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JUNE 2007

Disaster

PREPAREDNESS

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This issue features

Hurricanes



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KNEW WHAT TO DO. WE HAD EMERGENCY
SUPPLIES ON HAND. AND AS A COMPANY,
WE MADE IT THROUGH HURRICANE CHARLEY
BECAUSE WE HAD A PLAN."

CHARLES G. BROWN, President & CEO,
Charlotte State Bank, Port Charlotte, FL



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Communication and information are essential for effective planning and response to emergencies. While the Internet has emerged as the leading platform for rapid access and exchange of information, its potential for public safety and disaster response by the general public has not yet been fully realized. Kido Systems, Inc. plans to change that. As an Internet-based system, Kido plays a vital role in providing individuals, families and businesses with the information, guidance and tools to effectively plan for and respond to a specific natural or man-made disaster.



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Kido Broadcasting — Radio and television stations that create content and acquire the right to broadcast taped television and radio programs. The Kido TV and Radio Channels will be broadcasting live 24/7 news stories from around the world that are related to disasters and preparedness, live and taped interviews, educational programs and other related talk shows and investigating reports. In addition, Kido television will be available over the internet via live streaming, which will be free and available to all.



MAGAZINE

Kido Magazine — A printed magazine with an online version that covers all aspects of natural and man-made disasters and provides comprehensive news articles, analysis and opinions. It is organized in such a way that it can be used as a reference source or as a step-by-step manual with professional comments, ideas, tips and valuable advice.



SEMINARS

Kido Seminars — The Disaster Experience is a series of seminars involving a wide variety of scenarios designed to give participants hands-on experience in dealing with unexpected natural and man made disasters. Students enhance their crisis communications and decision making skills while gaining the knowledge to improve their own continuity planning and response capabilities.



Kido Systems Inc.
2101 Silver Leaf Ct.
Longwood, FL 32779

407.389.0422
FAX: 407.772.0619
www.kidosystems.com
EM: info@kidosystems.com

HURRICANES, ARE YOU READY?

A hurricane is a type of tropical cyclone, the generic term for a low pressure system that generally forms in the tropics. A typical cyclone is accompanied by thunderstorms, and in the Northern Hemisphere, a counterclockwise circulation of winds near the earth's surface.

All Atlantic and Gulf of Mexico coastal areas are subject to hurricanes or tropical storms. Parts of the Southwest United States and the Pacific Coast experience heavy rains and floods each year from hurricanes spawned off Mexico. The Atlantic hurricane season lasts from June to November, with the peak season from mid-August to late October.

Hurricanes can cause catastrophic damage to coastlines and several hundred miles inland. Winds can exceed 155 miles per hour. Hurricanes and tropical storms can also spawn tornadoes and microbursts, create storm surges along the coast, and cause extensive damage from heavy rainfall.

Hurricanes are classified into five categories based on their wind speed, central pressure, and damage potential (see chart). Category Three and higher hurricanes are considered major hurricanes, though Categories One and Two are still extremely dangerous and warrant your full attention.

Hurricanes can produce widespread torrential rains. Floods are the deadly and destructive result. Slow moving storms and tropical storms moving into mountainous regions tend to produce especially heavy

rain. Excessive rain can trigger landslides or mud slides, especially in mountainous regions. Flash flooding can occur due to intense rainfall. Flooding on rivers and streams may persist for several days or more after the storm.

Between 1970 and 1999, more people lost their lives from freshwater inland flooding associated with land falling tropical cyclones than from any other weather hazard related to tropical cyclones.

Naming the Hurricanes

Since 1953, Atlantic tropical storms have been named from lists originated by the National Hurricane Center and now maintained and updated by an international committee of the World Meteorological Organization. The lists featured only women's names until 1979. After that, men's and women's names were alternated. Six lists are used in rotation. Thus, the 2001 lists will be used again in 2007.

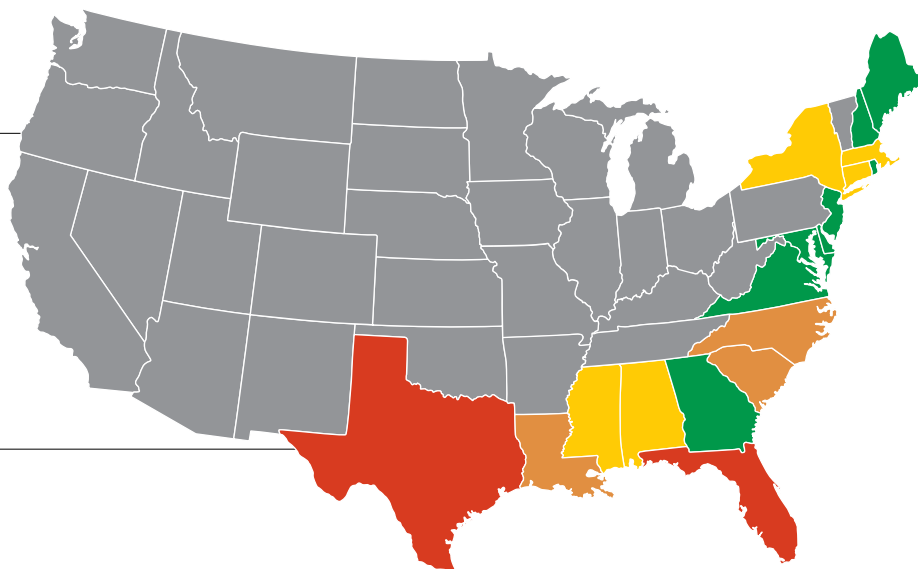
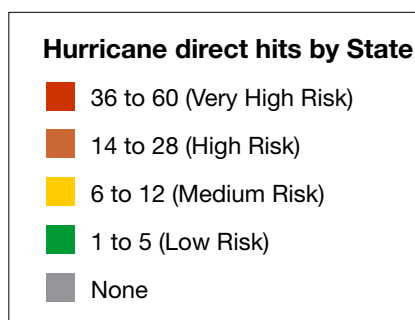
The only time there is a change in the list is if a storm is so deadly or costly that the continued use of the name would be inappropriate for reasons of sensitivity. When this occurs, the name is stricken from the list and another name is selected to replace it.

Sometimes names are changed. Lorenzo replaced Luis and Michelle replaced Marilyn. The complete lists can be found at www.nhc.noaa.gov under "Storm Names."

Saffir-Simpson Hurricane Scale

Scale Number (Category)	Sustained Winds (MPH)	Damage	Storm Surge
1	74-95	Minimal: Unanchored mobile homes, vegetation and signs.	4-5 feet
2	96-110	Moderate: All mobile homes, roofs, small crafts, flood.	6-8 feet
3	111-130	Extensive: Small buildings, low-lying roads cut off.	9-12 feet
4	131-155	Extreme: Roofs destroyed, trees down, roads cut off, mobile homes destroyed. Beach homes flooded.	13-18 feet
5	More than 155	Catastrophic: Most buildings destroyed. Vegetation destroyed. Major roads cut off. Homes flooded.	Greater than 18 feet

Hurricane direct hits on the Continental United States





Know the Terms

Familiarize yourself with these terms to help identify a hurricane hazard:

Tropical Depression: An organized system of clouds and thunderstorms with a defined surface circulation and maximum sustained winds of 38 MPH (33 knots) or less. Sustained winds are defined as one-minute average wind measured at about 33 ft (10 meters) above the surface.

Tropical Storm: An organized system of strong thunderstorms with a defined surface circulation and maximum sustained winds of 39–73 MPH (34–63 knots).

Hurricane: An intense tropical weather system of strong thunderstorms with a well-defined surface circulation and maximum sustained winds of 74 MPH (64 knots) or higher.

Storm Surge: A dome of water pushed onshore by hurricane and tropical storm winds. Storm surges can reach 25 feet high and be 50–1000 miles wide.

Storm Tide: A combination of storm surge and the normal tide (i.e., a 15-foot storm surge combined with a 2-foot normal high tide over the mean sea level created a 17-foot storm tide).

Hurricane/Tropical Storm Watch: Hurricane/tropical storm conditions are possible in the specified area, usually within 36 hours. Tune in to NOAA Weather Radio, commercial radio, or television for information.

Hurricane/Tropical Storm Warning: Hurricane/tropical storm conditions are expected in the specified area, usually within 24 hours.

Short Term Watches and Warnings: These warnings provide detailed information about specific hurricane threats, such as flash floods and tornadoes.

Take Protective Measures

Before a Hurricane

To prepare for a hurricane, you should take the following measures:

- Make plans to secure your property. Permanent storm shutters offer the best protection for windows. A second option is to board up windows with 5/8" marine plywood, cut to fit and ready to install. Tape does not prevent windows from breaking.
- Install straps or additional clips to securely fasten your roof to the frame structure. This will reduce roof damage.
- Be sure trees and shrubs around your home are well trimmed.

- Clear loose and clogged rain gutters and downspouts.
- Determine how and where to secure your boat.
- Consider building a safe room.

During a Hurricane

If a hurricane is likely in your area, you should:

- Listen to the radio or TV for information.
- Secure your home, close storm shutters, and secure outdoor objects or bring them indoors.
- Turn off utilities if instructed to do so. Otherwise, turn the refrigerator thermostat to its coldest setting and keep its doors closed.
- Turn off propane tanks. Avoid using the phone, except for serious emergencies.
- Moor your boat if time permits.
- Ensure a supply of water for sanitary purposes such as cleaning and flushing toilets. Fill the bathtub and other large containers with water.

You should evacuate under the following conditions:

- If you are directed by local authorities to do so. Be sure to follow their instructions.
- If you live in a mobile home or temporary structure—such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground.
- If you live in a high-rise building—hurricane winds are stronger at higher elevations.
- If you live on the coast, on a floodplain, near a river, or on an inland waterway.
- If you feel you are in danger.

If you are unable to evacuate, go to your wind-safe room. If you do not have one, follow these guidelines:

- Stay indoors during the hurricane and away from windows and glass doors.
- Close all interior doors—secure and brace external doors.
- Keep curtains and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm - winds will pick up again.
- Take refuge in a small interior room, closet, or hallway on the lowest level.
- Lie on the floor under a table or another sturdy object.



From The Editor's Desk

In this issue of *Disaster Preparedness* our staff writers and contributors have provided the reader with timely and strategic information on the changing status of terrorism, technology enhancements, and hurricane related disaster preparedness.

Tricia Snell tells us about the plight of pregnant mothers during major disasters. We discover if there really is a plan to protect them. Marie Rossiter explains why and how faith-based organizations played such a vital role in the emergency response to Katrina. Phil Marley takes us through a sober journey as he describes the coping process with losing everything a person owns in a disaster.

Dr. Greg Forbes goes behind the scenes and explains what the enhanced Fujita scale is and gives a glimpse of the weather hero who invented it. We discover a ten-year-old concept called the Metropolitan Medical Response System, its impact on homeland security efforts, and why it may soon be gone. And Dr. James Carafano describes the concept of net assessment and the homeland security planning deficit.

Additional information how terrorism affects our oil supply and the current status of the national Bio Shield program are included in this edition. Also, we dig into how chlorine affects our children everyday and ask the question, "What should be done about it?" Now that

chlorine is being used in Iraq for improvised explosive devices, will the substance cause the mothers of America to unite before disaster strikes here in the U. S.?



Finally, there is some great insight into the affect of global warming on homeland security by Dr. Richard Matthew and Anssi Kullberg opens our eyes about what is really going on in some key foreign countries that will ultimately affect our security.

Remember to write and express your views about the stories we present. We appreciate your thoughts and opinions. It's all part of making *Disaster Preparedness* the best learning tool it can be. The ultimate goal is a safer nation through educated citizens and better preparedness through understanding and using today's changing technology.

William (Bill) H. Austin
baustin@kidomagazine.com



Make sure your family has enough water and nonperishable food to last for at least three days in the event of an emergency.

To learn more, go to ready.gov



Contributors of the Month



Dr. Richard A. Matthew

Director of the Center for Unconventional Security Affairs

Richard A. Matthew (PhD Princeton) is Director of the Center for Unconventional Security Affairs (www.cusa.uci.edu) and Associate Professor of International and Environmental Politics in the Schools of Social Ecology and Social Science at the University of California at Irvine. He is also the Senior Fellow for Security at the International Institute for Sustainable Development (IISD); a member of the World Conservation Union's Commission on Environmental, Economic and Social Policy; and a member of the Homeland Security Advisory Council (Region 1). Recent books and co-edited volumes include *Contested Grounds: Security and Conflict in the New Environmental Politics* (SUNY Press: 1999); *Dichotomy of Power: Nation versus State in World Politics* (Lexington: 2002); *Conserving the Peace: Resources, Livelihoods, and Security* (IISD: 2002); *Reframing the Agenda: The Impact of NGO and Middle Power Cooperation in International Security Policy* (Praeger: 2003); and *Landmines and Human Security: International Relations and War's Hidden Legacy* (SUNY Press: 2004).

E-mail: rmatthew@kidomagazine.com



Dr. Greg Forbes

Severe Weather Expert - The Weather Channel

Dr. Forbes deals with dangerous thunderstorm weather hazards such as tornadoes, damaging winds, hail, floods, and lightning. He received the M.S. and Ph.D. at the University of Chicago where he studied tornadoes and severe thunderstorms under Dr. T. Theodore Fujita, world-famous for his invention of the F-scale used to rate tornadoes and for his discovery of intense thunderstorm downdrafts called microbursts. Dr. Forbes' thesis research involved studies of the 1974 Superoutbreak, the worst outbreak of tornadoes in U.S. history.

E-mail: gforbes@kidomagazine.com

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Editorial

Publisher Kido Systems, Inc.
Managing Editor..... William Austin
Art Director.....Geoff Hastings
Production Manager..... Dave Longreen
Subscriptions.....Denise M. Moore
Advertising..... Loren Bannis

info@kidosystems.com
baustin@kidomagazine.com
ghastings@kidomagazine.com
production@kidomagazine.com
subscription@kidomagazine.com
advertising@kidomagazine.com

Kido Systems, Inc.

2101 Silver Leaf Ct. Longwood, FL 32779

Tel: 407.389.0422 Fax: 407.772.0619

Web site: www.kidosystems.com Email: info@kidosystems.com

Amit Schlesinger, President & CEO

aschlesinger@kidosystems.com



Contributors



Peter Brookes

Senior Fellow for
National Security Affairs



Chief Jim Harmes, CFO

Fire Chief,
Grand Blanc Fire Department
President- International Association
of Fire Chiefs



Dr. James Jay Carafano

Senior Fellow for The Allison
Institute for International Studies



Mr. Bill Austin - M.A.,

Fire Chief,
West Hartford Fire Department



Dr. Kevin G Coleman

Certified Management Consultant
Spy - Ops



Ted Brown

President & CEO
KETCH Consulting



Anssi Kullberg, MSc.

Research Group for Conflicts
and Terrorism



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The magazine that keeps you safe

Everything you need to prepare, respond and recover from natural and man-made disasters.

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Kido Systems Inc.
2101 Silver Leaf Ct.
Longwood, FL 32779

407.389.0422
FAX: 407.772.0619
www.kidosystems.com
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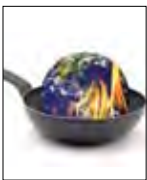
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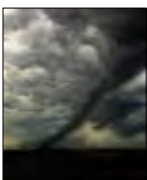
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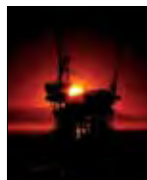
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Coping with Losing It All

When a Hurricane Costs you
Everything, What Next?

By Phil Marley

Any emergency is traumatic, but hurricanes exponentially increase the problems survivors face. A house fire might mean you lose your home, but when the fire is out you can sleep at your neighbor's house. In the days to come you can find shelter at a local hotel, food at a local restaurant and support at a local church. The police department is there to provide security and the fire department will do its best to save anything that remains of your property.





Now imagine that a hurricane wipes out not just your house, but your whole town or city. Suddenly you have no neighbors – they’re in the same situation you are, huddled in a storm shelter. When the winds die down, you find the local hotel is gone. The local restaurant is demolished. The church has been flattened. Your nearest assistance may be in the next town, possibly even the next state. You have no transportation – your car and the garage it was in have been wrecked. With thousands of people trying to evacuate the city, your local police force is overwhelmed – there’s no one to provide guidance, let alone security. You’re forced to abandon what remains of your house to further damage and looters.

Imagine taking in this situation in just a few seconds as you emerge into the light from your cellar. You face a long journey

– probably on foot. If you didn’t prepare scrupulously, you may have no food or clean water for yourself, your children or your pets. You may have been injured during the hurricane or have lost vital medication for an existing condition.

When you eventually reach the nearest aid shelter, you’re likely to face long queues for limited supplies. Temporary housing will have few of the comforts of home, and ‘temporary’ can mean weeks or months (almost a year after Katrina struck nearly 100,000 people were still living in trailers provided by FEMA).

Shattered Lives

If your place of work was destroyed, you may be out of work for months or, if your

employer wasn’t properly insured, forever. If you run a business, you have employees to think about as well as yourself. Either way, you won’t be seeing a paycheck in the near future. Unfortunately, this doesn’t mean that your car or mortgage payments don’t need to be paid. Foreclosures and repossessions start to become a real possibility. Of course, there are government aid schemes available, but applying for them – or even trying to file for bankruptcy – can be next to impossible when stranded in a shelter outside your home state. Your financial records have probably been destroyed and even if you could fill out the necessary forms, the federal courthouse may have been another victim of the hurricane (as happened with multiple courthouses in the wake of Katrina).

So far we’ve only counted the material losses and inconvenience. What about the

harder to measure impacts, like losing every family photograph, every home movie, every child's drawing and every family heirloom you possessed. What about the impact on your children's education when they have to move to a new school in a new city partway through a semester, having lost all of their books and coursework? What if the stress causes fractures in your relationship? After Katrina, divorce rates rose by 7-10% in many of the parishes where survivors settled.

The National Center for Post-Traumatic Stress Disorder has found that hurricanes that destroy communities – such as Katrina and Rita – leave 25-30% of their survivors with anxiety disorders.

The Mental Impact

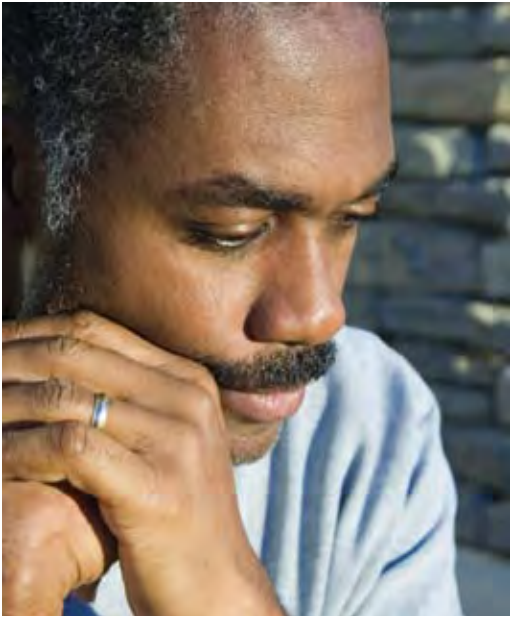
Couple this with the fact that survivors stand a good chance of having lost a friend or loved one to the disaster and it's easy to see why psychological damage is so common. Displacement adds to the problems. Researchers looking at the mental health impact of 9/11 found that it was members of supportive communities who tended to be most resilient. These survivors largely stayed in their homes: contrast this with Katrina, whose survivors were dispersed across all 50 states. It's not surprising, then, that The National Center for Post-Traumatic Stress Disorder has found that hurricanes which destroy communities – such as Katrina and Rita – leave 25-30% of their survivors with anxiety disorders. Post-Traumatic Stress Disorder (PTSD) is particularly common. In the worst hit areas almost a third of the population will require professional treatment.

Given the scale of hurricanes Katrina and Rita, this adds up to close to a quarter of a million people who will likely experience significant mental health problems. A number of studies over the years have found that



If Disaster Strikes

- Remain calm and patient.
- Put your plan into action.
- Check for injuries.
- Give first aid and get help for seriously injured people.
- Listen to your battery powered radio for news and instructions
- Evacuate, if advised to do so.
- Wear protective clothing and sturdy shoes.
- Check for damage in your home.
- Use flashlights; do not light matches or turn on electrical switches, if you suspect damage.
- Check for fires, fire hazards and other household hazards.
- Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- Shut off any other damaged utilities.
- Clean up spilled medicines, bleaches, gasoline and other flammable liquids immediately.
- Confine or secure your pets.
- Call your family contact; do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Make sure you have an adequate water supply in case service is cut off.
- Stay away from downed power lines.



roughly 30% of hurricane survivors are left with disorders including PTSD and Major Depressive Disorder. Not surprisingly, the rates are higher in children (among survivors of one school badly hit by Hurricane Andrew, 56% showed PTSD symptoms).

Left without Help

While PTSD is treatable, (and very effectively so, given proper therapy), hurricane victims can find it extremely difficult to get treatment. Mental health needs are often pushed to the bottom of the list behind necessities like food, shelter and clean water, both by the authorities and the survivors themselves. It's easy to see why this happens in the short term, but in the longer term a failure to address the mental impact of the hurricane can leave tens of thousands of people in distress. In the four months after Katrina, the suicide rate in New Orleans rose by 300%. The Center for Disease Control found that although 26% of residents felt there was at least one member of their family who needed counseling, less than 2% were actually getting help.

One issue is that those most able to help are themselves affected by the hurricane. In

Katrina's case, only 22 of the 196 practicing psychiatrists had returned to New Orleans by spring of the following year. Despite children being particularly hard hit by mental health problems, by July there were still only 10 mental health pediatric and youth beds available in the whole of the city.

In Katrina's case, only 22 of the 196 practicing psychiatrists had returned to New Orleans by spring of the following year.

Hope for the Future?

Will the situation improve for future hurricane survivors? The best hope may come not from disaster-specific legislation but from wider-ranging changes to the way we fund mental health treatment – especially since many health professionals feel that our current provisions are substandard. Bill S.558, introduced earlier this year, requires insurers to offer comparable benefits for treating mental and physical disorders. It was passed by the Senate Committee in February and is currently scheduled for debate. Will it eventually pass? In a country forever changed by Katrina, our best hope is that we can learn from our mistakes





One more reason to subscribe

In the July issue of *Disaster Preparedness* magazine our attention will turn to the nation's **medical preparedness capabilities**. In addition to articles on terrorism, technology, and leadership issues, we look at the emergency response problems created by the mass deployment of National Guard troops overseas. Are states creating their own homeland security forces to deal with the shortage? Do you know how a pandemic flu outbreak could affect your grocery shopping? We will explain. And finally, does "YouTube" have a role to play in homeland security? Find all this and more in the exciting July issue of *Disaster Preparedness*. See you there!



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Spoiling Surprise

A Preparedness
Imperative

By James Jay Carafano



No plan survives contact with the enemy. It's a famous dictum military planner's live by—and sound advice as well for anyone dealing with disasters, physical security, or public safety. The Pentagon talks about the “fog of war,” the unpredictable, accidental, unexpected events that usually muck-up everything as soon as the battle begins. Civilian responders and law enforcement often face similar dynamics at a disaster scene. While a plan is inadequate to respond to a crisis, planning is essential. As a British officer who participated in the 1982 invasion of the Falklands told me, “never fight a no plan war.” Thinking hard about the unthinkable is the best preparation for responding to uncertainty.

Preparing for the next disaster is hard enough for a crisis that can be anticipated, it is doubly difficult for predicting new threats, dangers, and challenges that have yet to present themselves. Here a lesson can be learned from the military as well. For decades, top Pentagon management has not had the time

to think deeply about long-term trends or threats that have not even begun to emerge. Instead, it has relied on a small office to do the job—the Office of Net Assessment. The office offers senior leaders insights and new perspectives on an uncertain future by conducting studies and engaging top intellectuals and cutting-edge thinkers in many fields.

The free-thinking, speculative nature of net assessment offers senior leaders a disciplined process to expand their thinking horizon beyond the immediate environment and timeframe. It begins with a premise—all national security challenges are a series of actions and counteractions between competitors—and ask how these competitions might progress in the future. Net assessment offers a comprehensive, multi-disciplinary approach to analysis, looking at the full range of factors that shape and alter the security environment of the future, including social, political, technological, and economic trends.

The net assessment method employs diverse tools to enrich understanding of the nature of competition. Analytical fields as diverse as economics, real estate, and marketing use some of the tools of net assessment, including systems analysis and game theory, to interpret competitive environments. Net assessment encourages senior leaders to consider unexpected outcomes that emerge from unforeseen and unappreciated factors. While game theory and systems analysis generate likely outcomes, net assessment does not assume that players “follow the rules” and react in predictably uniform ways. The consistent thread among these methods is that they deal in speculation about the unknown.

The Outside Thinkers Inside the Pentagon Box

The Pentagon has had an Office of Net Assessment since 1973. The office utilized case studies, statistical analysis, gaming, and political, socioeconomic, and cultural

analysis to provide net assessments of Soviet capabilities and U.S. countermeasures. They became adept at creating novel what-if scenarios that no one else considered, scrutinizing environmental and demographic conditions within Soviet society that would influence overall Soviet strategy, foreseeing many of the consequences that led to the Soviet collapse in 1991. The office continues to have a significant impact on senior leader decision-making. It was an early proponent of military transformation. In addition to immediate influence on senior leaders, the office has trained a number of the nation's most respected defense analysts in net assessment methodology. They, in turn, today serve in government, research institutions, and academia, providing a cadre of scholars skilled in understanding the complex challenges of national security decision-making.

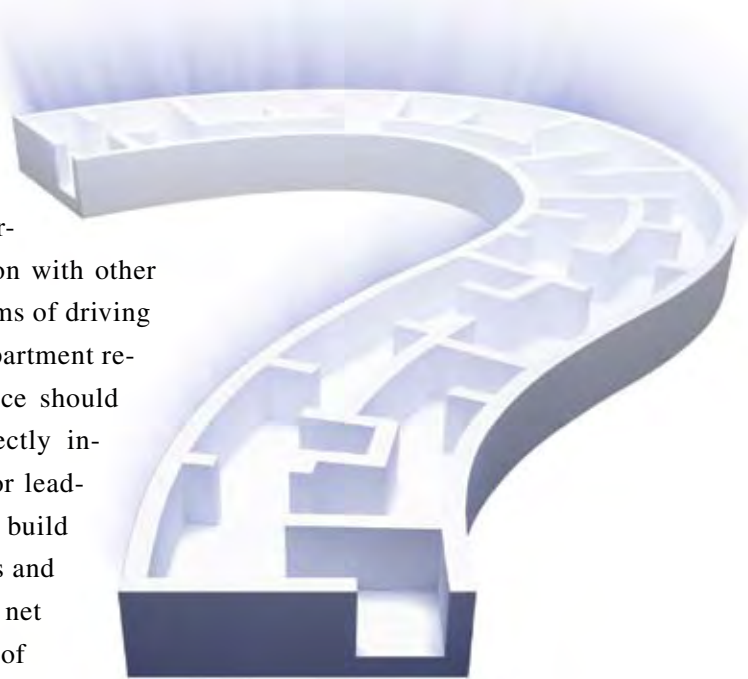
Strategic Assessment and Homeland Security

One of the critical findings in the 9/11 Commission's final report was that America's defense against terrorism suffered from a "lack of imagination," with gaps between intelligence agencies and the lack of coordination among the intelligence and law enforcement communities creating a space for terrorist cells to operate on U.S. soil. The events of 9/11 have presented those that protect the homeland with the challenge of predicting the unpredictable.

Yet no office in the Department of Homeland Security conducts net assessment in a department-wide, comprehensive, systematic manner. This is not just a problem for the department and its domestic constituents. It is a dangerous deficit in national security. A homeland security office that could integrate intelligence on external threats and target vulnerabilities would also require cooperation and integration with the current U.S. intelligence community.

Homeland security should establish a net assessment office. Key to creating a successful office is ensuring that the office remains nonpartisan, small, flexible, and responsive and is not perceived as being in competition with other parts of the department in terms of driving policy or the allocation of department resources. In addition, the office should be tasked not just with directly informing the thinking of senior leaders, but also with helping to build a national network of scholars and analysts skilled in applying net assessment to the challenges of homeland security.

The department's office should be staffed by a core of career-service intellectuals, skilled at asking probing and imaginative questions and armed with sufficient resources to commission top researchers around the country to collaborate on conducting cutting-edge analysis. In addition, the office should have a fellows program that will enable the department to bring some of the nation's finest post-doctoral students, private sector innovators, and state and local government officials into the office for two year fellowships to learn the skills of homeland security assessments. This program will provide the foundation for developing a national cadre of thinkers skilled at applying net assessment to homeland security. At the same time, the office should work closely with relevant federal agencies, the public and private sectors, and international partners on collaborative projects.



Collaborative projects will ensure that net assessments exploit the best practices from around the world and incorporate the knowledge of the many.

Time for Action

America is in a long war, battling transnational terrorism. Requirements to anticipate and respond to all sorts of natural and man-made disasters will be enduring as well. Thinking long and hard about these strategic challenges is well worth doing. Establishing an office to focus on long-term challenges and the unexpected surprises the future may hold just makes sense.

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Global Climate Change

and its Security Implications

By Richard Matthew

So far this year, the Intergovernmental Panel on Climate Change (IPCC) has released three reports. To prepare these reports, thousands of scientists from around the world poured over all of the peer-reviewed research conducted since 2001, when the last assessment was published. The scientists synthesized the findings of this complex literature, and presented it to the world with careful estimates of how much certainty we can attach to each claim. Commentators are in wide agreement that these reports are extremely well done—they tell us exactly what scientists are discovering about human impact on the planet's climate system.

What they are discovering is that climate change—or global warming—is significantly the result of people burning vast quantities of fossil fuels. Fossil fuels create greenhouse gases. These trap solar heat in the earth's atmosphere. The oceans warm up. The land warms up. Glaciers melt. Polar ice melts. Big changes start to take place across the earth's surface.





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The heat waves that killed 600 people in Chicago in 1995 (the worst disaster of this kind in American history), and 225 people nation-wide in 2006, are consistent with the predictions of climate change. So are the



hurricanes like Katrina, Charlie and Rita that have been lashing the Atlantic Seaboard and the Gulf of Mexico in the past decade. More hurricane damage has been inflicted in the past five years than in the previous hundred. And the worst forest fires in our



history? Alaska in 2005, southern California in 2003 and the western U.S. in 2002 head the list. Some scientists are predicting that the American southwest may be on the verge of a dust bowl similar to the one that took place in the 1930s.



Climate change scientists are not surprised by any of this. They have been sounding louder and louder alarms since the first IPCC report was published in 1990. What surprises scientists the most, I think, is that we have done so little in the past two decades to mitigate our impact on the global climate system.

Perhaps we Americans feel confident that we can weather the worst storms, drought, heat waves and fires that nature can throw at us. Perhaps we are not unsettled by 600 heat-related deaths in Chicago, \$96 billion of hurricane damage in New Orleans, or the loss of 5 million acres of forest to fires in Alaska. Or perhaps, as a people, we have been slow to react because we have been subjected to a lot of conflicting—and often inaccurate—messages about what is going on and what we can do about it. If this is the case, there are good reasons to take stock of what has already happened, read through the IPCC reports, and consider the risks we run if we continue to take this matter lightly.

The reasons for concern extend far beyond the severity of the storms and droughts that will afflict much of our country in the years ahead. In 2007 a prestigious military board of retired generals and admirals released a study entitled *National Security and the Threat of Climate Change*. Their conclusion: “Projected climate

change poses a serious threat to America’s national security.” Climate change, the authors of the report argue, will multiply instability in the world’s most volatile regions and add tensions even to the world’s stable nations.

The relationships are not complicated to understand. Drought, for example, undermines agricultural activity, which is the main occupation of people in volatile areas like Afghanistan, much of South Asia and large swaths of Africa. In response to drought, some people migrate in search of jobs. But sudden influxes of poor people from another country or region can trigger or amplify ethnic violence, introduce new diseases, place pressure on local resources, and lead to higher levels of criminal and gang activity. Other people turn to the drug or sex trade to survive. Some people take up arms and turn against their neighbors in a mad effort to control the land and wa-

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ter that remain viable. Still, others have no choice but to escape despair and violence by moving into refugee camps.

We cannot ignore this set of relationships. In our interconnected world, our interests and values are affected when people turn to crimes like internet fraud, drug trafficking and human trafficking. We can and do find ourselves and our allies the targets of violence when desperate people are mobilized into terrorism and other forms of political violence by extremists. As a Western superpower, we have moral obligations to care about those in need.

It is also possible, and some climate change scientists worry about this a great deal, that the world will suddenly hit a tipping point and the scale of flooding, drought and heat waves will overwhelm even our superpower

capacity to respond. This could throw our government into confusion and our citizens into disarray as we try to reorient ourselves in a radically transformed and inimical environment.

By acting now to reduce greenhouse gas emissions we will start to blunt the fury of nature. We will gain experience managing severe weather events. We will be able work with our allies to find solutions to the challenges facing the world's volatile areas. We will start the process of migrating away from that tipping point.

Remarkably, the first steps along this path are well within our grasp--mitigation measures to reduce inefficiencies by using proven green technologies and making minor lifestyle adjustments. Shave a thousand pounds off all of our trucks and SUVs. Car pool. Turn off



the air conditioner. Use compact fluorescent light bulbs. Never before has our national security and the future of the planet been so closely linked to the decisions being made in every household in the country. Acting now will not only protect our democracy—it will be a real demonstration of its greatness.



First Responders

How do they handle the stress?

By Marie Rossiter



In the midst of disaster, first responders (fire, police, and emergency medical personnel) move seamlessly from their ordinary lives to extraordinary action. It is easy to understand why the role of first responder can be glorified in the eyes of the media and community. Whether it's the firefighter who rescues a child from a burning building, an EMT who treats critically injured victims of a tornado, or a search and rescue team that digs through the rubble of a collapsed building, they all have one goal in mind: to save lives and property. With a sharper focus placed on first responders as a result of tragedies such as the Oklahoma City bombing, 9/11, Hurricane Katrina and the recent shootings at the Virginia Tech campus, some may wonder, "Are first responders on verge of a breakdown?"

For those who work as and/or train first responders, this is a tricky question. "As with any job, first responders need to focus on general stress management and ways of coping with their job," said Dr. Tom Holzman, counseling consultant and retired professor. "This is not a new concept at all. This has been around since before 9/11, and Katrina;

however, these events have helped to reinforce these ideas."

First responders are often tagged as heroes; they appear to have superhuman abilities by rushing to the aid of others with little or no thought of their own well-being. For most people, it would seem impossible not to react to a crisis situation with some level of fear or anxiety. Yet, first responders are, indeed, human. The difference between first responders and others lies within specialized training. "They [first responders] experience many of the same emotions as anyone else in such situations" explained Dr. Grady Bray, a leading disaster psychologist, "but they have learned to separate out or postpone the emotional intensity in order to complete their tasks. Responders still need to experience their emotions and work through the psychological impact of a disaster or crisis but can not afford the luxury of completing these tasks immediately."

According to Dr. Holzman, the typical first responder is able to handle the physical and emotional challenges of the job. "They come from a variety of areas and are usually peo-

ple who are type-A personality. They can be driven and like to be in control. Basically they are doers, people who like to get things done. Most of them come into the field with good intentions, wanting to help people and have an affect on the environment." Holzman stresses that these are general descriptions only of this group. "Everyone is different," he said. "But, on the whole, many of them fit at least some of this description."

Preparation and planning before a crisis situation is the key to success when it comes to how well first responders cope with the burdens of their job. Dr. Bray confirmed that strategies to prepare before events as well as during the events need to be practical and realistic. "Those who have been prepared with sound research information, practical interventions, realistic drills and applicable exercises perform much better during the event and recover more quickly afterwards. Education and training prior to an event are critical since they prepare the responders with information concerning normal and natural reactions to critical events as well as an awareness of abnormal reactions."

But, preparation is only half of the equation. Even with the best training, first responders still need to face the harsh reality of their work. “It’s very difficult to handle stress, especially when denied or delayed,” stated Holzman. “The sooner we deal with it, the better—ideally, within 72 hours is best.” One way in which many first responder agencies are accomplishing this is through a program known as Critical Incident Stress Management (CISM). CISM was developed by Dr. Jeff Mitchell in the early 1980s as a means to provide a comprehensive, systematic response to the many levels of stress emergency workers experience in the line of duty. In his *Primer on Critical Incident Stress Management* presented to International Critical Incident Stress Foundation (www.icifs.org), Dr. Mitchell outlined the 7-step program:

1. Pre-crisis preparation: setting expectations and practicing stress management in advance.
2. Demobilization and staff consultation: occurs post-crisis and allows staff to decompress.
3. Defusing: symptom mitigation/identification
4. Critical Incident Stress Debriefing (CISD): performed 1 to 7 days post-crisis event; helps facilitate psychological closure
5. Individual Crisis Intervention: continuing assistance and symptom identification for individual’s still needing help after the small group sessions.
6. Family CISM/Organization Consultation: moving communication into the family setting to help promote closure.
7. Follow-up referral: if individuals need more assistance, they can be referred for specialized mental care.

The majority of first responders are able to handle stress effectively. However, for some the culture of the job seems to promote a sense of apprehension regarding facing emotional reactions to crisis situation. “Some perceive these feelings as a weakness,” pointed out Dr. Holzman. “However, it’s best to deal with these issues right away, so they don’t come back to bite them.” Holzman cited

Post Traumatic Stress Disorder as a potential issue for those who do not take an active approach to these issues. “We’ve learned from veterans from Vietnam and women who have been sexually assaulted that the longer these situations go unchecked, the more likely bad things can happen.”

Fred Harburg, former Air Force pilot and current Managing Director for Harburg Consulting, LLC, an organization specializing in leadership, strategy and performance training described the body’s physical and mental reaction to stress. “In high demand, high threat situations such as those faced by pilots and first responders, there is an intensive need to function at one’s best to achieve the best possible outcome. In these circumstances it is a common response for an individual’s blood stream to become flooded with a variety of stress related chemicals. Cortisol and adrenalin are the natural fight or flight hormones that our body produces in the face of a perceived threat or danger. They give us the added energy, focus, and strength to respond with intensity. However, adrenaline and cortisol are also among the most insidious. These hormones increase blood pressure, and suppress

the immune system. Prolonged cortisol secretion can also cause elevated blood sugar and impaired learning ability due to damage of the brain. Repeated over-secretion of these powerful substances can prematurely age us and leave us chronically exhausted - even in a state of severe depression. It is particularly important for first responders to recover from these challenges in an adaptive rather than a self-destructive manner. Over-reliance on alcohol, nicotine, or other substances as a means of diminishing the impact of stress can dramatically exacerbate the already negative effects of the hormones in one’s system. Exercise, wholesome nutrition, an appropriate amount of sleep, and positive social interaction are adaptive methods for first responders to recover from the demands of their profession. A technique as simple as taking repeated, slow, full, relaxing breaths is a remarkably effective strategy for helping first responders to adapt effectively to these intense demands.”

With a number of major natural and man-made disasters impacting our country in recent years, it can appear that the stress levels are rising rapidly and may be reaching a boiling point. Yet,



in spite of the intense stress, turnover rates in the field are generally low and concerns of the overall state of well-being of first responders may be over exaggerated. “Unfortunately, in my opinion, all too much emphasis has been placed on workers who have been overwhelmed due to a particular vulnerability to a given situation,” said Dr. Bray. “Workers in tears and acute distress make better subjects for the media as opposed to the vast majority who are able to cope and continue—even in horrific situations.” Holzman agreed with Bray’s assessment. “PTSD does not have to be a foregone conclusion. If there is the opportunity for those involved to go in and debrief with trained people in a safe environment, most first responders will continue to progress on a day to day basis.”

Bray emphasizes the importance of not only preparation before a crisis situation but follow-up for emergency workers in the days and weeks following the event. “Exit interviews for assessment and interventions such as psychological first aid are critical to determine the emotional health and well being of responders as well as establishing the need for further more intensive care for those in need. Emergency responders should not be abandoned following an event but should have follow-up calls to make sure they continue to do well or provide additional support as needed. A typical program of follow-up might include telephone calls at one-month, three-months and six-months post incident. Experience has demonstrated the value of these calls to responders if, for nothing else, by communicating a sense connectedness.”

This connection to community is what brings most people to the world of first responders and emergency workers. “In light of all that has gone on in recent years two main things have not changed,” concluded Dr. Holzman. “The people who come to this job are altruistic; they want to help people. And, they are resilient. When well trained, they stay on the job for years and make a great impact on their community.”



Dr. Mitchell Responds

I developed Critical Incident Stress Management - a comprehensive, integrated, systematic and multi-component crisis intervention program or “package” of support services for emergency personnel as well as others. I started working on the CISM program in 1974. Today there are over 1,000 Critical Incident Stress Management teams working in 28 nations around the world. The United Nations has endorsed CISM as its primary crisis intervention strategy for its personnel throughout the world. Critical Incident Stress Management consists of pre-event preparation including crisis education and training, as well as policy and procedural development. Then there are many support services which can be offered while a traumatic event is going on. We can provide situation assessment and strategic planning programs as well as individual crisis support to individual personnel who may be showing significant signs of distress while working at the disaster or other critical incident. In addition, we offer large group information services, respite centers, consultations with command personnel and direct support to victims. Once a traumatic event ends, we can provide individual support services and large and small group crisis intervention services. There are also mechanisms

for follow-up services and referrals for those who need more help.

One of the several small group crisis intervention services in the CISM program is called the Critical Incident Stress Debriefing (CISD). It is not a stand alone process, but instead it is included within a broad package of interventions. The critical incident stress debriefing is reserved only for small groups of operations personnel who know each other and work together and have a history as a single unit. The CISD process has seven stages or phases including an introduction of the process, a brief review of the situation, a first impressions phase, a personal impact phase, a signals of distress phase, information and guidelines for recovery phase, and a summary and conclusion phase.

As a firefighter and a paramedic in the 1970s and 80s, I experienced personal pain as a result of the work and saw many other emergency personnel suffering as well. One of my buddies left the fire station after a particularly gruesome call involving a small child. He never came back again. I thought we could do a better job taking care of people in the emergency services. That is why I developed the program.

Jeff Mitchell, Ph.D.

Is the Bio Shield Plan a **FAILURE?**



Who can forget the Anthrax scares and deaths in 2001, where five people died and thousands had to be treated? This scary episode prompted the government to look at alternatives to prevent another biological invasion and threat in the future. Their solution was the BioShield plan which was approved by legislation in 2004 and was to provide a government market for medical countermeasures against a biological, chemical, radiological or nuclear attack.

It was hailed as the ‘most significant first-responder program in our nation’s history’, and has seen over \$700 million invested into an Anthrax vaccine alone. The total investment over 10 years was estimated to be \$5.6 billion to see the BioShield Plan reach fruition, an expense many Americans cannot justify.

In an article published in 2004 by *Global Security Newswire*, Rep. Jim Turner, D-Texas, the top democrat on the House Committee, felt that the BioShield Project was nothing more than an experiment. And, many other house representatives acknowledged without preparedness the whole project would fail. Now it seems that the BioShield project has hit a far greater stumbling block, negative publicity which reports the Bush Administration has failed to follow through with its original plans, costing pharmaceutical companies millions in terms of development costs. Should the BioShield plan fail, there are no alternatives - issues the BioShield development team is addressing.

The BioShield project continues to be developed through a long and arduous process. When considering the government is trying to stockpile medical vaccines and treatments, as well as antibiotics to treat pandemics, the sheer magnitude of the BioShield plan can be appreciated - especially when the nation is home to 300 million people and growing by the minute.

The current status of BioShield according to the testimony of Gerald Parker, the Principal Assistant Secretary to the Assistant Secretary for

Preparedness and Response, is the BioShield project to date has moved forth significantly. In terms of medical countermeasure stockpiles held in the SNS (*Strategic National Stockpile*), this means the following:

Radiological/Nuclear Agents:

- 100,000 treatment courses for Acute Radiation Syndrome to treat bone marrow suppression.
- Stockpiled chelating agent named 'Prussian Blue' and 'KI' or Potassium Iodine tablets that is used to counteract nuclear threat.
- 4.8 million pediatric doses of 'KI'.
- 475,000 doses of Calcium –DTPA and Zinc – DTPA, which are used to treat internally contaminated victims of Plutonium and Americium.
- Thousands of courses of growth factors that are able to combat hematopoietic (blood cell degeneration) as well as antibiotics, anti-nausea drugs and burn and blast treatments.

Bacillus Anthracis (Anthrax)

- 41 million antibiotic treatments in tablet form to treat Anthrax in stockpile, plus tens of thousands of intravenous treatments for Anthrax, Plague and Tularemia.
- 10 million doses of Anthrax vaccine in stockpile.
- Development of a third generation Anthrax vaccine that can be self-administered and stored at room temperature, aiding in preparedness.

Smallpox Vaccine

- 300 million vaccines stored.

Botulium Toxins

- Thousands of doses of antitoxin to combat the equine virus, with a further 200,000 being produced.

Pandemic Influenza

- Contracts with two dozen pharmaceutical

companies for the development of vaccines and antiviral stockpiles for the influenza pandemic.

The Department of Health and Human Services (HHS) now works in conjunction with the Department of Homeland Security (DHS) to ensure implementation of the BioShield plan in the event of biological or nuclear disaster and has also shortened the timespan for pharmaceutical proposal acceptance.

Even though the original plan for BioShield was an allocation of \$5.6 billion over 10 years, no act has officially appropriated any funding to the program. Instead, it authorized only the appropriation. Therefore, of this amount no more than \$890 million was available during 2004, with \$3.418 billion to be spent on the program up until 2008. This resulted in the president's FY2008 budget request of \$189 million for the BioShield plan, an expense many legislators feel is an unnecessary provision, especially when the DHS currently provides funding for the stockpile. According to the Honorable Jeff Flake, \$400 million was appropriated in 2003 for stockpiling activities the year prior to BioShield legislation being passed.

To many U.S. citizens, BioShield represents nothing more than another expensive marketing ploy to ensure that the government genuinely cares about biological threats. In terms of revenue, this means higher taxes, and the government ignoring how the pharmaceutical market operates. The uncertainty of the program's effectiveness means many U.S. citizens are unwilling to support such an expensive bill.

It should be noted however, when it costs approximately \$800 million after research and testing, with a timespan of 10 years, to perfect one type of vaccine it's easy to understand the expense behind the BioShield Plan.

Kendall Hoyt of *University's Belfer Center for Science and International Affairs* and Political

Scientist Stephen G. Brooks of *Dartmouth College* believe the BioShield program is an important step in the right direction to answering medical countermeasures against bioterrorism. Realistically though the price of vaccine manufacturing is more likely to cost up to 10 times the originally estimated figures. Nevertheless, when you consider the U.S. has spent some \$5.5 trillion on nuclear weapon development in the last 56 years, this may prove a small outlay.

With large pharmaceutical companies in India, Brazil, Europe, Japan, and South Korea, they no doubt are considering similar efforts to that of the U.S. BioShield plan. However, there is no evidence to support any effort quite as extensive.

The United Kingdom thought of a national smallpox vaccination program but scrapped the idea when it was deemed too hard and too expensive.

Here at home, the United States continues to pave the way for innovation. Whether or not the government has full support it has hit the biological nail on the head and needs to iron out any legislation flaws before moving on.

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Pan Flu Planning in Colleges — Are They Ready?

By Sylvia Caravotas



A pandemic can be defined as an epidemic of influenza that affects the global community; it occurs when the influenza virus mutates and renders humans to have little or no immunity against it. The impact could be catastrophic for the human race. The H5N1 highly pathogenic avian influenza virus that is prevalent throughout Asia, parts of Europe and now Africa, is being closely monitored by professionals. Even though it primarily affects birds, the virus could mutate into a highly contagious version of itself which spreads quickly between individuals, becoming in a short period of time a pandemic.

A pandemic can spread so quickly that it can affect millions. Therefore, measures and procedures need to be in place to prepare the different structures of society to respond to an influenza pandemic, such as in colleges where teachers and students interact with each other on a daily basis within a contained environment. Colleges should implement a pandemic preparedness plan and have it checked regularly to

help reduce the spread of infectious disease. In the event of a pandemic, colleges can play a major role in protecting the health and safety of students, staff and their families.

There are important habits we can all learn to prevent the spread of disease such as covering one's mouth and nose when coughing or sneezing, using tissues or a sleeve when there isn't a tissue at hand (in order to prevent spreading germs through hand contact), frequent hand hygiene with soap and water or antiseptic hand gels, avoiding people who are ill, staying at home when ill, creating a pandemic preparedness plan for the home and most importantly being informed – there is a wealth of information available on the topic.

The New York Department of Health states there are a number of factors colleges need to consider when formulating a pandemic preparedness plan such as: planning and co-ordination, communication



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strategy, continuity of college, infection control, counselling, student housing and food services, campus security, international students and students studying abroad, campus maintenance, campus staff, academic affairs, researchers, business and finance, admissions and recovery.

The first step for colleges is to identify staff members who will play key roles in the pandemic planning and co-ordinating committee and their assigned essential functions, such as a pandemic coordinator and response team made up of campus health and mental services staff, student housing staff, campus security, communications staff, campus maintenance staff, dining and food services, academic staff and student representatives. It is imperative that everyone involved has a defined role and responsibility within the preparedness, response and recovery plan. Resources need to be available for key members involved in planning and executing the plan.

It is important for colleges to work with state and local health officials and other authorities to ensure community containment measures such as closing and re-opening of colleges and to participate in the community's pandemic plan drill. Colleges should test their incident command system with that of the local and state health department's and the state's higher education agency. A college's pandemic plan must also be consistent with their existing emergency plan and a drill can be initiated regularly to test the plan.

Colleges need to review their legal responsibilities for executing infection control measures including case identification, reporting information about ill students and staff, isolation, movement restrictions and provision of healthcare on campus. The local health department needs to be consulted to discuss a plan for surge capacity for healthcare and other mental health and social services to meet the needs of the college during and after a pandemic. Thoughts and ideas in developing a preparedness and response plan should be shared amongst colleges to improve community response efforts.

A communication strategy is crucial and campaigns within and outside the campus as well as a plan for communicating with students, staff and their families, establishing links to other communication networks, and assessing communication plans that link to local and state plans need to be identified. Information about a college's pandemic preparedness and response plan must be distributed and include information on issues (which in the event of a pandemic) will affect students and staff. Up-to-date pandemic information must be distributed to students and staff. Advice on where to find information from federal state and local sources must be provided.

Provisions for foreign students with regard to language, culture and reading when communicating needs to be considered. Information from public health sources covering routine infection control, pandemic influenza funda-

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LifeSafe Services is a part of the SOS Technologies national network and exclusive distributors of the Oxygen Therapy Institute unique emergency oxygen system. Our proprietary emergency system with many built-in safety features has been distributed to more than 10,000 corporate customers including traditional offices, grocery stores, casinos, golf courses and places of worship. Anywhere groups of people gather, safety minded managers have utilized our products. Additionally, LifeSafe Services provides first aid and safety supplies rounding out a comprehensive program of safety.

Training

We deliver performance-oriented, cost-effective training to small businesses, corporations, government and educational system customers. With a network of educated professionals, such as firefighters, paramedics, EMTs, and nurses, we have more than 170 educators across the country. Our classes help maximize knowledge and improve skill retention. We are an authorized training center for the Emergency Care & Safety Institute (ECSI).

PowerHeart AED G3

- Simple, easy to use, one-button or automatic operation
- Patented technology performs daily, weekly and monthly self tests
- Instructive voice prompts guide user through rescue
- First four-year full replacement battery warranty
- Lightweight
- Pediatric Capability



Cardio Trauma Program

- Automated External Defibrillator (AED)
- Portable Emergency Oxygen Unit
- Inhalator with Resuscitation Mask
- Personal Protection (Body Isolation) Supplies
- Bloodborne (BBP) Clean up Supplies
- CPR Prompt and AED Prep Kit
- AED Workplace First Responder Training
- Emergency Response First Aid Training
- Bloodborne Pathogens (BBP) Compliance Training
- Emergency Oxygen Administration Training
- AED Semi-Annual Inspection and Maintenance Program
- Oxygen Semi-Annual Inspection and Maintenance Program
- First Aid Supplies
- Adult CPR Training
- Total Weight: 18 lbs



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mentals, personal and family protection and response strategies and at-home care of ill students or staff and their family members can also be distributed.

An emergency communication plan must be devised and revised regularly with identifying key contacts within local and state lines. Hotlines, telephone trees, websites, local radio and television stations can be developed and tested for communicating a college's plan. This will help in addressing fear in students and staff resulting from misinformation.

Continuity of college is dependent on a number of factors. The college pandemic plan must make provision for various levels of illness in students and staff and for different types of containment interventions. Planning for outbreak scenarios should include variations in severity of illness, mode of transmission and rate of infection. In the event of college closure, alternative learning methods should be developed such as web-based distance learning, telephone trees, mailed lessons and assignments, lessons via local radio or television.

Campus health services will play an important role in infection control and must make provision for supplies, equipment, educating health staff and clinical issues. Procedures which limit the spread of influenza on campus need to be implemented such as hand hygiene and coughing and sneezing etiquette. Students and staff must be encouraged to go for the annual influenza vaccine. Cancellation of classes, sporting events and other college public events must be discussed as well as the closure of campus, student housing and public transportation. Colleges need to assess the suitability of student housing for quarantine for exposed and ill students.

Sick leave policies for students and staff suspected to be or becoming ill on campus need to be established. Those who are ill should not remain on campus and should only return

when their symptoms are resolved. Colleges should consult with their local health department to discuss a plan for mental health and social services to meet the surge capacity needs during and after a pandemic. Counseling should be available at all times to students and staff and can also be made available through the telephone and internet.

Students who rely on student housing and food services need to be taken into consideration. Protocols should be in place for communication between housing staff and students to report illness in the residence halls, assist in the relocation of students and evacuation of residence halls, as well as address students' needs from food and medication to counselling.

An emergency communication plan must be devised and revised regularly and identify key contacts within local and state lines.

Rooms and buildings that can be used for quarantine, isolation and residence for students who cannot go home must be identified. A building's ventilation system must be assessed as a centralized system can spread a virus. Housekeeping and supplies must be accounted for as well as training for housekeeping staff, to protect themselves against the virus and to utilize hygienic methods of cleaning. Non-perishable food and drinks can be estimated and stored. A plan on how to deliver food to student housing and quarantined areas should also be devised. College maintenance needs to plan for fuel, water, energy and other essential shortages and make provision for back up equipment such as generators.

Securing a campus is imperative and security staff must co-ordinate efforts with local emergency services. Pandemic training is es-

sential for all security staff. Staff must devise a system where students can report illness and request medical transport. In urgent cases, security staff might need to transport ill students therefore patrol vehicles should be equipped with the necessary medical supplies. If students enter a campus from infected regions, they must be monitored. International students on campus must be informed of travel restrictions and students who wish to study abroad or who are abroad must be informed if a study abroad programme is temporarily closed.

Colleges must communicate with staff and address issues relating to reporting ill, returning from an infected area, access to counselling, work at home manuals, vacation and sick leave. Academic concerns for students who are ill and absent from class need to be addressed. Students who cannot come to class should be able to receive class notes or complete course work from home by using the internet, mail or the telephone. Researchers may be able to continue work if they are alone or in small groups, depending on a number of safety issues such as security in the laboratory and who will care for lab animals if research is stopped.

Financial ramifications of a pandemic can be enormous and need to be considered. Financial funding may be needed to continue the business of the college. Continuation of payroll, operations and employee absenteeism during a pandemic must be accounted for. Applications and recruiting staff who won't be able to visit a campus during a pandemic needs to be clearly thought out.

A recovery plan is essential to deal with the consequences of a pandemic such as loss of students and staff as well as financial and operational disruption. We need to protect our college students and by preparing for a pandemic, we can release some of the strain on resources, fear, anxiety and panic by strategically being prepared ahead of time.

ARE YOU READY?

General information about Terrorism

Terrorism is the use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom. Terrorists often use threats to:

- Create fear among the public.
- Try to convince citizens that their government is powerless to prevent terrorism.
- Get immediate publicity for their causes

Acts of terrorism include threats of terrorism, assassinations; kidnappings, hijackings, bomb scares and bombings, cyber attacks (computer-based), and the use of chemical, biological, nuclear and radiological weapons.

High-risk targets for acts of terrorism include military and civilian government facilities, international airports, large cities, and high-profile landmarks. Terrorists might also target large public gatherings, water and food supplies, utilities, and corporate centers. Further, terrorists are capable of spreading fear by sending explosives or chemical and biological agents through the mail.

Within the immediate area of a terrorist event, you would need to rely on police, fire, and other officials for instructions. However, you can prepare in much the same way you would prepare for other crisis events.

The following are general guidelines:

- Be aware of your surroundings.
- Move or leave if you feel uncomfortable or if something does not seem right.
- Take precautions when traveling. Be aware of conspicuous or unusual behavior. Do not accept packages from strangers. Do not leave luggage unattended. You should promptly report unusual behavior, suspicious or unattended packages, and strange devices to the police or security personnel.
- Learn where emergency exits are located in buildings you frequent. Plan how to get out in the event of an emergency.
- Be prepared to do without services you normally depend on—electricity, telephone, natural gas, gasoline pumps, cash registers, ATMs, and Internet transactions.
- Work with building owners to ensure the following items are located on each floor of the building:
 - Portable, battery-operated radio and extra batteries.
 - Several flashlights and extra batteries.
 - First aid kit and manual.
 - Hard hats and dust masks.
 - Fluorescent tape to rope off dangerous areas.





Faith-based
**RESPONSE
TO DISASTERS**

By Marie Rossiter

Hurricane Katrina didn't hit the Southeastern United States without warning in the final days of August 2005. However, no level of prediction or forecasting prepared the nation for the destruction Katrina brought. Residents in Louisiana, Mississippi and other, neighboring states were virtually cut off from the rest of the world.

In the immediate hours and days following Katrina's second landfall on August 29, 2005, chaos descended in many areas as desperation grew for basic needs. The first responders to the Katrina disaster were dozens of faith-based organizations, from the national level all the way down to community parishes.

"Katrina made it obvious that disasters like this can't be handled solely by the government," says Terry Henderson, director of Southern Baptist Disaster Relief/North American Mission Board (NAMB). Southern Baptist Disaster Relief, in conjunction with other agencies such as the American Red Cross, Salvation Army and even the Federal Emergency Management Agency (FEMA), provides approximately 85% of the hot meals that are distributed during a crisis situation. "As far as Katrina goes, if it weren't for faith-based groups, food wouldn't have been out there."

Staggering Statistics

Even though many national level faith-based organizations, such as NAMB, Catholic Charities USA and the Salvation Army had a wealth of experience tackling the many challenges that come as a result of a natural disaster, Katrina threw a number of obstacles in their way. Henderson recalls pre-planning discussions before the storm. "We started discussing where to go, where to set up pre-staging units, so that we'd be ready. As we made plans, we estimated that we'd need to be ready to serve about 300,000 meals a day." It didn't take long, though, for Henderson and

17 million meals were distributed to Katrina victims during the immediate relief effort.

his team of volunteers to get a true sense of the impact of Katrina. "The actual total was approximately 500,000 meals a day." Estimates show that over 17 million meals were distributed to Katrina victims during the immediate relief effort.

Government "Wake-Up Call"

The efforts of faith-based organizations during the Katrina aftermath did not go unnoticed by the federal government. "Their response to the Katrina disaster was quick and extraordinary," says FEMA Voluntary Agency Coordinator Ben Curran. "They came to the rescue in an immediate way by getting down there

in a very real way: debris removal, clearing paths, and trying to get people back into the area as soon as possible." There are many critics of the government's response to Katrina. Curran understands the reasoning behind the frustration. "Government systems do take time and with Katrina, it's been a wake up call." Since Katrina, Curran points out that the federal government has moved to a more collaborative model when it comes to disaster preparedness and relief efforts. "We've become increasingly collaborative over time. How well the voluntary response works is a measure of how well we put time into preparedness. It's the idea of knowing each other ahead of time, who to call, etc. that makes the difference."

The Faith-based and Community Initiatives of the Department of Homeland Security is just one way in which the government continues to reach out to faith-based and volunteer organizations. Special Assistant Dana Ayers notes "The existence of our office came out of Hurricane Katrina; it was the catalyst. There were many lessons learned. Now, our office





If your family was separated during an emergency, would you know how to get back together?
Make sure your family has an emergency plan that includes meeting places and ways to communicate with each other. To learn more about making an emergency plan, go to [ready.gov](https://www.ready.gov)

Ready 



works with FEMA and others to help identify barriers and breaking them down.”

This is especially true for smaller faith-based groups that provided assistance for Katrina victims. “It’s a challenge that does need some more focus,” Curran admits. “For those smaller groups that reached out in a generous way to help people evacuating, it’s not always clear to them that the costs they incur are reimbursable. We are here to provide guidance in those areas.”

Overcoming Challenges

But, how were these organizations able to mobilize so quickly while government agencies struggled? Kim Burgo, Catholic Charities USA Senior Director of Disaster Response has a number of theories. “I think communication was clearly a major challenge, and that’s not a big secret. All those levels needed to ramp up quickly to respond and it just didn’t happen. Internationally, we have many systems in place to deal with disasters. Phone calls happen and meetings occur. That wasn’t the case here.”

The mere existence of faith-based agencies and their focus on relief is another explanation



for such a successful effort in areas affected by Hurricane Katrina. “I like to think of us as the ‘drone of the community,’” Burgo continues. “We just hum along, day after day, for years. Then, what ends up happening in a disaster? People panic and they turn to the drone of the communities. And, we’re ready.”

“It is not something that we see very often in the United States, but there were many of our staff members who were also victims as well as caregivers.”

Getting volunteers and equipment to the stricken areas wasn’t easy, though. “We took in our own units at the very beginning,” Henderson said. “We had 20 of our own vehicle units and had preplanned locations at area churches. But, a lot of those churches were destroyed and we had to go back and reassess information within each state.” Backup plans were created to keep getting the food in, especially when supplies ran low. “We had meals ready to eat (MRE) from FEMA, but all the warehouses were either depleted or damaged. Some of the Southern Baptist units had semis and had to go out of the area to places like the Carolinas and Tennessee to find what we needed.”

Katrina also posed a new challenge for faith-based organizations. “In the initial days, it was rather fascinating,” shares Burgo. “It is not something that we see very often in the United States, but there were many of our staff members who were also victims as well as caregivers. It was widespread and it touched home for all of them. Lines for food, clothing and other basic supplies would start at 2am and reach up to 700 people by 7am. The question quickly became: ‘How do you meet the needs of others, plus have your own needs?’ It became a real challenge.”

A Heightened Sense

The silver lining from the dark clouds of Katrina is a shift in attitude regarding disasters. Before Katrina hit, many people didn’t even think about what to do to prepare for a natural disaster. Burgo cites an “it will never happen again” mentality to previous lack of foresight regarding disaster preparation. “Many people see a disaster happen elsewhere, whether it’s in another country or here and believe it won’t happen again. But, if we take a look at the last 12 years, there have been about 10 major catastrophic events. Every catastrophe is different, but the impact is the same. We need to be ready for that, and I think we’re making great progress in that area. That is one of the positives that have come out of Katrina.”



Henderson of Southern Baptist Disaster Relief agrees with this point. “This is a year-round event. There are no special preparations or a state of alert. It’s part of my job to make sure we are staying prepared all the time, both here in the United States and internationally.”

FEMA, along with the Department of Homeland Security’s Faith-Based and Community Service Initiative continues to improve communication and collaboration with the faith-based relief community. “There is a heightened sense of the need for catastrophic planning,” Curran says. “We participate in the Coordinating Assistance Network (CAN) with several faith-based groups. It’s the first time that FEMA is able to share client information with voluntary agencies, and all within the parameters of the Privacy Act. With better access to databases and finding the people who have applied, determining needs assessment is easier and helps build stronger cases for those who need help. The bottom line is that the improved collaboration has led to an improved response.”

One recent, successful collaborative effort has been between FEMA and the Florida-



based nonprofit group Higher Ground Compassionate Ministries. FEMA donated 114 trailer units to help provide shelter for displaced people as a result of storms from the 2004 and 2005 hurricane seasons. This program allows FEMA to pay for the delivery of the donated units, while the non-profit organization assumes all the legal responsibility and costs once the units are delivered. As a result, the displaced people have more time to finish necessary repairs or find new housing.

A Vicious Cycle

In the meantime, the Katrina relief effort goes on almost two years since the storm ravaged the Southeastern coastal states. The effects of Hurricane Katrina are still being felt by its victims, and the faith-based organizations that were there from the start are still there providing comfort and aid.

A number of faith-based organizations came together to form Katrina Aid Today (www.katrinaaidtoday.org), which is a nine-member partnership of disaster recovery agencies led by United Methodist Committee on Relief. The organization funded with a grant monitored by FEMA. Katrina Aid Today provides case workers who are assigned to help victims with their continuing needs.

“Unfortunately, a lot of this is a vicious cycle,” concludes Burgo. “Just when one thing goes right for a family or victim, something else can go wrong, whether it’s housing, employment, education, health care or something else. We’ve been here since the beginning and will be here for the long term.”



PET OWNERS... ARE YOU READY?



- Most boarding kennels, veterinarians and animal shelters will need your pet's medical records to make sure all vaccinations are current. Include copies in your "pet survival" kit along with a photo of your pet.
- NOTE: Some animal shelters will provide temporary foster care for owned pets in times of disaster, but this should be considered only as a last resort.
- If you have no alternative but to leave your pet at home, there are some precautions you must take, but remember that leaving your pet at home alone can place your animal in great danger! Confine your pet to a safe area inside -- NEVER leave your pet chained outside! Leave them loose inside your home with food and plenty of water. Remove the toilet tank lid, raise the seat and brace the bathroom door open so they can drink. Place a notice outside in a visible area, advising what pets are in the house and where they are located. Provide a phone number where you or a contact can be reached as well as the name and number of your vet.

Plan for Pet Disaster Needs

- Identifying shelter. For public health reasons, many emergency shelters cannot accept pets. Find out which motels and hotels in the area you plan to evacuate to allow pets -- well in advance of needing them. There are also a number of guides that list hotels/motels that permit pets and could serve as a starting point. Include your local animal shelter's number in your list of emergency numbers -- they might be able to provide information concerning pets during a disaster.
- Take pet food, bottled water, medications, veterinary records, cat litter/pan, can opener, food dishes, first aid kit and other supplies with you in case they're not available later. While the sun is still shining, consider packing a "pet survival" kit which could be easily deployed if disaster hits.
- Make sure identification tags are up to date and securely fastened to your pet's collar. If possible, attach the address and/or phone number of your evacuation site. If your pet gets lost, his tag is his ticket home. Make sure you have a current photo of your pet for identification purposes.
- Make sure you have a secure pet carrier, leash or harness for your pet so that if he panics, he can't escape.

Prepare to Shelter Your Pet

- Call your local emergency management office, animal shelter, or animal control office to get advice and information.
- If you are unable to return to your home right away, you may need to board your pet. Find out where pet boarding facilities are located. Be sure to research some outside your local area in case local facilities close.

During a Disaster

- Bring your pets inside immediately.
- Have newspapers on hand for sanitary purposes. Feed the animals moist or canned food so they will need less water to drink.
- Animals have instincts about severe weather changes and will often isolate themselves if they are afraid. Bringing them inside early can stop them from running away. Never leave a pet outside or tied up during a storm.
- Separate dogs and cats. Even if your dogs and cats normally get along, the anxiety of an emergency situation can cause pets to act irrationally. Keep small pets away from cats and dogs.
- In an emergency, you may have to take your birds with you. Talk with your veterinarian or local pet store about special food dispensers that regulate the amount of food a bird is given. Make sure that the bird is caged and the cage is covered by a thin cloth or sheet to provide security and filtered light.

After a Disaster

- If after a disaster you have to leave town, take your pets with you. Pets are unlikely to survive on their own.
- In the first few days after the disaster, leash your pets when they go outside. Always maintain close contact. Familiar scents and landmarks may be altered and your pet may become confused and lost. Also, snakes and other dangerous animals may be brought into the area with flood areas. Downed power lines are a hazard.
- The behavior of your pets may change after an emergency. Normally quiet and friendly pets may become aggressive or defensive. Watch animals closely. Leash dogs and place them in a fenced yard with access to shelter and water.

We've now had the first tornado rated a 5 on the new Enhanced Fujita (EF) Scale, with wind gusts estimated up to 205 mph. It hit Greensburg, Kansas on May 4, 2007, carving a path 1.7 miles wide across the community and destroying at least 90% of it. It was the first top-rated tornado since Moore, Oklahoma was hit on May 3, 1999.



ENHANCED **FUJITA**

WHAT IT REALLY MEANS

By Dr. Greg Forbes





The parent thunderstorm of the Greensburg tornado produced at least 3 large tornadoes and two small satellite tornadoes that revolved about one of the big ones. The National Weather Service map of the tornado tracks can be seen at <http://www.crh.noaa.gov/Image/ddc/GreensburgTornado/Kiowa%20county.gif>.

The second tornado produced by the parent supercell thunderstorm was up to 2 miles wide.

The original Fujita Scale was developed by my PhD advisor Professor T. Theodore (Ted) Fujita of the University of Chicago. The Greensburg tornado would have also rated an F5 on that original scale, but winds would have been estimated at 261-318 mph. Our understanding of the winds necessary to cause various degrees of damage has changed over the years. When I was a child, you could read in encyclopedias that tornadoes had wind speeds of up to 500 mph, or perhaps even the speed of sound!

Beginning in 1974, when structural engineers looked at the damage produced by the Super-outbreak tornadoes of April 3, 1974, they began to point out that they thought the wind estimates in the F3 to F5 categories were too high. Their calculations suggested that most of the F5 damage would not require more than about 220 mph, and that total destruction of homes would not even require winds that strong. The sustained efforts of those engineers from Texas Tech University – notably Jim McDonald and Kishor Mehta – and mete-

orologist/engineer Tim Marshall (plus others) convinced the meteorological community by the early 2000s that revisions were needed to the original Fujita Scale.

The Enhanced Fujita Scale was the outgrowth of that process. Specifically, the Texas Tech group convened a panel of 6 experts (meteorologists and engineers) to estimate the wind speeds necessary to cause various degrees of damage to a variety of structures and objects. I was one of the panelists. These estimates were then compiled, examined by a separate panel within the National Weather Service, and operationally approved on February 1, 2007. Additional details on the EF Scale can be found at <http://www.spc.noaa.gov/efscale/>

Dr. Fujita made great contributions to the understanding and climatology of tornadoes, microbursts, and other weather phenomena during his career. Many of us wrote tributes to him, published in Stormtrack magazine: <http://www.stormtrack.org/library/people/fujita.htm>.

His son Kazuya, a professor of geology at Michigan State University, maintains a list of his father's publications at <http://www.msu.edu/~fujita/tornado/ttfujita/>

A good site for biographical information on Dr. Fujita can be found at http://www.associatedcontent.com/article/130034/biography_of_tetsuya_fujita_the_man.html



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What is a Tornado watch?

Indicates that conditions are right for a tornado to develop and that the sky should be watched. Be alert to changing weather conditions.

What is a Tornado Warning?

Indicates a tornado has been sighted or that radar indicates one has developed or could develop within minutes. Warnings will give the location of the tornado and the area immediately affected by the warning. When a warning is issued, move quickly to shelter.

Immediate Dangers

The immediate threat from tornadoes is danger to life and property from violently whirling winds and debris hurled through the air by the winds. Wind speeds in tornadoes can exceed 250 mph.

Long-Term Dangers

Long-term risks include the possibility of building collapse, fallen trees and power lines, broken gas lines, broken sewer and water mains, and the outbreak of fires. Agricultural crops and industries may be damaged or destroyed.



2017:

What Public Health Threats are we likely to face?

By Phil Marley

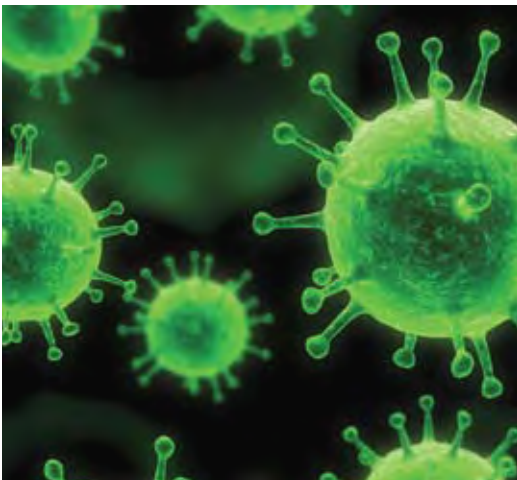
The Threats: Mass Casualty Events and New Pandemics

Nuclear, Biological and Chemical Incidents

Even prior to 9/11, experts had warned of a terrorist attack using a weapon of mass destruction. Thankfully, there's little evidence that terrorist groups are close to obtaining such a weapon (though there's certainly evidence to suggest that they desire to).

What's less discussed is the fact that an accidental incident could in theory prove just as damaging – in terms of casualties, if not psychologically – as a terrorist attack. With events like Three Mile Island rapidly becoming a distant memory and the fear of terrorism front and center, it's easy to forget the potential for disaster should a simple industrial accident occur close to a populated area. The Texas City Refinery explosion shows that large-scale industrial disasters aren't confined to developing nations, and given a different location the death toll could have been much higher.

Whether part of a coordinated attack or simply due to a catastrophic failure of safety systems, any mass-casualty event could quickly overstretch our public health system. Intensive Care Units, often of critical importance when dealing with badly-injured patients, are highly limited in number due to their



expense. Staff levels, even when emergency plans can be quickly and effectively implemented, may not prove sufficient when the number of casualties can be orders of magnitude higher than that seen in a typical shift – and this assumes that the staff isn't themselves victims of the incident.

Better communication systems, an integrated electronic patient records system and thorough and repeated training exercises are three ways we could help to brace our public health system for such a crisis. All of these involve a substantial outlay of funds – to what degree are we willing to starve other branches of healthcare in order to achieve the best protection against a scenario that might never occur? And while cities that are viewed as potential terrorist targets might find it easier to secure funding for such emergency provisions post 9-11, this does nothing to protect those living in other industrial centers.

Avian Flu and other Pandemics

A repeat of the disastrous 1918 'Spanish Flu' (the death toll for which has ranged between 20 and 100 million), has long been the nightmare scenario of epidemiologists, but despite limited outbreaks of avian influenza around the world, the disease has yet to undergo the much talked-about mutation into a form that can be easily transmitted between humans.

This has given governments time to plan, but much remains to be done – also, however good our own preparations are, the lack of preparation in developing nations (who can't afford to stockpile anti-viral drugs) could make the pandemic as a whole much worse by allowing the disease to spread out of control in the vital few weeks and months. Some experts have theorized that a 1918-style pandemic today could result in 180-360 million deaths, and the World Health Organization has termed the next pandemic 'inevitable and possibly imminent'. It may be that in or-

der to ensure our own health security, we need to aid other nations in their preparations.

With Avian Flu dominating the headlines, it's easy to forget that the possibility exists for other pandemics from unexpected quarters. The first outbreak of Ebola was just thirty one years ago, while AIDS was only recognized in 1981 (and, it should be noted, already constitutes a pandemic, having killed more than 25 million people so far). Cases of tuberculosis resistant to all standard treatments have alarmed healthcare experts, while the possibility exists for diseases like Lassa fever or the Marburg virus to mutate and become more easily transmissible.



Ethno-Bombs and Battlefield Biological Weapons

Over eight years since The Sunday Times raised political temperatures by reporting that Israel was attempting to build an 'ethno-bomb' that could infect Arabs but not Jews (the story was largely discredited) the idea of a biological weapon that could target specific races still concerns some. As knowledge of the human genome advances, the possibility of a state creating such a weapon increases.

Although many researchers believe such a weapon is impossible – or at least not viable, for use given the huge diversity of the human genotype and how complex our ethnic makeup is - its development could massively increase the likelihood that biological weapons would be used in what would otherwise be a conventional war. The very nature of an ethnic bioweapon removes the prime disadvantage of

biological weapons on the battlefield – that the users are just as likely to be infected as the intended victims. This could lead to weapon use even if they don't prove to work as intended.

The deployment of an ethnically-targeted biological weapon on American soil could result in an instantly swamped public health service. With the sheer number of infected causing a potential meltdown of service similar to that we might face in the wake of a traditional NBC incident, the additional complications of panic and even rioting as the public reacted to some but not other groups being infected. One interesting aspect of the ethno-bomb debate is that, should such a device ever be developed, its ability to sow seeds of distrust and spark ethnic conflict within an otherwise integrated country could prove just as dangerous as the deaths it would cause directly.

Solutions – Could Technology make a Difference?

Electronic Patient Records

Electronic patient records are one development that will radically impact healthcare both in our day-to-day lives and in the vital hours following a disaster. It would be a tremendous cost (and potentially life) saver



to be able to walk into any hospital ER or doctor's surgery across America and know that every drug being prescribed, every test being run on and every symptom being mentioned was instantly available to the doctor, carefully sorted, prioritized and presented, with no need for them to decipher sloppy handwriting.

Scanning existing medical records and making them available across the country is a good start, but the really staggering advances will occur when the data is entered electronically in the first place, and is therefore searchable by and intelligible to a computer. Imagine software that could automatically search for patterns of symptoms and suggest a possibility a doctor might have missed. Or safety systems that check for blood type or drug allergies every time a drug is prescribed (a breeze once both patient information and drug prescription are electronic). Spotting an epidemic – be it measles or terrorist-released smallpox – becomes much easier when hospital computers across the country can be instantly checked for anyone admitted with the appropriate symptoms in the last hour.

Disaster-Proofing your File

In the wake of a disaster, there are obvious advantages to a person's records being available electronically. For one thing, if a hurricane destroys your home town and being forced to seek medical aid elsewhere – perhaps in another state – not having to wait days for records to be sent could save you valuable time, or even your life. Electronic records also make it easy to have back-up copies in secure locations around the country, so that a flood can't wipe out the only copy of your medical history.

Safer Drugs

There are wider implications, too: our public health system could become the world's biggest ongoing lab experiment, with drug



companies watching out for adverse reactions amongst those taking their latest product. While it's worrying to think of ourselves as guinea pigs, the truth is that drugs are already released to market only to be found to have serious side effects. While better testing before release can and should help avoid this, being able to closely observe the effects of a drug on patients – even twenty or fifty years after they started taking it – would act as a great safety net. In the worst case scenario where a drug is discovered to have serious side effects, electronic records would make tracking down patients who have taken the drug much, much easier.

With all these advantages, are there any reasons why we wouldn't want electronic records? Privacy is one, with some citizens in Britain already opting out of their country's system amid concerns over who will have access to the records, how accurate they will be and how easy it will be to challenge and change incorrect information. While paper records certainly aren't secure, they do at least ensure that computer hackers in another state – or even another country – can't break into the system and steal your data. Bulletproof security and systems designed with privacy as their first concern will be needed if we're to enjoy the benefits of electronic records without introducing a new set of problems.

Are You Ready?

Tornadoes. Hurricanes. Earthquakes. Blizzards. Floods. You never know when a disaster will strike and you have to be well prepared for when the unexpected arrives. To get started we recommend basic emergency/disaster and first aid supplies. All of these items can be found in one place—online at www.lifekit.com. It's convenient online store is ready to get you one step closer to being prepared for what life may send your way. LifeKit is a division of LifeSafe Services.



Emergency/Disaster Preparedness & Safety Supplies

First Aid

Standard First Aid Kit

This is a standard First Aid Kit in a rugged metal box. This Kit is just the right size for a small office, warehouse, school room or gym.



Emergency

Rescue One

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HAZARDOUS MATERIALS INCIDENTS... ARE YOU READY?



Chemicals are found everywhere. They purify drinking water, increase crop production, and simplify household chores. But chemicals also can be hazardous to humans or the environment if used or released improperly. Hazards can occur during production, storage, transportation, use, or disposal. You and your community are at risk if a chemical is used unsafely or released in harmful amounts into the environment where you live, work, or play.

Chemical manufacturers are one source of hazardous materials, but there are many others, including service stations, hospitals, and hazardous materials waste sites.

Take Protective Measures

Before a Hazardous Materials Incident

Many communities have Local Emergency Planning Committees (LEPCs) whose responsibilities include collecting information about hazardous materials in the community and making this information available to the public upon request. The LEPCs also are tasked with developing an emergency plan to prepare for and respond to chemical emergencies in the community. Ways the public will be notified and actions the public must take in the event of a release are part of the plan. Contact the LEPCs to find out more about chemical hazards and what needs to be done to minimize the risk to individuals and the community from these materials. The local emergency management office can provide contact information on the LEPCs.

You should add the following supplies to your disaster kit:

- Plastic sheeting.
- Duct tape.
- Scissors.

During a Hazardous Materials Incident

Listen to local radio or television stations for detailed information and instructions. Follow the instructions carefully. You should stay away from the area to minimize the risk of contamination. Remember that some toxic chemicals are odorless.

Shelter Safety for Sealed Rooms

Ten square feet of floor space per person will provide sufficient air to prevent carbon dioxide build-up for up to five hours, assuming a normal breathing rate while resting.

However, local officials are unlikely to recommend the public shelter in a sealed room for more than 2-3 hours because the effectiveness of such sheltering diminishes with time as the contaminated outside air gradually seeps into the shelter. At this point, evacuation from the area is the better protective action to take.

Also you should ventilate the shelter when the emergency has passed to avoid breathing contaminated air still inside the shelter.





After a Hazardous Materials Incident

The following are guidelines for the period following a hazardous materials incident:

- Return home only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation.
- Act quickly if you have come in to contact with or have been exposed to hazardous chemicals. Do the following:
 - Follow decontamination instructions from local authorities. You may be advised to take a thorough shower, or you may be advised to stay away from water and follow another procedure.
 - Seek medical treatment for unusual symptoms as soon as possible.
 - Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal.
 - Advise everyone who comes in to contact with you that you may have been exposed to a toxic substance.
- Find out from local authorities how to clean up your land and property.
- Report any lingering vapors or other hazards to your local emergency services office.
- Follow the instructions for recovering from a disaster in Part 5.

If you are:	Then:
Asked to evacuate	Do so immediately.
Caught Outside	Stay upstream, uphill, and upwind! In general, try to go at least one-half mile (usually 8-10 city blocks) from the danger area. Do not walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits.
In a motor vehicle	Stop and seek shelter in a permanent building. If you must remain in your car, keep car windows and vents closed and shut off the air conditioner and heater.
Requested to stay indoors	<p>Close and lock all exterior doors and windows. Close vents, fireplace dampers, and as many interior doors as possible.</p> <p>Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off.</p> <p>Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside.</p> <p>Seal the room by covering each window, door, and vent using plastic sheeting and duct tape.</p> <p>Use material to fill cracks and holes in the room, such as those around pipes.</p>

Pregnant and Can't Wait?

By Tricia Snell

During hurricane Katrina there were scores of pregnant women and their unborn babies that were affected by the storm, if not during, then definitely in the aftermath that followed.

Pregnant women who are often caught up in the turmoil of a natural disaster find that emergency operation plans whether state or national cater to the general public overall and not their specific needs. Therefore, there are no distinct plans in force for pregnancy, or even birth for that matter, during a state of emergency.

Hence, if you are pregnant then it is important for you to be prepared prior to, during and after a natural disaster so that you ensure the best degree of safety for you and your unborn child.

Often hospitals and medical facilities will encourage women near their due dates to shelter under their wing and ride out the storm among medical professionals to prevent them from being isolated during this time. They feel that when a natural disaster occurs it places a pregnant woman under undue stress, which can bring on labor.

One example of this is the report produced by *Broward General Medical Center* in September of 2004, where seventeen births were recorded within twenty-four hours while hurricane Frances raged outdoors.

Usually, this facility would normally see less than half this number of births within this given timeframe.

Hurricane Frances, and other hurricanes like that of Katrina, represent some very real health threats to the pregnant woman and her unborn child and are considered more of a public health issue than an emergency management issue. Feminist groups like The Global Fund for Women feel disaster aid and government programs need to address this issue. In fact, the organization's 2005 Report, entitled *Caught in the Storm: the Impact of Natural Disasters on Women*; reported that, "Disaster relief efforts often fail to include attention specifically aimed at female health needs. Pregnant women lack obstetrical care, and may miscarry or deliver under extremely unsanitary conditions."

In light of this, natural disasters can have added concerns for the pregnant woman which include infection, environmental exposure and chemical contamination.

Infection and Lack of Medication – the pregnant woman is more susceptible to contracting infection and may find that medication that would normally be readily available may become harder to find.

Environmental Exposure – carbon monoxide poisoning is a common factor experienced during natural disasters. Exposure usually occurs when power outages take place and a build up of carbon monoxide gas is generated. Therefore, it is imperative during a natural disaster that an alternative source of fuel is used for heating, cooling and cooking as this colorless, odorless gas when inhaled is often fatal.

Chemical Contamination – occurs when pesticides, insecticides, lead and other substances known to have dire consequences

on unborn children mix with flood waters. Thus, it is important for pregnant women to stay away from stagnant flood water, as well as check that any water they consume is considered 100% safe for use. This includes drinking, cooking and cleansing water. Moreover, never assume water purity. The *U.S. Environment Protection Agency* reported that the flood waters surrounding New Orleans after hurricane Katrina contained some one-hundred chemical contaminants.

In order to protect you and your unborn child you should follow several important procedures to prepare for a natural disaster, especially if you are pregnant during hurricane season. These are as follows:

- Discuss emergency evacuation plans and procedures with the hospital that you are attending and finding out where they send patients if the facility is lost or destroyed.
- If you plan to evacuate during a disaster let your hospital know where you will be and how they can contact you.



- Make sure you have a copy of your medical records with you and send a copy to a family member who is out-of-state for safe keeping should you need them later.
- Pack a disaster tool kit containing baby care products and items you may need for emergency delivery of your baby during the disaster.
- Make sure you are familiar with your evacuation procedure and know where your community evacuation point is located so that if needed, you can make your way there safely.
- Make sure that you turn off electricity

mains, gas sources and electrical appliances to prevent carbon monoxide poisoning or electrocution.

- Fit a baby capsule (or car seat) into your vehicle, prior to the baby's birth, this provides an alternative cradle and you are able to travel safely with a newborn if you need to. Also, ensure the car contains a second disaster kit and is full of fuel.

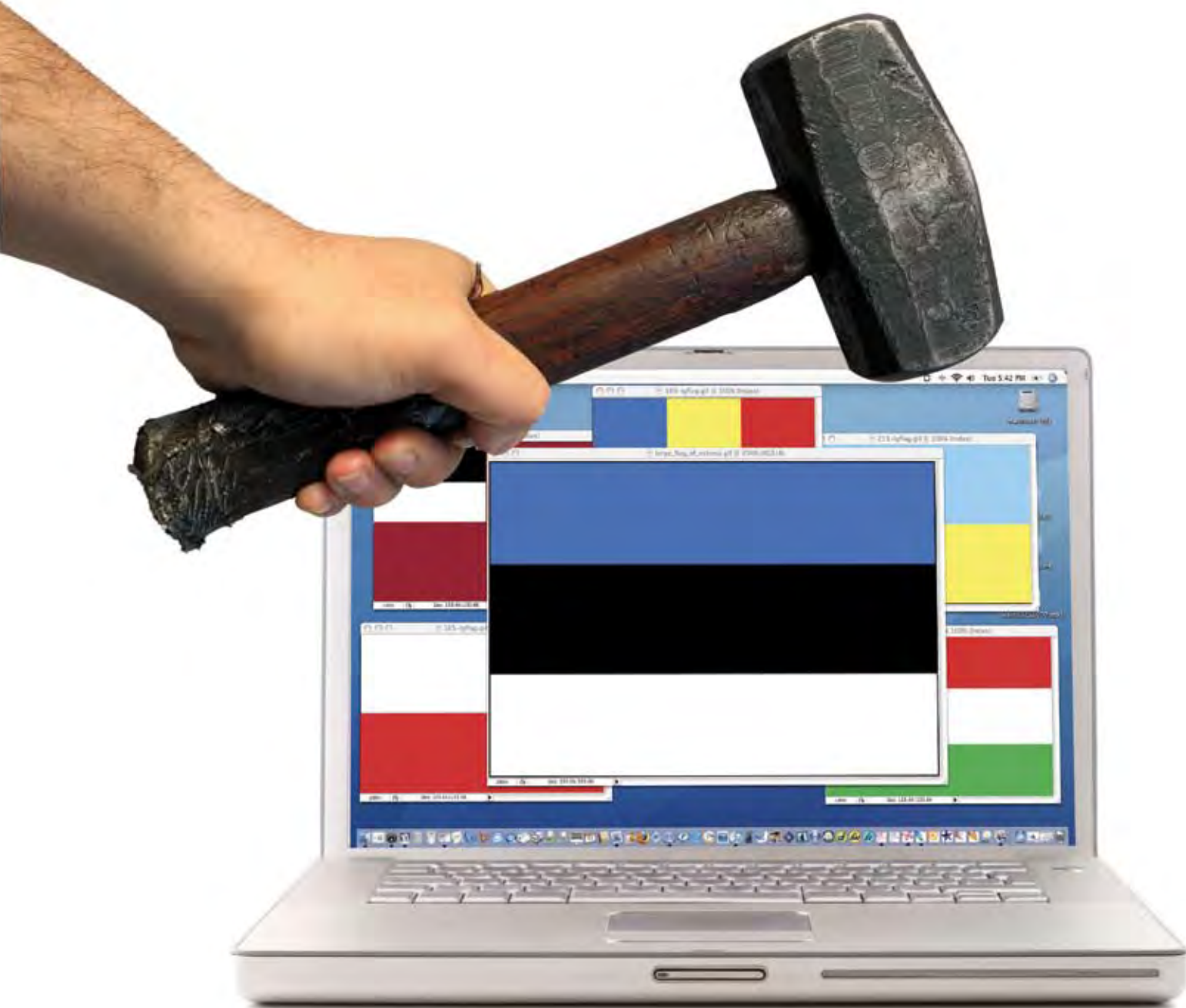
Your disaster kit and tool kit should comprise of the following and must be checked every nine months:

- 1. First Aid Kit** – Aspirin free pain relief; sterile water; anti-bacterial wash and wipes as well as a cream; towels; a warm blanket; scissors; umbilical clamp; any medication that you are using; gauze; tweezers; 15+ bandages of different sizes and shapes; tape and bandage clips; activated charcoal and Ipecac syrup for poison treatment.
- 2. Tool Kit** – area map; whistle; compass; utensils; plate and cup as well as a baby bottle; sheet of plastic; flare; storage containers and a bucket (plastic) pencil; and paper.
- 3. Bottled Drinking Water** – 3-5 gallons minimum.
- 4. Warm Clothing** – for you and your unborn baby.
- 5. Canned Foods and Juices** – for you that do not need to be heated and a formula mix in case you cannot breastfeed because of stress.
- 6. Bedding** – include additional blankets that will be used for sleeping.
- 7. Sanitary Supplies** – diapers; wipes; talc; wash; shampoo; toilet paper; feminine items; and your personal toiletries.

By being prepared you are ensuring that you give your baby the best possible start in life and look after your own safety and well-being without having to rely on others for support, and in times of emergency (think Katrina) this often is your best form of survival.

The Real Name of 'Controlled Democracy'

By Anssi Kullberg



In his recent article in the Lebanese *Daily Star*, Edward Luttwak made a point that the Western powers are concentrating too much in the Middle East; more exactly, in missions impossible. It may be time to look also at another direction, since pressure has again mounted on the eastern flanks of Europe. Young democracies like Georgia and Ukraine have faced constant Russian efforts to under-

mine their sovereignty. Political crises have emerged in Hungary, Romania and Poland. Failing to grant Kosovo independence increases the threat of a new Balkan conflict. Turkey, which was gravely disappointed by the EU after so many unilateral concessions, is currently shaking as the tension between secular nationalists and moderate Islamists grows.

I do not wish to underrate any of the “new threats”, ranging from natural catastrophes to international terrorism, but most of the people of the Old World can still remember and concretely fear worse than 9/11. This is particularly obvious for those nations who fight for their very survival, confronted by occupation or even genocide. But it is becoming increasingly evident that many established free democracies, too, have to fear for their security. The last few months have offered some frightening reminders of a not-so-distant past in this continent.

Bullying Estonia

Estonia, a Baltic democracy and member of the European Union and NATO, came under Russian assault after the government decided to move a Soviet-era statue to a more appropriate place in the military cemetery – something that many of the ethnic Russians of Estonia actually considered more honorable than the old site. Russian youth cadres, modern *Komsomol* who call themselves the *Nashis*, organized riots ravaging Tallinn and attacked the Estonian ambassador in Moscow – much like similar youth organizations in the Middle East were mobilized against Denmark in January 2006 and against Lebanon’s government a year later. Such controlled use of the mob has become more regular in recent years. The target always seems to be a smaller country singled out, while Russia seeks an axis with one or more great powers of Central Europe.



Large-scale electronic warfare against Estonia’s networks was traced back to the Kremlin with hard evidence, which suggests that Russia did not bother to hide its direct hand behind the attacks on Estonia. In the heat of the absurd propaganda war that Russian officials and state-controlled media launched against Estonia, Moscow also sent out Soviet-styled threats and warnings to other European countries, stirring domestic debates and even diplomatic panic. Although Estonia indeed gained solidarity from its democratic neighbors as well as from America, many core EU powers, most notably Germany, seemed strikingly reluctant to defend Estonia. Like the Islamists behind the riots over the cartoon row, Russian organizers of the Estonian crisis relied on the experience that Western democracies are easily frightened by bullying a small country, and their reactions would be guaranteed to be conciliatory.

What happened in Estonia was not an isolated incident. A Swedish professor remarked seven years ago in a summer seminar in Estonia’s southern university town of Tartu that Estonia’s membership in the EU and NATO may not guarantee its safety; rather, it’s a glass wall, but at least we will hear when the glass breaks. This proved right, since Western solidarity for Estonia was much more vocal than in the recent cases of Georgia, Moldova and Ukraine facing similar and even worse tactics from Russia. Considering this, the Estonian President Toomas Hendrik Ilves did it elegant-



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Terrorism Preparedness Tips

Determine what the possible threats are and discuss them with your family, household, or co-workers. Understanding and awareness of these threats are key to preparedness.

Be aware of your surroundings and report any suspicious activities to the Police Department.

Practice emergency evacuation procedures. Know where the emergency exits, location of staircases, and where fire extinguishers are: at home, at work, or when traveling.

Assemble a disaster supplies kit in easy to carry containers for home, for work, and for your car. Include a three-day supply of water, non-perishable food, a first aid kit and book, flashlights, battery-powered radio, extra batteries, fire extinguisher, tools, prescription medications, copies of important documents, duct tape, plastic sheeting, and towels to seal door cracks. Do not forget to include supplies for your pets.

Take a CERT, CPR or first aid course.

Contact your child’s school and/ or day care center about emergency plans.

Review what to do if instructed by officials to “Shelter in Place” (remain indoors or in your car) or to “Evacuate” (leave a hazardous area).

Be prepared to use battery powered radios, flashlights and other electronic devices, in case of a loss of electricity, telephones, etc.

Rinsing with water is the best protective measure against exposure to chemical, biological or nuclear material.

Create an emergency communications plan. Be sure to include an out-of-town contact to check on each other if local telephones are jammed or out of service.

If there is an attack, or strong warnings of an attack, remain calm and follow the advice of local emergency officials.

ly and proved his statesmanship as he rushed to visit Georgia in a show of solidarity and support to Georgia's NATO membership.

While Russia has resorted back to a more open confrontation against the West, it terrorizes its own dissidents and close neighbors with the methods of Andropov's era, cherished by many in the current Russian regime who share their backgrounds in the KGB. Andropov's rise to the leadership of the KGB in 1967 opened an era of Soviet involvement in global terrorism, subversive operations, street mobs and spectacular assassinations. Since 1999, Russia has witnessed a boom of mysterious terrorist incidents, its dissidents and journalists have been gunned down, poisoned with previously unknown substances and fallen through windows. The Russian secret services were caught planting a bomb in an apartment block in Ryazan, blowing a car-bomb in Qatar, and they are suspected for the radioactive poisoning in London of their former colonel Alexander Litvinenko who was warning the West of exactly these tactics.

Ideological Underpinnings

The Russian confrontation with the West seems to be finding similar ideological grounds, although not yet as striking, as in the Cold War. What Russia is marketing now is no longer the religious imperialism of the tsarist era or the pompous bolshevism of the Soviet era, but a newly covered version of the same old theme. Putin has named it "controlled democracy". It is clear to all observers of Russia that the emphasis here is on control rather than on democracy.

A new fault-line has emerged in world politics, most evident in Eastern Europe and the Middle East. On the other side of the fault-line there are small and medium-sized democracies, some of them very recently emancipated in the colored revolutions of Georgia, Ukraine and Lebanon. On the oth-

er side, there are impatient former empires like Russia and Iran, and their autocratic vassals like Belarus, Serbia and Syria, whose regimes have not many friends in the West. It is remarkable that while the colored revolutions were bloodless popular uprisings, the players on the democratic side of the fault-line had better watch out. The Ukrainian President Viktor Yushchenko, when opposing a pro-Russian candidate, got mysteriously poisoned. The Lebanese ex-Prime Minister Rafiq Hariri, as well as Samir Qasir and Gibran Tueni, the ideological architects of the independence uprising of March 2005, were blown up. There have been several attempts on the life of President Mikheil Saakashvili of Georgia. To be exact, all the victims of the violence in this confrontation are from the democratic side that Russia accuses for advocating chaos, treason and fascism.

The code-word Russia uses to back its new ideology is stability. A representative of the Russian Foreign Ministry recently spoke to Arab students in Beirut, painting a dark picture of American-instigated global chaos and dismantling of strong states like the Soviet Union, Serbia and Iraq in favor of "chaotic" small states. He called for a "traditionalist-conservative

counter-revolution", obviously against "Western machinations" such as the democratic uprisings in Georgia, Ukraine and Lebanon, something that may gain Russia some friends among Arab regimes but hardly among Beirut students who seemed quite confused of what they heard. On the contrary, some of them put into question whether Russian operations in the Caucasus, Ukraine and the Balkans advocate "stability" and confronted the speaker with tough questions about the recent death of the Russian military journalist Ivan Safronov who had investigated Russian arms sales to Syria and Iran.

Beware of Fascists

It was a standard Orwellian practice in the Soviet disinformation that things were called their diagonal opposite. Attack was the best defense. Pavlov's dogs in the world audience were conditioned to think the West was aggressive while the Soviet nukes were weapons of peace. Regarding the ideology of strong state and control that Russia nowadays advocates, it is remarkable that it tries to brand little Estonia as a "fascist state" that wants to "rewrite history". Having just recently beaten up peaceful demonstrators in Moscow, Russia also accused the Estonian police for fascist meth-



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The system administrator creates multiple 'emergency groups'. Each group will contain the contact details for particular responders by emergency type (e.g., HAZMAT, FEMA, fire, medical, and engineering). One individual can belong to several groups. Each person can provide up to four contact numbers (cell, home, etc.) and indicate their available times. The dispatcher can easily initiate the dial-out to the correct list or lists.

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ods when they calmly and in a controlled manner dispersed the crowds of Russian hooligans in Tallinn.

The website of the Russian government-sponsored *Nashi* organization is illuminating, considering their supposedly anti-fascist ideology. They demand the whole nation to support its leader, President Putin. They state that there was nothing wrong in the USSR before the World War II, and again it was a great tragedy that the Soviet empire was dissolved in 1989-1992. For all the problems they accuse Western conspiracies and domestic traitors (like liberals and journalists), without whom Russia will lead the world within twenty years. The *Nashis* also like to march, burn books they don't like in public bonfires, and seem to consider the terror of the mob as the power of the people. So, who are the fascists?

While Russia launches assault after another against Georgia, Poland and the Baltic coun-

tries, it never hesitated to support dictatorships like Milosevic's Serbia, Saddam's Iraq and Lukashenka's Belarus. Russia supports Serbia in its final bid to keep Kosovo under its control, accusing the Albanians for "genocide" against the Serbs – another example of disinformation turning the facts upside down. A Russian editor-in-chief Georgi Bovt even declared that "Estonia is Kosovo, and we are all Serbs". Was it not Serbia who attacked Slovenia, Croatia, Bosnia and finally Kosovo, setting up concentration camps, committing crimes against humanity and waging genocide? Is it not Russia who is trying to rewrite history and to deny facts that were in front of every European television screen as recently as in the 1990s?

There is a better and older name for the kind of ideology of populist autocracy, using incitement, mobs and mass propaganda, that the Kremlin calls "controlled democracy". Civilized Europe knows it as fascism. His-

tory suggests that fascist regimes do not create stability and are very unstable themselves. Take China in contrast: a patient empire, not democratic, but stable. China is confident in strengthening every day, and it does not need to destabilize its neighbors. Hear then the defiant, at times hysterical tones of Moscow and Tehran, two regimes that heavily depend on the high price of oil and gas and dwell in the fear of their smaller neighbors. *Déjà vu*. Look at Germany in the 1930s, impatiently longing for imperial rise on the expense of the stability of its neighbors. Such a state can throw an entire region into a war, unleashing forces of destruction and trying to lay revenge upon small nations around, yet portraying itself through a myth of martyrdom.

I agree that we should be very afraid of the new rise of ugly fascism-type nationalism in Europe, but it is not Estonia we should be concerned of.



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MIND THE GAP

IS THERE A LEADERSHIP VOID IN EMERGENCY MANAGEMENT?

By William H. Austin

“Mind the Gap” is a phrase heard all day on the London Tube (metro subway system). Any frequent rider will tell you that it means don’t step in the hole. The phrase applies to the distance between the train and the passenger platform. Riders are constantly warned because serious injuries are certain to

occur if you fall. The warning is required because there is no way to eliminate the gap. The point here is the metro system recognizes the gap exists, tries to position the train to make the gap as small as possible and constantly warns the riding public. This is an example of due diligence.



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The problem is that substitute experience is really the basis for “expectation” performance.

communities in our nation do not have anyone that is directly responsible for emergency management - unless of course you hold the highest elected official in the municipality or governmental unit ultimately responsible. But generally the presence of anyone in government

with responsible charge for your overall safety may not exist. There are over 87,000 units of government in the United States. There are about 45,000 police departments. Approximately 30,000 fire departments exist, of which about 85% are volunteer or mostly volunteer. There are even fewer emergency medical service providers and a huge part of those are volunteer or private companies. Do you see where this is going? There are literally thousands of communities that don't have any protection. But you say a municipality

only needs one person to do this vital planning and coordination work.

That may be correct, but where would this person get any training and experience? And, why would a community even worry about it if there are no emergency forces to coordinate. This means the training opportunities are few and substitute experience is more likely the qualifying virtue. The problem is that substitute experience is really the basis for “expectation” performance. Someone - the sheriff, police chief, volunteer fire chief, retired military person, etc. may be providing the needed experience. However, these appointments are really just providing “emergency expectations.” This means because of some type of formal training or experience we “expect” that person to handle the emergency management assignment, even though they have no real experience. And, as some critics would say “the next disaster will be their first.”

So what has this got to do with leadership and emergency management? This writer suggests that the same type of gap exists in the leadership of homeland security and emergency management in our nation. A case in point would be Hurricane Katrina. This tragic event exposed the under belly of an entire protective system. Cracks in leadership seemed to exist at all levels of government. No one warned us. No one gave the message to “mind the gap.” Its unknowable how many citizens would not have died if the system were well led? It is certain, however, that many of the 1800 or so deaths resulted because of leadership failures.

This is a pretty strong statement you say. Where's the proof? Why and how could this happen? Didn't we have the most experienced and competent persons in vital leadership positions? Didn't the plans for this type of event already exist? The analysis is complicated and answers surprising. Or are they? Many readers will wonder how this could happen. Other readers will say it was predictable and avoidable.

Let's begin with the obvious. Is the leadership gap real? Consider this. Locally, many



Take this a step further to the next echelon in emergency preparedness, where the municipality has a part-time emergency manager. Once again this often is the retired person with a remote background or military experience. This type of appointment may have a personal or political relationship with the appointing authority.

Next up the scale we begin to see the full-time person who has several other jobs to do. This is the fire chief or police official who includes emergency management duties along with other tasks. Finally we get to the full-time “I have the I. D. around my neck” type of person. Often a good planner in a related field, but may lack experience in real disasters. This person dutifully takes the correspondence courses and professes to know elements of the National Incident Management System (NIMS), but may still confuse NIMS with incident command (ICS) and also may never have been in charge of any type of emergency response. This situation is more common than you would think. Across the spectrum how many politicians, attorneys and campaign managers are in key emergency management positions today? What was former Federal Emergency Management Agency (FEMA) Director’s background? Aside from being the college roommate of the President’s Chief of Staff, he did run a thoroughbred horse association.

The problem you see is one of respect and lack of understanding.

Elected officials at all levels fail to appreciate the magnitude of a catastrophic emergency in their municipalities. It is almost a universal thought that “it can’t happen here.” This blind eye approach offers the appointing authority the comfort to believe

that appointing someone without technical qualifications to this position will not hurt anything. These positions are thought of as mostly administrative and necessary to keep the federal funds flowing.

This is not the cynical turn of a wistful researcher, but rather a sober candid analysis

This is not the cynical turn of a wistful researcher, but rather a sober candid analysis of a critical situation that demands corrective action.



of a critical situation that demands corrective action. We all know the outcome of failure to keep up with technology. We now must recognize the outcome of failure to prepare future leaders for the demanding field of emergency management. State and local governments must have a vision. The vision must include leadership development. Homeland security policy has to be driven by more than funding and fighting for our fair share. When does the real strategic planning take place – the kind of planning where we figure out the challenges first, fund the process and put competent leaders in charge of carrying out the vision? When do we finally recognize that top-down leadership is not developing the type of “network” leaders required for today’s emergencies? Can we really develop leaders by taking a correspondence course or by the politically correct term “online learning?” Appointing authorities must learn the difference between a good power point presentation and real emergency management experience.

So what direction do we take? Hurricane Katrina teaches us its time to “mind the gap” and sound the warning. We now know that municipalities do not always have the most experienced or competent person in the emergency management role. We now know that many emergency plans are templates where you fill in the blanks instead of really researching and collaborating to form the best policy. In many cases this lack of experience leads to missing

key points in emergency planning. Unless the problem is collectively recognized, the lack of leadership experience will continue. Here are some ideas on how to get started.

First, appointing authorities should insist on placing persons with proven



leadership experience in large disasters or operational settings in key emergency management roles. Second, certified emergency management (CEM) status through the International Association of Emergency Management should be the baseline in the appointment process. Third, municipalities should have a “shadowing” plan in place through FEMA or the Emergency Management Assistance Compact (EMAC) process to take advantage of learning experiences at national disaster sites. Fourth, there is a growing field of homeland security and emergency management doctrine in academia today. Over 265 colleges of all stature offer educational opportunities from courses to full degrees in this vital area. Appointing authorities should seek out candidates with experience and academic credentials where possible. Finally, every organization that plays a role in an emergency should use ICS on a daily basis for activities that involve multiple agency response or large groups of citizens. Even the local carnival can provide an ICS opportunity if thought of in a broader sense.

“Mind the gap” means something very important to a train rider and I suppose in life the phrase has meaning too. “Mind the gap”

could easily explain the difference in what we believe or think and in what really happens in a tragic situation. How can we get a different result when we keep doing the same old thing? The taxpaying citizen believes that emergency responders are trained and understand the challenge. They believe that we are diligent and well led. Do we need to issue the warning?

William Austin has served as the fire chief of West Hartford, CT since December 1996. He is the retired fire chief of Tampa, FL. Chief Austin has a Masters Degree in Security Studies (Defense and Homeland Security) from the United States Navy Postgraduate School and a Masters Degree in Public Administration from Troy State University. He is a designated Chief Fire Officer (CFO), a graduate of the Executive Fire Officer Program at the National Fire Academy, and a 1987 graduate of the Program for Senior Executives in State and Local Government at Harvard University. Chief Austin also serves as the Chairman of the Capitol Region Emergency Planning Committee (CREPC) in Hartford, CT., is a member of the Connecticut Emergency Management and Homeland Security Coordinating Council, is the current chairperson for the Connecticut State Citizen Corps Council, and serves as President of the Capitol Region Fire Chiefs' Association.



KIDO
THE SYSTEMS THAT KEEP YOU SAFE

RESOURCE CENTER



Tools and supplies that will help you in times of emergency

Mess kits, or paper cups, plates and plastic utensils

Emergency preparedness manual and a copy of your disaster plan, including your emergency contacts list

Battery-operated radio and extra batteries

Flashlight and extra batteries

Cash or traveler's checks, change

Non-electric can opener, utility knife

Fire extinguisher: small ABC type stored near where fires are likely to occur such as a kitchen, or near a fireplace. It should not be kept in the disaster supplies kit.

Tube tent

Duct Tape

Compass

Matches in a waterproof container

Aluminum foil

Plastic storage containers

Signal flare

Paper, pencil

Needles, thread

Medicine dropper

Shut-off wrench or pliers, to turn off household gas and water

Whistle

Plastic sheeting

Map of the area (for locating shelters and evacuation routes)

FLOODS, ARE YOU READY?



Flood: Know Your Terms

Familiarize yourself with these terms to help identify a flood hazard:

Flood Watch: Flooding is possible. Tune in to NOAA Weather Radio, commercial radio, or television for information.

Flash Flood Watch: Flash flooding is possible. Be prepared to move to higher ground; listen to NOAA Weather Radio, commercial radio, or television for information.

Flood Warning: Flooding is occurring or will occur soon; if advised to evacuate, do so immediately.

Flash Flood Warning: A flash flood is occurring; seek higher ground on foot immediately.

Before a Flood

To prepare for a flood, you should:

- Avoid building in a floodplain unless you elevate and reinforce your home.
- Elevate the furnace, water heater, and electric panel if susceptible to flooding.
- Install "check valves" in sewer traps to prevent flood water from backing up into the drains of your home.
- Construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building.
- Seal walls in basements with waterproofing compounds to avoid seepage.

During a Flood

If a flood is likely in your area, you should:

- Listen to the radio or television for information.
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.

- Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.

If you must prepare to evacuate, you should do the following:

- Secure your home. If you have time, bring in outdoor furniture. Move essential items to an upper floor.
- Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.

If you have to leave your home, remember these evacuation tips:

- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

Driving Flood Facts

The following are important points to remember when driving in flood conditions:

- Six inches of water will reach the bottom of most passenger cars causing loss of control and possible stalling.
- A foot of water will float many vehicles.
- Two feet of rushing water can carry away most vehicles including sport utility vehicles (SUV's) and pick-ups.



After a Flood

The following are guidelines for the period following a flood:

- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electrically charged from underground or downed power lines.
- Avoid moving water.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.
- Stay away from downed power lines, and report them to the power company.
- Return home only when authorities indicate it is safe.
- Stay out of any building if it is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.



MMRS:

If I've never heard of it... why should I care?

By John J. Shaw, DMD

On April 19, 1995, Timothy McVeigh filled a 20-foot Ryder truck with 5,000 pounds of fertilizer and ammonium nitrate. Two days later, Americans were shocked by the TV coverage of death and destruction at the Murrah Federal Building in Oklahoma City. There were scenes of dazed and bloodied citizens, of frightened parents praying the building's daycare center had miraculously survived the blast, and rescuers desperately searching for survivors. In the end, 168 died and 400 were injured. The sight of bloodied or dead children heightened our sense of vulnerability, and the bombing touched us in an intensely intimate way.

In the harsh light of the inevitable criticism, questions were asked about America's preparedness for violent attacks, and the answers were unsettling. Elected officials vowed never to allow our cities to go unprotected again.

Congressional investigators identified shortcomings in medical preparedness at the local level following the incident, and the fear that most cities were equally vulnerable. Legislation to make our cities safer was passed.

The Defense against Weapons of Mass Destruction Act of 1996 was designed to enhance the capabilities of communities to respond to acts of terrorism. Then in 1997, the Nunn-Lugar-Domenici Amendment to the National Defense Authorization Act, a far-reaching and powerful document, authorized funding for the first *Metropolitan Medical Strike Teams* (MMST). The MMST's consisted of trained and well-equipped local volunteers from the medical and emergency management professions, who would serve as our cities' first line of medical response in those desperate hours immediately following an attack.

The MMST concept evolved into the current *Metropolitan Medical Response System* (MMRS), a more comprehensive mechanism that involves all response professions and functions as a planning entity with operational capabilities. The MMRS provides federal funding directly to local communities to ensure that response plans are comprehensive and inclusive.

By 2002, the MMRS had expanded to 124 cities representing 80% of our population. Large cities and small towns across the nation began to plan together and to share their response assets. The MMRS emerged as the premier planning entity for community health and medical response. For the first time, traditional emergency planners from fire and police were meeting with health departments and hospitals to develop effective community emergency response plans.

No two MMRS jurisdictions looked alike, a reflection of the superb ability of jurisdictions to meet local needs and to build on available local assets; however, each shared a common capability in providing medical incident management plans and trained responders.

By 2002, the MMRS had expanded to 124 cities representing 80% of our population. Large cities and small towns across the nation began to plan together and to share their response assets.

In 2002, the Congress provided \$50 million to the MMRS program, assigned additional planning responsibilities, and the federal government had a platform for the seamless integration of federal assets when locally deployed.

The Institute of Medicine concluded that:

“The importance of the MMRS program is no longer equivocal, questionable or debatable. The enhanced organization and cooperation demanded by a well-functioning MMRS program will permit a unified preparedness and public health system with immense potential for improved responses.”¹

The MMRS program was a pioneer in forging close operational links among responders of all types. The combined MMRS jurisdictions represented an effective national infrastructure working at the local level, where many feel it counts the most.

The MMRS proved its worth following Hurricanes Katrina. After the devastation, the East Baton Rouge Parish MMRS was

activated and successfully coordinated the triage and treatment of thousands of medical emergencies.

East Baton Rouge Parish Mayor-President “Kip” Holden stated, *“Without the relationships that were in place, the training and communications systems (that are) integral to the MMRS program, and the support of other MMRS jurisdictions throughout the country, the death count here would have been much greater. I watched this medical program work in our region when others failed across the state.”²*

Numerous additional testimonies cite the value of MMRS, yet today the MMRS program is fighting for its life. Sustainment funding has not been allocated since fiscal year 2005, and the proposed FY 2008 White House budget has zeroed it out again. Despite its exemplary record of success, the MMRS program clearly has fallen into disfavor at the federal level.

How have the funding cuts impacted the local government level? Almost immediately, efforts to continue the outreach were reduced or eliminated, and hiring policies severely limited. Yet, despite drastic funding cuts and degradation of the program,

the latest DHS grants continue to identify new and increasingly sophisticated objectives for the MMRS.

According to Captain Michael Anderson, the MMRS National Program Manager at DHS, *“Something has to give. There has been so much criticism inside the beltway about the inability of our nation to respond effectively to mass casualty disasters. Yet the MMRS program has essentially created 124 local medical incident management teams with proven capabilities. And now the MMRS jurisdictions are dealing with surge capacity and pan flu issues simply because there are no other agencies capable of organizing the way MMRS does. A zero budget for MMRS will only serve to quickly erode those critical relationships that MMRS has established and maintained at the local level for integrated, coordinated medical response planning, medical response operations and medical incident management.”³*

Why is the MMRS program in trouble? The answer to this question is enlightening.

On February 11, 2004, the Washington Post published an article entitled, *“OMB Draws a Hit List of 13*



Programs It Calls Failures". In the article, the Office of Management and Budget was reported to have concluded: "...the Metropolitan Medical Response System has met its goal of helping 122 cities prepare local health authorities to cope with mass casualties from a terrorist attack, and its \$50 million in annual funding should end."⁴

The recommendation to terminate the program was based on two findings. First, Congress had intended only to provide a baseline level of funding to local communities. At the time of the OMB report however, only about 70 of the 124 MMRS jurisdictions had actually achieved the baseline.

The second OMB finding stated that the MMRS had failed to create tools to assess short-and-long term outcomes of the program, making it impossible to accurately determine the effectiveness of the work. Ironically, in recognition that it might not be possible to evaluate the accomplishments of one jurisdiction against another's, national MMRS leaders asked for funding to initiate an MMRS Operational Readiness Assessment. However, that request was sidetracked for the duration of 2004 by OMB.

MMRS jurisdictions create plans and procedures that are a reflection of local leadership, training, and locally available resources, giving each jurisdiction a distinctly local look. Given the MMRS mission, the local character of the jurisdictions is the best indicator of success, and is something to be celebrated, not criticized.

The OMB report of 2004 marked both the moment when the continuation of the MMRS program first became doubtful, and the start of a remarkable effort to ensure its survival. Rep. Ed Markey (D-MA), a strong supporter of the MMRS program, led a dramatic charge to ensure that the MMRS survived.⁵ Due to Rep. Markey's dogged efforts, both the House and Senate disapproved the reallocation of funds, citing a need to preserve the baseline capabilities at the local level. That same year, the U.S. Conference of Mayors called on the Congress to "...authorize and fully fund the MMRS program."⁶

Despite the vocal support coming from the Congress and from local elected officials, the stage was set for the ongoing, uphill struggle for the survival of the MMRS program.

In an extraordinary demonstration of belief in the value of local MMRS programs, individual MMRS leaders have traveled to Washington repeatedly during the last three years to create an increased awareness in Congress of the critical importance of the MMRS mission. Congress responded in limited fashion. From a high of \$50 million in 2003, the MMRS funding has dropped to slightly more than \$30 million, an amount that allows the jurisdictions to preserve many of their basic capabilities, but forced jurisdictions to seek additional funding sources. In some cases this puts the MMRS in competition with other agencies for local preparedness dollars.

Bill Ginnow, the MMRS program manager in Hampton Roads, VA, stated: "*Our ability to sustain and expand regional preparedness efforts to address increased risks have been hampered by several years of reduced federal funding. Without supplemental local funding, our program and capabilities would have been significantly diminished.*"⁷

In 2007, the battle for the survival of the MMRS has taken another twist. In January, in response to lessons learned from the 2005 Gulf Coast response disaster, the forces of homeland security were once again realigned. Federal response assets formerly housed at DHS have been transferred to the Department of Health and Human Services (HHS) in an effort to bring all federal medical response capabilities under one roof. The MMRS however remains at DHS, and is the only medical program left in that department.

When all medical response teams were located under the DHS roof, the roles and responsibilities of each were clearly defined. The MMRS served as the principal planning agent at the local level, designing procedures to maximize the use of local resources. MMRS protocols assured that the federal responders would be incorporated into the local operational command smooth-



ly and seamlessly. The relationship between the local planners and the federal responders had been tested successfully on numerous occasions.

MMRS's role under DHS now seems unclear. If the MMRS is expected to continue as the principal planner for local health and medical response, then questions arise as to the authority of MMRS, a DHS agent, to coordinate and integrate HHS assets when they are deployed to the scene of an incident.

This apparent lack of direction for the MMRS program at the federal level, and the anticipation of zero funding for FY 2008, are the clearest indicators to date that the MMRS is in danger of collapse. There are significant implications for our municipalities should the MMRS be allowed to fade away.

First, common sense dictates that planning is a task never completed.

Second, if the MMRS is eliminated, it would be reasonable to expect that our cities would have to find another way to continue the MMRS program, or risk the loss of all the work done by the MMRS. But is anyone watching? Hopefully, responsible citizens would be wise to ask why our nation's leaders want to discard a program with a proven track record in favor of starting over with a new, untried process.

High level debate is needed. The leaders face the daunting challenge of having to defend a program that over time has been praised at the local level while being labeled no longer useful at the federal level. The MMRS is fast becoming the orphan child of the homeland security industry.

Once again, Massachusetts' Rep. Ed Markey is preparing to lead the next charge to save the program. Markey and other members of Congress are exploring legislation

that would fund the MMRS program in FY 2008 at more than \$60 million, an amount that MMRS program officers say will provide the funds needed to restore the baseline capabilities. It will also begin to finance the additional local MMRS responsibilities associated with pandemic flu planning.

So the battle to save MMRS is well under way. The MMRS system, played out in 124 different locations nationwide, has enabled our cities to face the challenges of health and medical incident management with confidence. Armed with the encouragement of local elected leaders and the anticipated bipartisan support of the Congress, the Metropolitan Medical Response System program will continue to be the best single investment this nation has made in preparing our health providers and medical facilities to respond to mass casualty disasters.

So, even if you have never heard of the program until now, there is a reason to care because your safety and that of your family is directly impacted by the MMRS program.

- 1 *Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System Program*, Institute of Medicine, Washington, D.C., National Academy Press, 2002.
- 2 East Baton Rouge Parish Mayor-President "Kip" Holden, personal communication with the author, February 28, 2007.
- 3 CAPT Michael B. Anderson, Acting National Program Manager, the Metropolitan Medical Response System, personal communication with the author, February 28, 2007.
- 4 Christopher Lee, *OMB Draws a Hit List of 13 Programs It Calls Failures*, The Washington Post, February 11, 2004, p.A29.
- 5 Rep. Ed Markey, Massachusetts Seventh District, letter to the Honorable Harold Rogers and the Honorable Martin Sabo, U.S. Congress, May 5, 2004.
- 6 U.S. Conference of Mayors, *Metropolitan Medical Response*, 2004 Adopted Resolutions, 72nd Annual Meeting, Boston.
- 7 William Ginnow, MS, RPh, Program Manager, Hampton Roads, VA Metropolitan Medical Response System, personal communication with the author, March 1, 2007.



Protect Business Records and Inventory

Raising computers above the flood level and moving them away from large windows

Moving heavy and fragile objects to low shelves

Storing vital documents (plans, legal papers, etc.) in a secure off-site location

Regularly backing up vital electronic files (such as billing and payroll records and customer lists) and storing backup copies in a secure off-site location

Securing equipment that could move or fall during an earthquake

Make sure you are aware of the details of your flood insurance and other hazard insurance policies

Assign disaster mitigation duties to your employees

Maintain written and photographic inventories

Mothers of America Unite

Michele M. Paiva



Your elementary school age child wakes up, brushes her teeth with tap water, drinks juice made with tap water, and has a warm bowl of hot cereal also made with tap water. Her bath the evening before was also taken in tap water. You fill her lunch box with lemonade you made from scratch (also with tap water) and an apple that washed in tap water. She will go to school and wash her hands several times with water and drink from the water fountains.

However, as she gets on the bus in the morning, you know you have to give the baby a bath and you hold him while the warm steam of the dishwasher flows upward. You fill the sink for his bath but wait until the laundry is completed. After this you mix some formula and rice cereal with water. He laughs as he plays in the bath and you wrap him in fresh laundered blankets.

You are wonderful, well-meaning mother, but before noon your child has already been exposed to toxins several times. A silent and toxic chemical lurks in our homes and is promoted by the government, marketing companies and makers of cleaning products, all directed at their largest demographic, the typical mother.

Chlorine is marketed as a household cleaner, a deterrent of the flu and bacteria, a hygienic chemical for children and an E.Coli killer in the kitchen and bathroom. It is touted as being the foundation of cleanliness in the kitchen with even the Water Quality and Health Council stating that “good food starts with a clean kitchen” and they go on to advise that a clean kitchen entails chlorine products and considers it good food safety management.

It is also common to hear that for pool treatment, and for backyard basics - including the baby’s pool, add chlorine for sanitizing.

Many mothers are already on to the hype. Mother’s across the United States know that chlorine is a dangerous chemical that can burn the skin and attack the lungs. In the eco-awareness catching on from Canada and Europe (the latter where chlorine is actually banned in many of the countries), mothers are not standing by letting marketing companies and politicians make child care choices for them.

Factually, public water often has higher levels of chlorine that is even stated as safe for a pool. It has been scientifically studied and stated that even pool chlorine is linked to asthma and that chlorine is readily absorbed through the skin in pools by both adults and children. Younger swimmers are at the greatest health risk with weaker immune systems; yet often, it is the younger swimmers who are participating in swim classes and public pool fun, in large, public and thus, more heavily chlorinated pools.

Mothers are now learning that chlorine is toxic - though it is economical and kills bad bacteria. Chlorine has immediate and lasting effects which can be deadly and begs the question “is the risk worth the outcome?” Maybe, but here are some things everyone should know about Chlorine:



- Drinking chlorinated tap water can cause scarring of the arteries.
- There are cancers associated with chlorine, including kidney, bladder and urinary tract. It has been found however, that these cancers may be higher in some cities that are more polluted because their drinking supply must contain excessive chlorine to combat the pollution.
- Although drinking chlorinated water is dangerous, swimming or taking a shower or bath in chlorinated water is worse than drinking five glasses of chlorinated water, as the water is absorbed through the skin and inhaled in the steam fumes. Hot baths and showers mean open pores and higher rates of absorption.
- Inhaling chlorine steam or vapors can cause both bronchitis and asthma.
- Chlorine is often a trigger of skin conditions including dry skin and eczema. It can also cause the scalp and hair to be very dry and give symptoms of dandruff.
- Dental enamel can erode with increasing speed in typically chlorinated water.

It’s not just moms, but the companies that compete to cater to mothers, like McDonalds and Proctor and Gamble, who are using bleach-free french fry bags (the bleaches in napkins and other food related items can leak on to food) and in their alternative cleansers.

Women especially are taking action because of the awareness of breast cancer education and outreach. A Danish study, spanning 17 years and almost 8000 women concluded that of the women that developed breast cancer, the only significant rise in a blood chemical was chloride, thus, this study marked a re-



In 1993, USA Today stated that a drive to ban chlorine was “one of the most significant environmental fights of the decades”

relationship between chlorine and breast cancer. This study was completed in 1999, and since then, there have been other studies and scientific claims to support the evidence of chlorine and the breast cancer connection.

What are mothers doing across the world? Many are purchasing eco-friendly detergents and products, meanwhile some are using old-fashioned remedies and solutions for cleaning - like plain vinegar that kills bacteria by changing the pH level. Others are opening eco-friendly daycare centers, where they offer organic meals and snacks and sleep on bleach-free bedding. While others are going political and writing to politicians, school boards and companies to change policies and create a safer environment for their children.

Could banning be the answer? Not necessarily so. In a 1994 article in the Environmental Health Perspectives Journal, scientist, Elizabeth K. Weisburger stated that although she felt it should not be banned, it should be used more wisely. She argues that part of the reason for our longer human life span is the use of chemicals like chlorine that kill typhoid and other infectious disease organisms. She also states that though there are other ways to disinfect chlorine actually leaves a residue that continues to work longer for a great

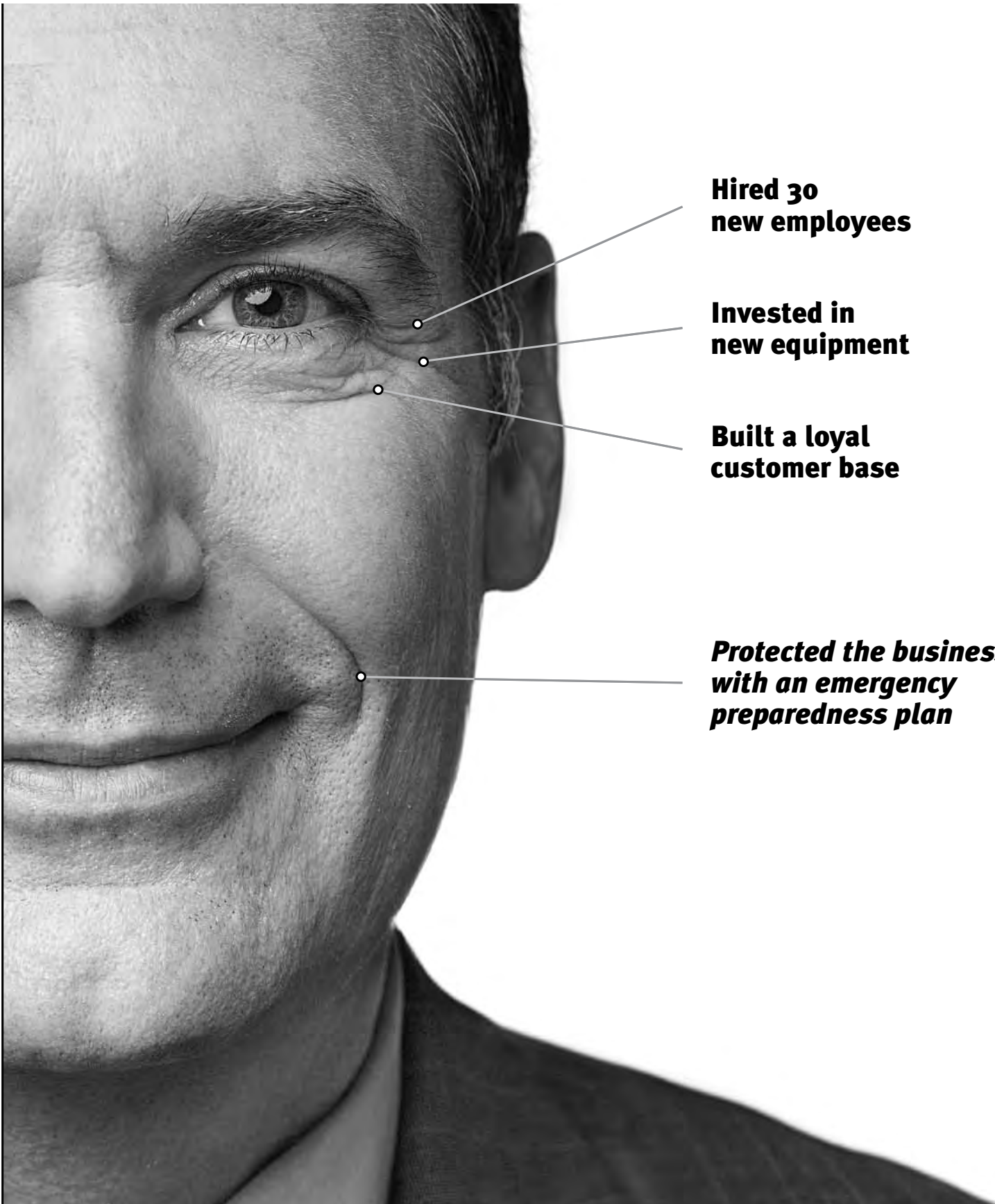
disinfection period. Her opinion is for the greater populations it is desirable to have chlorine to bring disinfectant action, and it is desired.

Weisburger's article outlines that it would be virtually impossible to ban chlorine as it is already in so many products, is a by-product of so many others, and is needed in the production of hundreds of products. She also points out that there is a form of chlorine that our own bodies make. There may be substance to her proposed risk-benefit study evaluations so that instead a total ban of chlorine we have a decrease in use and availability.

While the pro position of the Chlorine Institute can be anticipated, another large non-profit organization has serious objections. The Chlorine Free Products Association has a tagline that reads, "Chlorine Bleaches out Life" accompanied by an eerie flash of a disappearing sketch of the world. Their focus is to promote sustainable manufacturing practices, implant advance technologies and educate consumers. The CFPA has no financial interest in any manufacturer, company or products it certifies.

The CFPA wants consumers to be educated but acknowledges that this can be tricky in an age where the consumer tends to “trust the producer, who trusts the supplier, who has the nearly impossible chore of sorting through mountains of paper to bales of industrial, post-industrial, mixed office waste, printer scrap, mill broke, recycled, recyclable, etc., to accurately determine recycled content”.

There are no internationally recognized symbols for totally chlorine free or processed chlorine free. But, if you look at paper or other materials, you often see a green leaf, meaning it is processed chlorine free or if the leaf is clear it means totally chlorine free.



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CFPA recognizes leaders who have contributed to a chlorine-free life for all, be it through outreach, education or otherwise.

One such honoree, many mothers know well; Raffi Cavoukian, better known as “Raffi”, the international children’s singer-songwriter who has a firm passion for the philosophy of honoring children, including their safety through chlorine elimination. He is recorded as stating that it is important to have a humane and sustainable world, by addressing the needs of the very young. He feels that questioning everything from politics to

schools, to our stewardship of the planet and even the paper we use, is our responsibility. Raffi has contracted that all of his books are produced on chlorine-free paper.

This is not a new issue or even a secret. True the world needs a certain amount of chlorine for the comforts of life, but how could such a serious hazard be missed by so many mothers? A recent event in Springfield, Massachusetts shut down an entire water system and demonstrated what happens during a chlorine incident. Terrorists in Iraq have used chlorine over a dozen times

to make bombs since January 2007 because it is so common in society and so deadly.

In 1993, USA Today stated that a drive to ban chlorine was “one of the most significant environmental fights of the decades”; and every advocacy group should join forces in driving this dangerous chemical out of our homes and away from our children.

The "Mothers of America" have been busy fighting such issues as drugs, guns and child porn. Could chlorine be the next big issue on which they unite?

The KIDO Handheld

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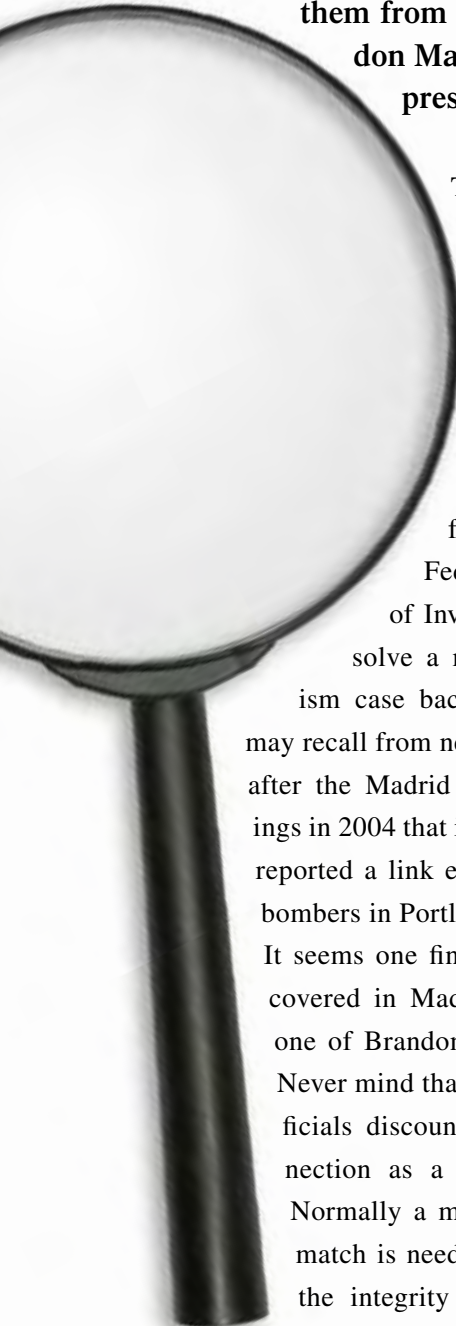




It Seems to Me...

By William H. Austin

It seems to me the public in general is not aware of some unusual developments in our pursuit of protecting them from terrorism and other forms of emergency situations. Three items come to mind. The Brandon Mayfield case, the under current of activity concerning special needs citizens and the change in presidential power during major disasters.



The Brandon Mayfield case is really unusual. It seems the overly jealous efforts of the Federal Bureau of Investigation to solve a major terrorism case backfired. You may recall from news accounts after the Madrid train bombings in 2004 that it was widely reported a link existed to the bombers in Portland, Oregon. It seems one fingerprint discovered in Madrid matched one of Brandon Mayfield's. Never mind that Spanish officials discounted the connection as a coincidence. Normally a multiple point match is needed to ensure the integrity of a set of fingerprints. Suffice it to say that the case went bad and all the investigation problems have yet to be divulged. What is known is the Federal government

settled with Mr. Mayfield for \$2 million, an apology and an agreement that he can sue the government over parts of the Patriot Act. The Federal government doesn't often apologize for anything, so this is big. Look for more on this from the Senate Judiciary Committee in the months ahead. The sticky part is Mayfield was born in Kansas and is a U. S. citizen. This status unlike some of the others charged in the past, gives him instant access to the court system and the media.

Few citizens are aware of the surge of planning activity sweeping across the nation in reference to caring for special needs citizens.

They are the citizens that can't see, hear, are attached to a life-saving device, or confined to a wheelchair. The definition is expanding almost daily to include citizens who can't speak English, are aging or any other of a host of local concerns. The point is that

after the debacle of Hurricane Katrina, a concerted effort is under way by many state and local government planners to ensure a similar occurrence does not happen in their jurisdiction. Terms like "universal access" are causing concern by those who have to carry out the plans. Disabled citizens are becoming more vocal, as they should. Where will it all go? Battles still loom on the horizon. One high school in New York State prevented a 14-year old deaf student from bringing his assistance dog to class – that sounds like a sure





fire court case. Officials at Minneapolis-St. Paul International Airport are imposing stiff penalties on Muslim cab drivers who refuse service to passengers with service dogs. Also, four deaf Dakota County Minnesota residents are suing the county alleging their civil rights were violated when they were not given sign language assistance during a major hazardous materials spill. As Jay Leno would say, “you can’t make this stuff up.”

Finally, for over 225 years the battle over presidential authority has been waged in our nation. As you know, the president’s powers are derived from the United States Constitution, either explicitly or implied, and those assumed by the President to be permissible or inferred by statute. Those powers continued to expand with each President up until Watergate and Vietnam. When, as history reveals, presidential powers were curtailed by the passage of the National

Emergencies Act of 1976. As the Congressional Research Service reports (CRS 98-05) “the development, exercise, and regulation of emergency powers, from the days of the Continental Congress to the present, reflect at least one highly discernable trend: those authorities available to the executive in time of national crisis or exigency have increasingly come to be rooted in statutory law.” An anomaly in the concept of presidential powers occurred on September 8, 2005. President Bush suspended the wage requirements of the Davis-Bacon Act in response to Hurricane Katrina. Normally the President would have declared a national emergency and activated the suspension authority. The proclamation was revoked on November 3, 2005, by a proclamation citing the National Emergencies Act as authority. Confused? So are certain constitutionalists who are certain to seek guidance on this action from the Democratic Congress. Stand by for more action...



First Aid Kits— Assemble a first aid kit for your home and one for each car.

- (20) Adhesive bandages, various sizes
- (1) 5" x 9" sterile dressing
- (1) Conforming roller gauze bandage
- (2) Triangular bandages
- (2) 3 x 3 sterile gauze pads
- (2) 4 x 4 sterile gauze pads
- (1) Roll 3" cohesive bandage
- (2) Germicidal hand wipes or waterless alcohol-based hand sanitizer
- (6) Antiseptic wipes
- (2) Pair large medical grade non-latex gloves
- Adhesive tape, 2" width
- Anti-bacterial ointment
- Cold pack
- Scissors (small, personal)
- Tweezers
- CPR breathing barrier, such as a face shield
- First Aid Manual
- Non-Prescription and Prescription Drugs
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Antacid (for stomach upset)
- Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- Laxative
- Activated charcoal (use if advised by the Poison Control Center)
- Prescription drugs, as recommended by your physician and copies of the prescriptions in case they need to be replaced



TERRORISM

— IS OUR OIL SUPPLY SAFE?

By Sylvia Caravotas

The oil industry has a huge impact on society, the economy and the national security of the United States, who relies heavily on others for its oil supply. This causes a number of consequences. Recent terrorist threats continue to emphasise the importance of securing these oil facilities, their installations and supply function.

In February, a Saudi Arabian wing of al-Qaeda called for attacks on those who supply oil to the United States, not only in the Middle East, but Canada, Venezuela and Mexico. The worldwide threat was featured in the Arabian Peninsula's e-magazine Sawt al-Jihad, also known as the "Voice of the Holy War". Last February, a foiled suicide bombing of Saudi oil installations in Abqiaq was claimed by the same organization, as well as the 2002 attack on a French oil tanker in the Gulf of Aden, killing one. So it is safe to say that their threats are real?

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According to the U.S government, Canada is the largest exporter of oil to the United States with 2 million barrels per day, followed by Mexico which exports 1.5 million barrels per day and Venezuela, with close to 1 million barrels per day.

Saudi Arabia is the world's largest crude producer with 9.5 million barrels per day and Middle Eastern nations produce around 30% of the total global crude output.

Pipelines carrying natural gas from Canada and Mexico to the U.S. can be targeted by terrorist organizations. U.S. pipeline infrastructure carries two thirds of the oil consumed in the U.S. The system is dated and is one of the largest and most complex in the world and perhaps the most vulnerable. It should be carefully assessed and secured to prevent terrorists from accessing and destroying it.

Attacking oil installations can destabilize the U.S. economy. Even a threat can lead to oil price instability. In late 2005, after top al-Qaeda official Ayman al-Zawahiri ap-

Pipelines carrying natural gas from Canada and Mexico to the U.S. can be targeted by terrorist organizations. U.S. pipeline infrastructure carries two thirds of the oil consumed in the U.S.

peared to call for attacks on oil installations in the Middle East, oil prices surged to \$60 USD per barrel in New York - proving that the U.S. economy is vulnerable to high energy prices.

Former CIA Agent Robert Baer, claims that a coordinated attack on Saudi Arabian oil installations would have the following effect on world oil prices: "A few ruptured pipes could be repaired quickly, but a concerted attack at several points could bring on a kind of nightmare scenario that U.S. officials have been dreading since the Reagan years, pushing oil prices up from their

current prices in the range of \$60 to \$70 a barrel to well over \$100 for weeks or even months."

Al-Qaeda urges the Mujahideen to concentrate their attacks on what they see as "Muslims' stolen oil", including the attack of oil facilities and installations in Muslim countries which benefit "the enemies of Islam". Al Qaeda's threat to attack oil facilities and installations has many layers and even Osama Bin Laden had split views on this issue. In 1996 he stated that Saudi oil was not to be a military target because he wanted to protect this wealth for the future of Islam. Osama Bin Laden alerted his followers by telling them: "to protect this (oil) wealth and not to include it in the battle as it is a great Islamic wealth and a large economical power essential for the soon to be established Islamic state, by Allah's Permission and Grace."

However, his view soon changed on the matter, as he focused on crippling the U.S. economy, which he saw as key to winning the war against the West. In mid-December 2004 Osama Bin Laden, for the very first time, called for attacks on the oil industry as part of al-Qaeda's "bleed-until-bankrupt-



cy" strategy and to drive the U.S. out of the Middle East. Osama Bin Laden said that: "One of the main causes for our enemies' gaining hegemony over our country is their

stealing our oil; therefore, you should make every effort in your power to stop the greatest theft in history of the natural resources of both present and future generations, which is being carried out through the collaboration between foreigners and (native) agents... Focus your operations on it (oil production), especially in Iraq and the Gulf area, since this (lack of oil) will cause them to die off (on their own)”

In September 2005, a 48-hour shootout at a villa in Ad Dammam led Saudi police to discover inside the terrorists’ compound, a large number of weapons as well as forged documents providing terrorists access to the country’s key oil and gas facilities. This led officials to believe, that al-Qaeda attacking oil facilities and installations was no empty threat.

Security within the oil industry is complex, due to its global scope. Over 50% of oil used by the U.S. is imported and therefore assessing security risks abroad is challenging. The task of protecting a vast geographically and complex industry is enormous. The requirement of financial and other resources for securing these oil facilities and installations are extensive and may not always be available to implement the appropriate security measures and securing oil facilities and installations in countries with little resources and defensive capabilities proves to be difficult.

Likely oil targets are gas and oil wells, pipelines and pumping stations, refineries and tank farms, loading terminals and ports, transportation, information technology and control and data acquisition systems, and oil tankers. In order to protect oil facilities, installations and their personnel, a detailed risk assessment can identify vulnerabilities and lead to a terrorist-prevention plan.

Securing oil facilities and installations will not be easy, but here are a few ideas:

- Protection in the form of weapons, guards, security fencing and gates, to protect employees and assets.



- Assessing security related vulnerabilities – for example securing pipelines with surveillance for the detection of prohibited activity.
- The effective co-ordination and liaison between oil companies and government, working together to protect oil assets.
- Risk mitigation – investments to reduce the impact of a successful attack, such as flexibility in integrating security with risk management.
- Alternative security solutions for particular threats.
- Involving the community and improving the relationship between oil companies and the local community – many offshore oil companies work alongside fishermen and shipping operators.

The U.S. can also:

- Share the burden with allies in the defence of global oil flows.
- Arrange security efforts on a regional and international basis.
- Provide diplomatic support, counter-terrorism training and military aid to oil-producing nations.
- Offer assistance to oil-producing nations in developing investment opportunities.

But is this issue just about protecting the flow of oil? Hardly, the U.S. Department of Energy is ready to respond to oil supply disruptions. Their short-term countermeasure lies in oil reserves. The U.S. has the largest emergency stockpile of oil in the world – 689 million barrels of crude oil stored in underground salt caverns along the Gulf of Mexico coastline. One of the most cru-

cial preventions of oil disruption is that the U.S. needs to maintain the production of oil within its borders.

But even further, how does the United States protect itself from the consequences of relying on foreign oil supplies? Some obvious responses are:

- By reforming and strengthening fuel efficiency standards for passenger vehicles and light duty trucks and funding financial incentives for the domestic production and purchase of fuel efficient vehicles.
- Increasing the supply and demand of the Biofuels market by creating incentives for infrastructure, increasing production of Flexible Fuel Vehicles and increasing federal assistance for the production of cellulosic ethanol and other promising Biofuels.
- Increase access to U.S. oil and natural gas reserves on the Outer Continental Shelf with increased environmental protections.
- Employ federal funds to accelerate the development of Enhanced Oil Recovery techniques.
- Provide access to investment - a high profile aspect of trade negotiations and diplomatic efforts with oil-producing nations.

Terrorist groups aim to destroy the key infrastructure of their target in order to bring the target’s economy into escalating turmoil. By attacking the U.S. oil supply, al-Qaeda can do just that. The oil supply chain is a complex network and attacks can be made on its various components from transportation to communication - structures which because of their interdependency on each other, can lead to an oil catastrophe. Hurricane Katrina, although a natural disaster, showed Americans how vulnerable oil refineries and pipelines can be. Among the many lessons of Katrina, it can perhaps lend a hand in assessing what damage and disaster prevention is needed and what security techniques can be used in the event of a terrorist attack on the U.S. oil supply.



STATE AND COMMUNITY

EMERGENCY MANAGEMENT CONTACT INFORMATION

Alabama Emergency Management

P.O. Box 304115
Montgomery, AL 36130
(334) 956-7250
www.dhs.alabama.gov

Alaska Emergency Management

P.O. Box 5750
Ft. Richardson, AK 99505
(907) 428-7000
www.ak-prepared.com

Arizona Emergency Management

5636 East McDowell Road
Phoenix, Arizona 85008
Local Phone: (602) 244-0504
Toll Free Phone: (800) 411-2336
www.az211.gov

Arkansas Emergency Management

PO Box 758
Conway, AR 72033
(501) 730-9750
www.adem.state.ar.us

Governor's Office of Emergency Services

3650 Schriever Ave
Mather, CA 95655
(916) 845-8510
www.oes.ca.gov

Colorado Emergency Management

9195 East Mineral Ave. Suite 234
Centennial, CO 80112
(720) 852-6720
www.readycolorado.com/

Connecticut Emergency Management

25 Sigourney Street – 6th FL
Hartford, CT 06106-5042
Local Phone: (860) 256-0800
Toll Free Phone: (800) 397-8876
www.ct.gov/demhs

Delaware Safety and Homeland Security

303 Transportation Circle
P.O. Box 1321
Dover, DE 19903
(302) 744-2680
www.state.de.us/dema/information/terror_prep.shtml

DC Emergency Management Agency

2000 14th Street, N. W. 8th floor
Washington, DC 20009
(202) 727-6161
www.dcema.dc.gov

Florida Emergency Management

2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100
(850) 413-9900
www.floridadisaster.org

Georgia Homeland Security

PO Box 18055, Building 2
Atlanta, GA 30316-0055
(404) 635-7000
www.gema.state.ga.us

Hawaii Homeland Security

3949 Diamond Head Rd.
Honolulu, HI 96816-4495
(808) 733-4246
www.secl.state.hi.us

Idaho Bureau of Homeland Security

4040 West Guard Street
Boise, ID 83705-5004
(208) 422-5242
www.bhs.idaho.gov

Illinois of Homeland Security

207 State House
Springfield, IL 62706
(217) 524-1486
www.IllinoisHomelandSecurity.org

Indiana of Homeland Security

Indiana Government Center South
302 W. Washington St., Room E-208
Indianapolis, IN 46204
(317) 232-3980
www.in.gov/dhs

Iowa Emergency Management

7105 N.W. 70th Avenue
Camp Dodge, Building W-4
Johnston, IA 50131
(515) 281-3231
www.IowaHomelandSecurity.org
www.BeReadyIowa.org

Kansas Emergency Management

2800 SW Topeka Boulevard
Topeka, KS 66611-1287
(785) 274-1596
www.KSready.gov
<http://www.accesskansas.org>

Kentucky Homeland Security

200 Mero Street
Frankfort, KY 40622
(502) 564-2081
www.ProtectYourFamily.ky.gov

Louisiana Emergency Preparedness

7667 Independence Blvd.
Baton Rouge, LA 70806
(225) 925-7500
www.ohsep.louisiana.gov

Maine Emergency Management

72 State House Station
Augusta, ME 04333
(207) 624-4435

Maryland Emergency Management

Camp Fretterd Military Reservation
5401 Rue Saint Lo Drive
Reisterstown, MD 21136-5176
(410) 517-3600

Massachusetts Emergency Management

400 Worcester Road
Framingham, MA 01702-5399
(508) 820-2000

Michigan's Preparedness Website

www.michigan.gov/prepare

Minnesota Emergency Management

444 Cedar Street, Suite 223
St. Paul, MN 55101-6223
(651) 201-7400

www.hsem.state.mn.us

Mississippi Homeland Security

PO Box 958
Jackson, MS 39205
(601) 346-1509

www.homelandsecurity.ms.gov

Missouri Homeland Security

301 W. High Street, Room 870
Jefferson City, MO 65101
(573) 522-3007

www.dps.mo.gov/homelandsecurity

Montana State Citizen Corps Council

1900 Williams Street
P.O. Box 4789
Helena, MT 59636-4789
(406) 841-3947

www.montanahelp.org

Nebraska Emergency Management

1300 Military Road
Lincoln, NE 68508-1090
(402) 471-7430

www.nema.ne.gov

State of Nevada Citizen Corps Council

101 North Carson Street
Carson City, NV 89701
(775) 687-7320

New Hampshire Citizen Corps Council

117 Pleasant St.
4th Floor, Dolloff Building
Concord, NH 03301
(603) 271-6098

New Jersey Citizen Corps Council

NJSP Office of Emergency Management

P.O. Box 7068
West Trenton, NJ 08628
(609) 538-6064

New Mexico Citizen Corps Council

P.O. Box 1628
13 Bataan Boulevard
Santa Fe, NM 87504-1628
(505) 476-9690

New York Emergency Management

State Capitol
1220 Washington Avenue
Albany, NY 12226
(518) 292-2200

www.semo.state.ny.us

North Carolina Emergency Management

4713 Mail Service Center
116 West Jones Street
Raleigh, NC 27699
(919) 733-3867

www.nccrimecontrol.org

North Dakota Citizen Corps Council

410 E Front Ave
Bismarck, ND 58504
(701) 223-3518

www.nd.gov/des/homeland

Ohio Emergency Management

2855 W. Dublin Granville Rd.
Columbus, OH 43235-2206
(614) 889-7150

www.ema.ohio.gov/ema.asp

Oklahoma City Emergency Management

4600 N. Martin Luther King Ave
Oklahoma City, Ok 73111
(405) 297-1117

www.okc.gov

Oregon Homeland Security

P.O. Box 14370
3225 State Street
Salem, Oregon 97309
(503) 378-3056

www.oregon.gov/OOHS/index.shtml

Commonwealth of Pennsylvania

2605 Interstate Drive
Harrisburg, PA 17110
(717) 651-2141

Rhode Island Emergency Management

645 New London Avenue
Cranston, RI 02920
(401) 462-7112

South Carolina Emergency Management

2779 Fish Hatchery Road
West Columbia, SC 29172
(803) 737-8653

South Dakota Public Safety

Office of Emergency Management

118 W. Capitol Ave.
Pierre, SD 57501
(605) 773-3231

www.oem.sd.gov

www.state.sd.us/dps

Tennessee Emergency Management

3041 Sidco Drive
Nashville, TN 37204
(615) 741-0001

Texas Association of Regional Councils

1305 San Antonio Street
Austin, TX 78701
(512) 472-9070

Utah Public Safety

Division of Homeland Security

1110 State Office Building
Salt Lake City, UT 84114
(801) 538-3400 (800) 753-2858

Vermont Emergency Management

103 South Main Street
Waterbury, VT 05671
(802) 244-8721

Virginia Department of Emergency

10501 Trade Court

Richmond, VA 23236
(804) 897-6510

www.vaemergency.com

Washington State Community Service

P.O. Box 43113
Olympia, WA 98504-3113
(360) 725-5290

West Virginia Citizen Corps Council

601 Delaware Avenue
Charleston, WV 25302
(304) 558-0111

Wisconsin Emergency Management

2400 Wright Street
Madison, WI 53708
(608) 242-3232

Wyoming Homeland Security

122 West 25th St.
Herschler Bldg, 1st Floor East
Cheyenne, WY 82002
(307) 777-4909

American Samoa Citizen Corps

Governors Office

Executive Office Building
Utulei, AS 96799
(684) 733-7398

Guam Civil Defense Advisory Council

1350 Marine Corps Dr.
Tumon, GU 96913
(671) 646-8341

www.guamocd.gov

Northern Mariana Citizen Corps

Council

PO Box 100007
Saipan, MP 96950
(670) 322-8001 x21

Puerto Rico State Citizen Corps Council

P.O. Box 9066597
San Juan, PR 00906-6597
(787) 622-9301

Virgin Islands Emergency Management

102 Estate, Hermon Hill
Christiansted, St. Croix, VI 00820
(340) 773-2244