls was possible, and, as all of them were wearing similar clothing and had no school badge, the rescue teams were not able to make the identification of the victims and of the injured girls immediately after the shooting.

The difficulties in the identification process were not only rooted in the unique situation of the Amish community, but also in that of the school.

Public schools keep records and files containing the coordinates of the students, those of their parents, along with each student’s photo. Also, they are usually equipped with means of communication allowing them to contact students’ parents to request any additional information needed to identify their children. Even in such cases the identification process proves to be one of the challenging cornerstones of the crisis management process. The Dunblane School shooting (Scotland, 1996) constitutes such an example of a big **primary school** (over 600 students) that put many hours of efforts to identify the injured children after having printed the record files. They soon realized that some files were not updated while others were missing. The school management could not help with the identification either, as the staff did not personally know the children and the class principal, the only person that would have been able to identify them, had been shot dead.

The situation was rather different in this case. As we discussed earlier, in this community everybody knew everybody, and the schoolteacher personally knew each scholar and his or her parents. But in this “organized chaos”, no longer having the teacher present and being unable to contact the children’s parents by phone, the police was not able to identify the girls. Consequently, communication with the hospitals to which the Amish girls were sent was very limited; in fact, each hospital was notified about the arrival of an Amish girl being about “x years old”.

This situation not only created panic and confusion among parents, but also among hospitals practitioners, leading further to flaws in the crisis communication process (Figure 16).
While it is rather usual for hospitals not to release patients’ names in such a situation, in this specific case practitioners themselves did not know their patients’ names and disposed of only a vague approximation of their age.

During the afternoon, PSP troops contacted the parents and offered them various options in order to reunite them with their children at the hospitals, including cars and helicopters they might use; this scenario was also intended to contribute to the identification process. The Amish declined the offer, choosing instead to use ground transportation means.

In response, PSP asked hospitals to take digital pictures of the girls and send them to Nickel Mines. While such a solution seemed reasonable and feasible, it seems that it did not have the expected contribution to the identification process, because some parents who were instructed to go to Christiana Hospital (Delaware County, see map, Figure 9) found another Amish girl, not theirs, lying in the hospital bed. The most dramatic scenario was that of one girl’s parents who went from hospital to hospital looking for their daughter only to be told in the end that their daughter had been the only one found dead inside the school.

Both Millers girls were in the schoolhouse at the time of the shooting (see Table 4), but, according to Kelley (2006), at 4:00pm the Millers still did not know where their daughters were. At 5:00 pm a

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Press Conference/press release
(excerpts)

Hershey, Penn State Children's Hospital
Penn State Hershey Medical Center
Monday, October 2, 2006

“Two patients reported to be ages 13 and 8 were transferred to the shock trauma center at Penn State Hershey Medical Center. The 13-year-old patient was taken into surgery for treatment of a gunshot wound. [...] The 8-year-old also is listed in critical condition. A third patient, approximate age 6, was transferred to the Medical Center from another hospital to receive care related to gunshot wounds”
(Administrator Matt Wain)

Source: Penn State University, [http://live.psu.edu/story/19850](http://live.psu.edu/story/19850)

The Children's Hospital of Philadelphia
PHILADELPHIA, Oct. 2 /PRNewswire

“Three female patients ages 8, 10, and 12 were flown to Children's Hospital where they were evaluated and stabilized in the Emergency Department”

---

Figure 16
The Communication Process during the Crisis

While it is rather usual for hospitals not to release patients’ names in such a situation, in this specific case practitioners themselves did not know their patients’ names and disposed of only a vague approximation of their age.

During the afternoon, PSP troops contacted the parents and offered them various options in order to reunite them with their children at the hospitals, including cars and helicopters they might use; this scenario was also intended to contribute to the identification process. The Amish declined the offer, choosing instead to use ground transportation means.

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Both Millers girls were in the schoolhouse at the time of the shooting (see Table 4), but, according to Kelley (2006), at 4:00pm the Millers still did not know where their daughters were. At 5:00 pm a
patrol car brought the parents to Christiana Hospital, where one of their daughters was. It was not before 10:00 pm that they were told about their second daughter, who was in Hersey Hospital.

Finally, some other parents travelled to Lancaster Hospital, but upon arrival were told that all the patients had been transferred to others hospitals (see Table 3 and Figure 15).

5.2.3.4 No Gathering Place Previously Established

As stated in our Crisis Management framework, the schools should cooperate with the police in establishing in advance a predetermined emergency accommodation centre (a gathering place) where parents and students can be reunited, where parents can be informed by the authorities about their children, and where the media can attend a press conference and be correctly informed. In the absence of such a place, some parents gathered at King farm, waiting for news, while others gathered at the Auction House\textsuperscript{97}, near the school, where many media crews, equipped with trailers and helicopters, were trying to gather more information.

5.2.3.5 Crisis Management Centre Set Up with a Certain Delay

The first Crisis Management centre was “improvised” by the PSP at 11:10am, in their mass casualty response trailer (MCRT) equipped with modern communications technology that served as command centre and as crisis communication centre for the state police.

In the afternoon, Bart Township QRS set-up a permanent Crisis Communication center in its main building that served for 6 days in a row as media center and psychiatric help center, and that hosted all the debriefing sessions\textsuperscript{98}.

6. Consequences

a) Health-Related Consequences and Psychological Implications

After a school shooting, some parents are scared and so take their children out of school for a certain time, while others prefer to home-school their child. This was not the case in Nickel Mines; all the children returned to school, but not the Amish girls who survived\textsuperscript{99}. According to Dr. D. Holmes Morton\textsuperscript{100}, “One of the five Amish girls who survived is fully disabled and unlikely to recover, and the other four have disabilities that probably will be permanent.”

The Amish boys suffered from survivor’s guilt syndrome (see Table 8) and remain traumatized to this day\textsuperscript{101}.

\textsuperscript{97} Suzanne Goldemberg & Ed. Pilkington, 2006.
\textsuperscript{98} Bart QRS media relations, on its website.
\textsuperscript{99} According to ABC News, one of the five Amish girls returned to school in October 2007.
\textsuperscript{100} HARRISBURG, Pa., Press Conference, Associated Press, 2006
\textsuperscript{101} ABC News, October 2, 2007.
The same way the Dunblane Primary School headmaster resigned from his position two years after the shootings claiming that staying in position was harmful to the students and the professors, Emma Mae Zook, the school's 20-year-old Amish teacher, that ran away right before the shooting begun, resigned and took a position in a vocational Amish school.

Similarly, Robert’s family moved from their home that was located a mile away from the school and resettled further away while still in the Lancaster county area.

b) Financial Consequences

As in the case of Dunblane School, the Nickel Mines Amish School, that was built 30 years prior, was entirely torn down only 10 days after the shooting occurred. A new and secure school with a steel door and locks was built to replace the old one, although just a few hundred yards from the original location in a remote spot at the end of a driveway. This new one room school-house called The New Hope School was erected 6 months after the tragedy using part of the 4 million dollars that were donated to the Amish community. We do not dispose of an accurate estimate of the costs incurred, but according to Pathway Publishing, the construction cost of a typical Amish one room school would have been roughly $18,000 all inclusive. It should be noted that the land is usually the property of the Amish community and that labour is often provided by the community members, bringing the average square foot price for new construction to about 5 times cheaper than comparable structures built in the United States.

c) Copycat Effect

As usual during the weeks after a school shooting, officials are on the lookout for a similar event that tries to imitate the original occurrence. A week after the Nickel Mines shooting some schools in New Jersey and in Pennsylvania were closed after receiving letters threatening to replicate the shootings in some elementary schools.

d) School Safety: Policy Implications

Implications at the federal level

Soon after the shooting, President Bush called for a meeting on schools safety with government officials, the attorney general, and FBI special agents. The emphasis was put on trying to separate and profile the shooters who had ties with the school they targeted, differently from the shooters who randomly picked a school to execute their shooting plans.

Implications at the Pennsylvania State Police (PSP) level

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102 Silverman S. M. (02/04/2007)
103 Silverman S. M. (02/04/2007)
104 Silverman S. M. (02/04/2007)
105 Pathway Publishing was founded by two Amish farmers and publishes three monthly periodicals with a wide circulation in the Amish community (see http://www.gameo.org/encyclopedia/contents/P384ME.html). The information was retrieved from http://members.tripod.com/amishbuggy/amishschools.htm.
An extensive training program for selected police officers was implemented to train Community Services Officers that were later assigned with an exclusive coordinating and leadership role in the field of school security. The 350 hour training program was developed to address fundamental issues regarding school safety according to four major topics: “Understanding Management”; “Law Enforcement Management and Its Environment”; “Human Resource Management”; and “Management Skills for Planning and Analysis”. The goal of the training was to prepare officers to work in conjunction with school personnel to perform a complete school security and risk assessment, to implement subsequent emergency plans and train emergency resource persons, and to conduct crisis simulations in the school through appropriate exercises and drills.

Moreover, the FBI created a School Resource Officer (SRO) federal program that allows for a school to allocate resources in order to hire an armed SRO on campus. The presence of an Officer in uniform serves to deter potential crimes and to provide educational and counseling programs.

f) Community and Social Implications

While other school shootings tore apart the community in which the shooting took place with endless judicial procedures and lawsuits placing victims and their parents against the shooter’s family, the school’s management or even to the police (see Columbine and Dunblane cases), in the Amish case all the community members and the rescue teams (such as the EMS units and the Fire companies), came together as a county wide team to face this tragedy. “It’s everyone, from the fire police out at traffic control points to all the individuals, investigators and EMS that assisted at the scene, who acted to bring this to an end” said a police officer at a debriefing session organized by Bart Township QRS after the shooting.

Since Amish did not have health insurance, Children's Hospital of Philadelphia called for financial support and donations for the Amish community: “Disaster Service (MDS) and Mennonite Central Committee (MCC) are accepting financial contributions to assist the affected community. Contributions to the Amish School Recovery Fund will help the affected community with medical care, transportation, supportive care and other needs.”

The “Amish School Recovery Fund” charity fund was created and a local insurance company (Capital BlueCross) set-up a fund with $500,000, in order to contribute to the medical expenses (Levin, 2006).

According to ABC News, the Amish community received $4.3 millions in donations.

In line with the Amish culture and values, the families of the victims forgave the shooter and visited his widow and his father and comforted them through their loss (Colson, 2007); they went as far as to support Roberts’ family both in their mourning during Roberts’s burial where 70 Amish attended

110 Krawczel, quoted in Litvak A. (2006/ 11/15); all the discussions during this debriefing session are available on the Bart Township website, http://www.bart51.com/amishschool.htm
111 Children's Hospital of Philadelphia, 2006/10/3; PHILADELPHIA, Oct. 3 /PRNewswire/
(Colson, 2007), and financially, by setting aside donations intended for the victims’ families (ABC News, 2007).

7. The Shooter’s Profile and Ties with the School

7.1 The Life of Charles Carl Roberts IV and the Social Environment

As a devoted Christian and the son of a police officer, Roberts was the eldest of 4 brothers. While his younger brothers were sent to school and graduated from the Lancaster Christian High School, Charles was the only home-schooled child. Therefore, while his brothers lived a regular teenager life, Charles stayed home. One might speculate that such a different childhood upbringing could have resulted in feelings of resentment and frustration towards his parents or jealousy towards his brothers, which over the years, could have escalated into anger. Roberts may have been homeschooled because of his natural shyness and unwillingness to develop social ties with other kids, causing his mother to be “worried about her eldest son’s isolation.” Since his father was a police sergeant in Manor Township, Charles had always lived in the same geographical area; first in Manor Township, then in a bigger countryside house in the Strasburg area. Therefore, as it is characteristic with other shooters who were uprooted from place to place during their childhood and resented these sudden changes in location, Roberts’ upbringing was relatively stable, in that he always lived in the same rural part of Pennsylvania.

When he turned 15, Roberts decided to become a carpenter after spending four months helping to build the familial house. In 1992, after he earned his diploma through the Lancaster County Home Scholars’ Association, he obtained his first full-time job in carpentry at the age of 17, breaking from his isolated adolescent life. Two years later, he had to stop working for six months because of a knee injury sustained while playing basketball. After this incident, he took another job, working alone, installing residential garage doors.

At age 22, he asked Marie Welk, an 18 year old high school student, to marry him and start a family. Inspired by his in-laws who owned a milk hauling business, Roberts decided to become a 18-wheeler truck driver, which he did in 1999 after getting his permit and being hired by his father-in-law. It seemed that Roberts always ended up choosing solitary jobs and even when he once worked as part of a team (as a carpenter), he always kept to himself according to his former co-workers’ accounts (quoted in Murse, 2006). Unfortunately, in 1997, a year after the wedding, Roberts’ and his wife’s lives were shattered when Mary gave birth to a daughter who died 20 minutes later. Two years later, the couple had a girl named Abigail; then in 2001, a son named Bryce and finally, another son named Carson followed in 2005. However, the memory of the daughter they had lost was still vivid in Roberts’ memory as demonstrated by the two pictures of her found in the living room and in the master bedroom of Roberts’ house.

In 2006, Charles Carl Roberts IV, aged 32, was working as an 18-wheeler truck driver from 6pm to 3am every night, collecting raw milk from Amish farms which he then delivered to dairies in the Bart Township area. He lived in Bart Township, on Georgetown Road, with his wife and their three children and was working for his father-in-law’s dairy company.

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112 According to Tom Murse, 2006.
The numerous articles in the media portray Roberts as being an ordinary man living an ordinary life and getting along well with his family, his neighbours, co-workers, and customers. While his life had been marked with moments of sadness and anger, Roberts had always seemed to be able to weather these life storms and to become a good father and husband.

In spite of this image of a “perfect father” that he projected to the community, there are many signs pointing to the fact that Roberts had prepared his attack against the Amish girls at least one week in advance. A checklist of the tools that were brought to the school was later found by the police. The pick-up truck he used to transport the wood beams to the school was previously borrowed from his father-in-law. Roberts also had many handguns, about 600 rounds of ammunition and a sexual lubricant. Miller, Pennsylvania State Police Commissioner, described Roberts' behaviour as “organised and pre-planned.”

### 7.2 Psychological Profile

Although Roberts was scheduled for a routine mandatory drug test on the day of the shooting, it is important to highlight that, according to official police statements, Roberts had “no criminal record or history of psychiatric illness, or substance abuse problem.”

Charles’ co-workers and some of his relatives described him as (Murse, 2006) “very quiet”, “very shy” and “very uncomfortable in social situations.”

As mentioned earlier, Roberts’ job consisted of transporting raw milk from Amish farms to dairies. This solitary night job still allowed for many interactions with Amish farmers, as it was the tradition years ago for milk haulers to transmit news from farm to farm. During his deliveries, Roberts often came across children who would greet him, but being extremely shy or uncomfortable around kids since his daughter’s death, Roberts would rarely answer back. Even so, this odd and reserved behaviour around kids did not prevent Roberts from loving his 3 children and he was described by his wife as being “an exceptional father” who “took the kids to soccer practice and games, played ball in the backyard and took our 7-year-old daughter shopping.”

However, it seems that even after all these years Roberts still remained deeply affected by the death of his daughter and was subject to sudden mood swings. As noted by Col. Jeffrey B. Miller, commissioner of the Pennsylvania State Police in charge of the investigation, following the shooting, Roberts’ co-workers had noticed that “in recent weeks Roberts had become tense and withdrawn, only to suddenly turn jovial the weekend before the attack.” Consequently, Miller concluded that, once he decided to do the shooting, “his worries and burdens were lifted from

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114 See a copy of Charles Roberts’ Checklist: TLC Channel (Discovery), [http://tlc.discovery.com/convergence/amish/photos](http://tlc.discovery.com/convergence/amish/photos)
115 Various news articles ,citing Miller, commissioner of the Pennsylvania State Police in charge of the investigation
116 Evening Standard (London), online. Amish school assassin told wife he had molested children before (03.12.08).
117 Sean D. Hamill and Gary Gately (04/10/06), quoting Miller, commissioner of the Pennsylvania State Police in charge of the investigation
118 Tom Murse, 2006.
119 Levin and Parker, 2006.
120 Hall and Hampson.
The same changes in shooter’s behaviour were noticed in the case of Charles Hamilton (Dunblane school shooting).122

In his day-to-day life, Roberts was known as a man who was also capable of occasional fits of anger. Even though he had no criminal record, Roberts was found responsible for a car accident and had to pay $7,500 in damages after his truck hit a car. The driver and passenger of the car both testified that Roberts was angry and that he was shouting at them (Murce, 2006).

The suicide note he left in his home, before leaving for the shooting that morning, mentions that the death of his infant daughter Elise, in 1997, changed his life forever by creating an “unimaginable emptiness” that left him “filled with so much hate towards himself and God.”123 He also left letters for his children, saying that he loved them.

After the shooting, police said that during his last phone call at 10:50 a.m., on that day, he told his wife that twenty years ago he had sexually abused 2 relatives who were 3 and 5 years old and that he had dreamed for two years of molesting children again124. However, these claims were not confirmed by the alleged victims.

In her book “Sex, Life and handwriting” (2008), handwriting expert Michelle Dresbold125, who helps law enforcement agencies in the U.S. with “cases involving kidnapping, arson, forgery, murder, embezzlement” and others,126 explains that a person’s handwriting can provide information concerning his or her “background, psychology, and behaviour.”

Analyzing Mr. Roberts' handwritten suicide note, Michelle Dresbold concluded that “Just as Mr. Roberts appeared “normal” on the surface, so does his handwriting”127. Nevertheless she argued that (Figure 17):

a) His handwriting shows “an inner tension, someone who is ready to bust out, usually sexually obsessed.”

b) His handwriting reflects “someone who is very, very afraid of being abandoned and needs a tremendous amount of extra loves,” and who has “a fear of being left alone.”

c) His handwriting reflects “a sexually obsessed, sexually repressed man with obsessive-compulsive disorder and long-standing anger and resentment.”

d) His handwriting shows “someone silent in his anger.”

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121 Kocieniewski and Gately, 2006.
122 See the testimony of Agnes Hamilton, in the case study “Dunblane School Shooting”.
123 TLC TV channel, Tragedy in Amish County; photo: http://tlc.discovery.com/convergence/amish/photos/photos_02.html
126 Some of her clients: Pittsburgh police, the Allegheny County district attorney's office, the county elections division.
127 Fuocco, 09/10/06.
After the shooting, Charles Roberts’ wife declared that: “The man that did this today was not the Charlie I've been married to for almost 10 years.”

But, who really was Charles Carl Roberts IV?

There are some similarities between the personality of Charles Roberts and that of Thomas Hamilton, as well as between the circumstances of the two shootings.

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128 Statement of Charles Carl Roberts’ wife (CNN 03/10/2006).
129 Dunblane Primary School shooting, 1996.
<table>
<thead>
<tr>
<th></th>
<th>Charles Roberts</th>
<th>Thomas Hamilton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context: small community</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Suicide note</td>
<td>YES</td>
<td>NO (or not publically available)</td>
</tr>
<tr>
<td>Male</td>
<td>mid thirties</td>
<td>mid-forties</td>
</tr>
<tr>
<td>Family environment</td>
<td>Married, 3 children</td>
<td>Unmarried, possible homosexual</td>
</tr>
<tr>
<td>Work environment</td>
<td>Worked alone (no team work)</td>
<td>Worked alone (no team work)</td>
</tr>
<tr>
<td>“Neglected child” syndrome</td>
<td>\ (very likely)</td>
<td>\ (very likely)</td>
</tr>
<tr>
<td>Child molester</td>
<td>Isolated event, according to Roberts (never proved)</td>
<td>Allegations according to which he would have been a paedophile (never proved)</td>
</tr>
<tr>
<td>Criminal record or history of mental illness, or substance abuse problem</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Moved frequently (especially during childhood)</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Extreme shyness</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Adverse life events- exposure to various event(s) / stressor(s)</td>
<td>YES, single event in the past (death of his infant daughter nine years before the shooting occurred)</td>
<td>YES, multiple stressors mainly during the year before the shooting</td>
</tr>
<tr>
<td>Explicit and obsessive complaints about these events</td>
<td>No</td>
<td>YES</td>
</tr>
<tr>
<td>Capable of occasional fits of anger</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Mood swings</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Frustration or anger against people related to the school targeted</td>
<td>Not known</td>
<td>YES</td>
</tr>
<tr>
<td>Extreme anger expressed just before the shooting</td>
<td>YES (according to his suicide note)</td>
<td>NO (On the contrary, he seemed very calm the day before the shooting)</td>
</tr>
<tr>
<td>Persecution feelings (feel that they are victimized)</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Lack of identity, a sense of emptiness</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>A person with “Low self esteem”</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Inhibited in some interpersonal situations</td>
<td>Yes, especially with children (other than his own), but also with everyone else</td>
<td>Yes (especially with women, but also with everyone else )</td>
</tr>
<tr>
<td>Inability to cope with frustration</td>
<td>Possible</td>
<td>YES</td>
</tr>
<tr>
<td>Hate</td>
<td>Yes: In his suicide note, Roberts expressed hatred towards God and towards himself</td>
<td>No</td>
</tr>
<tr>
<td>Described by acquaintances as being “well mannered”</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Sexual repression</td>
<td>Yes, according to Michelle Dresbold</td>
<td>Yes, according to professor Cooke (see the “Dunblane” case)</td>
</tr>
<tr>
<td>Ties with secret societies or some “religion- related” organizations</td>
<td>NO</td>
<td>Yes: some ties alleged, and others proven (see the “Dunblane” case)</td>
</tr>
</tbody>
</table>

**Table 7**

**Two School Shootings: Life and Personality of the Shooters**

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8. Why? Where Does the Motive Come From?

In their book “The Anatomy of Motive,”\textsuperscript{130} John Douglas and Marc Olshaker state that the most valuable tool in understanding mass murders is the deep understanding of the drivers of the crimes, of the factors that motivate the shooter’s actions. “Where does the motive come from?” is the main question that still remains largely unanswered in the case of school shootings.

8.1 The School “Kamikaze”\textsuperscript{131}

According to some psychiatrists\textsuperscript{132}, Roberts could have “focused his anger with himself on his victims”, and consequently, his suicidal plan may have degenerated into a mass murder. A similar hypothesis was formulated by Professor Cooke, regarding Thomas Hamilton’s motivation in the 1996 school shooting in Dunblane. This hypothesis, stating the emergence of a new category of killers that we have named “the school’s kamikaze”, appears to be challenging from an academic point of view, but is not sustained when confronted with other cases we have studied. In this specific case, the killer wrote a suicide note, but in other cases the killer’s diary showed that he was hoping “to escape” (Columbine, 1999), while in some others\textsuperscript{133}, the surviving killer neither expressed previous suicidal intentions, nor showed remorse for his actions.

8.2 The Copycat Effect

Another hypothesis that emerged during the police investigation was one related to a potential “copycat effect”. Indeed, a week before the Nickel Mines shooting a similar attack occurred in Platte Canyon High School in Bailey, Colorado. After isolating girls in a classroom and attempting to assault them sexually, Duane Morrison killed a girl before shooting himself dead\textsuperscript{134}.

However, after further investigations, this hypothesis was dismissed since no evidence was found that Roberts knew about this event.

8.3 Guilt Feelings as a Source of Anger

According to some specialists\textsuperscript{135}, Charles Roberts might have interpreted the death of his daughter as “some sort of retribution or payback for him having molested young relatives.” As previously mentioned, the police could not prove these allegations because the relatives they approached and asked to confirm such an event denied having suffered from any kind of abuse in their childhood.

However, we cannot dismiss this hypothesis based solely on the fact that police did not confirm these facts, because we do not know if Roberts clearly identified these relatives in his suicide note, or left the burden of tracking them down to the police. On the other hand, even if the police officers talked to the “right persons”, it is possible that they did not want to or could not remember the

\textsuperscript{130} The Anatomy of Motive, Pocket Books, New York, 2000, p. 17.
\textsuperscript{131} Designated person to execute a suicide attack.
\textsuperscript{132} Fred Berrill, associate professor of psychiatry at Johns Hopkins University, quoted in Mimi Hall and Rick Hampson, 10/5/2006.
\textsuperscript{133} See the cases: Concordia University (1992) and Melbourne University (2002).
\textsuperscript{134} Levin and Parker (10/03/2006).
\textsuperscript{135} Naftali Berrill, director of the New York Center for Neuropsychology and Forensic Behavioral Science in New York City, quoted in Mimi Hall and Rick Hampson, 10/5/2006.
traumatizing event. Indeed, many rape or physical violence victims suffer from “Post-traumatic stress disorder” which is characterized by “a tendency to forget the trauma or feel detached from one's life”\textsuperscript{136} and by the “avoidance of stimuli reminiscent of the traumatic stressor.”\textsuperscript{137}

It is possible that Roberts lived all these years carrying the burden of guilt for the actions he had committed sometime in the past, and that he perceived the death of his daughter as a “mighty punishment” for these actions. Specialists agree that the death of a child is a very stressful event for the parents, with “long-term negative mental health consequences”, and that the feelings of guilt, which are a “common response” to such an event, may “hinder psychological recovery.”\textsuperscript{138}

On the other hand, Roberts could have been psychologically affected by other facts from his past that were not taken into account by the police or at least not disclosed publicly. For example, in 1990, Roberts worked for a restaurant called “Good 'N Plenty Restaurant” in Smoketown, where he befriended two coworkers: Lawrence Yunkin and his girlfriend, Lisa Michelle Lambert\textsuperscript{139}. These two teenagers and another woman (Tabitha Buck) were implicated in a crime that shook Lancaster County back in 1991. After Yunkin and Lambert broke up, Yunkin dated Laurie Show, a sixteen-year-old high school student. Then, after Yunkin and Lambert finally got back together, they decided to kill Laurie Show. According to some witnesses, three people were in the car that was used to commit this crime and, at the time, the police charged the three friends, Lawrence “Butch” Yunkin, Lisa Michelle Lambert, and Tabitha Buck, with murder. The Lambert family and their lawyer made an appeal, claiming that Lisa was innocent and that she was a “victim of wholesale prosecutorial misconduct.” Consequently, in 1997, a court ruled in Lisa’s favor, based on the fact that some police officers would have destroyed some important evidence (video and audiotapes) which could have cleared Lisa Michelle Lambert; further, a judge accused seven police officers of “perjured testimony and fabrication of inculpatory evidence.”\textsuperscript{140}

But, if Lisa Michelle Lambert was innocent, who could have been the third passenger witnessed in the car that night?

An FBI investigation commission, put in place to investigate the charges against the seven police officers, exonerated them and Lisa Michelle Lambert went back to jail where she will stay for life.

Years have gone by, but, in our view, nothing was proven beyond reasonable doubt and many questions remain unanswered:

a) When the crime took place, Lisa Lambert was seven months pregnant; what happened to the child (a girl) who was supposed to have been born in prison and who was probably 15-years-old at the time of the Amish school shooting?

b) What was the reason behind the “fabrication of inculpatory evidence?” According to some unofficial sources\textsuperscript{141}, Lisa Lambert claimed that she got pregnant with her daughter after police

\textsuperscript{136} Medicinenet.com: post-traumatic stress disorder definition

\textsuperscript{137} Woolfolk and Grady, 1988.

\textsuperscript{138} Surkan, Kreicbergs, Valdimarsdottir, Nyberg, Onelov, Dickman, Steineck, 2006.

\textsuperscript{139} Gilmore, Heather, October 9, 2006.


\textsuperscript{141} http://bogbuster2.blogspot.com/2008/10/infamous-murderers-lisa-michelle.html
officers-gang raped her, six months before the crime: “They're really after me because one of the rapists is the father of my child. I think that the police officers are afraid that my daughter is one of their children. That's what I think.” However, none of these allegations were proven true, since the medical laboratories that performed paternity tests confirmed that it was very likely that Yunkin was the father.

c) How was Charles Roberts affected by these events? Was he implicated in one way or another?

d) Was his father, who was a police officer at the time, implicated in these events?

We do think that Roberts suffered from an anxiety disorder due to sexual or violent crimes to which he may have contributed to or that he witnessed in the past, and that his mental disorder was aggravated by the death of his daughter. This disturbed psychological state could have brought him to execute the shooting before committing suicide.

While this hypothesis could explain the reason for the anger that led him to kill, it fails to explain why he chose the Amish school as his target.

8.4 Getting Revenge, But on Whom?

According to the transcription of the 9-1-1 calls received by the police during the shooting, Marie Roberts said that her husband called her and told her that he was upset about something that had happened twenty “years ago”, and that “he was getting revenge for it.” She also said that she did not think “he was getting revenge on another person”; she was worried instead “that maybe he was trying to commit suicide.”

In our opinion, the following hypothesis seems plausible: since Charles Roberts was filled with anger towards God who “took” his daughter from him, he may have decided to carry out his “revenge” against God by targeting the Amish, a very religious community, and more precisely, the Amish girls aged from 6 to 12 years old, the age that his daughter would have been, had she lived. This hypothesis is in line with Berrill’s theory stating that: “Amish lifestyle and beliefs might have further enraged Roberts: The religiousness ... simplicity and devoutness. Maybe that's part of this as well. All this displaced rage against people who maybe made him feel ashamed of himself.”

This hypothesis could explain the reason for the anger that led him to kill, and the reason for having chosen the Amish school as his target.

8.5 Religious Delusions: Charles Roberts Wanted to Prove His Faith to God

Another hypothesis seems worth mentioning, even if it contradicts the previous one.

Charles Roberts was a good Christian. Both his mother and his wife were religious people. His mother volunteered for an organization that was giving away bibles and his wife participated in a Christian faith group meeting on the day of the crime. Despite all these highly religious values that the Roberts’ family members seemed to share, Charles committed a horrible crime: he killed

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142 Associated Press, 10/10/06.
143 Fred Berrill, associate professor of psychiatry at Johns Hopkins University, quoted in Hall and Hampson, 10/5/2006.
innocent children while stating out loud his hate against God. However, it is unclear if Charles Roberts committed his crime because of this hatred or, on the contrary, **to prove his faith to God** and to free himself from this hatred.

We found similar motivations cited when we reviewed scientific articles on parents that kill their own children, claiming that “God’s will” pushed them to commit such a crime. According to Lisa Falkenberg (2004), “Women who kill their children commonly cite God, the devil and other religious influences for their actions.”

According to Roger Olson, a theology professor at Baylor's Truett Seminary, people who kill their own children seem to have “a sin problem or not being spiritually fulfilled”.

Two studies carried out on this topic are discussed by Falkenberg (2004). One study was carried out by Dr. Catherine Lewis, from the University of Connecticut in Michigan, and focused on cases that happened between 1974 and 1976, and another study was conducted by Dr. Susan Hatters Friedman, a psychiatry fellow at Case Western Reserve University, that focused on cases that have occurred in Michigan and Ohio after 1970. Both studies show that “people with these feelings were more likely to gravitate toward a fundamentalist church” and that they presented some form of “religious delusions”.

To expand on the concept of “religious delusions” Lisa Falkenberg (2004) quotes Dr. Phillip Resnick, who argues that “religious delusions often convince mothers that they're saving children from evil or proving their faith to God.” Furthermore, Resnick explains that “if you think about why a parent would kill a child, since there's a natural love and protective instinct, one would say it would have to be overcome with a psychotic belief that they're doing what's in the child's best interest.”

According to Roger Olson, a theology professor at Baylor's Truett Seminary, quoted by Lisa Falkenberg (2004), religion does not cause a mental illness by itself but it can become an aggravating factor. Olson argues that a person suffering from such an illness (schizophrenia, personality disorders or other mental disorders) becomes more vulnerable to strong religious Figures (priest, gurus, etc.) who “demand absolute obedience and claim to speak for God.” Olson warns that “this kind of culture, religious atmosphere, and group dynamic can set up a situation where that person is more likely to act out in aggressive ways under tremendous pressure.”

This theory put forward by Olson, according to which religion is not a danger by itself, but rather an enabler in a complex “chemical reaction” that triggers parents to kill their children, seems to be confirmed by researchers that have studied such crimes.

According to Broadmoor, chief psychologist, the typical homicidal parent is likely to be “a quiet, retiring person, who wants to be accepted socially,” but who “may have difficulty expressing or identifying emotions.”

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145 Quoted in Falkenberg (2004).
146 Quoted by Lisa Falkenberg in her article (2004).
149 Vallely, Paul, 18 November, 2006.
Then, according to Dr. Black (Vallely, 2006), fathers who kill their children are “individuals in whom a neurotic or psychopathic disorder interacts with a particularly stressful set of circumstances, [...] men who no one imagines could be violent - until they kill.”

Jack Levin, Professor at North-Eastern University in Boston, argues that the typical homicidal father is “a middle-aged man, a good provider who would appear to neighbours to be a dedicated husband and a devoted father” (Vallely, 2006). In fact, Charles Robert fits perfectly in Levin’s detailed description of a typical homicidal father: “Quite often he tends to be quite isolated. He is often profoundly dedicated to his family, but has few friends of his own or a support system outside the family. He will have suffered some prolonged frustration and feelings of inadequacy, but then suffers some catastrophic loss. It is usually financial or the loss of a relationship. He doesn't hate his children, but he often hates his wife and blames her for his miserable life. He feels an overwhelming sense of his own powerlessness. He wants to execute revenge and the motive is almost always to 'get even'. [...] These are well-planned executions. They are never spontaneous. They are well planned and selective. There are certain people the killer blames for his problems.”

Indeed, as we have shown in chapter 7, he was quite isolated, he had few friends, and an excellent relationship with his children. Let’s remember that he was described by his wife as “an exceptional father” who “took the kids to soccer practice and games, played ball in the backyard and took our 7-year-old daughter shopping”\(^{150}\). However, the same description of the relation “father-children” can be found in most of the cases related to such a crime. For instance when Todd Vernon, another truck driver, killed his three children in 2003, the family’s lawyer said that “He had a wonderful relationship with his children, and he did a lot of different things with them. It seemed like a very wholesome relationship.”\(^{151}\)

There is only one aspect of Dr. Levin’s portrayal of a typical homicidal father who might commit filicide that does not seem to apply to Charles: his attitude towards his wife. We found no proof that he was mistreating her. Nevertheless, in looking closer at the suicide note he left behind, we may note that in fact he was trying to apologize to her for his past behavior: “I don’t know how you put up with me all these years. I am not worthy of you. [...] You desire so much better.”\(^{152}\) What did Mary endure from Charles? Why did Charles Roberts ask for Marie’s forgiveness? Did he blame her for the death of their daughter? Did he hate her for this death? Did he molest his wife while she was pregnant, and consequently, felt guilty, and assumed responsibility for the death of their child?

But since he had the profile of a homicidal father, why did he target Amish children instead of his own?

Perhaps he chose the Amish school because, feeling “an urge to do it again”, he feared for the life of his own children and so, decided to redirect his homicidal instincts towards other children. Still, we fail to understand why he chose only the girls as targets\(^ {153}\), unless the episode he wanted to re-experience was precisely related to a female victim.

\(^{150}\) Levin and Parker, 2006.
\(^{151}\) Christine Hanley and Mai Tran, 9 December, 2003.
\(^{152}\) TLC TV channel, Tragedy in Amish County; http://tlc.discovery.com/convergence/amish/photos/photos_02.html
\(^{153}\) Let’s remind that he released all the Amish boys before the shooting.
8.6 Mental Disorder

If we look at the various warning signs that identify situations where a father is feared to possibly be at risk for committing filicide, we can conclude that Charles Roberts fitted the profile of such a criminal perfectly. Besides having the profile, he was a faithful Christian and it seems that he was suffering from “religious delusions” when he committed his crime. According to Dr. Phillip Resnick, religion could “make things worse for people with mental illnesses.”

We also put forth the hypothesis that he was haunted by guilt from a past violent action that he had committed or had witnessed. Then, this guilt feeling grew stronger with the death of his daughter. According to a handwriting analysis, Roberts projected the image of someone “who is very, very afraid of being abandoned and needs a tremendous amount of extra loves”, who “has a fear of being left alone”, but who also seems “sexually obsessed, sexually repressed” and “silent in his anger.”

Taken together, these elements enable us to complete the “puzzle” of his personality, by adding a *medical condition dimension* that helps us to better understand why he committed this crime.

In Table 8, we applied the DSM-IV grid to support our hypothesis according to which Charles Roberts would have been suffering from “Post-traumatic Stress Disorder” (PTSD), which is an anxiety disorder. Accordingly, we assume that, the week of the shooting, Charles Roberts was confronted with one of the rare situations in which the person suffering from such a mental disorder “experiences dissociative states that last from a few seconds to several hours, or even days, during which components of the event are relived and the person behaves as though experiencing the event at that moment (Criterion B3).”

This specific state, coupled with the “Sexual & Gender Identity disorder” we think he might have suffered from, could have led him to commit the shootings on that day. It is possible that “religious delusions” may have also contributed to worsen this state. Like in other cases we described (Columbine and Dunblane), we would like to remind that our opinion on Charles Roberts’ mental health is solely based on our interpretation of the facts, supported by our reading of the DSM-IV set of criteria, and that this opinion is purely academic and does not represent an expert opinion in this matter.

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154 See previous paragraph
155 Quoted in Falkenberg, 2004.
156 Michelle Dresbold, quoted in Fuocco, M., Pittsburgh Post-Gazette 09/10/06.
158 According to DSM-IV, NCPTSD; opinions expressed here are not necessarily those of APA.
159 APA, 1994; 2000.
### Post-traumatic Stress Disorder (PTSD)

<table>
<thead>
<tr>
<th><strong>Causes:</strong> exposure to an extreme traumatic stressor such as &quot;military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape&quot; (NCPTSD)</th>
<th>Charles Roberts</th>
<th><strong>Symptoms</strong></th>
<th>Charles Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The subject experiences (directly) &quot;one or multiple traumatic events involving actual or threatened death or serious injury, or other threat to one's physical integrity, such as sexual assault&quot; (DSM-IV, NCPTSD)</td>
<td>Not likely</td>
<td>1. <strong>Avoidance:</strong> the subject tends to avoid places, people, or other things that remind him or her of the event (DSM-IV, NCPTSD)</td>
<td>1. YES: Inhibited in some interpersonal situations (especially in those involving children)</td>
</tr>
<tr>
<td>b. The subject witnesses an event that involves &quot;death, injury, or a threat to the physical integrity of another person, such as: witnessing the serious injury or unnatural death of another person due to violent assault, accident, war, or disaster or unexpectedly witnessing a dead body or body parts&quot; (DSM-IV, NCPTSD)</td>
<td>Did he really abuse his young relatives? Did he witness such an event? 1991: Was he implicated? 1997: How did his child died?</td>
<td>2. <strong>Recurrent re-experiencing</strong> of the event through flashbacks and or recurring nightmares about the trauma (DSM-IV, NCPTSD)</td>
<td>2. YES: especially during the 2 previous years</td>
</tr>
<tr>
<td>c. The subject learns about a traumatic event experienced by others, such as “unexpected death of a family member” (DSM-IV, NCPTSD)</td>
<td>Does not apply</td>
<td>3. “<strong>Guilt syndrome</strong>”; many forms; among them: not being able to revive someone you may have loved or being physically restrained to intervene and prevent someone from getting seriously harmed or killed. “Many situations of survival guilt result in a situation where nothing can be done. By being selfish, you continue to blame yourself in the result of someone’s death you simply could not have prevented.” (Encyclopaedia, quoting DSM-IV; <a href="http://www.nationmaster.com/encyclopedia/Survivor-guilt">http://www.nationmaster.com/encyclopedia/Survivor-guilt</a></td>
<td></td>
</tr>
<tr>
<td>d. <strong>Post-Vietnam syndrome</strong>, a form of post-traumatic stress disorder that affected most of the soldiers fighting in Vietnam: “Exposure to atrocities was significantly correlated with current symptom severity. In contrast, combat exposure alone was not significantly associated with overall symptom severity. Both atrocity and combat exposure, however, were significantly related to re-experiencing symptoms.” (Yeduha, R., Southwick, SM., Giller El Jr., 1992)</td>
<td>4. Irritability, sudden intense anger, occasional violent outbursts</td>
<td>3. YES</td>
<td></td>
</tr>
</tbody>
</table>

**Other information related to PTSD and relevant for the case:**

"Lifetime prevalence for ranging from 1% to 14%, in the population sampled" (NCPTSD).

"PTSD Posttraumatic Stress Disorder can occur at any age, including childhood. Symptoms usually begin within the first 3 months after the trauma, although there may be a delay of months, or even years, before symptoms appear."

(DSM-IV, NCPTSD)

| 5. YES: at least, in occupational area |
| 6. In his suicide note, he wrote that "he was dreaming of molesting children again" (CNN, October 3, 2006) |
| 7. YES; the day of the shooting. What was the trigger? To what event was he exposed one week before the shooting when, according to his coworkers, his behaviour suddenly changed? |

**Table 8 The PTSD: Causes and Symptoms in Charles Roberts’ Case**

**Figure 18**

The Mental Health of the “School Kamikaze”: A Conceptual Map


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Note: this conceptual map is based on DSM-IV (APA:1994, 2000) but the opinions expressed here are not necessarily those of APA.
8.7 Conclusion. Where the Motive Came From?

We do not share the opinion expressed by the police and embraced by the media according to which Charles Roberts chose the Amish school because it was a convenient location for him.

We previously stated the hypothesis according to which Charles Roberts would have been suffering from “Post-traumatic Stress Disorder” (PTSD). This specific anxiety disorder, coupled with the “Sexual & Gender Identity disorder” we think he might have suffered from, could have led him to commit the shootings on that day. It is possible that “religious delusions” may have also contributed to worsen this state.

We believe that the root cause of this school shooting is one of following:

a) The most important stress factor responsible for Charles Roberts’ “Post-traumatic Stress Disorder” was the death of his infant daughter (Table 8, point (c)), which filled him with anger “towards God” who “took” his daughter from him. Consequently, since he could not directly fight against an immaterial “enemy”, he decided to carry out his “revenge” against God by targeting the Amish, a very religious community, and more precisely, the Amish girls aged from 6 to 12 years old, the age that his daughter would be, had she lived.

b) The most important stress factor responsible for Charles Roberts’ “Post-traumatic Stress Disorder” was an event involving “death, injury, or a threat to the physical integrity of another person” that he witnessed (Table 8, point (b)) or provoked. We do not give much credit to the hypothesis according to which he would have sexually molested some relatives during his childhood. Instead, we think he witnessed or committed a violent act (crime or other) in the past, and he wanted to experience such a situation again. According to this hypothesis, the Amish school was his target because, in his sick mind, filled with “religious delusions”, he hoped to obtain forgiveness from God for his crime. Let’s remember that forgiveness is one of the most important values of this very religious community.

c) Charles had the profile of a homicidal father, and he was addicted to killing. Perhaps he chose the Amish school because, feeling “an urge to do it again”, he feared for the life of his own children and so, decided to redirect his homicidal instincts towards other children. Let’s remember that, according to Resnick, “religious delusions often convince [...] they're doing what's in the child's best interest” and “they're saving children from evil or proving their faith to God.”

Answers to the following questions would help to support or reject our hypotheses:

a) Did Roberts have a medical records file? Was his physician questioned?

b) Was the drug test random, targeted to him specifically or conducted company-wide?

c) Was he a known drug or alcohol abuser? Was his employer questioned?

d) What was his previous employment history?

e) Was he involved in the most horrible crime in Lancaster County which took place in 1991 and if he was, in what way?

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160 See Figure 11 in “Dunblane School” Case.

f) Did he ever discuss having molested two relatives before?
g) Was he violent with his wife? What was the relationship between them really like? His widow remarried in May 2007 and, according to Blessing, the minister who performed the ceremony, “she was doing quite well” (Associated Press & USA Today, 2007).162
h) Was he a practicing Christian? Had he previously voiced his hatred “against God” concerning his daughter’s death?
i) Did he have a licence to carry a gun? The police said that Charles’s weapons “appeared to be legal” and that he bought them in 2004 (Kocieniewski and Gately, 2006).
j) Was he occasionally violent with his children?
k) Was he suffering from any kind of sexual disorder?

9. Hypotheses to be Further Tested, and Lessons Learnt

In the context of this document, we did not anticipate drawing conclusions because the case was conducted based on secondary data only.

In writing this document, our primary intention was to provide a full picture of the shooting that took place in an Amish school in the United States, by facing the various points of view expressed by the crisis stakeholders through official reports, books, scientific articles, newspaper articles or through other media, while presenting additional pertinent information to help understand the circumstances surrounding the shooting. Thus, in addition to the information concerning the timeline of the school shooting, along with the activities of the crisis stakeholders involved at each stage, we have presented demographic data on the region, on its inhabitants and more precisely on the Amish community. We have also presented other information that is pertinent to the case, and that helps us understand the reasons behind the crisis stakeholders’ actions; this information was collected from various official documents, such as:

- The Crisis Management Plans of the organizations involved in the management of the crisis (Lancaster County, The Pennsylvania Health Department, various hospitals, etc.);
- Pennsylvania “State-wide Emergency Protocols”, the guidelines provided by The Department of Health (The Bureau of EMS), to the EMS Practitioners.
- The Annual Reports (2006) of the various organizations involved in this event (PSP, LCWC, etc.).

Furthermore, we have carefully sorted the sources according to their credibility and we have organized the information according to our “Crisis Management” approach, in order to create a coherent framework of analysis for a subsequent stage.

Finally, based on the descriptive investigation undertaken in this document, we’ve stated some hypotheses that can be subsequently tested through experimental on-site investigation (field investigation). Then, the findings should be compared to the various findings emerging from the analysis of other school shootings, in order to draw the conclusions that would state either support for the hypotheses tested or a rejection of them.

a) No statistical theory applies. No theory (neither the Theory of Probability, nor the Risk Assessment Theory, nor the Law of large numbers) applies to this new social phenomenon. The various statistics provided by the organizations specialized in school violence are not of much help when it comes to understanding this phenomenon, or designing crisis management plans for dealing with it. Consequently, no quantitative research method is able to help researchers anticipate the probability of a school shooting in a certain school, or the scope of its consequences in terms of total financial and social costs. The school shootings we have studied showed that small isolated schools in a virtually closed community (as in the case of the Amish community of Lancaster County), just like bigger schools having campuses with their own police (Virginia Tech) or universities and colleges located in the heart of a major city (Dawson College, Concordia University and others) are equally exposed to such an event. Though the size of the school and that of its community may not be relevant when identifying the vulnerability factors, some particularities of the community and the school could very well be a relevant factor in the matter.
b) Look for the Community. Usually, it is not the school targeted by the school kamikaze, but rather the community in which it is located that has ties to the trigger of the shooting. In fact, in most of the cases we have studied, we were able to identify ties between the trigger of the crisis and the economic, social, political, regulatory, and cultural (including religious) characteristics of the respective communities. We have already stated the hypothesis that Roberts was filled with anger towards God who “took” his daughter from him; consequently, he may have decided to carry out his “revenge” against God by targeting the Amish, a very religious community, and more precisely, the Amish girls aged from 6 to 12 years old, the age that his daughter would have been, had she lived. Along these lines, the two Columbine High School killers were frustrated, among others things, by the fact that they felt excluded from an affluent and very religious community (Littleton, see Columbine High School Shooting case), while Hamilton (Dunblane, Scotlant, 1996) felt persecuted by local government organizations (Central Scotland) who, according to him, suggested that the schools should forbid the students from frequenting his gym clubs; finally, in the case of Monash and that of Virginia Tech, we are faced with a student of Asian origins who seems to have difficulty adapting to values and to a lifestyle different from his own. The individualistic lifestyle proper to communities in developed countries where people are primarily concerned with their own objectives (especially professional ones) and needs (especially material), all the while remaining insensitive to the needs and objectives of other members of the community, or with regard to the community at large, seems to somehow be linked to the triggering factors of school shootings. According to this assumption, the schools and the police in each community should design a “culturally-tailored” Crisis Management Plan.

c) The killer is someone known. Contrary to the popular belief that states that “a crazy killer enters a school and starts shooting, having randomly chosen his target”, the school kamikaze, as we have named him, is usually a person who, one way or another, has ties to the school community; in most cases he or she is a student or former student of the school; in other cases he or she is a professor or an employee (Concordia University, 1992); finally, in other cases he or she is an outsider with ties to the school community (teachers, students or parents). In this last category, we should mention Hamilton, who solicited kids from Dunblane School for his gym clubs (and who was isolated by their parents at the time they pulled their children from the clubs), and Charles Roberts, who collected milk from the Amish farms.

d) The School’s Organizational Culture Has Its Say. The organizational culture of the school could either be a triggering factor of the crisis or an enabling agent of the actions undertaken by the crisis stakeholders (students, teachers, police and others), during and immediately following the shooting. We have previously discussed the characteristics of Amish schools and the manner in which the Amish culture influenced the crisis management decisions with regards to the process of identifying casualties and victims, and to the crisis communication process. With regards to this, following the shooting, a group of EMT specialists (Ressel, R., Reilhard, M., Brown, S., Wireback, S., and Gilger, A., 2008) suggested to the authorities that the EMT protocol be modified “in order to address patient identification when religious or cultural beliefs delay standard identification methods.”

But organizational culture can also influence the course of events in another way. As we have shown in two other case studies, that of Virginia Tech and that of Monash University, two very research-intensive universities, an organizational culture strongly pointing toward performance can

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163 Allusion to the literal French translation of the expression Look for the woman (Cherchez la femme), suggesting that behind a problem in question there would be a woman.
put a lot of pressure on students, by aggravating the various behavioural issues that some are already battling with. In another case we are dealing with, that of Columbine, an organizational culture which seemed to favour a certain elite (students with exceptional athletic performance) represented a major stress factor for other students who did not possess such abilities for sports, and among them, the authors of the shooting. Consequently, the two school kamikazes seem to have targeted, among other categories of students, the students with exceptional athletic performance.

e) Crisis Management Plans Must Not Be Left in a Drawer. Schools, whether big or small, at the primary or university level, are not prepared to manage such a crisis. Crisis Management Plans exist in certain cases, but they are not updated, nor put to the test with annual or bi-annual simulation exercises. In the case of the Amish school, it was explained why the School Board didn’t have a crisis management plan. In the case of Monash, such a plan did exist and a crisis simulation exercise had been performed just before the shooting occurred. However, at the time the crisis struck the university, administrators realized that the list of stakeholders and their coordinates was not up-to-date. In 2007, when the UQAM performed a scenario-based crisis simulation exercise, the university’s administrators realized, in the end, that many departments and small businesses in the building (cafeteria, library and others) did not receive notification and instructions for the same simple reason (because they were not registered on the contact list).

f) Build a Crisis Culture Throughout the Organization. In most cases there is no crisis culture in the schools that are bureaucracies working within somewhat rigid regulations where everything is carefully planned to the minute. Consequently, a lot of instructions regarding the academic process are given to students and teachers but no precise instruction regarding how to act in an unexpected situation is given to them; therefore, when the crisis strikes an educational institution, precious seconds, even minutes, are lost before people react, because they are unconsciously trying to associate the facts they are witnessing to a known, planned, and controlled situation, as is usually the case in a school environment.

As we previously showed, in the case of West Nickel Mines School, the Amish scholars did not anticipate what would happen when Roberts entered the school. Since they had never seen a gun before, they thought it was a “piece of iron”; in the case of Columbine High School some students saw the shooters outside the school, but they thought their actions were part of a senior prank, so instead of running away, they actually went towards the killers; in the case of Dunblane School (Scotland), the school Headmaster heard the gunshots, but assumed that they were noises coming from a nearby construction site, so instead of calling the police, he continued his conversation over the phone.

More recently, during an incident that occurred at the UQAM, students heard what seemed to be gun shots (but what subsequently ended up being firecrackers thrown in an elevator), but they believed the sounds were coming from a cola vending machine that was next to their classroom. It was only after the police arrived, having been alerted by more vigilant students, that many students admitted having heard the noises and thinking for a moment that they could have come from a firearm. Afterward, however, they told themselves that “this could not be” and that there must be another more commonplace reason for the noises. Not having been made aware of this social phenomenon which has been increasing in certain countries lately, students in such situations react in a chaotic manner and some will throw themselves on the ground, others will jump through a window (Virginia tech), others will run in all directions (Monash and Columbine) and finally, some will pretend to be dead. This seems to have been the case with the young Amish girl, Esther King,
during the shooting at the Amish school (see Table 3). In fact, in most cases, “school kamikazes” trace their way back to check and see if the people they shot are dead, by firing again in case they might still be alive; many students got away with more or less minor injuries, but they survived precisely because when the shooter came back to see if they were dead, they “played dead” (see Columbine, Virginia Tech and Nickel Mines cases).

As for teachers, their attitudes and behaviours during such a crisis are influenced by the fact that their organization lacks a “crisis culture”; when the shooting occurs, they give students instructions that they deem appropriate, but that are not necessarily so. Even though directives are given by the police or by the school administration during the shooting (via text messaging, intercom or others), under pressure of the moment, professors interpret these directives in their own way. For example, in the case of the event that recently occurred at the UQAM, specific directives were given by intercom in all the classes of the building where the incident occurred. However, after the evacuation, some students said that their professor had suggested that they throw themselves on the ground; others said that they were advised to stay away from the window and others said that their class continued as if nothing had happened.

g) Accurate Information Should be Provided as Soon as Possible. Crisis Management is a three-phase process: pre-crisis management (preventing), crisis management (intervening) and post-crisis management (limiting the consequences). As mentioned in Paragraph 7, the consequences of such a crisis are mostly psychological and affect the survivors, but also the families of all the other students. Consequently, quickly informing parents of the state of their child becomes a fundamental condition to limiting the psychological consequences. Two aspects are involved in the process of informing the families quickly and correctly: the manner in which the identification process of the victims is conducted, and how students and parents are reunited, after the shooting, or at least are allowed to communicate with each other.

The Process of Identifying the Casualties and the Wounded: The main difficulty related to this process lies in the fact that files containing personal student data are non-existent or not up-to-date, or not readily available. As we previously showed, after the shooting, no longer having the teacher present and being unable to contact the children’s parents by phone, the police was not able to identify the Amish girls. This situation not only created panic and confusion among parents, but also among hospitals practitioners, leading further to flaws in the crisis communication process. In the case of Dunblane Primary School shooting, the school record cards were produced with a certain delay and they were not up-to-date; the name of one child was missing from the school records file, while the name of another child who had moved away from Dunblane three months prior to the shooting, was listed in that file.

Reunite students with their families: As stated in our Crisis Management framework, the school district should consider establishing specific sites, in advance, where students and relatives could reunite immediately after an incident or accident, and where school district personnel could disseminate accurate information. As we previously showed, in the case of the Amish school shooting, some parents gathered at King farm waiting for news, while others gathered at the Auction House, near the school, where many media crews, equipped with trailers and helicopters were trying to gather more information, all the while intensifying the parents’ level of panic. For some of these parents, it was only 12 hours later that they were reunited with their girls in the hospital or informed of their death.
In the *Dawson College shooting* case, the Student Association lodged a complaint against the school management regarding the fact that, following the evacuation, students were left to themselves; with a completely overloaded cellular phone network and having left their bags and clothing inside the school, there was no possibility for them to contact their families or to go home. Thankfully, the Concordia University Student Association (a university where there is a strong *crisis culture* since the shooting that occurred there) set up an information and counselling centre for Dawson students. The same type of complaint was mentioned in the media concerning the shooting that occurred at Monash University (see Monash case study).

**h) Communication and Collaboration Between Various Stakeholders Are Key Success Factors in Crisis Management.** The communication and collaboration process between the various parties involved is a cornerstone of crisis management process in the case of school shootings. We have listed the difficulties of this process in the case of West Nickel Mines School shooting. However, we have identified the same deficiencies within this process, in many other cases (Columbine, Virginia Tech and, to a lesser degree, Monash). Therefore, we think that law enforcement and rescue agencies must set up an *incident command centre* immediately after being advised of an emergency situation, in order to ensure better cooperation and collaboration among the various agencies that interface. Also, police and county officials should list, in their emergency management plan, all the medical facilities assigned to each area, in case of emergency, along with their capacities in terms of equipment and specific competencies, necessary to deal with such an event.

**i) A Chain Is No Stronger Than Its Weakest Link and Yes, Some People Are Prophets in Their Own Country**\(^{164}\).

School personnel (teachers, school administrators, security officers and others) could make a difference in the management aspects of the crisis during a shooting situation and that in many ways. However in the cases we studied, human reactions observed during the events were quite heterogeneous. In this case for example, the teacher fled the scene of the shooting at the time the shooter entered the school. Other teachers panicked and ran away during a school shooting, leaving the students to fend for themselves. For example, during the shooting at Dunblane, the gym teacher (Mrs. Harris) took refuge somewhere as soon as the shooting started (some children soon followed, but she was not the one who brought them with her).

Contrary to those teachers who were overtaken by panic, some teachers saved lives during the various school shootings, whether by the directives they gave to the students (Columbine and Dawson schools shootings) or by the information they provided to the police, and/or by a direct intervention. For example, in the case of Columbine, a teacher was in direct contact, by phone, with the 9-1-1 emergency centre, throughout the shooting, by informing police of what was going on in the school and the behaviour of the killers; another teacher was leading a group of students to a safe place, but never arrived because he was killed. In the shooting that took place at Monash University, a teacher advanced toward the shooter, grabbed him and took his firearm. Another example of similar behaviour was observed during the shooting that took place at Virginia Tech when a teacher forcefully kept the classroom door shut, preventing the shooter from entering and thus enabling the students to escape by the window. These are examples of people who react strongly when they find their life and that of others in danger and who, rather than panic, face the threat with self command.

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\(^{164}\) Two ancient proverbs
j) To Fix a Problem, One Should Understand Its Root Cause. By comparing certain aspects related to Charles Roberts’ personality and his environment to the same aspects related to Hamilton and the Dunblane School shooting, we have opened a new avenue of research to explore: that of the killer’s profile. By going further, we propose to compare the biological, psychological and sociological profiles of school kamikazes, and explore some secondary research avenues, such as: i) the impact of technology and more precisely, of the ways the school kamikaze uses the new technologies (Internet, chat rooms, videogames and others); ii) the impact of religion affiliation or of religion-related issues, such as the belonging to some organizations or religious groups; iii) the impact of frequent moves and/or abuse suffered during childhood; iv) the types of behavioural problems more often associated to the school kamikazes (see, for instance, Dunblane and Columbine cases), but also the mental illnesses they eventually suffer from (such as selective mutism in the case of Cho, and paranoia, in the case of Xiang), and the impact of antidepressants; v) last but not least, the dominant psychological characteristics of the school kamikazes.
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