



The Eyes Have It

A Close Look at Hidden Dangers

Love Thy Neighbor - But Keep Your Distance

Jerry Mothershead, Public Health, Page 5

The MMRS: A Major But Under-Utilized Asset

Glen Rudner, Fire/HazMat, Page 7

Security Protocols At Emergency Shelters

Kay C. Goss, Emergency Management
Page 8

The Registered Traveler Program Faster Passenger Screening? Or a Security Loophole?

Joseph Steger, Law Enforcement, Page 10

New Tools to Help with HICS Implementation

Craig DeAtley, Health Systems, Page 14

Illinois, Minnesota, California, and New York

Adam McLaughlin, State Homeland News
Page 18



Audio Interviews

Dennis Schrader

Deputy Administrator, National Preparedness, FEMA

Ellen Embrey

*Deputy Assistant of Defense for Force Health
Protection & Readiness, OASD*

OUR MISSION YOUR SAFETY

MSA
The Safety Company



NEW THREATS NEW SOLUTIONS

What can MSA do for you today?

- Detect CWAs in your critical infrastructure
- Arm your team with ballistic helmets and body armor
- Help you develop an effective respiratory protection program
- And more...

1.866.MSA.1001 | www.MSAPOLICELINE.com/domprep.html

Editor's Notes

By James D. Hessman, Editor-in-Chief



Another holiday season, another holiday smorgasbord – in the form of two major interviews and an eclectic selection of articles, analyses, and special reports from highly respected domestic-preparedness professionals who have spent most of their working lives on the front lines of law enforcement, medicine, emergency management, and the numerous other disciplines that make up the nation's homeland-security career force.

This month's illustrious interviewees are two senior decision makers, one from the Department of Defense, the other from the Department of Homeland Security. DOD's Ellen Embrey, deputy assistant secretary of defense for force health protection and readiness, discusses the innovative health programs of the nation's armed services and how they can be used by homeland-security agencies at all levels of government – state and local as well as federal. Dennis Schrader, deputy administrator for national preparedness of DHS's Federal Emergency Management Agency, concurs with Embrey and complements her remarks with his evaluation of FEMA's incident management assistance teams and emergency operations centers. He also comments on the agency's adherence to the "forward leaning" mandate assigned to FEMA by Congress in the difficult hearings on Hurricane Katrina and other domestic disasters of recent years.

The issue shifts gears with an insightful report by Jerry Mothershead on the health benefits that would be gained by the adoption of "social distancing" policies that would require most if not all citizens to maintain respectful, but safe, distances from one another in the aftermath of a biological mass-casualty incident that might lead to the large-scale spread of infectious diseases. Glen Rudner's article on the help that could be immediately available from the often-overlooked Metropolitan Medical Response System provides an eminently useful counterpoint to the Mothershead article.

Kay Goss weighs in next with yet another decision maker's knowledgeable report on the federal food and shelter program, which over the past two decades not only has saved an untold number of lives but also has contributed immensely to the restoration of entire communities and the general wellbeing of hundreds of thousands of disaster victims.

Two special reports – by Joseph Steger and Craig DeAtley, respectively – come next in this logical progression. Steger analyzes the Transportation Security Administration's new Registered Traveler program and pronounces it a useful addition to the TSA arsenal of policies and programs designed to make the friendly skies safer for all Americans (and for visitors from overseas). DeAtley's report, on the recently released Hospital Incident Command System guidelines, provides a wealth of indispensable information that will be of immense help to medical administrators burdened by an overload of requirements and a shortage of assistance.

Adam McLaughlin rounds out the month's all-star lineup with a mini-spectrum of useful reports on state and local initiatives from sea to shining sea (and two stops in between): New York City's new emergency alert system; the eight-university homeland-security "education alliance" created this year in Illinois; the success recorded, in the midst of tragedy, by Minnesota's emergency-management professionals during and after the 1 August bridge collapse in Minneapolis; and the literally shattering breakthrough caused by a new seismic-wave warning system recently tested in the great state of California. ▼

About the Cover: Much of the operational and technological progress shown by U.S. homeland-security agencies during the past several years is due to their ability, and willingness, to follow the example set by the nation's armed services - and sometimes to adapt their equipment to meet civilian needs. Here, Aviation Storekeeper Third Class Craig Maycock dons an MCU-2/P chemical-biological mask during a chemical/biological/radiological drill aboard the nuclear-powered aircraft carrier USS Harry S. Truman on 1 December 2000 - more than nine months prior to the 11 September 2001 terrorist attacks against the U.S. homeland. (Department of Defense photo by Rodger D. Schilling.)

Business Office
517 Benfield Road, Suite 303
Severna Park, MD 21146 USA
www.DomesticPreparedness.com
(410) 518-6900

Staff

Martin Masiuk
Publisher
mmasiuk@domprep.com

James D. Hessman
Editor in Chief
JamesD@domprep.com

John Morton
Managing Editor & Interviews
jmorton@domprep.com

Susan Collins
Creative Director
scollins@domprep.com

Sharon Stovall
Web Content Coordinator
sstovall@domprep.com

Carole Parker
Database Manager
cparker@domprep.com

Advertisers in This Issue:

Bruker Daltonics

Canberra Industries

Disaster Response & Recover Expo

Counter IED & EFP Summit

MSA

NACCHO

PROENGIN, Inc.

SafetyTech International, Inc.

TVI Corporation

ZUMRO

© Copyright 2007, by IMR Group, Inc.; reproduction of any part of this publication without express written permission is strictly prohibited.

DomPrep Journal is electronically delivered by the IMR Group, Inc., 517 Benfield Road, Suite 303, Severna Park, MD 21146, USA; phone: 410-518-6900; fax: 410-518-6020; also available at www.DomPrep.com

Articles are written by professional practitioners in homeland security, domestic preparedness, and related fields. Manuscripts are original work, previously unpublished and not simultaneously submitted to another publisher. Text is the opinion of the author; publisher holds no liability for its use or interpretation.



Public Health Preparedness Summit

Measuring Preparedness: Celebrating Our Success, Challenging Our Future



February 19-22

2008

Atlanta, Georgia



The 2008 Public Health Preparedness Summit is one event you can't afford to miss! Experience over 120 breakout sessions directly related to your work, plus keynotes from best-selling authors and experts in the field.

The 2008 Summit will offer insight into topics such as:

- Evolution of Surveillance Methodologies
- Multi-Border All-Hazards Preparedness
- Involving Business Partners in Mass Dispensing
- Making Ethical Decisions During a Pandemic
- The BioSense Evaluation Project: Initial Findings
- Framing Messages for Diverse Audiences
- The Interface Between Animal and Human Illness
- Decontamination with Special Populations
- Pandemic Planning for School Districts
- Rural Emergency Preparedness

plus *many, many* more!

Keynotes:

Measuring Preparedness: One Step at a Time

Frederick "Skip" Burkle, Jr., MD, MPH, DTM, Senior Scholar, Scientist, and Visiting Professor with The Center for Disaster and Refugee Studies at the Schools of Medicine and Public Health, Johns Hopkins Medical Institutions; Senior Fellow at the Harvard Humanitarian Initiative at the Harvard School of Public Health.



The Biological Time Bomb: Local, State, and Federal Response to Emerging Infectious Threats

Richard Preston, PhD. Preston's books have cemented his status as a first-rate investigative journalist and gifted storyteller, as well as put him in the forefront of the emerging diseases and biotechnology arenas. *The Hot Zone* introduced the world to the threat of Ebola and other viruses. In *The Cobra Event*, also an international best seller, Preston turned his attention to the threat of biological terrorism.



REGISTER TODAY!

Early Bird rates end January 15, 2008.

WWW.PHPREP.ORG

DomPrep Channel Masters**First Responders:**

Glen Rudner
Fire/HAZMAT
grudner@domprep.com

Brian Geraci
Fire/HAZMAT
bgeraci@domprep.com

Theodore Jarboe
Fire/HAZMAT
tjarboe@domprep.com

Joseph Cahill
EMS
jcahill@domprep.com

Kay Goss
Emergency Management
kgoss@domprep.com

Joseph Watson
Law Enforcement
jwatson@domprep.com

Joseph Steger
Law Enforcement
jsteger@domprep.com

Medical Support:

Jerry Mothershead
Hospital Administration
jmothershead@domprep.com

Michael Allswede
Public Health
mallswede@domprep.com

Borders & Ports:

Joseph DiRenzo III
Coast Guard
jdirenzo@domprep.com

Christopher Doane
Coast Guard
cdoane@domprep.com

Updates:

Adam McLaughlin
State Homeland News
amclaughlin@domprep.com

Military Support:

Jonathan Dodson
National Guard
jdodson@domprep.com

Commentary:

Neil Livingstone
ExecutiveAction
nlivingstone@domprep.com

Love Thy Neighbor – But Keep Your Distance

By Jerry Mothershead, Public Health



Of all the public health tools that could be used to control or eradicate the outbreak of a highly contagious disease, whether intentional – e.g., caused by a terrorist attack – or natural, what is described as “social distancing” may be one of the most effective but least understood defensive instruments available to leaders, planners, and the public at large.

Disease-carrying microbes have finite life spans. Moreover, they are susceptible to destruction by the environment, and are not invincible. The epidemiology of outbreaks follows a rather predictable pattern, in fact, in which the rate of transmission declines with each successive generation of new patients – and once the transmission rate (referred to as “Ro”) falls below 1.0, the outbreak is destined to burn out.

The population of a community experiencing an outbreak falls into one of five categories: Susceptible; Exposed (but not yet ill); Ill; Removed (due to death or post-infection immunity); or Vaccinated. In an unvaccinated population, the majority of the population will fall into the Susceptible category relatively early in the outbreak, and it is in protecting that group that social distancing can be most effective.

The most obvious application of social-distancing techniques is through the cancellation not only of schools, ranging from kindergartens to major universities, but also of mass-gathering events such as football games, movies, and various cultural activities – e.g., concerts and plays. However, these closures in and of themselves may not solve the problem entirely, and may in fact create secondary effects that could dwarf the actual public-health ramifications of the outbreak.

Caveats and Codicils

Used properly, though, social distancing *does* work. However, there are several caveats that must be kept in mind. Following are a few of the most important of those caveats:

1. *Social distancing must be accompanied by a robust public information and education campaign.* Good hygienic practices will greatly reduce the spread of most contagious diseases. The frequent washing of hands, covering one’s face with a sleeve or handkerchief when sneezing and coughing, staying home when ill – all of these have proven positive effects. Most members of the public intuitively understand these concepts, but may need to be frequently reminded to practice them, and other personal measures, to protect themselves and those around them.
2. *To be effective, social distancing must be instituted early in the outbreak.* A comparison of the effects of the 1918 Spanish Influenza Pandemic in a number of different U.S. metropolitan areas revealed that large cities – e.g., St. Louis and San Diego – that instituted social-distancing practices early in the pandemic had significantly lower morbidity and mortality rates than other cities that waited until they were suffering from the full effect of the disease. Here it should be noted that there *will* almost certainly be an economic downside to social distancing for any community practicing it, but in most if not all situations the economic losses will be preferable to the consequences of failing to institute social-distancing measures.
3. *Coerced/draconian implementation and enforcement of community-*


wide social-distancing measures not only may be counter-productive but also might greatly increase the “collateral damage” done to a community’s critical infrastructure. Social proximity outside the nuclear family usually occurs in four primary settings – work, school, elective social functions, and activities of daily living. The curtailment or elimination of any of these settings would almost certainly have a huge negative impact on the community – and, in at least some cases, could not be implemented without some adverse secondary effects as well. A small business might close down, for example, but the economic impact on the workers and staff could be significant. One can only imagine the effect that the closure of metropolitan water-treatment plants and/or communications systems might have on a community. A select few work centers are of such global importance that even a relatively short interruption in services would have far-reaching effects that could take years to recover from. Fortunately, there usually are enough creative solutions available that this need not occur. As an example,

several grocery chains already provide curb service – which, although instituted primarily as a “convenience perk” for customers, obviously would also significantly reduce the risk of person-to-person contact and, therefore, the spread of contagious diseases. Moreover, schools may close, but so-called “distance learning” is now so prevalent throughout the United States that there is no reason that a one-month (or longer) closure of a school would necessarily result in a total halt to the learning process. Even in work centers that must stay open, providing clean breaks between shifts, furloughing a portion of the staff, the judicious use of minimal personal protective equipment, and some modification of processes in the work environment are among the measures available that could collectively result in effective social distancing. More, and more effective, worker screening – ranging from passive surveys and questionnaires through temperature screening and more sophisticated testing – can serve as a layered approach to mitigate the outbreak’s effects in the work environment.

4. Few people can sustain self-sufficiency for any length of time if critical infrastructures are not maintained. People need food, water, environmental protection, and access to healthcare, and have grown so dependent on a host of other urban/community necessities (communications systems, firefighting and police services, etc.) that even a temporary disruption in the availability of these basic amenities will probably have far-reaching effects. Many of the services mentioned, of course, are provided through government agencies – but, directly or indirectly, also require participation by the private sector to maintain continuity of operations. It is therefore in the community’s best interest to maintain as many services in as close to normal operations as possible.


Much has been written on social distancing, and many U.S. communities have developed notional plans of when, how, and under what conditions to implement a social-distancing plan. Relatively few of those same communities, though, have worked through the various “triggers” that would be needed for instituting the social-distancing practices required, and even fewer have actually tested any of the minor components of the social-distancing mechanisms likely to be implemented. There are, in short, significant gaps in most community preparedness plans, and these should certainly be evaluated – and, perhaps, significantly revised – before social distancing becomes a practical necessity rather than a theoretical academic concept.

Dr. Jerry Mothershead is the Physician Advisor to the Medical Readiness and Response Group of Battelle Memorial Institute. An emergency medicine physician, he also is adjunct faculty at the Uniformed Services University of the Health Sciences in Bethesda, Md. A graduate of the U. S. Naval Academy, Dr. Mothershead served on active duty in the U.S. Navy in a broad spectrum of clinical, operational, and management positions for over 28 years.



Domestic Preparedness

NATION'S LEADERS ~ One on One



**Dennis Schrader, Deputy Administrator,
National Preparedness, FEMA**

Mr. Schrader’s views on the funding and operations of Incident Management Assistance Teams, Emergency Operations Centers, and other components of today’s “forward leaning” Federal Emergency Management Agency.

To listen to or download entire audio interview visit www.DomesticPreparedness.com/Audio_Interviews
Subscribe from iTunes DomesticPreparedness.com/Podcast

Mobility Response Protection

Deploying innovative products for the most difficult and dangerous environments.

- Mobile Surge Capacity
- Decontamination
- Respiratory
- Airborne Infection Isolation
- Command & Control



TVI Corporation

For more information visit www.tvicorp.com ~ Phone: (800) 898-8711 ~ Email: sales@tvicorp.com

The MMRS: A Major But Under-Utilized Asset

By Glen Rudner, Fire/HazMat



There are many questions today about when and where the next large-scale mass-casualty incident (MCI) is going to occur. Of particular concern to the nation's first-responder community is how to handle such an incident when it involves the intentional contamination, by biological agents, of a large number of victims. One scenario that has been exercised fairly often postulates some of the victims leaving the site of the incident and contaminating other citizens, in other areas, who were not at the site of the incident.

It can be assumed in many but not all areas of the country that the use of first-responder assets at the incident scene will start the decontamination effort and be reasonably effective, but it is far from clear what first responders are supposed to do in incidents where the ability to hold victims in place is not possible. An incident in which there has been the dissemination of biological materials is a good example of the problem faced by first-responder agencies and, although not on the high-probability list, there are several unanswered questions related to the large-scale triage, treatment, and transportation of victims.

One source of information, and guidance, that has been available for several years, but has not been utilized as well or as frequently as it should be, is the Metropolitan Medical Response System (MMRS). The Department of Health and Human Services (HHS) started to realize in the early 1990s that U.S. medical services were (and still are) ill-equipped and not trained to recognize or cope with the effects of attacks in which weapons of mass destruction (WMDs), particularly biological weapons, are used. The MMRS program was created in 1996, partly in response to the 1995 mass-transit Sarin nerve-agent attack in Tokyo by the Aum Shinrikyo cult and the domestic terrorist bombing of the Alfred P. Murrah Building in Oklahoma

City, also in 1995. The Tokyo incident confirmed the belief that an attack on an enclosed area in which there are large numbers of people present might well produce a significant number of injured and contaminated casualties.

The MMRS program helps highly populated political jurisdictions develop plans, conduct training and exercises, and acquire not only pharmaceuticals but also the personal protective equipment required to achieve the enhanced capability necessary to respond to a mass-casualty event caused by a WMD terrorist act. The MMRS assistance supports the efforts of those jurisdictions to expand and improve their response capabilities, using their own resources, during the first hours crucial to the saving of lives and protecting the local population until significant external assistance can arrive on the scene.

Guidelines, Linkages, And a Coordinated Effort

The systematic approach postulated by the MMRS guidelines requires linkages among first responders, medical treatment facilities, public-health and emergency-management agencies, volunteer organizations, and other local groups to work together to develop the capabilities needed to reduce the mortality and morbidity rates that would result from terrorist attacks likely to produce large numbers of casualties. The same guidelines also require the integration of planning efforts with neighboring political jurisdictions, and with both state and federal agencies, and emphasize the importance of developing and implementing enhanced mutual-aid agreements between and among neighboring jurisdictions. The integration achieved, if these guidelines are followed, should result in a smooth transfer of victims to patient status.

The MMRS program is designed not only to facilitate a smooth transition between

the multiple agencies and jurisdictions that are participating in the program but also to form them into appropriate teams based on their respective areas of responsibilities and training. Within the greater Washington, D.C., metropolitan area, to cite one important example, the numerous jurisdictions that are members of the D.C. Council of Governments all have representation on the area MMRS plan.

When looking at the make-up of the "team" one will find that there is a coordination that transcends the area's political and geographic boundaries per se. During the response to the 11 September 2001 attack on the Pentagon, the area's MMRS plan was immediately implemented, and local members responded by maintaining an active presence during the first two weeks following the attack, carrying out such duties as the decontamination of all entry crews, medical monitoring, rehabilitation, and other assigned duties. It was obvious to everyone concerned that the MMRS plan was a valuable asset to have available at the time of the attack. Moreover, the personnel who responded fit well into the system, considering the previous training they had had and the working relationships that had been established throughout the region.

As the nation has learned since the events of September 2001, the integrated coordination of local assets and personnel will continue to be the cornerstone of any successful response to a mass-casualty incident for the foreseeable future. In short, the MMRS adds another much-needed layer of protection that will be of significant value during another large-scale incident – but only when it is used appropriately and in accordance with established guidelines.

Glen D. Rudner is the Hazardous Materials Response Officer for the Virginia Department of Emergency Management; he has been assigned to the Northern Virginia Region for the last nine years. During the past 25 years he has been closely involved in the development, management, and operation of numerous local, state, federal, and international programs.

Security Protocols at Emergency Shelters

By Kay C. Goss, Emergency Management



When U.S. emergency management (EM) officials talk about the security protocols established for emergency shelters, they must be very specific and, at the same time, very holistic. The various factors involved in and/or related to shelter security usually include such essential aspects of shelter management and operations as: threat assessment and/or identification; the evaluation of security operations; the writing and implementation of policies related not only to workplace violence but also to domestic violence; security training programs; threat recognition and evaluation; instruction in “critical incident” policies and procedures; and, last but not least, “sheltering” protocols.

If shelter security is not comprehensive and reliable, it can easily become a disaster of its own making. The Federal Emergency Management Agency (FEMA) has recognized this possibility by providing reimbursement for certain safety and security measures recommended for and used at shelters. The specific wording of the FEMA guidance, spelled out in Disaster Assistance Policy 9523.15, is available on the web at www.fema.gov, and includes the following statement: “*Shelter Safety and Security*. Additional reimbursable safety and security services may be provided at congregate shelters, based upon need. Police overtime costs – associated with providing necessary additional services at congregate shelters – are eligible for reimbursement.”

Among the key FEMA “strategy elements” governing the establishment and management of shelters are certain essential protocols and related “how to” guidelines. Following are brief summaries of the most important of those protocols:

1. The agency's *Shelter Registration Protocol* will allow FEMA field-registration personnel and new Mobile Registration Intake Centers to proactively register evacuees at pre-designated congregate shelter locations as well as at organized evacuee reception sites, including some that are out-of-state.
2. For the sheltering of evacuees in the “post-landfall” phase (of a major weather disaster, primarily), FEMA may, if warranted, authorize the use of “transitional shelters” – e.g., hotels and motels. This *Transitional Sheltering Protocol* may be implemented when large numbers of evacuees who are being housed in congregate shelters are not able to return to their homes for an extended period of time. The initial period for staying in a transitional shelter will be established by FEMA on a case-by-case basis, but it will not be more than 30 days (an extension of up to six months may be permitted, however, in unusual circumstances).
3. Disaster victims who register and are identified as evacuees will be assigned unique “authorization codes” for transitional sheltering. Those codes will validate the individual evacuee's eligibility for federally subsidized transitional housing. If the *Transitional Sheltering Protocol* previously mentioned is implemented, the authorization code will allow evacuees who possess positive photo identification to check into hotels or motels on a subsidized (but temporary) basis.

The FEMA Emergency Food And Shelter Program

FEMA has, for many years, administered the federal government's Emergency Food and Shelter National Board Program, which was created in 1983 to help people in need of emergency

assistance by supplementing the work of local social-service organizations, both private and government-run, within the United States. This collaborative effort between the private and public sectors has disbursed more than \$2.3 billion in federal funds during its more than two decades of service. The program also has provided a small amount of dependable support to shelters – in many cases helping them remain viable from one emergency to the next – whether the situation involved is a personal emergency of an individual victim or a large-scale disaster incident. [Note: Goss chaired the national board for five years, 1996 – 2001, when the board was a component of the FEMA Preparedness Directorate.]

The McKinney-Vento Act of 1987 describes the program's purpose: “To supplement and expand ongoing efforts to provide shelter, food, and supportive services” for homeless and hungry citizens nationwide. The key characteristics of the program – which also serve as its operational guidelines – are a quick response, public-private sector cooperation, local decision making, and the allocation of funds to the areas with the greatest needs.

Heightened Security At Canadian Homeless Shelters

In a related note, it is worth pointing out that, in response to a recent survey at a Canadian shelter – i.e., the Calgary Drop-In Centre – those coming in, according to residents' responses, may be required not only to produce identification cards but also to permit their fingerprints to be scanned before they can enter the downtown homeless shelter; the reason given for this double dose of precaution, officials say, is the deep concern for security voiced by those using the shelters.

The Calgary centre, which can shelter up to 1,100 people a night, decided to strengthen its security after a survey of its clients showed that they frequently fear for their safety. That survey (of about 300 clients) disclosed that approximately three-quarters of them had been victims of crime – robberies and/or assaults, for example. Many of those crimes were committed outside the shelter, by strangers, but about the same number of clients said they did not feel any safer inside the centre. John Rowland, who conducted the survey, said he was surprised by the responses from the homeless. “They [those who responded] want ... to have invasive security protocols,” Rowland said. “They want to have their belongings searched. They want to have invasive ID cards.”

The centre is now seeking to determine how much it will cost to improve security by requiring the use of photo ID cards and biometric technology, such as fingerprint scans, to separate true victims from those who would prey on them. Regardless of what new and/or additional requirements are imposed, it seems all but certain that “free” entry and exit may soon be a thing of the past (in the United States as well as in Canada) because, if nothing else, there will at least be a desk or other entry point where those seeking assistance will have to swipe their assigned barcodes.

Pets, Children, And Common-Sense Guidelines

Animal shelters also are feeling the challenge posed by the frequently difficult need to provide reasonably free access and real security at the same time. The unavoidable fact is that the growth in the number of U.S. animal shelters will undoubtedly be an increasingly important factor not only in planning, training, and exercising for future disasters – especially in the context of the Hurricane Katrina aftermath, when many pets were lost – but also in the more inclusive guidelines imposed by Congress in establishing the PETS Act.

A relatively new website (www.animalsheltering.org) lists 13 guidelines that spell out, in easily understood language, the most important steps to follow in establishing and operating safe and secure shelters for pets and other animals. Most of those steps, which apply just as well to other types of shelters, are really “rules for life” spelled out in common-sense terms: 1. secure your location; 2. good fences make good neighbors; 3. get to know the men and women in blue; 4. prevent the inside jobs; 5. keep everyone on board; 6. wield a mighty staff; 7. the best defense is a good offense; 8. direct traffic in the shelter; 9. mind your money; 10. just say no, and use a safe; 11. all systems go and working well; 12. lights, camera, action; 13. off-site options and special cases.

Shifting from pets and other animals to an even more vulnerable element of society, America’s children, it is comforting to note that they also have been receiving greater attention, and protection, in recent years. At the Children’s Shelter in Austin, Texas, to cite but one notable example, it is emphasized that the acronym “SAFE” means Shelter, Apparel, Food & Environment. The Austin Children’s Shelter, like many others, was established and is designed to help children who have been severely neglected and have witnessed drug use and/or domestic violence in their homes.

Children learn at an early age, of course, that not all adults can be trusted to care for them, feed them properly, and protect them. Some adults, including parents, are feared by children – and with good reason. When such children are brought to the Austin shelter, many of them arrive wearing old and dirty clothing, and are famished as well. The center feeds and bathes the children, and provides them with clean clothes, which also is very important to the feeling of safety that children want and need. Throughout their stay at the center, most of the children brought there eat voraciously and often talk about how good the food is.

Many of those children lived in homes where adults were coming in and going out at all hours of the day and night, drinking alcoholic beverages, and taking drugs. Some of the children admitted to the shelter’s staff employees that they had “protected” themselves by living in a fantasy world – and for that reason had trouble relating to a structured environment. A number of the children, moreover, would be so upset they would fight the staff members trying to help them – that was the only way, unfortunately, that those children knew to express their anger. Gradually, though, as the children started to feel safer in the shelter’s nurturing environment, they would tell of the sexual abuses against them by this or that “uncle” or other adult.

In some of the latter cases the shelter staff personnel would take the abused children to a Center for Child Protection for a forensic exam that would help determine the truth of their stories. Typically, and this was the “good news” about the shelter, most if not all of the children who were being cared for ended their stays with a much brighter outlook for the future. They had learned that, contrary to their previous experience, most adults actually can be trusted to meet their basic needs and take care of them, and they also learned, many of them for the first time in their lives, what it is like to feel truly safe.

If there is any lesson to be learned from this brief report on shelters and the protocols used in keeping them secure, it is simply this: The diversity of, need for, and increasing regulation of shelters points to their essential and escalating roles, as well as the mounting challenge to keep them well organized, financially viable, and both safe and secure.

Kay C. Goss, CEM, possesses more than 30 years of experience – as a federal and state administrator and in the private sector – in the fields of emergency management, homeland security, and both public finance and intergovernmental operations. She is a former associate FEMA director in charge of national preparedness training and exercises.

The Registered Traveler Program

Faster Passenger Screening? Or a Security Loophole?

By Joseph Steger, Law Enforcement

Terrorist exploitation of the commercial air industry came to a crescendo with the 9/11 attacks. Neither industry nor governments globally could ignore the need to provide better security for aircraft as well as passengers. Striking the balance between passenger screening and the efficient movement of those passengers has been a major challenge not only for the commercial aviation industry but also for the Transportation Security Administration (TSA), an agency of the U.S. Department of Homeland Security (DHS).

A workable solution may be in the offing in the form of the Registered Traveler (RT) program, a new initiative facilitated by the TSA. The RT program is administered by local airport authorities, working in close cooperation with Clear® - a division of Verified Identity Pass Inc. The company's, and TSA's, goal is to provide a service that balances a mandatory reduction of risks in aviation security with the convenience of expedited airport screening, while also ensuring a high level of privacy protection.

Although any process that reduces the waiting time for airport screening would obviously be well received by commercial aviation customers, there might be a hidden pitfall involved in the RT program – namely, that the knowledgeable terrorist might view it as a clever way to thwart security detection.

How the Process Works

Currently being advertised as the perfect seasonal gift for the frequent flyer, participation in the fee-based Clear® program is strictly voluntary. For a one-year cost of \$99.95, the Clear® member can move through special express lanes at selected airport screening stations in 14 cities (a number that is likely to climb rapidly in the very near future). The

screening procedures are identical to those in regular lanes, but the screening lanes for RT participants are shorter.

Becoming a Clear® member is a two-step process. In step one, an applicant provides certain biographical information to Verified Identity Pass Inc. – either in person, or through the company's website (www.flyclear.com). The applicant also must agree, in writing, to certain contractual terms and conditions mandated by TSA and spelled out by Clear® on the application forms.

The program provides a low-cost opportunity for terrorists to check their own identities against government no-fly and terrorist databases

In the second step, the applicant is required to report in person to an enrollment station where biometric data – iris imaging and fingerprinting – is collected, along with a photograph. In addition, the information provided by the applicant must be verified at the enrollment station through two forms of approved government-issued identification.

The information provided by the applicant is then submitted to TSA for screening against the agency's "no-fly" and terrorist watch list databases. The TSA collects \$28 of the membership fee from Clear® to pay for this vetting service. If the application is approved

by TSA, the company issues a specially designed personal identification card to the applicant, who is now armed with aviation industry's version of an easy pass. The process is relatively simple, obviously – so simple, in fact, that even a terrorist can understand it – and, perhaps, try to circumvent it.

An Unequal Two-Way Exchange of Information

To understand whether the Registered Traveler program can be circumvented, though, it is important to realize that the RT is a subset of TSA's own "Secure Flight" initiative. The regulations proposed for Secure Flight are currently going through a required public-notice review process, but the public comment period for the "Notice of Proposed Rulemaking" for the Secure Flight program (46 Code of Federal Regulations Parts 1540, 1544, & 1560) closed late last month – on 21 November 2007. A major goal of the Secure Flight program is to centralize the collection and vetting of the passenger information received from air carriers prior to the issuance of boarding passes.

But RT participants are already pre-vetted and cleared. In other words, the Clear® member is a person already known to the TSA by virtue of his or her "enrollment" in the RT program, so a Clear® member applicant who is *not* on a no-fly or terrorist watch list is considered to be presumptively cleared to fly. Of course, neither the Registered Traveler program nor the Secure Flight program is designed to profile or predict future passenger behavior – but the RT program does include a pre-vetting process that matches applicants against lists of known or suspected threats to aviation security.

Another factor to consider is that the airport screening process – in the

COUNTER IED & EFP Summit

January 28-30, 2008 | Hilton Arlington, Arlington, VA.

Attend Counter IED and EFP Summit to:

- **Assess** vital requirements for increasing survivability after an attack
- **Get the latest insights** on the use of air assets in combating IED's and EFP's
- **Understand** the ways in which sensors are being used against the evolving IED/EFP threat

**Introducing the latest
information on
IED and EFP Threats**

Hear from an
outstanding speaker
faculty that includes:

**Lieutenant Colonel
Casey C. Travers, USMC**
Team Lead
USMC Counter-RCIED
Electronic Warfare
**Marine Corps System
Command**

**Captain Lloyd
McLean Smith, USMC**
Deputy Director
CIED Technology Directorate
**Marine Corps Systems
Command**

Dr. Starnes Walker
Director of Research
S&T Directorate
**Department of
Homeland Security**

**Lieutenant Colonel
Brian Cummings, USA**
Program Manager Land Warrior
Ft, Belvoir

1-800-882-8684

www.counterIEDsummit.com

RT lanes as well as in the regular security lanes – is designed to detect dangerous devices and materials as well as suspicious behavior on the part of people intending to board aircraft. Clear® members as well as regular travelers are screened, in identical ways, against the standards set by the TSA. The Clear® member simply has a shorter line in which to wait for screening.

It seems very unlikely, therefore, that a terrorist could exploit the Clear® program to circumvent airport

screening. Although it is true that persons such as Richard Reid (the “shoe bomber”) and Timothy McVeigh (who bombed the Murrah Federal Building in Oklahoma City) might have been granted RT program privileges prior to their criminal acts, they would have had no greater advantage in carrying their destructive devices onto an aircraft than would be available to any other passenger.

There is another aspect of the Clear® program, though, that may be attractive to at least some terrorists – namely, that

the Clear® program provides a low-cost opportunity for terrorists to check their own identities against government no-fly and terrorist watch list databases. In other words, simply by registering through the Clear® program application process, the individual terrorist can receive notification, via the U.S. Postal Service, whether he or she is on a terrorist watch list.

However, by trying to exploit this seeming loophole, the terrorist would have to provide the government his or her own current address – as well as some helpful (to the government) additional information, especially the biometric identification required by the application process. From an evidentiary point of view, the terrorist operator or suspect risks providing government prosecutors and investigators important leads on types of government-issued and/or counterfeited identification used in the RT application process. Any credit-card information provided by a terrorist applicant also might be useful for criminal investigators and/or prosecutors.

On balance, therefore, it seems that the fee-based Clear® program will provide most regular aircraft passengers a genuine opportunity for faster and more efficient security screening without any real compromise in security. As more airports install these easy-pass lanes at more screening stations, of course, the convenience provided will become progressively that much larger. On the other hand, though, as more and more airline passengers take advantage of the convenience provided by the Clear® RT cards, the longer the easy-pass lines themselves are likely to become.

Joseph Steger is the pseudonym of a senior law-enforcement commander whose undergraduate background in a pre-medical program led to initial certification as an EMT in 1981. He retained that level of certification for eight years and across three states while serving as a federal law-enforcement officer. Over the years, Steger has worked closely with CONTOMS-trained tactical medics and physicians in numerous situations.

ZUMRO, Inc.
Leading Manufacturer of Advanced Air Shelters

ZUMRO AIR SHELTERS are used worldwide by first-responders, hospitals, military government, law enforcement, & industry.

Known for versatility & effortless deployment, **ZUMRO SHELTERS** are used for Basic Shelter, Decon, Rehab, Triage, Command Post, Morgues, Crime Scenes, Disaster Staging, Field Hospitals, Infection Control Surge Capacity, & much more!

NEW! STAGE ONE SINGLE DECON SHELTER FOR GROSS DECON

Rapid-deployed, pre-plumbed single decon shelter designed for Gross Decon.

Features:

- "Link-up" option to connect multiple ZUMROs together
- full integration with existing ZUMRO shelter systems
- integral containment pool with elevated shower platform
- built-in carrying case

Quad Interface Shelter for Field Hospitals

COMPLETE SYSTEMS - VERSATILE USES

Infection Control Shelter for Patient Isolation

Model 216 customized for isolation

- Shown with Mega Air Care Unitized Shelter

Medical Surge Shelter for Surge Capacity

Model 860 22'w x 42'l

ZUMRO's largest shelter the ZUMRO Model 860 features space for up to 16 private rooms

Easy & Fast! Power Deploys in just 1-3 minutes

THE ZUMRO FACTOR.....

- Ideal for Mass-Casualty Decon
- Versatile for Multiple Uses
- Push-Button Deployment
- Lightweight and Compact
- Proven Reliable and Durable
- Many options and designs
- Available in 8 colors and 7 sizes!

CONTACT ZUMRO for a FREE DEMO!

CALL TOLL-FREE: 800-932-6003

WWW.ZUMRO.COM INFO@ZUMRO.COM

Your One Source for Radiological Incident Response

In the event of a radiological terror attack or radiation accident, emergency responders need the very best tools.

With the CANBERRA UltraRadiac first responders get fast responding, ultra rugged radiation monitoring. The large display is easy to read — even through masks — and audible, visual and vibrating alarms ensure the first responder always knows the hazard level at his/her own location.

As the situation unfolds, emergency responders need to control and contain contamination. Deploy a MiniSentry Transportable Portal Monitor in less than 10 minutes to begin screening victims, responders, and the public — keeping contaminated material from leaving the scene. Then use ergonomically designed Radiagem survey kits and InSpector 1000 radiation identifiers to quickly locate and identify contamination for removal — minimizing the radiation exposure of both victims and responders.

Best equipment solves only part of the problem.

CANBERRA also offers training courses designed specifically for the first responder — free of technical jargon and focused on the practical aspects of first response to incidents and attacks.

Prepare now!

Call CANBERRA today or visit our web site!

www.canberra-hs.com

Canberra Industries, Inc.
800 Research Parkway – Meriden, CT 06450 U.S.A.
Tel: (203) 238-2351 – Toll free: 1-800-243-4422
Fax: (203) 235-1347



CANBERRA

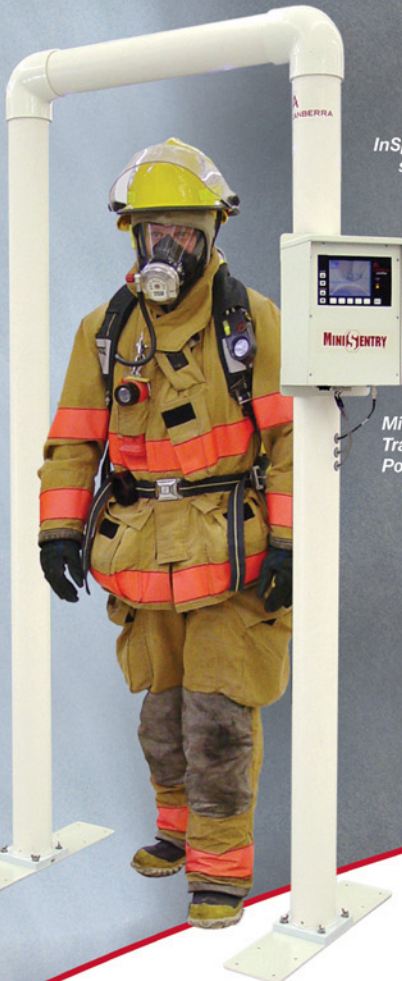


UltraRadiac Personal
Radiation Monitor

Radiagem Kit for
surveying



InSpector 1000 for
source location
and nuclide
identification



MiniSentry
Transportable
Portal Monitor

New Tools to Help with HICS Implementation

By Craig DeAtley, Health Systems

The successful implementation of an incident command system (ICS) by first responders and first receivers requires that the users be familiar with certain fundamental principles and practices. Over the past several years, public-safety personnel in the ICS field have developed various incident-command tools to help those assigned to command positions to perform in an optimum fashion. The recently released Hospital Incident Command System (HICS) documents include, as part of an overall policy-and-guidelines package, a number of new command tools to assist those responsible for leading a hospital through natural as well as man-made and/or terrorism-related incidents. Following are brief synopses of some of the more important of those tools:

Incident Planning Guides (IPGs): Hospitals now have planning guidance available for 14 of the 15 all-hazards training scenarios (e.g., the plague, cyber-terrorism, an earthquake,

and similar natural or manmade disasters) hypothesized by the federal government as well as 13 "internal" scenarios – a major fire, a bomb threat, a child abduction, and similar "events" and "incidents." Each incident-planning guide (IPG) is organized according to the four principal emergency-management functions (mitigation, preparedness, response, and recovery operations). A series of questions in each section of a typical IPG allows users to compare their emergency operations plan with the content that a reasonably comprehensive plan might include. Hospitals currently lacking a plan, of course, can use the IPG ideas to create their own plans.


Revised Job Action Sheets (JASs): Job Action Sheets have always been a fundamental component of the basic HICS package, but two important additions are included in the new JAS guidelines. A section titled Demobilization/System Restoration

**Each
incident-planning
guide is organized
according to the
four principal
emergency-management
functions (mitigation,
preparedness,
response,
and recovery operations)**

has been added to the original three time periods – *Immediate* (0-2 hours), *Intermediate* (2-12 hours), and *Extended* (greater than 12 hours) – postulated on each of the JASs. The content in this section provides users with a number of "suggested actions" they would be well advised to consider in winding down their command responsibilities and to help return the hospital to more normal operations.

Another noteworthy improvement is a new "Document/Tools Section" found at the end of each JAS. This section provides a suggested inventory of administrative and technical items that each position should have available as well as a list of the specific forms that the persons holding certain positions are responsible for reviewing and/or completing as part of their assigned duties.


Incident Response Guides (IRGs): Incident Response Guides also have been written for each of the 27 scenarios previously mentioned. Each IRG format postulates the same



Domestic Preparedness

NATION'S LEADERS ~ One on One

**Ellen Embrey, Deputy ASD,
Force Health Protection and Readiness,
OASD Health**



Mrs. Embrey's knowledgeable views on the DOD health care program, how it can and is being used to bolster the nation's homeland-security response capabilities, and some of the many complications involved.

To listen to or download entire audio interview visit www.DomesticPreparedness.com/Audio_Interviews
Subscribe from iTunes DomesticPreparedness.com/Podcast

PROENGINE

new **AP4C**

A World Leader in Over 40 Countries
www.proengin.com





User-Friendly

Mobile

Rapid
Deploy

Lightweight
& Compact

Modular
& Scalable



TVI Corporation

- Mobility
- Response
- Protection

Deploying innovative products for the most difficult and dangerous environments. TVI's equipment has been fielded around the world for incident and disaster response by first responders, first receivers and the military. Quality designed products for All-Hazards emergency incident response.

Solutions to make your job more effective:

- Decontamination
- Command & Control
- Respiratory
- Mobile Surge Capacity
- Airborne Infection Isolation

time periods indicated on the JAS. In each time period there is a listing of the incident-management decisions for each command and general staff position that should be considered for that particular situation. Like the JAS, the IRG is formatted so that decisions made by a person assigned to a particular position can be recorded on the form itself.

FEMA and Other Required Forms:

The HICS package also includes twenty (20) forms that can and should be used to assist with various aspects of incident planning and documentation. Thirteen (13) of them are Federal Emergency Management Agency (FEMA) forms that are applicable for hospital use during an emergency. Each retains the title and number of the original FEMA form to ensure standardization and, when appropriate, to facilitate the effective

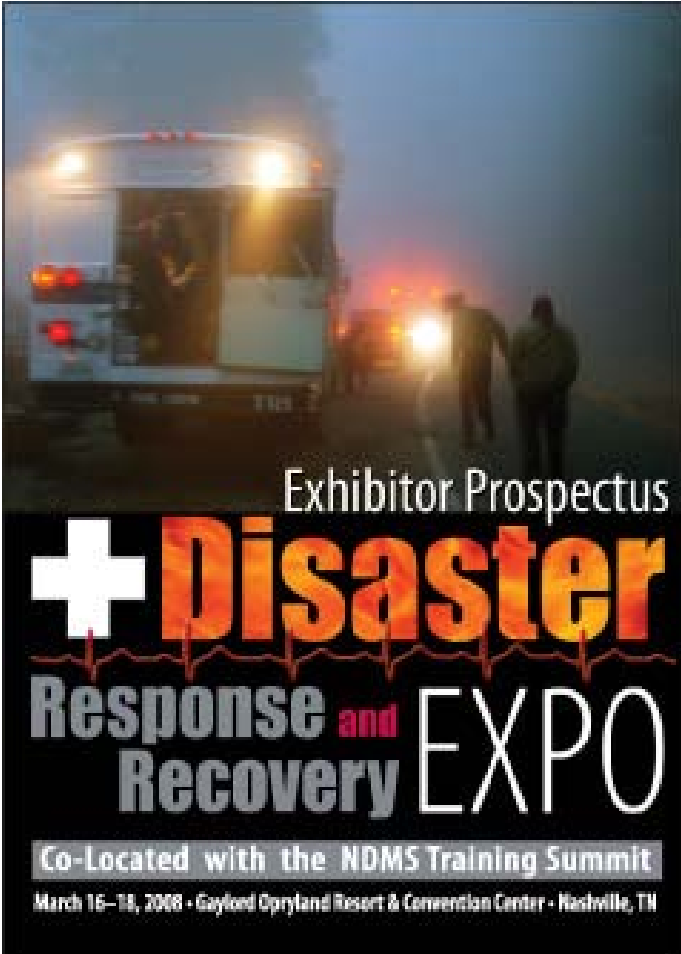
sharing of information throughout the responder community.

The remaining seven forms were designed and are intended to allow for the documenting of additional information not found elsewhere on the FEMA forms (e.g., information related to patient evacuations, casualty/fatality records, and similar data). Each of these additional forms has a unique number as well as a title that implies its purpose. All twenty forms in the package can be completed either on a computer or in longhand. Accompanying the forms (for the first time) are individual instruction sheets that spell out such information as the purpose of the form, who specifically (i.e., what position) should be responsible for completing the form, and where the completed form should be sent.

All of these tools (and others) can be downloaded at no cost from either

the California Emergency Medical Services website or the Center for HICS Education and Training website. Like the ICS tools already used by public-safety personnel, proper use of the new HICS tools requires continuous education and training. Once their intended use is mastered, these tools should help hospital personnel carry out their HICS responsibilities both more competently and with greater confidence.

Craig DeAtley is the director of the Institute for Public Health Emergency Readiness at the Washington Hospital Center, the District of Columbia's largest hospital. Prior to assuming his current position, he was an Associate Professor of Emergency Medicine at George Washington University for 28 years before leaving to start the Institute. He also works as a Physician Assistant at Fairfax Hospital, a Level Trauma Center in Northern Virginia, and has been a volunteer paramedic with the Fairfax County Fire and Rescue Department since 1972, as well as a member of its Urban Search and Rescue Team since 1991.



Exhibitor Prospectus

+ Disaster

Response and Recovery EXPO

Co-Located with the NDMS Training Summit

March 16-18, 2008 • Gaylord Opryland Resort & Convention Center • Nashville, TN

Discover the Latest Disaster Response & Recovery Equipment, Technology and Services!

Held in conjunction with the 2008 NDMS Training Summit, the **Disaster Response & Recovery Exposition** is the perfect opportunity for Local, State and Federal public health and emergency preparedness practitioners and policy makers to discover the latest equipment, technologies and services available.

- Communications Equipment
- Computer Software/Hardware
- Decantamination Shelters & Equipment
- Emergency Lighting
- Health Care Systems
- Information Technology
- Hazmat Response Equipment
- Medical Supplies and Equipment
- Pharmaceuticals
- Public Health & Safety
- Public Works
- Rescue Equipment
- Safety Equipment
- Shelters
- Social Services
- Vehicles
- And More!

Register to Attend Today! Visit www.drrexpo.com

For more information or to become an exhibitor, contact:
 DRRE Exposition Management, c/o J. Spargo & Associates, Inc.
 800-564-4220 / 703-631-6200 • drre@jspargo.com

ARE YOU PREPARED FOR A CHEMICAL CRISIS?

AP4C

Handheld Industrial or Military Chemical Alarm Detector

Our new AP4C detector is the most versatile portable detector available. It quickly and simultaneously detects a wide array of hazardous chemical agents. Constructed to rugged military specifications it starts quickly and has no "on-shelf" costs.

Advanced Spectro-Photometry Technology Detects

- Nerve Agents
- Vomiting Agents
- Blister Agents
- Flammable Hydrocarbons
- Blood Agents
- TICs & TIMs
- Homemade Agents
- Precursors



PROENGIN

405 N.E. 8th St.,
Ft Lauderdale, FL 33304
(954) 760-9990
FAX (954) 760-9955

e-mail: contact@proengin.com

www.proengin.com

Illinois, Minnesota, California, and New York

By Adam McLaughlin, State Homeland News



Illinois **Eight Universities Create** **Homeland Security Alliance**

Eight Illinois universities have created a homeland-security “education alliance” that aims to equip students and preparedness professionals with usable emergency-management tools they may need in the future and, as an ancillary benefit, increase the state’s overall level of preparedness. The alliance, which becomes fully operational in the fall of 2008, will allow students at any of the participating universities to enroll in an online course at any of the other schools and to use the credit hours earned toward a homeland-security degree or track.

Students no longer will have to worry about various billing obstacles, transferring credits, or similar issues involved in enrolling in courses offered at other schools. The alliance creates new options not only for students but also for preparedness professionals interested in specializing in homeland-security and/or emergency-management disciplines and/or in upgrading their current credentials.

Officials said that the alliance intends to integrate a diverse number of programs that deal with all types of emergencies ranging from natural disasters and pandemics to terrorist attacks. By making these new options available to working professionals as well as students, the alliance hopes to strengthen and enlarge the state’s homeland-security and emergency-preparedness work forces and thereby increase the state’s overall level of preparedness.

The universities affiliated with the alliance are Northern Illinois University, Western Illinois University, Eastern Illinois University, Southern

Illinois University-Edwardsville, Southern Illinois University-Carbondale, Governors State University, Chicago State University, and Illinois State University. Some of the schools participating will offer graduate degrees or certificates in the homeland-security/emergency-preparedness fields, some will offer undergraduate degrees, and some will simply permit students pursuing degrees in other fields to enroll in elective courses.

Illinois Governor Rod R. Blagojevich previously announced the allocation of \$75,000 to develop an on-line core homeland-security course that would be available to all Illinois state university students. “Events like the terrorist attacks of 9-11 and Hurricane Katrina have clearly demonstrated the importance of having professionals with specialized training in how to prepare for, react to, and recover from all types of disasters,” Blagojevich said. “Investing in this talent is a critical step in creating more opportunities for our young people and attracting new homeland security-based businesses and jobs to Illinois.”

Minnesota **August Bridge Collapse Leads to** **New Lessons in Disaster Management**

A history-making disaster on the first day of August taught emergency managers in Minnesota – and in many other states as well – what works, and what doesn’t, when the unthinkable becomes reality. Minnesota lawmakers now want to tap into that knowledge as the state gears up for the next disaster to threaten the citizens of Minnesota.

State Representative Ryan Winkler and State Senator Linda Higgins convened a legislative working group on disaster planning at the State Capitol Building on November 29. Most of what they heard was relatively positive news, including an assessment that training

***“We had victims
in the water,
we had victims
in the debris,
we had victims
on the banks,
and we had victims
on the bridge itself.”***

and interagency coordination paid off during the traumatic events of the past summer.

Former Minneapolis fire chief Rocco Forte, who now heads the city’s emergency preparedness office – and was at the center of the storm, so to speak, on 1 August when the 35-W bridge collapsed – ran the emergency operations center that served as the nerve center of the massive rescue effort that followed. “We had our collapsed structure team on-site within eight minutes,” he testified. “We had victims in the water, we had victims in the debris, we had victims on the banks, and we had victims on the bridge itself.”

If the bridge had fallen down five years earlier, Forte pointed out, the situation facing the state’s first-responder community would have been much more chaotic. But from the time of the collapse through the final cleanup stages, several previous years of planning, training, and building strong relationships with other agencies paid off significantly not only for the survivors, but also for the emergency responders who were immediately called into action. “Through mutual aid we were able to take our force of 100

firefighters to about 600 firefighters in a matter of about a half hour," Forte said. Achieving that level of cooperation does not come naturally, or easily, he commented – it takes a lot of advance planning, he suggested, and getting every agency "on the same page" before tragedy strikes. "So not only Minneapolis knew the plan we were going to follow but all the partners who came in and worked with us knew and understood our plan beforehand."

Forte said that his office already has made additional upgrades to its earlier guidelines as a direct result of the bridge collapse, including the development of a plan to have more stockpiles of various medications on hand for situations involving a large number of victims and rescuers.

California Scientists Test New Earthquake Warning System

When earthquakes send their destructive seismic waves surging

through the ground, an early warning system could save countless lives, and California scientists are now testing a promising new system designed to do just that. Even if the system works as intended, though, the state would need far more seismic monitoring stations than it now has, and the current statewide network of 250 to 300 systems would need a major upgrade as well, a University of California Berkeley geophysicist reported on 9 December.

The technology now being tested could provide anywhere from a few seconds to several minutes or more of early notification that a dangerous quake has started along any of the several underground seismic faults that run through California – somewhat like stitching on a complex fabric – Richard Allen of UCal Berkeley's Seismological Laboratory said during a panel discussion last week by earthquake safety experts at the American Geophysical Union meeting in San Francisco.

A warning of only 10 seconds – which might not seem like much time to the average layman – would still be enough to trigger a network of "duck-and-cover" alarms at least a few seconds before the ground starts shaking violently. In a major quake, an early warning could prompt the doors of ambulance stations and firehouses to open automatically and, at the same time, alert utility operators to shut down power transmission lines and gas networks.

Allen and his former graduate student, Erik Olson, developed the first computer-based formula for the system two years ago. On 30 October, their system detected the magnitude 5.4 temblor near San Jose and predicted its magnitude and ground-shaking capability quickly enough to have given San Francisco and Oakland early warning of peak seismic activity within 10 seconds, Allen said.

Early Detection



is the first step in protection



RAID-AFM Critical Infrastructure Protection

- Early warning tool for civil and industrial applications
- Integration into air conditioning and fire safety



RAID-XP Fixed Site Portable

- 24/7 site monitoring
- Selected for Czech Republic Army



RAID-M Handheld/Portable

- Certified under Safety Act by DHS
- Survey and response instrument
- Chosen for National Guard WMD CST Teams



HAWK Stand Off Detection

- Detects on the move or stationary
- Detects CWAs and many industrial chemicals
- Scan large areas in seconds

Bruker Daltonics NBC Detection Corp. (978) 663-3660 ext. 1308 nbc-sales@bdal.com www.bdal.com

The Allen/Olson system is one of three being tested by California's Integrated Seismic Network, which links seismometer arrays running from California's northernmost regions, where the San Andreas Fault zone makes a right-angle turn beneath the Pacific, to the southernmost part of the state, where the quake danger crosses the border into Mexico.

The systems work by: (a) analyzing the first pulse of seismic waves that jolt the ground at a quake's epicenter; and (b) instantly predicting the size and danger of the violent high-energy seismic waves that follow – but more slowly. The current tests will continue until July 2009, but even if they demonstrate complete success, Allen said, the state's network of seismic monitoring instruments would still be far from ready. The network needs at least 650 new remotely operated seismometers able to transmit their warning signals automatically, he said. The cost of building such an extensive network, he continued, would be as much as \$30 million or more.

The 250 to 300 stations in California's current Integrated Seismic Network – deployed mostly around the Bay Area and the Los Angeles region – also would have to be upgraded, Allen said, at a cost he did not estimate.

New York NYC Program Will Test Emergency Public Communication Systems

New York City Mayor Michael R. Bloomberg has announced that "Notify NYC" – a pilot program to deliver emergency public information by email, text messages, and/or "reverse-911" alerts in four of the city's community districts – became operational on 10 December. Any city resident can sign up for Notify NYC through www.nyc.gov to receive information about significant emergency events, city officials said, in the four pilot communities: Lower

Manhattan, the Northeast Bronx, the Rockaways, and Southwest Staten Island.

The several technologies tested during the pilot program will be closely evaluated to determine whether they could or should be deployed citywide. The Lower Manhattan and Rockaways pilot programs are testing email and text-message alert systems; the pilot programs for the Northeast Bronx and Southwest Staten Island are testing email alerts and auto-dialing (also called reverse-911) systems.

*An early warning
could prompt
the doors of
ambulance stations
and firehouses
to open automatically
& alert utility operators
to shut down power
transmission lines
and gas networks*

The launch of the emergency-alert program fulfills a Bloomberg campaign promise, and the pilot programs demonstrate the city's ability to send alerts and notifications. "As more New Yorkers sign up for Notify NYC," Bloomberg said, "more individuals [will] benefit from the emergency communications that will be sent and the different technologies being evaluated [will] get a more robust test. Anyone can sign up for Notify NYC communications about emergency events," the mayor continued, "in Lower Manhattan, the Northeast Bronx, the Rockaways, and Southwest Staten Island, regardless of where they live or work."

The information about significant emergency events in the four pilot communities is being sent via a varying combination of emails, text messages (with a maximum length of 120 characters), and the recorded reverse-911 telephone calls. The alerts sent through Notify NYC also will be posted on the program's website and distributed to 911 "call takers" in an effort to ensure that the information the city provides is not only accurate and timely but also consistent.

The pilot programs test two types of messages: "alerts" that provide time-sensitive information and instructions about an emergency; and "notifications" that serve as informational advisories. The detection of a major coastal storm approaching the city could trigger a Notify NYC alert, for example, whereas a utility outage that does not require any specific or immediate action might only trigger a notification. The alerts and notifications are drafted by OEM's Watch Command and sent to registered Notify NYC participants.

The emergency information provided will be limited to events that directly affect the four communities participating in the pilot program, officials said. Notify NYC is a voluntary program, and the information used to send alerts and notifications will remain confidential, the officials said. Phone numbers, email addresses, and other personal information collected during the registration process, they said, will never be used for purposes other than the transmission of an emergency alert or notification authorized under the Notify NYC program.

Adam McLaughlin is Preparedness Manager of Training and Exercises, Operations, and Emergency Management for the Port Authority of N.Y. & N.J. He develops and implements agency-wide emergency response and recovery plans, business continuity plans, and training and exercise programs.

HAVE QUESTIONS ABOUT RESPIRATORY PROTECTION?



From First Receivers to First Responders

Bio-Response Preparedness

Bio-Response Kits
CBRN Protection
PAPR Systems

NIOSH Approved Solutions

All-Hazards Protection

From Pandemic
Preparedness to
CBRN Response



...CALL US FOR THE ANSWERS

*SafetyTech*TM

International, Inc.

A Subsidiary of TVI Corporation

5703 Industry Lane, Frederick, MD 21704

1-888-744-6462 or **301-624-5600**

www.safetytechint.com