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A Note From the Publisher

I am pleased to announce the addition to the T.I.P.S. roster of Neil C. Livingstone, chief executive officer of GlobalOptions Inc., an international crisis-management and risk-solutions firm headquartered in the nation's capital. An internationally respected lecturer and writer, Dr. Livingstone has authored nine books and more than 180 articles in the fields of terrorism and counterterrorism, national security, and foreign policy, and is a veteran of more than 1,100 television appearances. An Honors graduate of the College of William and Mary, he holds three Masters Degrees as well as a Ph.D. from the Fletcher School of Law and Diplomacy. His first article for T.I.P.S., a commentary on current U.S. screening and security systems – and others that perhaps would be more effective – starts immediately below.

Martin Masiuk
Publisher

Needed: Smarter Security

By Neil C. Livingstone
Smart Security

There are many reasons to hate Ossama bin Laden. The bombing of the U.S. embassies in East Africa. The bombing of the USS Cole. The terrorist attacks on 9/11. His support of insurgents in Iraq. But perhaps one of the most insidious changes to our society that bin Laden and his followers have wrought is the emerging U.S. security state that has evolved since the 9/11 attacks.

Many things that three and a half years ago were unthinkable are today taken for granted – with more to come in the future. We now wait in long security lines at airports, and must strip off our shoes, jackets, and anything metal – and also have our hand luggage checked – just to board an aircraft. Our checked luggage, at long last, is also screened. If one is flying into or out of Washington, D.C., the bathrooms are off limits during the first and last thirty minutes of each flight.

Although the trend began before 9/11, almost all major office buildings in America's large cities now require visitors to wait, often in long lines, to be cleared and badged before they are permitted to enter.

Private-sector data-collection firms have expanded and accelerated their accumulation of personal data about almost everyone in the country, and much of the information they have gathered is shared with the government – in the interest of national security. From renting a car and passing through a tollbooth to reserving a plane ticket or making a purchase – either online, or from a store – nearly everything we do finds its way into computers.

In addition, our e-mails are fair game for the government and can be subpoenaed – as both Oliver North and Bill Gates found out, to their chagrin. In short, in our modern post-9/11 world the right of privacy is becoming a luxury of the past, and today is reserved only for the super-wealthy with the wherewithal to adopt expensive countermeasures, travel by private aircraft, and build fortress-like homes with around-the-clock guards, alarms, gates, and walls.

Continued on Page 2

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Needed: Smarter Security

Continued from page 1

I am often asked, as a security specialist, if we should not revel in this new emphasis on security. The answer is, at best, only a qualified "Yes." But, although the United States is certainly safer now in some respects than it was prior to 9/11, many of the security measures that have been put in place during the past three and a half years are more annoying than effective, and for that reason may ultimately produce a backlash from ordinary citizens tired of being spied on, hassled, and inconvenienced by security personnel and systems whose purposes and efficacy are not readily apparent.

Consider aviation security, for example. In many respects the new security regime at U.S. airports, which has cost billions of dollars, is designed more to fight the last war than the next one. Not only has it been unevenly implemented – with complaints from women in particular about it being too invasive – but experts say that it is still possible to get weapons on board an aircraft. Many if not quite all of the tests run against the system have been a joke. Most tests of the system at Reagan National Airport, for example, are conducted by TSA (Transportation Security Administration, an agency of the Department of Homeland Security, or DHS) personnel who dress up in wigs and odd types of clothing in attempts to fool their co-workers.

The ineffectiveness of the system was demonstrated recently by an incident involving a Somali woman, hired by Reagan National Airport and paid by an airline, whose job it is to compare one's ticket with his or her driver's license or other identification to ensure that they match. She asked this writer, after examining his Montana driver's license, if Montana "is part of the United States."

In some instances, the TSA's own people are not much better qualified. One of my co-workers was sent to secondary screening because another foreign-born worker said the name on his ticket (which identified him as Tom) did not match the name on his I.D. (which identified him as Thomas).

The real problem in this area, though, is that the whole U.S. aviation-screening process is fundamentally flawed. By subjecting all passengers to roughly the same level of scrutiny – because to do otherwise has been deemed by some policy makers to be discriminatory – the efficacy of the system has been undermined. A "trusted traveler" program, which should have been established years ago, would allow passengers to volunteer certain personal information – including information that could be encoded on a biometric identifier – that would permit them to pass through security more rapidly. Those who do not want to go to the trouble of joining the program – either because they don't fly that often, or because they object to providing personal data, including biometric information, about themselves – would still have the option of standing in lines and going through the present screening process.

A major advantage of expediting the time it takes for trusted travelers to go through security is that it would provide more time and resources to focus on those travelers who are the most likely to pose a risk to aviation security. There also would be some cost savings, which could, and probably should, be applied to the development of an effective freight-assessment system. The absence of an effective cargo-screening system remains the greatest threat to civil aviation today.

Continued on Page 3

Needed: Smarter Security

Continued from page 2

TSA publicly admitted that its CAPPS I (Computer-Assisted Passenger Prescreening System) program fell short of expectations, and then-DHS Secretary Tom Ridge later announced that the Department had abandoned efforts to implement a follow-on CAPPS II system. CAPPS III is unlikely to be much of an improvement until and unless the basic assumptions underlying the program are changed so that the security screening process is focused mostly on the highest-risk group – Middle Eastern males between the ages of 15 and 35 – and not on the general flying public.

There are similar problems in the field of building-access control. An unarmed security guard making $8 to $12 an hour is not going to stop terrorist attacks by checking I.D. cards at the entrances to office buildings, and attempts to do so are simply another financial burden on building owners and tenants. Court TV founder Steve Brill is promoting a universal I.D. card that would permit access to all subscriber buildings and facilities. What could make more sense?

Many people, including this writer, working in the field of homeland security and counter-terrorism think that it is time to require that all American citizens be issued national I.D. cards encoded not only with biometric information but also with technological safeguards and barriers that would thwart attempts at forgery. Such cards – which could include a variety of other information, including a person's social security number – could not only serve as the backbone of the trusted-traveler program and access-control systems but also would help prevent identity theft and illegal immigration.

Proposals such as the idea to somehow "standardize" state drivers' licenses as an alternative to the development of a true national I.D. card system should be ignored. It is time to reject halfway measures.

In future issues of T.I.P.S. I plan to focus on topics of special interest to security professionals, as well as policy makers, under the heading "Smart Security." If there is one consistent theme that will be explored, it is how we – all of us, the American people – can make our nation safer from terrorists and other enemies. And, as a corollary, we will look at some of the smartest solutions that might be implemented to achieve that important goal.

Hospital Staffing for Decontamination

By Joseph J. Cahill
Emergency Medicine

Contaminated patients pose a special difficulty to hospitals because the contamination poses risks not only to the patient but also to those around the patient. Whether the contamination is from something relatively innocuous such as cooking oil, or from one of the extremely dangerous industrial chemicals now prevalent throughout the world, or from a chemical weapon, the problems are much the same.

Like many businesses, hospitals are under considerable economic pressure to cut costs to maintain their operating margins and stay within whatever funding levels have been established. Their staffing schedules seldom if ever permit them to have large numbers of medical providers available for "just in case" situations, even in the emergency room (ER). In any event, it can be assumed that any "supernumerary" staff in the ER at the time of a major incident would be immediately put to work in that ER.

Despite the budgetary constraints, it can be safely assumed that the central functions of most hospitals still will be accomplished until they have to close their doors, but a shrinking cash flow may in any case necessitate a cutback in services seen as non-essential. In some cases, unfortunately, the struggle for financial survival has become so dire that any function *not* central to the mission of the hospital is seen as expendable. Many hospitals have stopped providing obstetric services, for example, or have had to farm out their non-emergency imaging and/or laboratory-analysis work. One result of these trends and new ways of thinking is that it is now uncertain how many, if any, of a hospital's non-central functions can be accomplished during a major emergency.

Often, what is not recognized is that efforts to develop a "good name" for the hospital, thus raising the hospital's name recognition in the local market, guarantee that many patients will automatically look to that hospital for help during an emergency. In spite of the desire on the hospital's part, however well founded, to stay within the citadel of the hospital itself during an emergency, it must be recognized that some incidents require a much more proactive stance.

Continued on Page 4

Hospital Staffing for Decontamination

Continued from page 3

Establishment of Priorities

The First Priority. During a HAZMAT (hazardous materials) incident that results in a large number of contaminated patients, the hospital cannot afford to become contaminated itself or it will no longer be able to treat those patients effectively and safely, and might even cease to function entirely. The first and most important rule, therefore, is that – starting with the emergency room and continuing through various specialized hospital spaces such as the ICU and surgical suites – the hospital must maintain its ability to function.

Maintaining the ability to function applies to people as well as to hospital spaces. One staff member can treat a large number of patients in a 12-hour shift. However, if the staff member becomes ill – from exposure to a contaminated patient, in this instance – he or she probably would be able to treat only that patient and then will need care from the hospital's other providers, becoming part of the patient load.

Meeting the first priority requires, therefore: (1) protection of the hospital's own personnel and equipment; and (2) maintaining the continued ability to provide a clean safe work environment. Care providers who are becoming ill from exposure to a contaminated patient cannot continue to treat that patient. Moreover, the hospital's patients – whether they are contaminated patients from the HAZMAT incident, or other patients suffering from "routine" illnesses or injuries – cannot and should not be treated in a contaminated clinical setting. In medicine, continuity of operations is much more than a simple business concept.

The Second Priority. After maintaining the ability to continue operations – and, by extension, ensuring the safety of the staff and other (i.e., non-contaminated) patients already at the hospital – the next priority must be providing lifesaving care. That life-saving care is both for those affected by the incident and those unrelated patients; this should be followed, of course, by the provision of high-quality non-lifesaving care, as needed.

A Change of Paradigms

In the pre-hospital phases of an incident, contaminated patients pose another significant problem – namely, that they should not be transported in ambulances until they have been decontaminated. The only exception to this rule is that patients may be transported while contaminated *if* the ambulance carries the special equipment required (and is staffed by the specially trained personnel also needed), *and* the receiving hospital has the capacity to decontaminate the patients.

Most EMS (Emergency Medical Services) agencies or units do not possess such specially equipped ambulances in any great number. As a result, the general planning assumption has been that patients who come to the ER by regular ambulance are probably "clean." This is based in part on the policy of most EMS services that patients should not be transported until they are decontaminated.

This works as long as the patient arrives in an ambulance, however, real-world experience – in the Tokyo subway attack, for example, in the attacks on the World Trade Center, and in similar incidents – has shown that victims who can leave the scene of a terrorist attack or other disaster under their own power will almost always do so. And they will then show up very quickly at the doorstep of the nearest ER.

The assumption that patients arriving by ambulance are therefore clean has affected decisions about the types and quantities of resources a hospital needs to deal with contaminated patients. There was a time when it was reasonably assumed that a single shower room was all that was needed, and when a patient "decontamination" simply meant the washing off of body dirt – or, perhaps, delousing. In such situations the patient could receive life-saving treatment first, if need be, because what he or she was contaminated with would not kill or injure anyone else. Further, decontamination usually involved only one patient, not the large numbers that would be expected from a major HAZMAT incident.

Typically, the hospital shower room could be reached only by moving the patient through other spaces in the ER. That was an inconvenience, perhaps, but usually nothing more than that. However, a patient contaminated with a hazardous material is not just an irritant to the staff and to other patients, but a potentially deadly hazard to them.

The cost of building a multi-position decontamination shower structure adjacent to the emergency room is so high some hospitals have made the investment needed, but most have not. Instead, many hospitals have opted to purchase a portable shelter or tent for decontamination purposes. One result – based on years of experience with first-responder agencies buying such systems – is that manufacturers have developed some very sophisticated but easy-to-use units that are effective both in taking large numbers of contaminated patients from the street and in feeding them, as clean patients, into the ER.

Continued on Page 5

Hospital Staffing for Decontamination

Continued from page 4

Issues Still to Be Resolved

Many forward-looking hospitals have invested a great deal of money and effort into acquiring the material resources needed for a mass-decontamination emergency. They also have purchased or built decontamination areas or shelters and have stocked up on the supplies needed for the decontamination of a large number of patients.

In addition, they have carried out the development and training process required for their staff to successfully operate a decontamination line. They have written plans for the deployment of the decontamination shelters, and have trained staff personnel on the intricacies of those plans. Finally, many have exercised and evaluated the effectiveness of the plans, and have used the evaluations to further refine the plans, if necessary. Additional training and staff development starts the next cycle of what should be a continuing process.

Even with the best and most detailed preparations for decontaminating large numbers of people, many hospitals still have a problem with staffing. They usually plan to increase their staffing levels during a crisis, but the question that must always be asked is if the hospital can maintain an effective decontamination line outside and at the same time continue to provide effective care inside.

Many hospitals envision sending just a few staff members outside to oversee the decontamination process, and expect that most patients will wash themselves. As with any emergency process that deals with large numbers of patients, well-trained and well-qualified staff people will be needed to shepherd the patients through the process. Additional staff will be needed to help stretcher patients who must be decontaminated, because those patients may not only be incapable of washing themselves but also, as a result of their physical condition, may be in urgent need of decontamination so they can be treated immediately.

Solutions for the Future

A number of private and public sector organizations have been working on programs to solve the hospital staffing issue by forming partnerships with hospitals. Several hospitals in Massachusetts, for example, have already taken the first necessary steps of properly equipping and training its staffs to deal with major emergencies. They've taken the additional step of fostering a partnership between the hospital and the local fire department.

Following this model a hospital would have a single point of contact (or they simply have to call 911) when they are facing a significant flow of contaminated patients. Theoretically, that one call should trigger a dispatched response of FDs to staff the decontamination line.

The staffs of these fire department(s) already have been trained in HAZMAT decontamination and would work using the hospital's equipment. Ideally, and to make the program more effective, the FD(s) would be closely involved in the hospital's planning, drills, and training. It is important to remember that this plan is envisioned as a true partnership between the hospital and the field responders. In its purest form the hospital and the fire department(s) would work together through the entire emergency planning cycle – planning, training, exercising, and ensuring that their respective plans are and remain complementary to one another. Implementation of the plan would allow the hospital's personnel to work at their primary functions, rather than having to choose between manning a decontamination line or operating an emergency room.

In the new post-9/11 world the emergency community can no longer afford the luxury of compartmentalization. Hospitals can no longer be just hospitals, the exclusive province of doctors and nurses. Emergency-services personnel can no longer afford to be fire fighters only, or EMTs, or police officers – or first responders.

To be successful in the future, first responders and hospital communities must join together and be what they were always intended to be: the bulwark protecting the average citizen from an unpredictable world – a world that today has been made even more unpredictable, and infinitely more dangerous, by terrorists and others who wish to do harm to the United States and other nations of the Free World.

The North Shore - LIJ Approach to Patient Decontamination

By Rob Schnepp
Fire HAZMAT

"Train everybody to do decon [decontamination]," says Frank Califano, safety services specialist assigned to Network Emergency Management for the North Shore - LIJ Health System in Long Island, N.Y. "Everybody includes security guards, pharmacists, dieticians, and folks from the environmental services. It takes a lot of people to set up and staff a decon line, and ultimately you want the doctors and nurses in the emergency department [ED] treating patients."

Continued on Page 6

The North Shore - LIJ Approach to Patient Decontamination

Continued from page 5

Califano's comment underscores an issue hospitals across the country are wrestling with – the handling of contaminated patients in the emergency department. At first, it may seem like a simple task: identify the need for decontamination, set up an area in which to perform decon, determine the system to be used, and admit the patient(s) into the hospital for definitive care.

In actuality, the task is anything but simple, and there are many complex issues that influence the way decon is performed in the hospital setting. Those issues include, but are not limited to, internal politics, the types and levels of training appropriate for the facility, the chemical protective equipment that might be required, and the potential negative attitudes toward a hospital that might develop because of its decontamination work. "At the heart of it all, there must be a buy-in from upper management," Califano says. "The decision makers must understand and support the entire operation, from training to buying the right equipment. If that [approval from decision makers] is not in place, everything else is an uphill battle. We are fortunate to have a CEO who has vision and supports us. But, amazing as it may seem, there are some hospitals that do not think there will ever be a major disaster in their area."

Califano outlines the response program adopted by the North Shore-LIJ Health System – a system involved in the response to both of the attacks on the World Trade Center (the first on 26 February 1993; the second on 11 September 2001), the subsequent flood of anthrax hoaxes in New York City, and a constant stream of day-to-day incidents requiring a hospital-based decontamination plan: "We started looking at the problem well before 9/11, with a goal of developing a mechanism to handle contaminated patients arriving in the emergency departments of our hospitals. Our basic belief is that we need to be self-reliant in terms of patient decontamination – we don't rely on the fire department or any other outside hazardous-materials response for our decon. Believe it or not, people *will* come to your facility without being decontaminated – and you better be ready for that."

Self-Reliance and Federal Regulations

History bears out the wisdom of that philosophy. The Tokyo Subway attack of 21 March 1995, in which terrorists used the nerve agent Sarin, killed eight people and frightened thousands more. Most of these so-called "worried well" did not wait for ambulances, but went to local hospitals as fast as they could, either by private vehicle or by public transportation.

"Once we decided to be self-reliant in terms of patient decon," Califano continued, "the next step was to decide how best to train our people. Unfortunately, the federal regulation governing hazardous materials response, Hazardous Waste Operations and Emergency Response (HAZWOPER), found in 29 Code of Federal Register (CFR) Part 1910.120, was not written with hospitals in mind. After some searching, we decided on a training program called *Hazmat for Healthcare*. It meets the intent of the federal regulations and is written with the hospital environment in mind."

Hazmat for Healthcare, accessible online at http://www.hazmatforhealthcare.org/, offers a comprehensive list of downloads and other information, free of charge, geared at assisting hospitals with hazardous materials training, including patient decontamination.

"Over the last four years, we have trained thousands of people in our own hospital as well as other hospitals in the region," Califano said, "using the *Hazmat for Healthcare* program. All hospital personnel trained to perform decon receive hazardous materials awareness and operations level training (see the HAZWOPER standards listed above for details). In addition, we have a group of emergency medical technicians, assigned to the EMS division, trained to the technician level; they are assigned to an incident to support hospital personnel and are part of the system's Hazardous Materials/Special Operation Division response team. They also handle small chemical spills and other chemical situations inside the hospital. In the event of a mass casualty incident or other circumstances requiring patient decon, we activate our Special Operation Division."

Califano sees several major benefits from having in place such a comprehensive training program and hazardous materials response plan, and is concerned about the complacency he sees in other hospitals "There are some hospitals … that, if they had to close their doors for 24 or 48 hours because of a contaminated ED, would not be able to recover from the financial hit – and might have to close their doors. There is also the stigma of having to close your ED because of contamination – that doesn't make the rest of your patients feel very secure. In my opinion, you have to protect the hospital at all levels. Effectively dealing with contaminated patients is an important part of that."

Continued on Page 7

The North Shore - LIJ Approach to Patient Decontamination

Continued from page 6

Hoods, Eyeglasses, and Rubber Gloves

Deciding on the type(s) and quantity of chemical protective equipment needed is often a controversial topic in the patient-decon field. Opinions vary from using level "A" chemical protective suits to carry out the patient decon, to simply wearing surgical masks and latex rubber gloves. The best solution, according to Califano, is to keep it simple – and keep costs reasonable. "We originally looked at using self-contained breathing apparatus on our decon line, but decided against it because of the maintenance, training, and fit testing required, as well as the need to comply with medical requirements. We ended up going with a hooded, fan-powered, air-purifying respirator (PAPR) that uses an NBC [nuclear-biological-chemical] cartridge. The hooded respirator gives the people on the decon line better visibility. They also have less fatigue, and look less menacing – that reduces the patient's stress level.

"It's perfectly acceptable to wear eyeglasses under a hooded respirator, and facial hair is not an issue. That solves a lot of problems right there. We use nitrile rubber gloves under a heavier butyl rubber outer glove, and a durable but lightweight chemical suit. I would recommend trying several chemical suits before you decide – it's important to choose a suit that will stand up to the wear and tear of your own decon process."

When asked about possible "lessons learned" along the way, Califano offers a number of insights. "You know," he commented, "I did not realize how many spills happen in a hospital until we went through this training. Also, throughout the process, we continued to refine our view of who meets the definition of 'a contaminated patient.' These days, for example, we think that most fire victims fit the definition of contamination just as much as the traditional patient who has been exposed to various types of chemicals. If you think about it, fire victims and their clothing may be contaminated by the off-products of combustion, and we don't want our patients or staff exposed to that.

"I would summarize the whole process of hospital decon as follows," Califano concluded: "Get approval from upper management early in the process, find a training program that fits what you do, decide on a reasonable chemical protective equipment ensemble – and actually wear it during training exercises – and, last but not least, practice, practice, practice. Doing it step by step like that might seem tedious, but it will pay off when it counts."

States Move Forward in Domestic Preparedness

By Anthony Lanzillotti
State Homeland News

MARYLAND

April 8 Due Date for Assistance Applications

The Maryland Office of Homeland Security and the Governor's Grants Office partnered last month with the Maryland Fire and Rescue Institute, University of Maryland, to provide a series of free Firefighter Grant Workshops throughout the state to help fire departments and EMS (emergency medical services) agencies prepare more effective Assistance to Firefighters applications. The applications will be accepted until 8 April. There is more than $600 million available from the federal DHS (Department of Homeland Security) grant program for state and local fire departments and EMS units. The seven workshops conducted in Maryland last month allowed fire departments from all over the state ample opportunity to participate.

The funding of homeland-security initiatives throughout the state is one of the main goals highlighted in the State of Maryland Strategy for Homeland Security, published in June 2004 by the Governor's Office of Homeland Security. The state's goal is to tie emergency management and anti-terrorism initiatives together in cooperative, coordinated responses, using all assets available.

GEORGIA

Task Force Roles and Responsibilities

The Georgia Office of Homeland Security (GA OHS), currently integrating with the Georgia Emergency Management Agency, has established roles and responsibilities for the ten entities – seven state government agencies, and three professional associations – of the Georgia Homeland Security Task Force (GHSTF). The purpose of the GHSTF is to serve as an advisory body to the director of the GA OHS.

Operating under GA OHS is the Georgia Information Sharing and Analysis Center (GISAC), which works with federal, state, and local agencies to collect intelligence information and disseminate it to appropriate security and law-enforcement entities throughout the state. GISAC also publishes an excellent weekly report that compiles relevant open-source information in an easy-to-read format. The GISAC reports include links to information sources that can be accessed by anyone via the GA OHS website.

Continued on Page 8

States Move Forward in Domestic Preparedness

Continued from page 7

The state of Georgia also is creating a statewide network of emergency personnel, farmers, and veterinary professionals that will be available to defend the state against the threat of agro-terrorism – i.e., acts directed against the food supply chain with the intent of inflicting economic, political, and/or psychological damage. It can be expected that Georgia's efforts in this area will be closely monitored by other states interested in the possibility of developing similar networks.

ARIZONA

TOPOFF4 Plans Gain Momentum

The Arizona Office of Homeland Security (AOHS) will use its own Homeland Security Coordinating Council and the Arizona Security Round Table in developing preparations for "TOPOFF4," the executive-level Department of Homeland Security federal exercises scheduled to be carried out in 2007 in both Arizona and Oregon.

The AOHS will coordinate the state's efforts in preparing for the large-scale exercise. The all-volunteer Coordinating Council, whose members serve without compensation, will assist with various aspects of the preparations. The council – chartered in September 2004 to review and advise on state strategies, planning, funding, concepts, and other aspects of homeland security – reports to AOHS Director Frank Navarette.

The mission of the Arizona Security Round Table, which is composed of a number of independent organizations as well as various government agencies, is to increase public awareness by the preparation and distribution of educational materials, compiled by professionals within the group, that promote safety and security. It is expected that the TOPOFF4 exercises will provide a formidable but extremely useful challenge to the AOHS and to the interoperability of the participating groups that will be assigned a broad spectrum of roles and responsibilities before, during, and after the exercises.

MISSISSIPPI

A Focus on Planning, Training, Communications

Edwin L. Worthington, director of the Mississippi Office of Homeland Security (MOHS), has expressed concern about various aspects of homeland security and emergency management within the state, and said he plans a number of improvements, particularly in the areas of planning, training, and communications. Worthington tempered his expression of concern with a reminder to the citizens of Mississippi that their state was recently recognized for excellence in the dispersal of federal fund allocations.

How well those funds have been dispersed is demonstrated in the MOHS calendar, which is filled with meetings, exercises, and training opportunities scheduled throughout the state. The schedule for March includes a Grand Gulf Ingestion Pathway Federal Exercise, for example, and two three-day TEEX (Texas A&M University System, Texas Engineering Extension Service) courses, which provide WMD (weapons of mass destruction) Threat and Risk Assessment training through cooperation with the U.S. Office for Domestic Preparedness and the National Emergency Response and Rescue Training Center.

Related note: Mississippi's Gulfport-Biloxi International Airport will soon be receiving new prototypical explosive-trace-detection equipment provided by the Transportation Security Administration of the Department of Homeland Security. The Reveal Explosive Detection System units are expected to be installed within the next several months. Gulfport-Biloxi is the smallest of three U.S. airports to be selected for installation of the units; the other two are Newark Liberty International in New Jersey, and John F. Kennedy International in New York.

DomesticPreparedness.com Highlights: A periodic listing of some of the more important U.S. government announcements, press releases from private-sector DomPrep.com contractors and organizations, and other news – including a future-events calendar – in the fields of domestic preparedness, homeland security, and terrorism and counterterrorism. For additional information about any or all of the following – AND MUCH, MUCH MORE – visit the DomesticPreparedness.com website.

Grants:

Department of Homeland Security (DHS) Announces That 2005 Assistance to Firefighters Grant Program Applications Are Now Being Accepted, *Tuesday, March 15, 2005*
Application Period Now Open: March 7, 2005 - April 8, 2005.

Department of Homeland Security Announces $91.3 Million in Buffer-Zone Protection Program Grants, *Saturday, March 05, 2005.*
The U.S. Department of Homeland Security today announced $91.3 million in grant funding to protect and secure areas surrounding critical infrastructure and key resource sites such as chemical facilities, dams, and nuclear plants across the country.

Federal Government Updates:

Remarks by Secretary of Homeland Security Michael Chertoff on the Future Direction of the Department, *Wednesday, March 16, 2005*
Our strategy is, in essence, this: To manage risk in terms of these three variables - threat, vulnerability, and consequence; [and] to prioritize according to these variables to fashion a series of preventive and protective steps that increase security at multiple levels.

U.S. Customs and Border Protection Announces New Admission Stamp Design for U.S. Visitors, *Saturday, March 05, 2005*
The new stamp was designed with special security features that make it more difficult for counterfeiters to alter travel documents.

Industry Reports:

Bulldog Technologies Announces LOI with iComPort of Iraq After Successful Pilot of TankerBOSS(tm), *Wednesday, March 16, 2005*
Bulldog and iComPort enter into exclusive business relationship to be sole reseller of the TankerBOSS(tm) Solution for the Oil Ministry of Iraq.

CENUCO: MobileMonitor Now Available on 25 BREW(R) Handset Models, *Thursday, March 10, 2005*
Special MobileMonitor retail package available in Latin America enables viewing of live, streaming video via cell phones.

MSA Announces Successful Completion of HAZMATCAD Plus* Homeland Security Technology Verification Testing, *Thursday, March 10, 2005*
Testing protocols and verifies the performance of innovative technologies that have the potential to improve the protection of human health and the environment.

America's Crumbling Infrastructure Eroding Quality of Life, *Wednesday, March 09, 2005*
Report Card Assesses Condition of Nation's Infrastructure.

Calendar of Future Events:

Global Security Asia 2005
Event Dates: Monday, March 28, 2005 to Thursday, March 31, 2005
Location: Singapore Expo.
A technology- and solutions-driven international exposition focusing on Homeland Security and Asymmetric Defense in the Asia Pacific Region.

International Law Enforcement Educators and Trainers Association Conference & Expo
Event Dates: Tuesday, March 29, 2005 to Saturday, April 02, 2005
Location: Chicago, IL
Developed for criminal-justice instructors, this conference has a two-pronged focus: keeping officers alive and safe from harm, and improving instructional delivery to criminal-justice professionals.

The Balancing Act for 2005 and Beyond: Homeland Security, Consolidation, and Outsourcing Forecasting IT
Event Dates: Tuesday, March 29, 2005 to Wednesday, March 30, 2005
Location: Fairview Park Marriott, Falls Church, VA
Forecasting public-sector IT spending has never been so challenging. Limited IT funds combined with the competing and sometimes conflicting priorities of outsourcing, enterprise architecture, and security will challenge government IT leaders for the remainder of the decade.

Maritime Homeland Security 2005
Event Dates: Wednesday, March 30, 2005 to Thursday, March 31, 2005
Location: Charleston, SC
Promoting Future Readiness & Port Security

Chemical & Biological Detection

Featuring Flame Spectro-photometry Detection:

- All G Agents (GA, GB, GD, GF, GE, etc.)
- All V Agents (VX, VE, VG, VS, VN, etc.)
- HD Agents
- Homemade Agents (terrorist)
- Vapor, Aerosol, Liquid & Blister Forms
- High Sensitivity
- Fast Response Time at Best Sensitivity (2s for 1,5 ppb)
- Start-Up Under 20 seconds
- Fast Recovery Time
- Simultaneous Detection
- Rough Condition Performance
- No Shelf Cost

AP2C Handheld Portable Alarm Detector

Unique All Surface Liquid Handheld Detector (example VX)
Detects: blister forms, precursors of chemical warfare
Detects on: skin, blood, urine, sweat (exclusive medical application)

Applications Include:

Control of contaminated and decontaminated areas,
Chemical disarmament, water contamination control,
Medical sorting of casualities

APACC Alarm Monitoring Agent Dose Meter Detector

Agent Dose Meter
Remote Control
Software
Sound and Visual Alarm
Network Capabilities
Remote Control & Display up to 1km

Applications Include:

Advanced NBC teams
Security perimeter monitoring systems
CW weapons storage area, etc.

PROENGIN

The Protection of Detection

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Please see the SBCCOM Report at:
http:/hld.sbccom.army.mil/ip/reports.html#detectors.com