



40,000 TONS OF HOPE

A Bold New Approach for Humanitarian Assistance Operations.

PROJECT OVERVIEW

COALITIONOFHOPE.ORG

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Coalition of Hope Foundation Humanitarian Assistance and Disaster Relief Logistics.

COH Acknowledgments

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PLEASE DIRECT COH EXCELSIOR INQUIRIES TO THE FOLLOWING:

Coalition of Hope Foundation, Inc.

2335 South Ocean Boulevard. Palm Beach, Florida 33480

Timothy J. Keegan, CEO

+1.305.987.7700

timothy.j.keegan@cohglobal.org

PROJECT EXCELSIOR



Introduction

With limited warning, disaster strikes: A tsunami hits at the heart of a major Asian country. Within minutes, thousands of lives are lost and thousands more people are critically injured. Infrastructure is washed away along with the capacity of government to effectively respond. Without fresh water, food, electricity and communications, shock and bewilderment turn to chaos and lawlessness.

There is an immediate need for emergency response in the form of humanitarian supplies, first-responders, pandemic prevention and heavy earth moving equipment, so that search and rescue teams can clear rubble, locate survivors, triage and treat the injured. Time is running short as children cry and adult survivors despair, desperately searching the horizon for hope, as death, disease and darkness envelop the affected areas.

This brutal reality, just one of many variations of human cataclysm and suffering, plays out much too often across the globe as a result of both natural and man-made disasters. Given the critical need to actively help those in such post-disaster distress, the terrible truth is that until now there has been no quick-response platform conceived or created to effectively and efficiently alleviate the suffering caused by calamities such as earthquakes, hurricanes, floods, famine and war.

Executive Summary

Grand human endeavors capture the attention of history. The Coalition of Hope is bringing to life an historic project with global implications. The project is known as “Excelsior”. The mission – to build an unprecedented ship-based platform, dedicated to humanitarian assistance and disaster relief in the immediate aftermath of catastrophic occurrence. Project Excelsior will transform a ship of war into a ship of peace.

The Coalition of Hope Foundation, Inc. (COH) seeks to provide a ship-based humanitarian assistance / disaster-relief (HADR) platform. The ship incorporates state-of-the-art hospital facilities, an array of coalition (military) medical personnel, extensive air-lift capability, heavy equipment and emergency supplies in the context of a multinational, nation-state sponsored, public-private partnership. With the leadership and support of the global community, the coalition will respond to unforeseen catastrophic events faster and better equipped than any other military or civilian element in existence.

The COH leadership is comprised of individuals who have held senior positions in government, the military, and in industry. The Excelsior project received favorable White House (NSC) review in the second of President George W. Bush’s terms, and has been continually vetted and refined by subject matter experts (SME’S) the past ten years. In 2017 SASC professional staff reviewed the project as part of the NDAA process. The DOD and USN have endorsed the use of LHA platforms in response to disaster relief.

COH awaits US Government approval and ship conveyance in order to move forward. Upon approval Excelsior will be in position to provide global life-saving humanitarian assistance within 24 months of acquisition. Alternative outcomes for the LHAs are scrapping or sinking. The LHAs are currently anchored in Beaumont, Texas and Hawaii awaiting final disposition.

Humanitarian Assistance & Disaster Relief Logistics, Operations & Management

The Project Overview identifies the unique opportunities “Excelsior” brings to bear on the problems associated with humanitarian assistance and disaster relief operations across the globe. Before we get into the specifics, however, let’s take a look at why the skills Excelsior brings to the table are vital. Facing increasing occurrences of humanitarian crises and both man-made and natural disasters, the most important aspect of humanitarian and disaster relief is a coordinated, co-operative process of preparing to match urgent needs with available resources. The primary obstacle in so doing is the notable lack of coordination between the more than 120 government, private, and religious organizations, and 195 countries of the world in times of catastrophe. Competing agendas, politics, religions, national interests, governments, cultural, and many other aspects of our world often result in unnecessary death and suffering as vital, life-saving supplies and services sit undelivered/undeliverable; often just offshore within sight of those in need.

The unique attributes of Project Excelsior:

- Inter-Governmental / Cross-Governmental Coordination
- Unique Domestic and International Partnerships
- Coordinated Program Management
- Coordinated Operations Management
- Maritime Operations / Air Operations / Humanitarian Relief Management
- Disaster Relief Management
- Training

OVERVIEW:

In 2018, conflicts and disasters around the world left an estimated 200 million people in need of international humanitarian assistance in order to cope and survive. The conflicts in Syria, Yemen and South Sudan continue to cause suffering and displacement for many millions of people. Meanwhile natural disasters in the Caribbean, droughts and food insecurity continue to devastate the lives of many more. The Coalition of Hope Foundation seeks to augment ongoing international relief efforts with the introduction of Project Excelsior -- an entirely unique platform that will provide emergency responders and critical supplies in times of catastrophe. In addition, Excelsior will provide a robust medical training platform and logistical hub for continuing humanitarian assistance missions within the context of a multinational, public / private coalition.

COH is a not-for-profit public charity based in Palm Beach, Florida (USA). Established in 2010 as a humanitarian assistance and disaster-relief organization, the Foundation has provided support on an international basis to victims of hurricanes, earthquakes, flooding and abandonment.

A “skills rich” organization, the COH Board of Directors and International Advisory Board has engaged dozens of experienced senior leaders with the expansive political, business, educational, military, philanthropic and governmental backgrounds needed in order to execute the organization’s broad vision; individuals with extensive first-hand knowledge from their work in combat zones, diplomacy, nation-building initiatives, logistics and mass casualty trauma care.

COH is now proposing its most ambitious plan yet: the Excelsior Project, to retrofit a decommissioned U.S. Navy warship, a Tarawa-class (LHA) in order to provide state-of-the-art assistance facilities to regions hit by natural and man-made disasters. The vessel – built as an amphibious assault ship – will have massive airlift and amphibious capabilities to provide trained personnel, heavy equipment and emergency supplies to disaster locations in timely and unparalleled ways.

Once operational, the COH expects to demonstrate the ability and flexibility to more quickly respond to international emergencies with better capability than previous or existing military and civilian humanitarian-assistance logistical elements. The COH estimates that this single ship of hope could positively impact upwards of 20 million lives in its refurbished capacity.

Calling for International multilateral efforts and mutual cooperation between those who may have previously been adversaries, The Coalition of Hope Foundation (COH) is seeking to mobilize support from U.S. officials and other nation-states for what the Foundation’s leaders and backers believe is a transformational approach to measurably enhance and advance relief efforts.

Excelsior – A Template for Success

Project Excelsior is an initiative of the Coalition of Hope Foundation to utilize former US Navy (LHA) warships as dedicated humanitarian assistance and disaster relief vessels designated as HADR/V.



There are three former USN LHAs available: they are the former USS Nassau, USS Tarawa, and USS Peleliu. All three are decommissioned and potentially available for our use. COH will seek to refurbish and deploy all three of these ships subject to funding and condition.

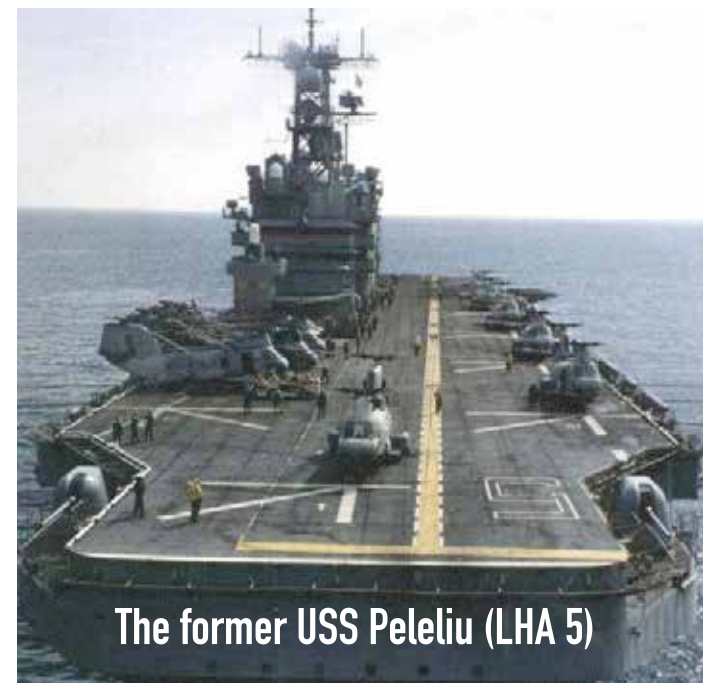
*“One always measures friendships
by how they show up in bad weather”*

– Winston Churchill

Our Seagoing Platforms of Hope

As our initial seagoing platform, we have chosen a recently decommissioned “Tarawa-class” amphibious assault ship. The retrofitted vessel, configured solely for humanitarian purposes, will require a full-time staff and crew estimated not to exceed 75, with capacity for +3,000 additional members (or displaced personnel) as circumstances require.

This type of ship was constructed with an existing 300-bed hospital, four medical and three dental operating rooms; all of which we seek to expand. The vessel’s cargo areas are capable of transporting 38 helicopters, heavy construction equipment, industrial trucks, cranes and other humanitarian / disaster relief supplies. The ship is uniquely able to deliver personnel and equipment via air, sea (amphibious landing craft) and at dockside.



The former USS Peleliu (LHA 5)

Initial Investment & Costs

The initial refurbishment costs of the vessel have been authoritatively estimated by USN (retired) senior leadership to be approximately \$375 million.

Annual (fixed) operational expenses are estimated at \$18 million and shall be borne on a pro-rata basis by participating countries, contributions by other non-governmental organizations, private donations, event revenue, media and other licensing. Mission (variable) operational costs are to be borne by participating countries on a proportionate basis.

For more detailed information, please refer to companion COH Financials.



The former USS Tarawa (LHA 1)



The former USS Nassau (LHA 4)

The Vessel represents a truly unique opportunity for COH to drastically improve humanitarian aid and disaster relief missions around the globe. The ship also features an extensive amphibious landing craft capability that will enable its crew to provide aid and relief whenever and wherever it is needed. Additionally, its world-class hospital component is equipped with 17 intensive care unit beds and a 1,000-unit blood bank. It also boasts orthopedics, trauma, general surgery, and x-ray capabilities.

An afloat Theatre Hospitalization Capability (THC) provides for the establishment of a fully functional, scalable, medical platform in areas where access to shore facilities may not exist (or are limited). It also reduces the inherent (civil) force protection concerns and support considerations.

Additional operational focus includes Disease Identification and Tracking, Ecological Disaster-Relief, Child Exploitation and Human Trafficking, Women’s Empowerment and Educational Initiatives, Technological Assistance, Oceanographic, and Scientific Research.

The use of a reconfigured US Navy (USN) vessel with rotor-wing and amphibious infrastructure provides optimized capability in support of HADR missions. The size and scope of (proposed) on-board assets (helicopter and landing craft), in conjunction with substantive freshwater production capability, electrical power generation, the deployment of heavy equipment, short-term housing for as many as 4,000 displaced persons and emergency supplies are unparalleled.

In conjunction with a broad coalition of nations, non-governmental organizations, and other key global partnerships, COH plans to retrofit the vessel to support state-of-the-art hospital facilities and medical staff, as well as transport first responders and supplies on a large-scale. **The retrofitted vessel’s unique command and control, heavy airlift and amphibious landing craft capabilities will make it faster and more efficient than any humanitarian assistance and disaster-relief vessel in the world.**

A World Class, Teaching Hospital

Discussions have begun with leading academic (medical) institutions to emplace a select, full-time “afloat” hospital within the Excelsior in order to serve as an advanced, adjunct “medical center of excellence” and scientific research facility. When sailing at sea, our one-of-a-kind learning environment will serve as a beacon of contemporary medicine in areas of the world where endemic care is either basic, or non-existent. It is hoped that our efforts will inspire others in lesser-developed regions to pursue a career in healthcare through our international outreach efforts. When not at sea, our teaching hospital will augment existing Home Port medical care and provide scaled-up capability during special events / global sporting experiences.

COH will seek to actively align with local and regional land based academic institutions throughout the world. Through cooperative agreements with these academic institutions credit and certification of at sea participating health care providers can be documented for their services toward licensing and board certification.

Our sea-based teaching hospital will perform requested controlled scientific clinical trials to determine best practices for management of local and regional health care issues. The identified data can be pooled and analyzed from multiple local and regional sources which will permit the more rapid determination of best practices.

We will be engaged in preventive medicine education and therapies needed by its local and regional partners and be a conduit from land based academic institutions to local and regional partners via telecommunications and robotics.

Pandemic Response Capability

We will be engaged in pandemic-prevention medicine, research and development in support of global population health initiatives.

Education and therapies needed by our ships will also boast research & response labs, virology labs (BSL-4), an extensive Quarantine-capable deck, adjacent to our expansive hospital capabilities.

Hospital Ship Comparisons

USNS Comfort and USNS Mercy: built in 1987 / represents United States national presence globally (active).

PLA Navy “Peace Ark”: built in 2007 / represents Chinese national presence globally (active).

COH HADRV: fully operational (estimated completion) in Summer 2023 / affords all nations the ability to participate globally on HADR missions (prospective).



Historical Context

Hospital ships have been in existence as far back as the Roman and Athenian navies of ancient times. Hospital ships are generally thought of as elements of Navy operations, but there is also a long history of non-military organizations sponsoring ships with medical care capabilities dating back to the mid-16th century.

In recent times, the most famous non-state hospital ships have been those of Project HOPE, a charity that operated the S.S. Hope between 1958 and 1974 and the Mercy Ships, a global charity that has operated hospital ships in developing nations since 1978.

Another example is the Sovereign Military Order of Malta (SMOM) who presently employ 42,000 doctors, nurses, and paramedics, assisted by 80,000 volunteers in more than 120 countries. Through its worldwide relief corps, the order aids victims of natural disasters, epidemics and war. Its annual budget is on the order of 1.5 billion Euros, largely funded by European governments, the U.N., and the European Union, foundations and public donors.



Transnational Foreign Policy Interests

With Project Excelsior, those invested will be remembered for establishing a sea-borne force capable of carrying out life-saving humanitarian missions with efficacy and scope unseen in history. The initiative also serves the collateral purpose of projecting global outreach and logistical support in accordance with United States and allied foreign policy interests.

The project provides a valuable tool in support of various peace initiatives by actively engaging a variety of nations in leadership roles. The project is designed to be funded by coalition partners and is conceived by COH to be an inclusive coalition open to all.

Friends in Every Port

A key component of the COH model is that all participant nations have the opportunity to qualify members of their respective navies on the operation of the COH vessel. Once certified as fully capable, each COH national partner may submit their naval representatives for the position of ship's Captain.

It is the intent of the COH that on a rotational basis, the ship's Captaincy will pass from one nation's representative to another as the ship enters a new port of call. As a result, the ship will fly the flags of a variety of countries as she sails throughout the globe in a unique COH "Tri-Mast" configuration.



The Sociology of Crises Environments

Since 1900, the occurrences of natural disasters in the world have increased 400%, with 200% of that increase taking place just since 2000 and increasing yearly with over 900 incidents in 2018. The majority of the disasters are comprised of weather-related and flooding incidents requiring immediate assistance during a period of emergency, i.e., requiring basic survival needs such as food, water, shelter, sanitation and immediate medical assistance.

The need for systematic data for disaster mitigation and prevention is an increasing concern of both development and response agencies. In the past, data needs were addressed on an ad hoc basis, which included collecting the information at the time of the emergency. However, there is a growing importance and understanding that data collection, analysis, and management can help both short and long-term development goals and help to identify and address disaster risks.

Related fields such as sociology and anthropology, the study of human populations, environments, and events that create chaos. There are long-lasting effects on multiple areas of society including: social organization, political organization and empowerment, economic consequences, environmental degradation, human and environmental adaptation and interactions, oral history, traditional knowledge, psychological consequences, public health and the broader historical record of the affected region.

Disaster resiliency research and preparedness deals with conducting field surveys on group, organizational and community preparation, for response to, and recovery from, natural and technological crises.

Public health preparedness requires cultural awareness, respect and preparation. Different parties acting during a relief period are driven by cultural and religious beliefs, including taboos. If these are not acknowledged or known by emergency and medical personnel, treatment can become compromised by both a patient refusing to be treated and by personnel refusing to treat victims because of a violation of values.

Governments and other organizations must make what are in effect "investment decisions", choosing which aspects of disaster recovery to invest in, when, and in what sequence. This is made more complicated by the fact that many of the interventions advocated are developmental rather than directly related to disaster management.

*"The future depends
on what we do in the present."*

– Mahatma Gandhi

Crisis Environments

There are more than 120 organizations around the world focused on providing relief during a disaster. They include man-made crises such as war, epidemiological and pandemic outbreaks, nuclear incidents, environmental damage, as well as natural catastrophes such as earthquakes, tidal anomalies, volcanic eruptions, fires, severe meteorological storms, droughts, flooding, famines, lightning, extreme temperatures, avalanches, landslides, technological disasters and geomagnetic storms.

Affected populations can broadly be classified as refugees, internally displaced persons (IDPs) or resident (that is non-displaced) populations. Refugees flee their countries of origin and are under special protection by the United Nations High Commissioner for Refugees (UNHCR). IDPs leave their homes and livelihoods behind but have not (yet) fled the country and might live among the host population or settle in IDP camps.

With the continued intensification of disasters related to global warming, the need for coordinated, focused, multi-faceted support and relief operations are increasing. The cultural, economic, and religious diversity of the world also demand a more culturally aware relief force with the ability to operate unrestricted in all corners of the world. Based on detailed analysis there is a need for a management organization with the expertise to plan, coordinate, and oversee a broad coalition of nations and provide an economically-feasible platform of Humanitarian Assistance Disaster Relief (HADR). The COH as an independent, “third-party” operational entity provides an opportunity for our vessel to transit nations and circumstances that could otherwise be politically untenable outside the construct of a traditional emergency coalition.



By the end of 2013, the global number of refugees was reported to be 16.7 million – the vast majority of them (86%) hosted by developing countries – and the number of IDPs 33.3 million. The size of resident populations affected by complex humanitarian emergencies is more difficult to determine, as there is no systematic data collection.

This also reflects the absence of a specific lobby organization for non-displaced populations – a role assumed by the UNHCR for refugees or, somewhat less prominently, by the Internal Displacement Monitoring Centre (IDMC) for IDPs. Resident populations affected by conflict are likely to outnumber refugees and IDPs by far. According to an estimation based on data from the Armed Conflict Location and Event Database 87% of all people affected by complex emergencies in 2012 were residents.

Not only their number, but also their specific needs make people affected by complex emergencies one of the top priorities on the global public health agenda. Lack of access to food, water, shelter, sanitation and medical care cause a substantial burden of excess mortality due to preventable infectious diseases. These non-violent deaths can easily outnumber violent deaths. While there is basic coordination between some of these organizations, the largest, The World Health Organization, only coordinates efforts between 11 organizations and countries.

With a minimum coalition of 25 participating nations (anticipated) providing private and government / military experts in coordinating large-scale operations across international borders, Project Excelsior offers unprecedented and unmatched operational coordination and management of vital resources.

People affected by crisis

Figure 1.2
People in need, type and severity of crisis, and funding requirements, 2017

Map – ACAPS severity level

- Severe humanitarian crisis
- Humanitarian crisis
- Situation of concern
- No severity score

Country summaries key



Country summaries ordered by number of people in need



Source: Development Initiatives based on ACAPS, Food and Agriculture Organization, UN High Commissioner for Refugees (UNHCR), UN Relief and Works Agency for Palestine Refugees in the Near East, INFORM Index for Risk Management, Centre for Research on the Epidemiology of Disasters and UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service (FTS) data.

Notes: HRP: humanitarian response plan; RRP: regional response plan; CAR: Central African Republic; DRC: Democratic Republic of the Congo. Countries selected using ACAPS data and corresponding estimates of people in need. Countries with fewer than an estimated 0.8 million people in need are not shown. For further information on coding crisis types see our online Methodology and definitions.

Coordinated Leadership: COH as an augmentee element

At the present time, the Humanitarian Assistance and Disaster Relief industry is in a period of reorganization and change. COH's Project Excelsior serves to provide "useful disruption", augmentation, and direct relief operations to this landscape. Key points to consider:

There has been a growth in the size of the relief organizations such as The American Red Cross, Salvation Army, World Health Organization, and other loose conglomerations of religion-based / faith-based organizations through supply chain integration and up-scaling of aid processing facilities.

At the moment, WHO (World Health Organization) – the world leader in humanitarian assistance (working with the United Nations) has changed their focus toward "coordination of efforts" between 11 organizations and has left the strategy of value chain definition to individual organizations. This supports the plans of COH well, as we are a logistical platform that supplies capacity and capability through the use of our vessel / vessels.

Up-scaling, consolidation, vertical integration, the development of multi-utilities and the extension of humanitarian and disaster relief services beyond religious and cultural borders are characteristics of the HADR landscape. The "Big Four" players (International Committee of the Red Cross & Red Crescent, Doctors Without Borders, UNICEF, and World Health Organization) have stopped their strategy of working with and assisting small entities in the market and focused more on self-coordination of organization efforts.

As may be seen by the challenges of coordination and late responses that resulted in many more fatalities and greater suffering during disasters around the world in 2017, 2018, and 2019, there is a pressing need for an organization group with the capability of coordinating the efforts of multiple countries in isolated areas of the world, with little-to-no supporting infrastructure during the vital periods immediately following a natural disaster. COH is uniquely poised to provide this type of aid platform.

Around the world, the need for coordinated humanitarian and disaster relief services is further developing due to the increasing number of natural disasters taking place each year. The main problem is the fact that each of the more than 120 relief groups have to deal with their own logistics, communications, and coordination efforts. Excelsior has the opportunity to use proven expertise, practices, experienced government affiliations, and a world-wide network to coordinate relief across borders and cultural barriers.

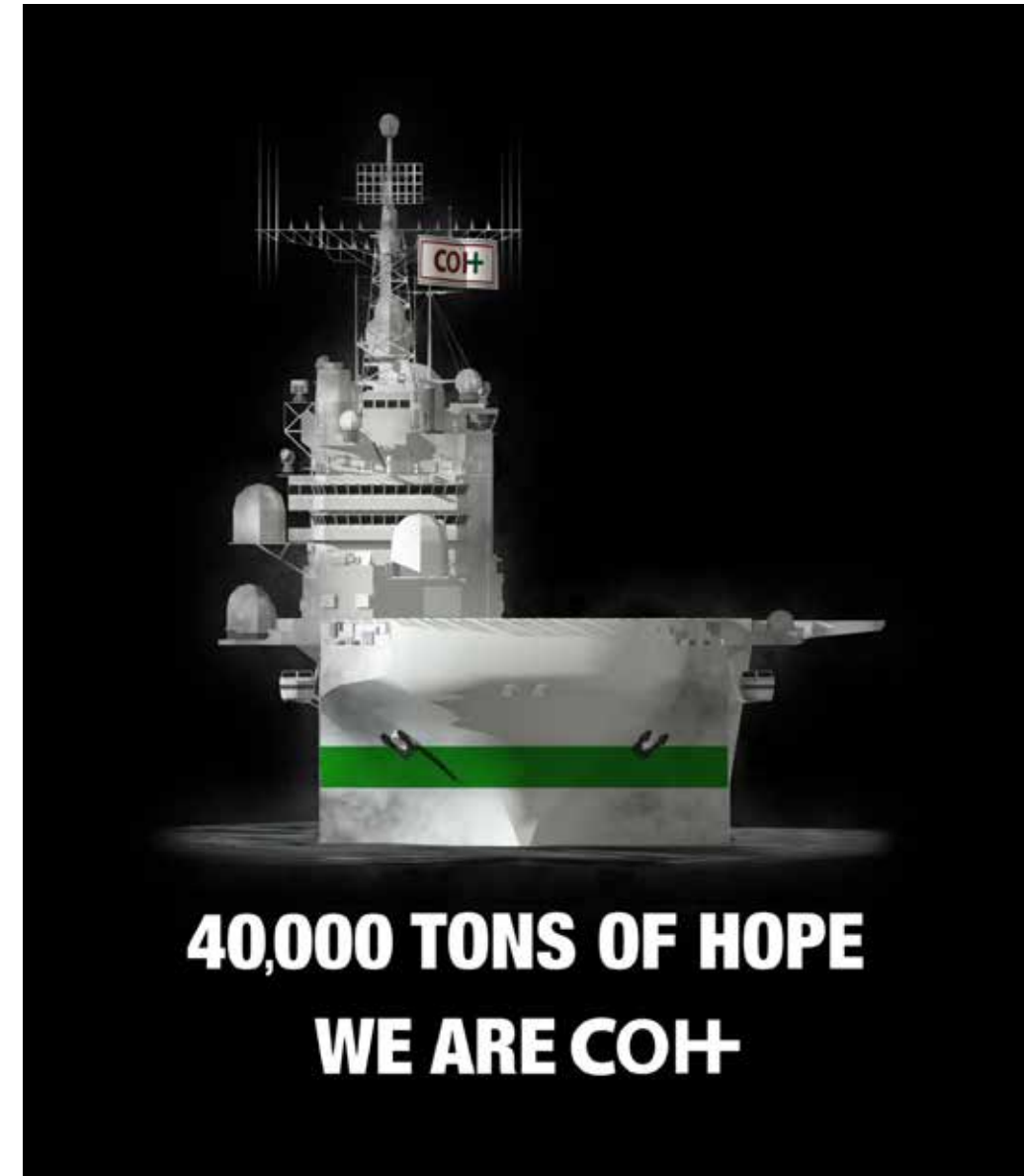
Excelsior will further alliances in the existing humanitarian and disaster relief markets, with its ability to deliver environmentally-friendly technologies and implement cost conscious solutions. The regulations and legislation with respect to humanitarian and disaster relief services are dominated by widely varying legislation of the more than 195 countries in the world. Due to the contradictory interests, often potentially hostile environments, the responsibility of the services are seen primarily as a government function. Through the public-private approach contained within the COH organizational construct, Excelsior will become a solution provider in the humanitarian and disaster relief operations.

"Excelsior will be able to provide a speed of service and capability that private (NGO) organizations cannot."

Experts within the HADR services industry have identified three distinct growth opportunities that exist for humanitarian and disaster relief services:

1. Humanitarian Services / Emergency Aid
2. Training and Education
3. Disaster Relief Services / Infrastructure and Sustainment

Given COH strategic planning and expertise, Excelsior should find success in supporting humanitarian and disaster relief services. Additionally, with a minimum coalition of 25 nations (anticipated) providing private and government / military experts in coordinating large-scale operations across international borders, Project Excelsior offers unprecedented and unmatched operational coordination and management of vital resources.



humanitarian assistance in numbers

poverty and crisis risk*

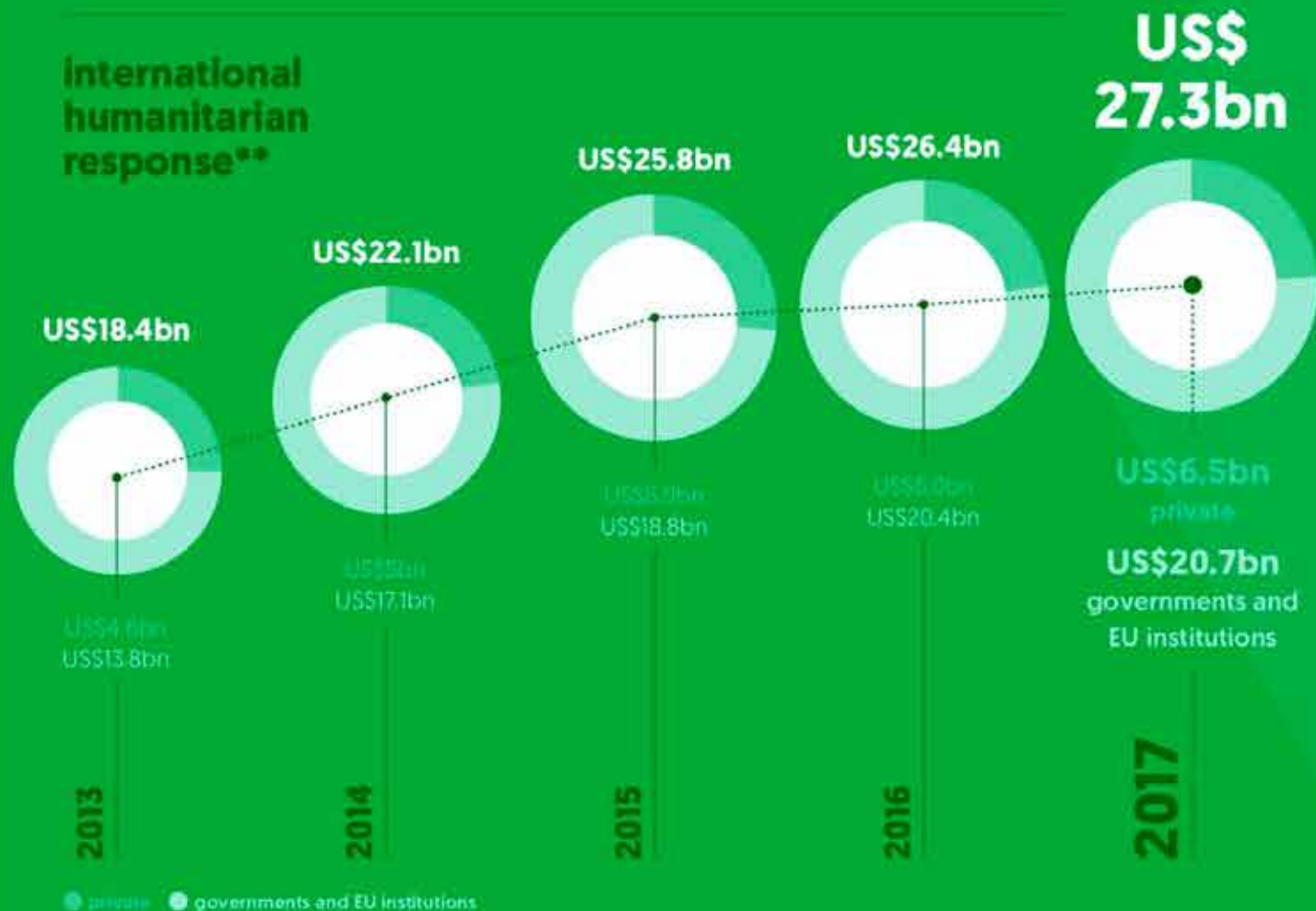
2bn poor people worldwide



753m of these are in extreme poverty



international humanitarian response**

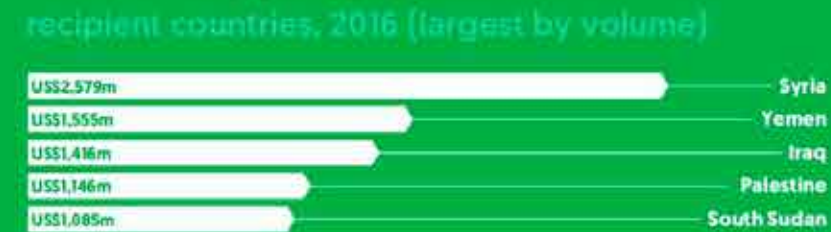


Notes: *Poor people are defined as those living on less than \$1.25 a day, extreme poverty is defined as living on less than \$1.90 a day. **Data consists only of humanitarian assistance directed internationally by donors. ***Contributions of EU member states include an imputed amount of the EU institutions' expenditure. EU institutions are also included separately for comparison and are shaded differently to distinguish from government donors.

where does this come from? donors, 2017 (largest by volume)***



where is it going? recipient countries, 2016 (largest by volume)



how does it get there? first-level recipients



resource mix in the 20 countries receiving the most international humanitarian assistance, 2016

1.7% official humanitarian assistance



UN-coordinated appeals 2017

proportion of requirements met and unmet

41% shortfall

For sources and full notes see figures 11, 15, 21, 22, 25, 31 and 41. Turkey is shaded differently because the humanitarian assistance it voluntarily reports to the DAC is largely comprised of expenditure on hosting Syrian refugees. Whilst Turkey's is not strictly comparable with the international humanitarian assistance flows from other donors in this figure, data for 2017 is preliminary.

AVAILABLE GLOBAL FUNDING SOURCES:

A small number of donor governments continue to contribute the majority of international humanitarian assistance. The three largest donors accounted for 59% of all government contributions. International humanitarian assistance contributions from European governments plateaued after a sharp rise in 2016 but still made up 53% of total government funding. Contributions from the Middle East and North of Sahara region continued to fall for a second consecutive year – by a further 30% from 2016. Estimated funding from private donors – individuals, trusts, foundations and corporations – grew by around 9%. Individual giving remains the single largest source of private donations, though those from trusts and foundations are growing.

Humanitarian assistance reaches people in need via multiple channels and transaction chains. In 2016, \$12.3 billion or 60% of all direct government funding went to multilateral agencies (primarily UN agencies) in the first instance. Non-governmental organizations (NGOs) received \$4.0 billion directly – 20% of the total. A growing majority of this went to international NGOs who received 94% of all funding to NGOs in 2017, up from 85% in 2016. There was a slight increase in direct funding to national and local NGOs, from 1.7% of all NGO funding in 2016 to 2.7% in 2017. But local and national NGOs received just 0.4% directly of all international humanitarian assistance reported to FTS in 2017, a rise of just 0.1% from 2016. Improved reporting, with lower volumes of funding being categorized as ‘undefined’, may in part explain the changes seen in 2017.

Some notable year-on-year increases and decreases in the volumes of international humanitarian assistance provided by individual governments are evident. 10 of the 20 largest donors in 2016 increased their contributions in 2017, with six increasing by more than 10%.

Among the very largest donors, increases in excess of \$100 million were seen from the US, of \$3.5 million (5%); Germany, of \$284 million (11%); and Canada, of \$111 million (19%). These increases were largely counterbalanced by reductions in funding from another 10 of the largest donors, with four decreasing by more than 10%.

Contributions from trusts and foundations grew by 14% in 2016 (the latest year for which a breakdown by private donor type is available), accounting for an increasing proportion of funding from private donors. Yet individual giving continued to be the single largest source of private international humanitarian assistance, accounting for over two-thirds (68%) of all private contributions.

Funding for humanitarian assistance is channeled from donors through a variety of organizations to get to the location of the crisis. It often passes through one or more levels of recipients before reaching people affected by crisis.

In 2016, multilateral organizations (primarily UN agencies) continued to receive the most government funding (60% or \$12.3 billion), the same proportion as in 2015.

Of private contributions, 87% were directed to NGOs, with 10% going to multilateral organizations, and 3% to the International Red Cross and Red Crescent Movement (RCRC), largely in line with averages over the past five years. The volume of direct funding to NGOs decreased for the first time in four years (falling by \$666 million to \$9.2 billion in 2016), largely driven by a 15% fall in private donor contributions.

UN agencies, including WFP, UNHCR, UN International Children’s Emergency Fund (UNICEF), UNRWA, IOM, UNDP, WHO, FAO and UN OCHA, play key roles in humanitarian coordination and response. These nine UN agencies directly received US\$14.6 billion in 2017, a 3% increase from 2016. It is anticipated that COH Excelsior will receive substantial revenue from these Agencies in the form of commercial shipping contracts and other humanitarian support efforts.

Governments have the primary responsibility to prepare for, respond to and support recovery from crises in their own territories. However, where domestic capacity cannot meet the scale of needs, international assistance can alleviate suffering and address the longer-term developmental needs often underpinning and exacerbating crisis. Multilateral development banks play an increasingly important role in crisis financing. They channel funds as humanitarian assistance, and also provide financing beyond humanitarian assistance to countries affected by and at risk of crisis.

Many multilateral development banks have a growing range of instruments and mechanisms that can provide crisis financing for preparedness, response, recovery and reconstruction. The volume of financing available is also significant. For instance, the World Bank’s IDA18 Replenishment, running from 2017 to 2020, sets out financing commitments of more than \$14 billion to address conflict, fragility and violence – a portion of which may be available to support COH relief efforts.

Estimated funding for international humanitarian assistance from private donors – individuals, trusts, foundations and corporations – grew by approximately 9% in 2017, following a decrease of 14% in 2016. The sharp growth in private contributions in 2015 appears to represent an exceptional spike – interrupting a six-year trend of steady growth – likely driven by the occurrence of high-profile sudden-onset disasters associated with natural hazards including the Nepal earthquake as well as the Ebola virus disease outbreak.





What is humanitarian assistance?

Humanitarian assistance is intended to save lives, alleviate suffering and maintain human dignity during and after man-made crises and disasters associated with natural hazards, as well as to prevent and strengthen preparedness for when such situations occur. Humanitarian assistance should be governed by the key humanitarian principles of: humanity, impartiality, neutrality and independence. These are the fundamental principles of the International Red Cross and Red Crescent Movement (RCRC), which are reaffirmed in UN General Assembly resolutions and enshrined in numerous humanitarian standards and guidelines.

We recommend that humanitarian organizations prioritize the integration of community participation in all areas of programming, ideally before, but at least from the very beginning of a crisis – and share feedback more effectively across aid organizations. This should include paying particular attention to the people likely to be passed over, such as women, older people and persons with disabilities.

We recommend that all governments (including donors) and humanitarian organizations invest much more heavily in community resilience and local response capacities before disasters and other crises. This means scaling up the use of anticipatory funding for predictable and recurrent hazards in international and domestic response systems, and promoting legal and policy frameworks for disaster risk management that focus on the needs of the most vulnerable people. We recommend that donors ensure that funding structures for development, climate and humanitarian assistance promote resilience, local capacity and preparedness.

We recommend that all governments (including donors) and humanitarian organizations invest in stronger data gathering and analysis capacities across the humanitarian sector and at the national level.

It is important to ensure that humanitarian budgets, plans and financing incorporate specific allocations and programs to groups with particular needs, including older people and persons with disabilities, working with dedicated local organizations, where they exist. Meeting the needs of irregular migrants and of people experiencing urban violence should also be prioritized, bearing in mind that local responders will likely continue to be best placed to undertake most response initiatives, but will require additional resources to do so.

The Coalition of Hope Foundation proudly reaffirms its continuing commitment to the aforementioned goals and to invest in the operational and functional capacity of our personnel in support of the recommendations noted above.

*“We can’t help everyone,
but everyone can help someone.”*

– Ronald Reagan

Jobs Creation / Veteran Employment

American / International shipyards and their workers will benefit from the economic stimulus provided by the ship's retrofitting, estimated to be \$375 million and create up to 3,000 new jobs. Subsequent operations and organizational support will provide an estimated \$200 million in annual economic benefit to the ship's US-based home port.

The ship provides an excellent training platform for multinational HADR teams and medical personnel due to the scope and scale of missions, security of the facility (ship), unique joint-interoperability experience and cost-effective funding requirements.

Unprecedented Capacity

The use of a reconfigured US Navy (USN) vessel with amphibious infrastructure is an unprecedented concept that provides optimized capability in support of HADR/V missions. The size and scope of (proposed) on-board assets (helicopter and landing craft), in conjunction with substantive freshwater production capability, the storage of heavy equipment, short-term housing for as many as 3,000 displaced persons and emergency supplies could diminish the need for outdated and costly repositioning of alternative Department of Defense (DOD) support elements in times of catastrophe.

Ecological Disaster Response

An environmental disaster is a disaster to the natural environment due to human activity, which distinguishes it from the concept of a natural disaster. Environmental disasters can have an effect on agriculture, biodiversity, the economy and human health. The causes include pollution, depletion of natural resources, industrial activity or agriculture. The COH and her crew are able to support research, emergency containment and remediation as a component of our overall humanitarian assistance and disaster-relief mission, and we shall do so in conjunction with the US and international Coast Guard.



Animal Rescue and Evacuation

The Coalition of Hope plans to include capability to rescue animals, as well as people from crisis situations. This capability will provide an emotional rescue by allowing displaced people to remain in contact with their “animal family” members. As Margo McKnight, Executive Director of the Wildlands Network and an advisor to the COH Foundation recently opined, “That the Coalition of Hope Foundation would equip their rescue vessels to accommodate animals when catastrophe strikes is farsighted and visionary. When a disaster strikes providing food, water, clothing and safety although difficult is usually possible. Providing emotional rescue is far more complex.”

Disaster Response Augmentation

COH will act in coordination with the USAID (OFDA), UN, NATO, other NGOs and Partner Nations. The COH goal is augmentation, not elimination of existing humanitarian relationships and structure. COH mission guidelines contemplate the ability to support both CONUS and OCONUS operations in times of crisis. International awareness of Project Excelsior (supported by pending US-based media / TV platforms) will bring positive attention to the United States and participating nations.

International Medical Training Platform

Discussions have begun with leading academic (medical) institutions to enable a select, full-time “afloat” teaching hospital within the Excelsior in order to serve as an advanced, adjunct “medical center of excellence” and scientific research facility. When sailing at sea, our one-of-a-kind learning environment will serve as a beacon of contemporary medicine in areas of the world where endemic care is either basic, or non-existent. It is hoped that our efforts will inspire others in lesser-developed regions to pursue a career in healthcare through our international outreach efforts. When not at sea, our teaching hospital will augment existing Home Port medical care and provide scaled-up capability during special events / global sporting experiences.

COH will seek to actively align with local and regional land based academic institutions throughout the world. Through cooperative agreements with these academic institutions credit and certification of at sea participating health care providers can be documented for their services toward licensing and board certification.

Our sea-based teaching hospital will perform requested controlled scientific clinical trials to determine best practices for management of local and regional health care issues. The identified data can be pooled and analyzed from multiple local and regional sources which will permit the more rapid determination of best practices. We will be engaged in preventive medicine education and therapies needed by its local and regional partners and be a conduit from land based academic institutions to local and regional partners via telecommunications and robotics.

Unique medical readiness and training opportunities for COH participants will be enhanced at a cost-savings for those countries involved. Our shipboard medical staff and early responders will originate exclusively from our coalition partners, providing a valuable platform for international experience. The introduction of the Excelsior and our proposed other ships would diminish this loss by providing global capability in conjunction with coalition partners. Critical ship-based elements will include Full-Service Trauma / Acute Hospital Care: Operating Rooms, Casualty Receiving Beds, Recovery Rooms, Pharmacy, CT Scanning equipment, an Optical Lab, Dental Services, Family Medicine, Oxygen / Hyperbolic Treatment capability and other healthcare services.

Inclusive to All Nations

The COH Foundation believes that participation in COH missions must be open to all nations inclined to participate, irrespective of state politics. As COH Founder & CEO Timothy Keegan has opined, “If we can bring the nations of the world together in times of peril, we can build upon these foundations in times of peace.” Thus, the Coalition of Hope Excelsior initiative is open to all nations who ascribe to the rules, regulations and principals as established by the COH Foundation.

COH senior leadership is comprised of personnel who possess a sophisticated understanding of global interests. This empirical foundation provides that COH missions will best serve the needs of those affected by tragedy and will not become a platform for other agendas that would serve to diminish the worthy goals of the coalition.

There is nothing to compare with the sight of a large, well organized assistance force sailing over the horizon, flying your nation’s flag, and entering port with the promise of help for those in desperate conditions. Those that have survived disaster can attest to the range of emotions and renewed “will to survive” with the advent of qualified, trusted assistance.

**In times of great distress and despair,
it is uniquely comforting to know that others care and are willing to help.
It is even better once they arrive!**

Project Excelsior envisions acceptance by a broad coalition of nations. Participation costs would be pro-rated, thus making participation economically feasible for all. In the event of catastrophe, land-based medical facilities may not be functional; a sea-based platform uniquely maximizes capability and provides flexibility as to “when and where” it is established. Rotary wing aircraft assigned aboard ship provide an extended range of capability (600+ nautical miles) when circumstances require it.



COH Coalition Membership

Partner Nation Membership: Partner nations join the COH by invitation. Bi-annual participation in the COH is regulated through memoranda of agreement with each partner nation. The memoranda specify how nations participate, what means are expected to support the partnership, and what roles national representatives will have within COH and aboard ship(s).

COH Member Nation Assistance Requests – The Process

The Coalition of Hope Foundation Board of Directors, in conjunction with our partners and international stakeholders are responsible for determining what missions the organization will accept. As with all COH missions, our personnel and vessel must receive a request for assistance and permission to port from a host-nation government. This may be in the form of an on-going memorandum of understanding or a special request. These agreements will follow established guidelines as defined by the United States Department of State (DOS).

All assistance requests are reviewed by the COH Operations Group which provides mission recommendation to the COH Executive Committee, who are responsible to make the decision to deploy and inform the COH Board of Directors. The Board of Directors may subsequently exercise a veto of the recommendation with a 75% vote of the Board members.

The COH Operations Group will follow established risk-management protocols in advance of all mission recommendations. The (established) Mission Decision Making Process (MDMP) will govern this process.

The COH Operations Group is comprised of the COH President, the COH Surgeon General, select COH board members and representatives from the partner nations. The Decision Board uses a voting process to validate missions for action. Voting weights for national representatives reflect partner nation participation in COH. Key members of this board include the Excelsior Captain, the Commander Landing Forces (CLF), COH Senior Medical Staff, and political / diplomatic advisors. Other advisors may include representatives from health and medical NGOs, representatives from global health organizations (e.g., PAHO, WHO, UNICEF), and regional organizations, such as GCC, OAS, EU, based upon mission location.

Once a mission request has been processed and agreed to, the orders to proceed are transmitted to the COH vessel for execution. Once at sea, the Commander of the COH vessel (IAW naval tradition) is in operational control and responsible for the safety and professionalism of those under his command. All multinational forces agree to this authority as a pre-requisite for COH participation.

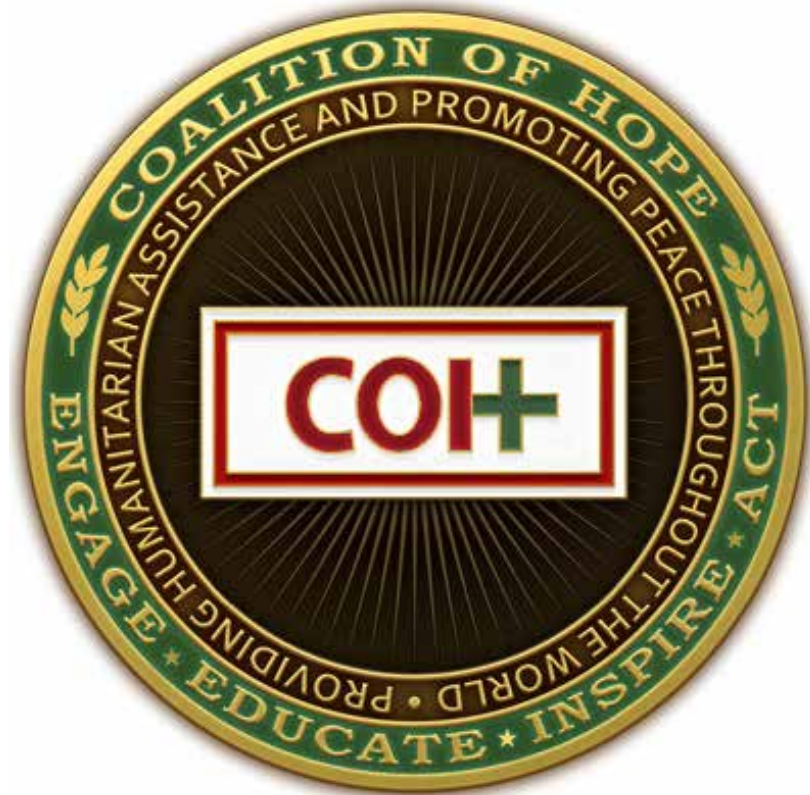
*“I can do things you cannot, you can do things I cannot.
Together we can do great things.”
– Mother Teresa*

COH Guiding Principals

COH senior leadership is comprised of personnel who possess a sophisticated understanding of global interests. This empirical foundation provides that COH missions will best serve the needs of those affected by tragedy and will not become a platform for other agendas that would serve to diminish the worthy goals of the coalition.

The COH Excelsior project seeks participation by a broad coalition of nations, providing an economically-feasible platform to project respective State interests in the context of Humanitarian Assistance Disaster Relief (HADR) participation. The COH as a “third-party” operational entity provides the opportunity for the vessel to transit nations and circumstances that could otherwise be politically untenable outside the construct of a humanitarian coalition.

The Excelsior initiative will act in coordination with the USAID (OFDA), UN, NATO, other NGOs and Partner Nations. The COH goal is “augmentation” not elimination of existing humanitarian relationships and structure. The COH mission guidelines contemplate both CONUS and OCONUS support in times of crisis.



Mission Types

Humanitarian assistance missions of the Coalition of Hope

Disasters occur in large and small scale across the globe daily. As previously described, each mission is scrutinized for risks and feasibility through the two vetting boards. The vetting boards will also make organizational decisions on partnering with other entities.

Category 1 – General Missions / Secure Environment

General Missions are identified as Category 1 tasking. These efforts include (but are not limited to) the following types of efforts in a Secure Environment and are predicated by on-site security assessments of the operational environment: humanitarian relief, providing food, water, supplies, medical services, agricultural instruction, educational training, cultural interaction, general research and media reporting capability.

Force Protection Level - Alpha.

Category 2 – Special Missions / Moderately Hazardous Environment

Special Missions are identified as Category 2 tasking. These efforts include (but are not limited to) the following broad types of efforts in a Moderately Hazardous Environment and are predicated by on-site security assessments of the operational environment: humanitarian relief, providing food, water, supplies, medical services, agricultural instruction, educational training, limited cultural interaction, general research on a restricted basis and increased media reporting capability.

Force Protection Level - Bravo.

Category 3 – Emergency Missions / Hazardous Environment

Emergency Missions are identified as Category 3 tasking. These efforts include (but are not limited to) the following broad types of efforts in a Hazardous Environment and are predicated by on-site security assessments of the operational environment: extensive humanitarian relief, providing substantial food, water, supplies, emergency medical services, physical security, selected evacuations, heightened media reporting capability, other necessary and immediate measures and assistance as determined by the COH Vessel Commander in consultation with the COH Executive Board.

Force Protection Level - Charlie.

Category 4 – Disaster Relief Missions / Hazardous Environment

Disaster Relief Missions are identified as Category 4 tasking. These efforts include (but are not limited to) the following broad types of efforts in a Disaster Relief Environment and are predicated by on-site security assessments of the operational environment: mass humanitarian relief, providing large-scale quantities of food, water, supplies, emergency medical services, physical security, large-scale evacuations, heavy-lift capability, debris removal, search and rescue, extensive media reporting capability, other necessary and immediate measures and assistance as determined by the COH Vessel Commander in consultation with the COH Executive Board.

Force Protection Level - Delta.

Mission Exclusions

The COH Foundation and its members understand and agree that in order to help those most in need, our global missions endemically include a heightened level of risk to personal safety. It is our responsibility however to safeguard the ongoing success of our organization, the safety and security of its employees, crew, multinational volunteers and the well-being of those we seek to serve.

For this reason, we will exercise prudence in the missions that we choose to accept. Types of missions that do not fall within our operational guidelines include, but are not limited to: nuclear, biological or chemical contamination events, direct intervention in an active combat zone and / or acts that would unnecessarily place the ship and crew at unacceptable levels of risk to life, or future health.



*“The value of our lives is not determined by what we do for ourselves.
The value of our lives is determined by what we do for others.”*

– Simon Sinek

TASK OVERVIEW

Ship Acquisition

This phase focuses on legal agreements required to gain ownership and operational control of a Tarawa-class amphibious assault carrier (LHA). The Coalition of Hope seeks to acquire the vessel from the United States government and operate as a HADR platform on a global basis. Missions could include both CONUS and OCONUS deployments as requested. Key elements in support of this action:

- Recall for US disaster national response
- HARDR/V for training of USG personnel (proposed)
- Positive Soft Power Projection (subject to further discussions with USG)
- Primary refit and refurbishment utilizing CONUS-based capability
(unless US ship building capacity makes doing so unavailable)

TASK 1. Secure Funding

All activities after acquiring the vessel will require a reliable source of funding. Similar to the United Nations or any other effort which incorporates nation-state coalitions, Project Excelsior’s budget is partially borne by the coalition’s partner nations.

Concept of funding is:

- Refit Costs – provided by the coalition nations (including USG); upwards of \$375 million
- Personnel – COH contracts ship-based crew, while other operational personnel provided by respective coalition government partners
- Fuel and Operations Costs – paid on a proportional basis by COH and coalition governments
- COH coalition partners to supply, operate and maintain landing craft, helicopters, drones, etc.
- Ship’s Crew and Command Staff – COH contracted manning

TASK 2. Assemble COH Excelsior Team Refer also to Annex A.

Multi-functional teams are needed throughout the assessment, planning and refitting phases of the project. Required skill-sets include naval command at sea, commercial mariner, project management, amphibious, medical and dental, and marine logistics operations. All of these skill-sets will contribute to the planning process led by a project management team.

The Project Excelsior management team will map out in detail phases of the ship’s reconstruction, testing, and initial operations. All aspects of the project will be mapped out, including:

- Project integration
- Project scope management
- Requirements collection (see Task 3)
- Schedule management and sequencing
- Budgeting and cost control
- Plan and monitor quality management
- Human resources management
- Project communications management
- Project procurement management and contracts management

The project team will also include a historian and documentarian to record project concepts, developments, and events. The documentation team will:

- Establish archivist and means of storage
- Include documentarian
- Capture video of vessel, COH personnel and milestones
- Capture video of sponsors and supporters

Tasks 1 and 2 are non-sequential and can run concurrently.

TASK 3. Assessments and Redesign to Support Government Public Safety Initiatives

In this phase of the project, the ship is assessed for existing medical capabilities and critical shipboard infrastructure functionality against requirements for humanitarian assistance and disaster relief operations.

This is the most critical phase of project development.

The redesign team will include subject matter experts in the fields of hospital administration, emergency response, overseas disaster relief, scientific research, shipbuilding engineering / architecture and experience with USN modifications and upgrades to (existing) USN vessels.

Input from the International Electrotechnical Commission (IEC), DHS, FEMA, ICRC, and DOD will aid in capabilities assessment and generation of equipment requirements to include design of resilient infrastructure planning within platform modification. Functional areas during planning include support for EMP Protection Level 4 guidelines, continuity of government, communications and shipboard power systems, medical operations, migrant support operations, amphibious operations, and airlift operations.

COH Excelsior will be equipped to fully support government programs collaboration such as the First Responder Network authority (FirstNet) in planning, building, and managing a new, nationwide, broadband network for public safety communications. In addition, the SHARES PROGRAM – that supports interoperability between HF radio and satellite communications for national security and emergency preparedness (NS/EP) personnel needing to transmit critical messages to coordinate emergency operations even when traditional means of communicating via landlines and cellphones are damaged or destroyed. The Shared Resources (SHARES) Program, administered by the DHS National Coordinating Center for Communications (NCC), provides an additional means for users with NS/EP missions to communicate when land-line and cellular communications are unavailable.

Required for this phase are key development plans such as prioritizing critical infrastructures, substructures and individual components of shipboard technical design standards needed to meet essential needs to protect and maintain end-to-end functions with further evaluation of current ship deck plans, DOD and NGO humanitarian mission after action reporting/lessons learned, and space requirements for each functional area.

Additionally, living quarters aboard the ship will require redesign for civilian staff, military personnel, government officials, displaced persons / evacuation capability.

- Review existing vessel status and capabilities
- Assess shortfall or current configuration for proposed HADR planning
- Review DoD after action / lessons learned and NGO input
- List additional desired capabilities and take input from key stakeholders
- Determine feasibility of desired capabilities

TASK 4. Select Refit Facility & Commission Vessel Retrofit

Once the requirements for modification to the vessel have been determined, a suitable shipyard facility will be located in order to conduct the refit operation. Modifications to the ship will re-arrange deck space to facilitate medical functions such as triage, surgery, intensive care, imaging, patient isolation, research labs, and epidemiology labs. The refit will accommodate functional areas such as air operations (including airframe and engine maintenance), amphibious operations, logistics operations (specialized for search, rescue, recovery, identification, medical and migrant support), security operations, and others. The Coalition of Hope will designate personnel (including retired USN Flag Officers and others) with medical systems and nautical architecture design expertise to monitor and control all phases of remediation, decontamination & reconstruction.

TASK 5. Medical Facilities, Logistics, Sanitation & Decontamination Systems Installation

Preparation for full mission capability requires design and installation of medical operations systems on-board that can function uninterrupted in any given scenario. Scope and type of medical and sanitation systems will be dictated by mission requirements, identified in the planning phase (Task 2).

Medical systems tasks include:

- Infection Control Quality Assurance & Quality Control Systems (virtual surgical suites, operating table and laboratory airflow and hood systems.)
- Airflow Propulsion Systems
- On-board Medical, Biological and Contaminated Waste Disposal Contamination Incineration Systems
- Dedicated Clinical Research Facilities Area
- Employee Health & Exposures Treatment Areas
- Self-Sustaining Shipboard Water Treatment Components Facilities, (Drinking, Bacteriostatic etc.)
- Smart RFID, Telemetry, Telemedicine & Live Virtual Video Recording & Streaming Surgical Suites & Treatment Rooms
- Optometry and Ophthalmological Surgical/Treatment Areas
- Trauma & Acute Hospital Care Infection Control Quality Assurance & Quality Control Systems
- Decontamination, Triage, Evacuation Staging and Monitoring Areas
- Separate Quarantine Treatment & Evacuation Areas
- Advanced Life Support Trauma Bays / Surgical Suites / Recovery Rooms & Associated Equipment (Heart Lung Bypass – Mechanical CPR Systems)
- Radioactive Decontamination Facilities
- Full Service BSL 4 Laboratory (Battelle) Associated Laboratory Diagnostics & Equipment
- Smart Electronic Hospital Rooms with Virtual Streaming Telemedicine / Physician Education / Collaboration
- Radiological & Scanning Technologies (CT/MRI/US/Co2 and Erbium Lasers)
- Minimally Invasive Surgical Guidance Systems
- Full Dental & Maxillofacial Reconstruction Services, Equipment, With On-board Dental Lab
- Family, Obstetrics & Gynecology, Neonatal, Pediatric Medical Treatment Suites • Full Electronic Pharmacy Medical Supply Management Systems
- Hyperbaric Oxygen Chamber Systems – Diving Apparatus SCUBA Facilities
- Submarine, MAVIS below deck dock launch capability
- Medical equipment decontamination / sterilization systems (CO2 Gas Systems – UV Systems)
- Biobank Repository & Storage
- GEMS (Global Epidemiological Management System) Universal Technical Platform with Combined Polylinguistic Collaborative Workspace, electronic data capture (EDC), electronic medical records (EMR), Imaging, biometric and Telemedicine Document Management, Recording, Reporting, Analytics, etc.) Interoperability and mass distribution (technology) in support of robust medical / scientific dissemination of findings.

TASK 6. Identify Core Crew and Establish Crew Training Requirements

Dedicated and intermittent crew for HADR/V Excelsior will come from a number of different backgrounds. HADR/V Excelsior has multiple components, requiring personnel having expertise in many different areas. Critical areas of operation on the ship include engineering, ship operations, security, airlift operations, amphibious operations, firefighting and damage control, and crew support functions. These are in addition to the medical staff required to execute humanitarian assistance missions.

There is also an opportunity for personnel from NGOs and US government agencies (DOD, NOAA, USGS, FAA, HHS, USAID, CDC, NIH, etc.) to work in conjunction with Excelsior staff. Areas of cooperation include: Land (IARPA Robotics), Amphibious (MAVIS search live stream feed), Air (Drones payload atmospheric/radiological analysis recording reporting sensors) search rescue, recovery, evacuation, transport, robotic and drone capability, Recovery, Identification, & Casualty Management, Topological and hydrological assessment sampling and analysis assessing severity of post disaster toxic contamination and managing hazardous ecological and environmental remediation with international counterparts – emergency response teams management.

Excelsior being a US Flagged non-military operated vessel, the core ship crew must be USCG certified commercial mariners. This necessitates modification of command and control structure to include a Chief Engineer in addition to Ship Captain. COH is working with the US Merchant Marine Academy to explore a student at sea program aboard our vessels.

The military manning of a HADR/V generally includes a ship's company of (approximately) 140 officers and 1000 enlisted personnel. COH personnel requirements are substantially reduced through the strategic adoption of advanced technology systems systematically engineered to function during geomagnetic disturbances which further reduce staffing requirements. COH ship-board contract personnel to operate the vessel (post- modifications) will not exceed 100 seamen. Coalition partners will provide the action elements and will vary in size based upon the mission requirements.

TASK 7. Negotiate Logistics and Basing Agreements

The COH project legal and liaison teams will arrange for pier side services of resupply, repairs and maintenance at ports and facilities in geographic operating areas.

A partial list of services required is:

- Docking/Port usage agreements
- Fueling agreements
- Crew billeting agreements
- Medical and non-medical supplies
- Food Stuffs
- Disposal services
- Radiological, Biological & Contaminated Medical Waste Disposal Services
- Pier-side security service
- Foreign Relations Management Liaisons
- Regional Dialect Linguists & Translators *(In Addition To Shipboard Polylinguistic Technical Platform Support)*

TASK 8. Continuity of Government / EMP Defense

Extreme electromagnetic – geomagnetic disturbances a naturally occurring geomagnetic disturbance (GMD, also referred to as “space weather”) associated with solar coronal mass ejections (when plasma from the sun, with its embedded magnetic field, arrives at Earth) may cause widespread and long-lasting damage to electric power systems, satellites, electronic navigation systems, and undersea cables. Additionally, these events could damage significant portions of any Nation's critical infrastructure, including the electrical grid, communications equipment, water and wastewater systems, and transportation modes. The impacts are likely to cascade, initially compromising one or more critical infrastructure sectors, spilling over into additional sectors, and expanding beyond the initial geographic regions. COH on-board systems design specifications include critical infrastructure control systems to remain operational without interruptions.

TASK 9. Adopt Resilient Relief Paradigm

COH senior leadership is comprised of personnel who possess a sophisticated understanding of global interests. This empirical foundation provides that COH missions will best serve the needs of those affected by tragedy and will not become a platform for other agendas that would serve to diminish the worthy goals of the coalition. Initial project operations will be guided by principals of multiculturalism and goodwill. To the extent possible, COH will adopt international standards for humanitarian aid and migrant relief operations. Topics included in operational guidance include avoidance of cultural chauvinism / relief to bridge gap until population can sufficient capabilities to regain or exceed pre-disaster conditions.

TASK 10. Establish Real-Time Enterprise Technical Interagency Framework

USG, NGO, and Partner Agencies *(for example):*

- **USCG** *(Security during operations)*
- **FEMA** *(Communication standards during relief operations, training assistance)*
- **WHO** *(Global health initiatives and standards)*
- **DOS** *(Authorization to enter another nations' territory)*
- **DHS** *(Proper procedures for evacuees that end up in USA)*
- **HHS** *(CDC, FDA, NIH, scientific studies, disease monitoring, testing and security)*
- **USDA** *(Relief food supplies)*
- **EPA** *(Avoidance of inadvertent bio contamination of US land, sea or air.)*
- **DOL** *(Employment and hire veteran)*
- **DOC** *(Equipment for relief and sales to relief countries)*
- **DOT** *(Transportation concerns as they arise)*
- **DNDi** *(Drugs for Neglected Disease Initiative)*

TASK 11. Oversee Completion of Rebuild and Enter Into Maintenance

The project team will monitor and control for variances to ensure the project proceeds according to project maps established in Task 2. After the completion of the rebuild phases, the project management team will assemble a crew for inspection and sea trials. This team will include subject matter experts in all the previously identified areas of ship's operations, including sea operations, medicine afloat, and air and amphibious craft operations. Successful sea trials will conclude the development and rebuild phase of the project, and make ready the ship, crew, and equipment for HADR operations.



Organizational Personnel

The COH Foundation is comprised of seasoned professionals with expertise in overarching management, operations, and coordination of vital services in support of humanitarian and disaster relief services, including, but not limited to: disease identification and tracking, disaster-relief, combating child exploitation and human trafficking, educational initiatives, technological assistance, oceanographic and scientific research.

A “skills rich” organization, the COH Board of Directors and International Advisory Board has engaged dozens of experienced senior leaders with the expansive political, business, educational, military, philanthropic and governmental backgrounds needed in order to execute the organization’s broad vision; individuals with extensive first-hand knowledge from their work in combat zones, diplomacy, nation-building initiatives, logistics and mass casualty trauma care.

Timothy J. Keegan

Founder, Chairman, and Chief Executive Officer

A seasoned operative with extensive governmental, political, finance and international experience, Mr. Keegan possesses expertise in corporate management, policy formulation, analysis, organizational design and strategic transformation programs. Mr. Keegan has substantive experience working with business executives, elected officials, governmental staff, strategic military commands and national media.



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Command Surgeon General's Office, US Southern Command

Douglas Pile, Esq., Secretary

Miami-Dade County, Florida

Brad Barker

President, Epic Nomad Productions



SENIOR POLICY ADVISORS

STRATEGIC INITIATIVES

George J. Mitchell, Esq.

United States Senator (retired)
Partner, DLA Piper

George R. Worthington

(US) Rear Admiral, US Navy (retired)
Former Deputy Assistant Secretary of Defense (Special Operations and Counter-terrorism)

H. Burak Erten

Deputy Chairman, the International Group, Inc.
COH Senior Advisor for International Financial Affairs

Mark R. Schlakman, Esq.

Senior Program Director
Center for the Advancement of Human Rights (FSU/CAHR)
The Florida State University

Justin Albert

Director and Trustee, International National Trusts Organization (UK)

Juan G. Ayala

(US) Major General, USMC (retired)
Former Chief of Staff, United States Southern Command

Brian P. Sweeney

Vice President and Co-founder, Analytics Programs, PlanetRisk, Inc.

Dr. Alvin S. Felzenberg, PhD.

Author, Lecturer, Political Commentator
Former Member, Joint Economic Committee, United States Congress

Thomas Faure Romanelli,

Founder and CEO, Key Estates LP, USA

Lawrence “Chip” Levine

(US) Lieutenant Colonel, USAR (retired)

Larry Eisenberg, Esq.

U.S. Department of State (retired)

GOVERNMENTAL, POLITICAL & PUBLIC AFFAIRS

Joseph Corrigan

Senior Advisor, Kelley, Drye & Warren LLP

Susan Ralston

Former Special Assistant to President George W. Bush
President, SBR Enterprises, LLC

Stuart Jolly

CEO, Command Solutions, Inc.

Steven Wilburn

CEO, Firm Green, Inc.

Raoul Wood

Chief Technology Officer, Traust Capital, Inc.

Marcia Dyson

CEO, Women’s Global Initiative

John Robusto

CEO of Isochrone, Communication Security Group (CSG)

Edward Farris

Executive Director, US Armed Forces Museum

Thomas Derita

CEO, ReSource Group, NA Inc.

Michael Ussery

Ambassador, U.S. Department of State (retired)

Seth Gordon

Managing Principal, Seth Gordon Initiatives (SGI), Inc.

Carole Crist

Founder & CEO, CLC Global Advisors

Timothy Barton

Founder & CEO, JMJ Development

Ron Sachs

Founder & CEO, Sachs Media Group, Inc.

Naomi S. Ducat

Associate (Mission Manager at Department of Defense), Booz Allen Hamilton

INTERNATIONAL ENGAGEMENTS

Sir Timothy McClement

(UK) Vice Admiral, Royal Navy (retired)

Toby Foxcroft

(UK) CEO, Motivate International, Ltd.

Douglas Y. Smith, MBE, QVRM

(UK) Government's Stabilization Unit, British Army

Lars Burr

(Denmark) MAJ Director CIMIC / Research & Development Branch

David R. Bockel

(US) Major General, USAR (retired)

Paul Winstanley

(UK) Ministry of Defense (retired)

Nick Fisher

Director, UES Advisory Services, Ltd.

Celia Sawyer

(UK) Ambassador for the Prince's Trust

Michael Thompson

(US) Lieutenant Colonel, USAR (retired)

Sir Sohail S. Quraeshi

Vice Chairman, The International Group, Inc.

Seraj Al Baker

Chairman and CEO, Albaker International General Trading and Contracting Company, WLL
Branch Director, COH Middle Eastern Operations, Kuwait

Stephen Petith

(AUS) Director, Pacific Liberty Investments, Ltd.

Shayne Heffernan PhD.

(AUS) Senior Economist, Knightsbridge Group, Ltd.

Kamal Mirza

(PAK) Navy Commander (retired)

Said Bilani

Global Goodwill Ambassador (GGA/UN-SDG), Federal Institute for Middle East Peace and Progress

SCIENTIFIC RESEARCH / MEDICAL RESPONSE

Dr. Steven J. Phillips

National Institute of Health, U.S. Department of Health & Human Services

Dr. Terrance K. Eglund

Director of Business Planning for U.S. Navy Medicine (retired)

Tom Burden

Principal & Co-CEO, Potomac Healthcare Solutions, LLC

Dr. Bisham B. Singh

Co-Chairman, Trident Health Care, Inc.

John Eugene Lewis, PhD.

Associate Professor, Department of Psychiatry and Behavioral Sciences
University of Miami Miller School of Medicine

Jovianna DiCarlo

CEO, IMHSC - International Health Standards Consortium

Rajesh K. Grover, PhD.

Adjunct Professor, Synthetic Biology, Craig Venter Institute

Dr. Mark A. H. Sivers, DMD

Principal, LAETA Venture Capital

Glenn Smith

Command Surgeon General's Office, US Southern Command

Michael MacKay

Founder & Chief Technology Officer at Recombinant Systems

Eric Frost

Director, San Diego State University (HADR Viz-Lab)

COH HADR OPERATIONS AND LOGISTICS

Dr. Terrance Egland

(US) CAPT, USN (retired)
Former Director of Business Planning for US Navy Medicine

Alan Bell

(US) Major General, USAR (retired)
Former Deputy Commanding General, U.S. Army Reserve

Edward Minyard, CBCP, CISM

President & CISO, ResponseForce1, LLC

Derry Huff

Senior Director, Strategic Initiatives, AmeriJet Airlines

Charles D. Engels

(US) Team Chief, USAF, US Central Command

Dr. James Atkinson, PhD.

(US) Master Chief, US Navy (retired)
Resources Director, US Army Corps of Engineers

Michael Rettig

Founder, Lift Non-Profit Disaster Logistics

Patti Barrett

President, Seariders Brokerage Corp.
International Ocean Marine, Air and Land Logistics & Customs Brokers



EMERGENCY ANIMAL EVACUATIONS, CONSERVATION & CARE

Margo McKnight

President & CEO, Palm Beach Zoo

COH FOUNDATION, INC. CORPORATE LEGAL COUNSEL

Steven B. Phillips, Esq.

Corporate Counsel, Trial Attorney, Florida

Joseph Geller, Esq.

Corporate Counsel, Business Practices, Florida

John F. Dolan, Esq.

General Counsel, Traust IP Finance, LLC.

Steve Geller, Esq.

Corporate Counsel, Business Practices, Florida

Guy M. Maisnik, Esq.

Corporate Counsel, Entertainment / Media, California

Douglas Pile, Esq.

Internal Corporate Counsel, Florida

Steven Goldman, Esq.

Corporate Counsel, Admiralty Law, New York

Barry L. Haley, Esq.

Corporate Counsel, Patents, Trademarks & Copyrights, Florida

GLOBAL BANKING, FUNDS MANAGEMENT & INSURANCE

Drew R. Holt

Chairman, Traust Development Capital & Traust IP Finance

M. Beau Breckenridge, CAP

SVP, Bank of America Private Bank

Jodi K. Chu, ChFC

Prudential Insurance Companies

Homer H. Marshman Jr., Esq.

AVP, Marsh & McLennan Companies (MMC)

Joanne Marlowe

Chief Executive Officer, UFT Commercial Finance

H. Burak Erten

Deputy Chairman, the International Group, Inc.

CORPORATE FINANCE & ACCOUNTING

Allen Levy, CPA

Professor, Barry University

EDUCATIONAL & TECHNOLOGY INITIATIVES

Harriet Fulbright

The Fulbright Foundation

Tom Fiedler

Dean, College of Communication, Boston College (Retired)

Dr. Maria A. Grimovich

Director, Nayada USA, Inc.

Brandon Gosselin

CEO, Empowerment US Company

Sayd Z. Hussain

Florida Atlantic University, Office of the Vice President for Student Affairs

MEDIA & PUBLIC RELATIONS

Brad Barker

President, Epic Nomad Productions

Carey Warren

CEO, Coterie Media, Inc.

Mark Sennet

CEO, Sennet Entertainment

Josh McLawhorn

CEO, Level Up Digital Media

Janell Martin

TV & Entertainment Industry Liaison

Danny Cruz

CEO, Headway Corporation

MARKETING, BRANDING, ADVERTISING & MEMBERSHIP

Christian Griffith

Director, Strategic Branding

Emma Jane Goodman O'Rourke

Creative Director

Rick D. Ellis

Director, Rich Media

John Read

COH Crisis Card / Membership Platforms



Annex A: US Government / COH – Pending Terms of Conveyance

COH is currently in talks with the U.S. Navy to acquire the vessel. Under NDAA Sec.3602. AUTHORITY TO CONVEY NATIONAL DEFENSE RESERVE FLEET VESSEL - Donating the USS Nassau will be a cost-effective way for the U.S. government to contribute to humanitarian assistance and disaster-relief efforts while showcasing its capabilities and strengthening international relationships

SEC. 3602.

AUTHORITY TO CONVEY NATIONAL DEFENSE RESERVE FLEET VESSEL.

(a) Authority to Convey.

At such time as the vessel is no longer required by the United States Government, the Secretary of Transportation may convey all right, title, and interest of the United States Government in and to the former USS Nassau to the Coalition of Hope, a nonprofit 501(c)3 corporation for use as a humanitarian assistance and disaster response vessel.

(b) Terms of Conveyance.

(1) Delivery of vessel.--In carrying out subsection (a), the Secretary shall deliver the vessel

(A) at the place where the vessel is located on the date of conveyance;

(B) in its condition on that date; and

(C) at no cost to the United States Government.

(2) Required conditions.

The Secretary may not convey a vessel under this section unless:

(A) the recipient agrees that any repair, except for emergency repairs, restoration, or reconstruction work for the vessel will be performed in the United States;

(B) the recipient agrees to hold the Government harmless for any claims arising from exposure to hazardous material, including asbestos and polychlorinated biphenyls, after the conveyance of the vessel, except for claims arising before the date of the conveyance or from us of the vessel by the Government after that date.

(3) Additional terms.

The Secretary may require such additional terms in connection with the conveyance authorized by this section as the Secretary considers appropriate.

Annex B: Functional Personnel

Shipboard Functions

Sea Operations (Ship's Operating Crew)

Crew Support (Meals and Housekeeping)

Logistics to Crew Support

Human Resources Administration

Command Staff

Senior Captain

Vice-Captain(s)

Senior Medical Officer (Surgeon)

Communications Officer

METOC Officer

COH Foundation Liaison Officer

Joint Enterprise Management Technical Platform Shipboard Processes, Procedures, Work-flow, Training, and SOPs

Computer Network Operations: Enterprise Architecture & Planning Education & Population Health Planning

International Partners & Multi-regulatory Governmental Agency Liaison Security Officer

Shipboard Security

Migrant Population Security

Ashore Security Team Leader

Commander, Landing Force (CLF)

Commander, Amphibious Force (CAF)

Medical Operations

Deputy Surgeon

Chief of Nursing

Chief of Medical Staff

Medical Internship and Fellowship Program Director Admissions/HR Officer

Facilities Management Officer

Pharmacy Operations Officer

Medical Equipment Maintenance Supervisor

Air Operations

Air Operations Commander

Air Operations Maintenance Chief

Maintenance Teams

Air Traffic Officer

Pilot Commander

Pilots

Crews

Ashore Functions Primary Ship Liaison Communications Officer Logistics Officer Acquisitions

Supply and Distribution Warehousing / Storage Supply Contracts Facilities Operations Human Resources

Pay and Allowances Shore Based Billeting Personnel Travel Finance Officer Budgeting

Shore Based Operations Ship Operations Liaison Functions Liaisons to USG

White House / Executive Branch Liaison Officer Congressional Liaison

Department of Human Services Liaison Officer Department of Defense Liaison Officer

Global Liaisons

United Nations Liaison Officer Advance Port Visit Liaison Officer

Annex C: COH Shares Program Membership

SHARES members use existing HF radio and other communications resources of government, critical infrastructure, and disaster response organizations to coordinate and transmit emergency messages. SHARES users typically rely on HF radio and satellite communications to perform critical functions, including those areas related to leadership, safety, maintenance of law and order, finance, and public health. This program also provides the emergency response community with a single interagency emergency message handling and frequency sharing system. SHARES promotes interoperability between HF radio systems and promotes awareness of applicable regulatory, procedural, and technical issues.

More than 2,100 HF radio stations, representing 104 federal, state, and industry organizations located in all 50 states, the District of Columbia, and several locations overseas, are resource contributors to the SHARES HF Radio Program. Nearly 500 emergency planning and response personnel participate in SHARES. Approximately 180 HF radio channels are available for use by SHARES members.

Membership in the SHARES program by government (federal, state, and county), critical infrastructure, and disaster response organizations is voluntary. SHARES is available on a 24-hour basis and requires no prior coordination or activation to transmit messages. Members consult the SHARES Handbook to find stations, frequencies and/or Automatic Link Establishment (ALE) addresses of participating organizations they need to communicate/coordinate with. Participating SHARES HF radio stations accept and relay messages until a receiving station is able to deliver the message to the intended recipient.

- Identify COH G9 (interagency and NGO) roles (include USCG)
- Socialize concept with USG, GCC's including USSOUTHCOM / other GCC's NGOs for input
- Establish ship training requirements and method for training ship familiarization-
firefighting, damage control, evacuation, chemical/biological hazard mitigation

“Everything you can imagine is real.”

– Pablo Picasso

Annex D: HADR Responders & Time-lines (FAQs)

FAQ: Typically how long does it take for humanitarian responders to arrive?

The American Red Cross takes 36 hours; the World Health Organization (WHO) takes 48 hours. The first 72 hours after a disaster are absolutely crucial in order to save lives. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the UN's emergency coordination organization, attempts to stage response prior to the first 72 hours of impact.

OCHA: “To put it simply, the more we prepare beforehand, the better our response will be. Before a crisis hits at-risk countries, we build relationships and develop coordination plans with local and federal Governments, UN agencies, non-governmental organizations (NGOs), civil, and private sector partners. We collect useful data on the most likely high-impact hazards facing the country, and on the most vulnerable people and where they are located. We maintain lists of potential staff positions required for any response, and we have a pre-identified pool of qualified, trained staff ready to deploy once a Government officially requests our assistance.”

FAQ: What actions State & local (US) government take when a disaster occurs?

- Provides the initial emergency response through its service agencies.
- Activates the Emergency Operations Center (EOC) and the Emergency Operations Plan (EOP).
- Coordinates the response with public and private organizations.
- Notifies State emergency management of the scope of the situation.
- Activates mutual aid.
- Proclaims a local state of emergency.
- Requests assistance from the State.

Federal Emergency Management Agency (FEMA) categorizes activities that need to be done in the next 12 hours, 24 hours, 48 hours, etc., after a humanitarian crisis arises. Often, within the first 48 hours, most lives are saved and secured; after 48 hours, the fatality rate rapidly increases.

FAQ: When is the most critical time for a natural disaster?

The first 72 hours are the most critical. For example, regarding hurricanes within the United States, according to FEMA: “In most urban areas, the period after a hurricane is usually the most dangerous. There are fallen trees, power lines and gas leaks, broken glass and windows. You may have a boil-water order in your area. One of the most dangerous things after a disaster is uncontrolled intersections. People drive right into a major intersection without even stopping.” Another element is the significant increase in suicides following hurricanes, flooding, and earthquakes. The recurrent trend is that after one or two days trapped by hurricanes, flooding, and earthquakes, people start to consider taking their lives, due to lack of assistance. Where are lines drawn and who gets to draw those lines? There are guidelines out there, however logistical issues are situation dependent.

COH EXCELSIOR



40,000 TONS OF HOPE

coalitionofhope.org