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This Issue:

Interview: Capt. John Delaney of the Arlington County Fire Department

By John Morton
Interviews

DomPrep.com interviews Capt. John Delaney of the Arlington County (Virginia) Fire Department – which, because of its proximity to the nation's capital, would probably play a major role in responding to any terrorist attack, particularly one involving weapons of mass destruction, in the greater Washington, D.C., area. A career firefighter with extensive HAZMAT and National Medical Response Team (NMRT) experience, Delaney has led a cutting-edge team created to develop a firefighters' manual for fire-department responses to a radiological incident – a topic that has received only limited attention until recently. Delaney talks about how fire departments must rely on local expertise as well as on the National Council on Radiation and Protection Measurements and its NCRP 138 publication for guidelines in setting standards for radiological-incident responses – most importantly, for establishing exposure limits. Delaney also stresses the critical importance of training and information as related to the looming issue of informed consent for emergency workers involved in a radiological-incident response.

Resolving "Suspicious White Powder" Emergency Calls: Why Threat-Level Assessment Must Come First

By Buck Somes
Guest Commentary

Corporate headquarters. Abortion clinics. University facilities. By now, most first responders would agree that "suspicious white powder" calls are no longer limited to potential terrorist attacks against government buildings and complexes. With the recent-year increases in the number of domestic bio-terrorism scares, first responders have an even more pressing need to employ the most successful strategies for resolving such calls.

When a suspicious substance is found, first responders are generally faced with a decision: either identify the potential biohazard in order to determine the threat level; or determine, before conducting an identity analysis, whether or not the substance poses a genuine threat. There are several factors that are almost immediately considered before this decision is made, including the following:

• whether or not a verbal or written threat was received in conjunction with the discovery of a potentially hazardous material, or if the materials were received by someone (e.g., a senior government official) who might be a potential terrorist target;

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• whether or not a reasonable explanation exists for the unknown substance to be in the area in which it was found (e.g., baby powder in a public restroom changing station).

However, in the time it takes to sift through this information, the damage – both in terms of economics and in human life – may already have taken place. The damage will continue to escalate; moreover, until reliable information verifying (or, preferably, negating) the presence of a credible threat is obtained. The longer it takes to clear an incident, the more severe its economic impact will be, and the higher the likelihood of "copycat" incidents generating publicity and press coverage.

A New and Obvious Paradigm

For this reason, a new paradigm in any biohazard-detection strategy should be obvious: In order to quickly make the most accurate and most helpful decisions, in terms of public safety, first responders should initially determine if the substance they are investigating represents a legitimate threat or is merely a hoax.

To implement what would be a new standard operating procedure, first responders will need a tool that allows them to rapidly and accurately assess a threat on-site – a tool, moreover, that provides quick and accurate information about the validity of the threat, and thereby empowers the responders to make knowledgeable and confident decisions. One such tool would be a broad-spectrum screen that can be quickly and effectively used in the field.

Until recently, verification of a threatening substance has been limited to laboratory-based tests. These tests, which attempt to identify specific agents, involve performing a series of time-consuming and expensive analyses at the scene. Moreover, these "specific-agent" tests are available for only a handful of the substances that could be used as biological weapons. One result is that first responders are often forced to make critical incident-closure decisions based on limited and/or unreliable information.

Because biological agents carry common signatures, a broad-spectrum screen can be used to determine a "threat/no threat" result for all potential biological weapons identified to date by the federal Centers for Disease Control. Moreover, this determination can now be made in the field in less than 10 minutes from manual calibration to direct readout. In comparison, traditional methods for biological-threat detection can take several hours or even days.

The availability of broad-spectrum screens that can be used in the field is one of the major technological advances made in the security industry since the anthrax attacks in 2001. The tests available today provide not only a more accurate but also a more comprehensive identification of the nature of an unknown substance. A test can quickly be performed on-site, moreover, to determine whether or not an unknown substance poses an imminent threat to the incident site itself. In addition, broad-spectrum screens allow the first responder to evaluate samples for multiple biological agents at the same time.

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False Positives and Other Problem Areas

Several methodologies are used as the platforms for broad-spectrum screens designed to detect biological hazards. One is a protein assay. Protein is found in everything that is biological in nature; however, for that very reason, diverse powders – e.g., flour, cornstarch, and even coffee creamers – can elicit the same positive result in a protein assay as anthrax spores would. Moreover, protein can be found in many other substances that are not considered to be "biological" – a laundry detergent enriched or fortified with enzymes, for example. A protein assay conducted on table salt that has been touched by someone's bare hands also could result in a positive response. The bottom line here is that, although protein assays can be used by first responders to determine the threat/no threat potential of an unknown foreign substance, there is frequently a high probability of false positives.

A better methodology to consider, therefore, would be a broad-spectrum test for microbial DNA, which can be generic enough to detect all threats, yet discerning enough to rule out hoaxes. All bacteria, bacterial spores, and many viruses contain the same type of DNA that is easily detected in a DNA screening test. Use of such tests therefore would minimize and perhaps eliminate the high frequency of positive results experienced when testing for biological components such as proteins and lipids. In addition, the sensitivity of DNA screens can easily be adjusted – a calibration that is more difficult to achieve with protein assays.

The publicity that surrounded the post-9/11 anthrax scares has now subsided somewhat. However, as first-responder agencies and organizations well know, emergency workers continue to face multiple biological-threat incidents on a daily basis. Despite the fact that most such incidents are hoaxes, first responders still must treat each "white powder" call as an imminent threat. Tools such as broad-spectrum screens give them a quick and accurate way to potentially save lives and at the same time reduce the economic impact of these bio-terrorism events. Of perhaps greater importance is the fact that use of a broad-spectrum screen can significantly reduce the amount of time consumed when hoaxes tie up critical first-responder resources. These are all good reasons why a threat-level assessment should now be recognized as the first line of defense – and should become standard operating procedure – when future calls are received reporting a "suspicious white powder."

(Buck Somes is vice president of GenPrime Inc. Founded in 1997 in Spokane, Washington, GenPrime has developed products that key customers and senior industry officials have hailed as breakthroughs in microbiological testing technology. In 2002, the company launched Prime Alert, the only field-proven and independently evaluated assay available for use by first responders that screens for all CDC-identified bacterial agents. For additional information about GemPrime or Prime Alert, visit the company website at www.genprime.com.)

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Coming Soon: A National EMS Administration?

By Joseph Cahill
Emergency Medicine

Establishment of a national office representing city, state, and federal EMS (Emergency Medical Services) departments and agencies is a proposal that has been discussed for years. Last month, George Washington University's Homeland Security Policy Institute gave the proposal new impetus with the release of an "Issue Brief" titled *Back to the Future: An Agenda for Federal Leadership of Emergency Medical Services*.

Background: The United States Fire Administration (USFA) is a subunit of the Department of Homeland Security (DHS). The goal of USFA is to improve the quality of fire protection within the United States. The USFA's organizational structure is broken down into four components to match the agency's major roles: fire statistics and data; fire education and training; public education; and fire technology.

The USFA does an exceptional job in meeting all four goals for the collective U.S. firefighting community. Not surprisingly, inclusion of the USFA in the Department of Homeland Security has heated up the discussion of establishing a National EMS Administration as well. The argument goes somewhat as follows: In the emergency-response world as well as in the homeland-security world the availability of a cadre of responders who can provide lifesaving care, immediately and on the scene of a disaster or terrorist incident, both to the public and to other responders can mean the difference – literally – between life and death. (This is why many SWAT teams and rescue units have specially trained paramedics on their teams.)

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The importance of this role should be reflected in the type of support and resources provided at the federal, state, and local levels.

What Is EMS and Why Is it in DOT?

EMS, simply put, is a system devised to provide medical care while transporting sick or injured people to the hospital. During the early age of EMS, ambulances were run by mortuaries and often served double duty as hearses, very little if any medical treatment was provided, and the "ambulance" was simply two strong backs and a ride. After the publication of the National Academy of Science's (NAS) White Paper *Accidental Death and Disability: the Neglected Disease of Modern Society*, ambulances moved forward from the two-strong-backs stage to a model for providing first aid at the scene. The NAS White Paper pointed to accidents as the major cause of death among the young and suggested that many of these deaths could and would have been prevented if simple lifesaving care had been provided prior to arrival at the hospital.

Because the White Paper's principal focus was on car accident fatalities and injuries, the federal role in EMS has always been assigned to the Department of Transportation (DOT) – more specifically, to the National Highway Transportation Safety Administration (NHTSA). This first-aid model has grown to encompass the entire scope of emergency medicine. Paramedics now provide medications on the scene and carry out various lifesaving techniques both on the scene and in the back of the ambulance on the way to the hospital.

An important divide within EMS has always been emergency versus non-emergency. Emergency or 911 ambulance work is just what it sounds like: transportation from the scene of the emergency to the hospital. Many patients are too fragile, though, or are bed-bound, and/or require too much care to travel home from the hospital – or to other ancillary treatment facilities – in anything but an ambulance. Today, this is the realm of the non-emergency ambulance.

Despite this distinction, these two functions are regulated in the same way and, to perform in either realm, the ambulance must have the same equipment and staffing. Often the same ambulance will perform both roles within the community.

The other important ways in which EMS is divided as a community are similar to those within the firefighting community – volunteers vs. paid career staff; municipal government agency vs. third-party; and the varying types of units involved.

A Vital Component of the First-Responder Mix

"Why all the commotion – it's just ambulance drivers [who are involved]?" That is a question that is frequently asked (here it should be noted that the term "ambulance driver" is considered by most in the EMS community to be pejorative). Why? The answer is that, because almost everyone needs emergency care and a fast ride to the hospital at some time in his or her life, the kinds of emergencies that the DHS was created to prepare for require trained medical staff significantly more than the "normal" emergency does.

Consider one of the principal events that led to the creation of the DHS – namely, the terrorist attacks of 11 September 2001, and specifically the attack on the World Trade Center (WTC) in New York City. Emergency medical technicians (EMTs) and paramedics rushed to the scene of the disaster along with firefighters and police officers, carrying out their role of providing patient care in the plaza surrounding the WTC – until they were chased from their positions by the falling towers.

It is indicative of the dedication of these professionals that, like their police and firefighter counterparts, they dusted themselves off and walked back toward the plaza after the collapses. At that point, the New York Task Force 1 Urban Search and Rescue Team (NYTF-1) moved in to join the search for survivors in the moonscape of WTC; the paramedics and EMS physicians were an integral part of that team, and continue to serve in that role today.

The simple answer to the question is the same for the WTC collapse on 9/11 as it is to the two-car accident on the highway: Patients do better when they are provided early care.

One of the major distinctions between the fire, police, and EMS communities is that, although there are some for-profit EMS agencies, there are very few for-profit police or fire agencies. This distinction is often pointed out in the form of a question: "Should we [i.e., the state, federal, or local government] be funding the training of the staff of a for-profit agency?"

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A partial answer is that "we" already are.

According to the Journal of Emergency Medical Services (JEMS) "JEMS 200," an annual survey of the EMS systems of the 200 most populous cities in the United States, 35 of the nation's 100 most heavily populated cities use one or more private carriers to complement their own 911 ambulance systems.

Many other cities and municipalities not large enough to make the list of 100 most populous cities also contract out at least some of their EMS work. In addition, many hospitals provide EMS services to the communities surrounding them. Many of these contractors and hospitals provide non-emergency transport as part of their day-to-day operations, and many also follow a plan that allows them to use all of their ambulances for either 911 or non-emergency calls.

As a result of this dual role (911 and non-emergency), there is no way to exclude those that do not make emergency runs from any agency that has responsibility for 911 calls. More important, however, is that during a catastrophic emergency even non-emergency ambulances will almost certainly be pressed into service. There was, in fact, a line of 25-30 non-emergency units on West Street, above the WTC, on 11 September 2001, and Yamel Merino, a MetroCare EMT, was lost that day as a result of answering a response assigned by the 911 system.

Why a NEMSA?

The reasons why many senior officials at every level of government say a National EMS Administration (NEMSA) is needed are much the same as those that drove the creation of the United States Fire Administration – i.e., the need for national EMS statistics and data; for the education and training of EMS personnel; for a public-education program in the EMS field; and for a national center for the advancement of EMS technology and science. Perhaps the most important reason, though, to shift federal EMS authority into the Department of Homeland Security through creation of a NEMSA is to give this critical first-responder community the ability to compete for training and federal funding within the overall federal bureaucracy.

Today, many local EMS agencies are unable to fulfill their domestic preparedness training needs in a meaningful, effective, and cost-effective, way. In reality, most of them simply do not have the resources needed to support responder-training or public-education programs on their own. There are some exceptions, of course, such as a few of the major municipal EMS agencies – the EMS agencies in New York City and Seattle, for example, have a wealth of experience and data about what they do. However, most other cities and towns throughout the United States are protected by relatively small, often volunteer, organizations.

Even a small local department may be able to develop an exceptionally good program focused on a single need or requirement – usually, though, because it has someone who is both knowledgeable and experienced in that particular field. The same department, though, may be out of date and/or lacking expertise in many other areas. A national-level program would allow all EMS departments and agencies to pool their expertise to meet a significantly varied menu of needs and priorities, contributing when and where they can to other departments, and drawing from those other departments the expertise and experience they may be lacking.

EMS Statistics and Data

Although there are many studies that indicate one medical treatment may be better than another, few address the specific needs of the pre-hospital environment. Moreover, the same studies often are driven by a manufacturer's need to demonstrate effectiveness and safety. A national data program could not only study specific treatments, but also look at the national EMS system as a while, in the same way that fire statistics collected by USFA look at firefighting as a whole.

One might ask why and how it helps to compile data "without a focus and a goal." The answer is that extraordinary findings often emerge when data is compiled over a large system and for a considerable length of time. That is why the USFA compiles fire data. In short, because unknown, and often unsuspected, patterns emerge from such data, and questions can be raised that might otherwise never have been asked. Most local EMS agencies do not do the volume of work required to allow them to look at the data collected in a statistically significant way. By spreading the data collection nationally, the volume of information compiled rises to a relevant level rather quickly.

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A National EMS Technology and Science Center; The Education and Training of EMS Personnel

In addition to the collection of data, there logically should be a way to promote the creation and/or improvement of technology based on that data. Most comparisons of equipment and techniques within the EMS community are either funded by an EMS manufacturer, or occur as a side effect of a program supported by a national organization, or are set up in an ad hoc fashion to meet the needs of a specific EMS entity. There is no current federal entity assigned to review, support, and/or promote EMS science and technology.

There also is no national EMS training center. There are, though, a number of national emergency training centers – among the most notable are the National Fire Academy (NFA), the Emergency Management Institute (EMI), the Federal Law Enforcement Training Center, and the FBI Academy – and a number of contractor facilities focused primarily on homeland security and first-responder training.

Although some federally funded training programs address EMS issues, most do so as a tangential task, and not as the main focus of the program. As a result, EMS participants in such programs frequently gain additional knowledge (about a fire issue, for example) but have to meld that information into their EMS work. The problem with this approach is that each individual processes the information in a different way, based on his or her experience and other training, and this leads to an inconsistent and often incoherent final result.

A national EMS training center would provide the same benefits to emergency first responders in the EMS world as it does to those in the fire and law enforcement worlds.

A More Equitable Distribution of Resources

The main reason why many realistic advocates support creation of a NEMSA is to put EMS on an equal footing with other first-responder communities in terms of their respective positions within the federal bureaucracy. Currently, EMS receives only about four percent of the DHS budget. Considering that there are approximately the same number of EMS workers as there are policemen or firefighters – and that, as noted earlier, many of the same structural divisions exist within each of these communities – this is a somewhat troubling statistic. An examination of what is termed "call volume" finds that police departments generally receive the most calls, followed by EMS agencies, and then fire departments. There are a number of reasons for this disparity – including, of course, the praiseworthy effectiveness of the USFA both in promoting fire-prevention programs and in compiling fire data.

In short, what EMS lacks is a strong advocate agency that can compete at the federal level. Fire and police departments have – and both need and deserve – grant programs that help cover their normal operating costs. But the EMS community does not. Expensive pieces of fire apparatus can be purchased with grant funding, moreover, but EMS equipment usually cannot.

The bottom line is that, if EMS is ever to receive the recognition it deserves as one of the nation's primary first-response communities – and, as a result, be funded and supported more equitably than it now is – it must have a federal advocate agency focused primarily on EMS. If and when enough citizens realize that their own survival, in times of national disasters or other emergencies, including terrorist attacks, depends primarily on the abilities, experience, and dedication of the EMS personnel on the scene, the current inequitable distribution of funding may change. Until then, the EMS community will continue its status as a second-class citizen.

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Workload and Respiratory Rates: Two Key Factors to Understanding Respiratory Protection

By Rob Schnepp
Fire/HAZMAT

"It's no secret," Bengt Kjellberg said, "that when you work harder you breathe harder. The important question is whether or not the filter [used to protect the wearer against particles] and the cartridge [used to protect the wearer against gases] will protect you at your maximum respiratory demand." Kjellberg, president of Safety Equipment America (S.E.A.), an international manufacturer of high-performance respiratory protection equipment, was referring to the filters found in negative pressure air-purifying respirators (APRs) and fan-powered air-purifying respirators (PAPRs), commonly used for hazardous materials response and cleanup.

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For years, those using APRs and PAPRs focused on the ability of the filter to protect the wearer from airborne contamination. It was taken for granted that, if the wearer was able to adequately seal the mask to his/her face, and if the filter was appropriate for the anticipated airborne hazard, and if the ambient oxygen concentration was above 19.5 percent (certain other considerations for use also were factored in), the APR or PAPR would provide adequate respiratory protection.

However, there seems to have been little or no thought given to the level of work the wearer might be expected to perform, a consideration that has a direct effect on respiratory effort - which affects not only the speed at which inspired air travels through the filter but also the volume of air inspired that will be needed to support higher workloads. These are important considerations that affect the overall effectiveness of the filter.

A Dangerous Oversight?

Unfortunately, that oversight may place the uninformed wearer in jeopardy. "It is important to give first responders respiratory protection that really works," Kjellberg also said. He made clear, though, that in saying the protection "really works" he means that it protects the wearer *all the time*, not just when he or she is breathing normally. "Basically," Kjellberg said, "you must be sure your respirator will meet the demands of your peak air flows." Regrettably, this hugely important concept is frequently overlooked when using negative-pressure APRs or PAPRs.

PIAF: Peak Inhalation Air Flow. The maximum instantaneous flow rate at which air is inhaled.

Minute Volume: The amount of air inhaled in one minute.

Constant Flow: A fixed airflow not considering the variation of airspeed during inhalation.

A paper entitled *Peak Inhalation Air Flow During an Agility Test Performed By the U.S. Marine Corps* shows that test subjects consistently "out breathe" a NIOSH (National Institute of Occupational Safety and Health) -approved PAPR, with a tight fitted mask, in 97.9 percent of the measured breaths. Kjellberg is a co-author of the paper, which reflects the results of a study commissioned by the U.S. Marine Corps' Chemical and Biological Incident Response Force (CBIRF). The CBIRF was created, well before the 9/11 terrorist attacks, to serve as a national – i.e., not strictly Marine Corps – team capable of performing as a short-notice U.S. hazardous-materials response unit anywhere in the world. If any group of first responders should be concerned about the effectiveness of respiratory protection, it would be the members of the CBIRF team.

Basically, the CBIRF report set out to determine if filter-cartridge respirators and fan powered air-purifying respirators would protect U.S. Marines in action. To make that determination, a group of 45 Marines were run through a physically demanding agility test equipped with a data-logging SE400AT respirator. The SEA400AT is a high-performance (breath-responsive) fan-powered positive pressure air-purifying respirator capable of providing positive pressure in the mask at a peak flow of up to 400 liters. The filter is designed to be effective against all known gases likely to be used in time of war, toxic industrial chemicals, biological agents, and radioactive particulates.

The test subjects (young men and women) completed an agility course while outfitted with military clothing and military boots. Among the numerous test events on the rigorous schedule were a stair climb, an equipment carry, a maze search, and other physically demanding challenges. The test lasted about 15 minutes. At the end, all of the "breathing data" – how much air was breathed, how fast, etc. – was downloaded from the masks into a computer, which calculated that approximately 6,550 breaths were taken collectively by all the users during the test.

Essentially, the study found that, 75 percent of the time, the test subjects' average peak inhalation airflow (PIAF) during strenuous physical exertion was between 200 and 300 liters per minute. The standard NIOSH test for the effectiveness of air-purifying respirator filters and cartridges, it should be noted, is based on a constant flow rate of 85 liters per minute. PAPRs with tightly fitted masks are NIOSH-tested at a constant flow rate of 120 liters per minute, and PAPRs with loosely fitted hoods are tested at a constant flow rate of 165 liters per minute. A 1981 NFPA (National Fire Protection Association) -compliant SCBA, tested on a breathing-machine simulator, must flow at 103 liters per minute (with peak flows of approximately 300 liters) without going negative in the mask.

Essentially – and this is the crux of the issue – the CBIRF study shows that, if the wearer is exerting himself or herself while wearing a PAPR with a

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tight-fitting mask (or loose-fitted hood), he or she may (according to current NIOSH testing standards) be out-breathing the respiratory protection available – a possibility that is not routinely considered by the user.

Surprises and Sledgehammers

The CBIRF study also showed that many test subjects registered PIAFs in the 400 liter per minute range – with some as high as 532 liters per minute – when using a PAPR. The surprising conclusion for the Marines was that, in order to avoid a negative pressure in the mask (during exertion), the PAPR would have to accommodate airflows of 427 liters per minute for 95 percent of the Marines tested – that figure is considerably higher than common testing standards require.

Several commonly accepted peak inhalation airflow values provide yet another frame of reference: At complete rest, an adult PIAF hovers around 40-50 liters per minute. Light exertion such as walking boosts that number to 80-150 liters per minute. Running produces PIAFs of 200-250 liters per minute, and very hard work – e.g., rowing a boat – will easily produce a PIAF value well over 300 liters per minute. It seems obvious that the values probably would be significantly higher for anyone searching a collapsed building for survivors, moving heavy rubble, carrying a victim, or swinging an axe or sledgehammer. It also should be noted that none of the tests described above took speech into account – but talking while wearing a mask can increase PIAF by 50 percent.

The bottom line is obvious: Understanding the need for and availability of respiratory protection is essential for anyone working in contaminated environments. Anyone seeking additional information on respiratory protection – including technical reports on peak inhalation air flows, inward leakage tests, and ventilation volumes – is invited to visit the S.E.A. website at http://www.sea.com.au/. Then click into the Knowledge Bank to be connected to a broad spectrum of technical reports covering many important aspects of respiratory protection. In addition, a 30 March 2005 draft of the *Concept for CBRN Powered, Air Purifying Respirator (PAPR) Standard* can be found on the Center for Diseases Control (CDC) website.

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States of Preparedness

By Anthony Lanzillotti
State Homeland News

MICHIGAN

Plays a perfect game before defending the Great Lakes

The state of Michigan hosted two major preparedness drills in May, running multiple scenarios against targets in the city of Detroit. The first exercise, called "Operation Perfect Game," included three simulated attacks designed to cause mass casualties and hysteria in the downtown area at and near Comerica Park, the stadium scheduled to host the Major League Baseball All-Star Game in July. The simulated attacks included a release of sarin gas inside the stadium and simultaneous vehicle bombings and anthrax releases in the streets surrounding the stadium. The full-scale exercise tested the communications and coordination capabilities of the city's police, fire, and medical agencies, and other organizations, and is expected to help responders plan for future "real-life" incidents at or near Comerica Park.

The second exercise, dubbed "Great Lakes Defender," was broken down into two separate scenarios and the responses associated with each. "Operation Bridge Out" simulated an attack on the Sault Ste. Marie Bridge that links Detroit with Ontario, Canada. The second scenario, called "Operation Rogue Tanker," simulated the hijacking of an oil tanker on the Detroit River, followed by a release of oil into the river by terrorists, accompanied by threats to blow up the tanker. The U.S. Coast Guard played a key role in the two scenarios by providing both materials and manpower, including barges that could be used to create a temporary bridge and tactical-response teams that would be deployed in the hostage-rescue operations.

A third exercise, somewhat smaller in scale, was carried out at the Metropolitan Airport. U.S. Transportation Security Administration (TSA) personnel worked with first responders from Wayne County and the state's Department of Military and Veterans Affairs to test their respective responses to a simulated attack – i.e., the launch of a shoulder-fired missile – on an aircraft. Bob Ball, who heads the federal TSA team at the airport, stressed the importance of testing communications and coordination plans, skills, and equipment, and how they might be used, "in advance of an actual event."

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The airport scenario was not based on any specific threat intelligence, and did not affect routine aviation operations.

NEW YORK
Considers the purchase of an advanced helicopter for firefighting, rescue operations

A proposal to purchase an advanced-capabilities helicopter for the New York City Fire Department (FDNY) has been presented by the city's FDNY and EMS (emergency medical services) chiefs to FDNY Commissioner Nicholas Scopetta and other senior city officials. The proposed Firehawk helicopter, built by Sikorsky Aircraft, is a modified military Black Hawk that can carry over ten passengers and/or drop a significant volume of water to extinguish fires. New York City is one of the few major U.S. cities whose fire department does not have one or more helicopters of its own.

The purchase proposal is being seriously considered by FDNY leaders, because the versatile Firehawk could be used not only for surveying and extinguishing fires, but also for delivering supplies and manpower, and evacuating injured citizens. City officials are looking into the possibility of funding the purchase through Homeland Security grants, but FDNY spokesman Frank Gribbon has indicated that, whatever the source of the funding, a purchase decision has not yet been made.

Currently, FDNY chiefs ride as passengers in New York Police Department (NYPD) helicopters to survey fires and other emergencies, but the relatively small NYPD helicopters are not designed for rescue missions as large or as complex as those the Firehawks could carry out. The proposal to purchase a Firehawk comes – not coincidentally, perhaps – only a few weeks after New York City Mayor Michael Bloomberg ordered the NYPD and FDNY to work together under a new protocol that he issued after the two departments had clashed over what their roles and responsibilities would or should be in the event of an attack involving one or more weapons of mass destruction. Bloomberg's protocol assigns incident command to the NYPD whenever chemical, biological, or radiological attacks occur. New York City operates under what is called CIMS – the Citywide Incident Management System, which is derived primarily from NIMS, the National Incident Management System.

WASHINGTON
Conducts its first bio-terrorism exercise

The first Washington State Annual Bio-Terrorism Exercise was conducted at the end of May. Police departments, health officials, emergency management agencies, and hospitals across four counties were joined by the American Red Cross and state officials during the exercise, which was paid for with Homeland Security grant funds.

The three-day exercise began with a simulated attack on the first day; the participating agencies worked through the rescue and treatment scenarios during the last two days. Much of the exercise consisted of tabletop drills and discussions. The most publicly visible components of the exercise were "sick" residents being "diagnosed" at hospitals and the distribution of medications provided from the U.S. Center for Disease Control's Strategic National Stockpile. Dr. Mimi Fields, a public health officer for Whakiakum and Cowlitz counties, said that a principal purpose of the drills was "to test all of the counties' emergency management systems."

FLORIDA
Sets aside a special "holiday" for disaster preparedness

Florida Governor Jeb Bush has signed legislation that authorizes the state's first "holiday" – more specifically, a tax holiday – for disaster preparedness. Various preparedness supplies purchased during the 12-day holiday, which runs from 1 June through 12 June, will be exempt from sales tax during that period, Bush stated. "Being prepared for hurricane season can protect property and save lives," he commented. Bush said he is encouraging Florida residents to take advantage of the holiday by making better and more complete preparations for the 2005 hurricane season. Batteries, flashlights, generators, and containers are high on the list of tax-free items recommended for purchase during the 1-12 June holiday period.

Related Note: The Port of Miami is considering the collection of security fees directly from cruise ship passengers, rather than imposing the fees on cruise lines. The amount of the fee has yet to be determined, but it would be added to the price of a passenger's ticket in much the same way that security fees are added to the cost of airline tickets. The Port of Miami plans to discuss the fee proposal with other major Florida ports during the June meeting of the Florida Ports Council.