



Ready and Waiting

An Advance-Planning Mandate

Emergency Medical Services At a Mass Casualty Incident

Joseph Cahill, EMS, Page 5

AIHA's Mock Meth Lab Highlights Health and Safety Risks

Heather McArthur, CIH, Law Enforcement, Page 6

CERFPs: The Essential Elements

Col. Jonathan Dodson, USA (Ret.)

National Guard, Page 7

After the Storm

Debris Removal: How to Avoid Jurisdictional Disputes

Kirby McCrary, Viewpoint, Page 11

Important Gains Registered at Small-Vessel Security Summit

Joseph DiRenzo III, Coast Guard, Page 12

The TSP Program: A Valuable Insurance Policy

Joan Grewe, Viewpoint, Page 13

California, New Mexico, Colorado, and Arizona

Adam McLaughlin, State Homeland News

Page 15



Audio Interview

**Dr. Robert P. Kadlec, Director, Biodefense and Public
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Editor's Notes

An Advance-Planning Mandate

By James D. Hessman, Editor in Chief



The numerous topics covered in this month's "wrap-up" issue of *DPJ* cover a broad spectrum of subjects ranging from seemingly routine "household" tasks as the removal of debris from public roads to the use of emergency medical services personnel during local and relatively limited mass-casualty incidents to the call-up and deployment of the National Guard to cope with larger disasters, both natural and manmade, that threaten an entire region of the country.

Whether the specific "incident" is local, statewide, regional, or national in scale, all of these topics are important. To begin with, lives are at stake. Not only the lives of innocent victims, it should be emphasized, but also the lives of the first responders themselves – the EMS technicians, the firefighters, the police and other law-enforcement personnel, and the other dedicated preparedness professionals who day in and day out put their own lives on the line to protect their fellow citizens. In the Age of Terrorism they are serving on the front lines of freedom as fully and as faithfully as the gallant young men and women of America's armed services who are fighting this nation's enemies in both Iraq and Afghanistan.

Despite several differences in the various operational matters, political issues, and problem areas discussed in the following pages, all have a similar theme – namely, the need for advance planning to ensure even a modicum of success in responding to almost any dangerous contingency threatening the citizens of this country, their property, and America's interests both at home and overseas. The Constitutional mandate to "provide for the common defense" can no longer be carried out *after* an enemy attacks. The nation – which today means every state, city, and community throughout the country – must be as fully prepared as possible well before the attack occurs.

Plans, position statements, and policy papers – no matter how detailed or how well articulated – are not enough, of course. Individual and team training, practiced and punctuated by frequent drills and exercises, also is needed. So is a massive inventory of equipment, ranging from personal protective clothing to a broad spectrum of surveillance and sensor systems to state-of-the-art fire engines and ambulances to a staggering variety of new medicines and pharmaceuticals to a thousand other combat essentials. Because, let there be no mistake about it, homeland defense in today's dangerous world is very much a combat situation by any definition.

The best-laid and most meticulously detailed plans do not absolutely guarantee final victory in the global and open-ended war against terrorism, obviously, even when complemented and backed up by procurement of the systems, services, and supplies required, in the quantities needed. But they should and will reduce fatalities, injuries, and property losses. They also will play a key role in resilience, and in the recuperation and recovery phases of incident management.

Finally, and of the greatest importance, those plans and preparations will send a strong signal to this nation's enemies – at home as well as overseas – that America's strength of resolve will *not* be broken and that, whether it takes months or years or decades, the forces of freedom, liberty, and justice for all mankind eventually *will* prevail. ▼

About the Cover: Gas masks hang out to dry after being cleaned following Exercise Bushwacker 07-02, carried out on 20 January 2007 at Davis-Monthan Air Force Base, Arizona. Such exercises, now carried out frequently at U.S. naval and military bases throughout the country and overseas, test the ability of those bases to respond, sometimes on short or no notice, to mass-casualty incidents, natural or manmade, involving chemical or biological weapons and/or other toxic materials of any type. (Department of Defense photo, by SRA Christina Ponte, provided by DefenseLink.mil)

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Emergency Medical Services At a Mass Casualty Incident

By Joseph Cahill, EMS



The MCI or mass-casualty incident can perhaps best be described as any incident that results in enough injured or ill victims that it overwhelms the immediate capabilities of the emergency medical services (EMS) staff not only on the scene but also those who could reach the scene in a timely manner. This definition is flexible enough that it applies equally well to the small-town agency with few resources as it does to the larger agency with an abundance of resources.

Another important aspect of this definition is that it is cause-neutral – i.e., it applies just as well to a motor vehicle accident as it does to a major fire or a terrorist attack. The role played by EMS personnel also is cause-neutral; the result is that, unlike other responders whose roles change in accordance with the size and nature of the threat, the role of EMS at an MCI is always the same.

In theory, the role played by EMS sounds simple: treat and transport the injured and ill from the scene. However, because the basic assumption defining an MCI is that there are *not* enough resources immediately available to carry out those tasks, changes in the operational specifics have to be made. The familiar components of the incident command system (ICS) are put into play; in the staging phase, resources are provided to permit operations of both the treatment sector and the transportation sector. Because both the function and the form of the components of the ICS system are largely the same, the focus of this discussion will be on operations, since an MCI requires both that additional components be added to the ICS structure and that a deviation from normal procedures is not only permitted but sometimes absolutely necessary.

An Assumption of the Unusual

The EMS role in the operations area is divided into three major tasks: triage, treatment, and transportation. The important point to understand here, though, is that this is not a business-as-usual situation because, as mentioned earlier, the definition of an MCI starts with an assumption that the event cannot be handled as normal.

Unlike “routine” emergencies in which each request for assistance is followed immediately by assignment of an EMS team, the declaration that an incident is of a mass-casualty nature assumes that such a rapid response is not possible, and therefore requires that specific decisions be made about which victims receive care first, and in what order of priority. During everyday emergencies the sickest patient receives treatment first; but during the triage phase of an MCI situation this rule is modified and those considered *unlikely to survive* do not receive care first – and also are provided transportation last.

Operations in the treatment phase of an MCI are similarly modified in that only life-saving care is administered by EMS staff while on the scene of the MCI. Some injuries, such as small and less serious wounds that are not life-threatening, may not be treated at all.

Finally, the transportation phase of the response to an MCI focuses on spreading the load among all available hospitals rather than following the normal procedure – which is simply to provide transportation to the nearest hospital. During an MCI, the travel distance to a hospital matters primarily in how it affects getting the ambulance back in service, and patient preference matters not at all.

For planning purposes, it is important that these modifications to normal operations be set forth in writing as part of the treatment protocols or regulations that the EMS units must operate under – for two principal reasons: First, so that legal concerns do not complicate the operational responsibilities of the EMS personnel at the scene of an incident; and second, so that these important changes of policy are made by political decision makers, in a deliberate and well considered manner, before the occurrence of an MCI rather than by the EMS staff on the fly and on the scene.

*Joseph Cahill has served as a line paramedic for over ten years in The South Bronx and North Philadelphia. He was awarded the distinguished service medal and seven pre-hospital “saves” ribbons from NYC*EMS and FDNY and a unit citation from the Philadelphia Fire Department.*

AIHA's Mock Meth Lab Highlights Health and Safety Risks

By Heather McArthur, CIH, Law Enforcement



Of the numerous insidious threats currently endangering U.S. communities, one of the worst is the homegrown problem of clandestine methamphetamine labs. The Drug Enforcement Administration (DEA) reports that 6,435 "meth" lab incidents were reported in 2006, and that number is likely to increase in the foreseeable future.

The labs can and do pose a significant threat to first responders, city and county service providers, health and safety officials, everyday citizens living in the vicinity of a meth lab, and even subsequent inhabitants of former meth lab sites.

At the recent American Industrial Hygiene Conference & Exhibition in Philadelphia, Pennsylvania, the American Industrial Hygiene Association (AIHA) created and displayed a "mock" meth lab that dramatically illustrated the many health threats that these labs pose.

The mock lab displayed the household implements and chemicals commonly used to manufacture meth, and industrial hygienists – scientists who test meth lab sites for contamination and recommend cleanup procedures – were on hand to explain the dangers. They were joined by DEA officials, including several who brought in a special DEA drug lab response truck. The Philadelphia Police Department's Major Incident Response Team also not only displayed equipment but also demonstrated the tactics used for entering and securing suspected meth labs.

Local Drug Stores And Home-Made Recipes

Meth can be made almost anywhere using materials that usually are readily available at local stores. Among the chemicals used to manufacture meth are pseudoephedrine (contained in over-the-counter cold medicines), anhydrous ammonia (used primarily as an agricultural fertilizer and industrial refrigerant), and red phosphorus (used in matches). Federal and state laws now limit the purchase of pseudoephedrine; unfortunately, meth "cooks" continue to find ways around the system to acquire pseudoephedrine.

Instructions and recipes for making meth are easily found on the Internet, and books on the subject can be purchased online. Commercial buildings, houses, apartments, hotel rooms, trailers, barns, vans, and storage units are just some of the structures commonly used for labs. Although many are located in rural areas (to provide privacy and improve security), meth labs also can be found in many urban and suburban areas.

Federal and state laws now limit the purchase of pseudoephedrine; unfortunately, meth "cooks" continue to find ways around the system

The twin dangers of fire and explosions are always present in meth lab operations, and pose a significant threat to first responders. Contaminants both in the air and on numerous surfaces in the labs also are dangerous – a point the AIHA made in its display by featuring some of the personal protective equipment that must be worn by those investigating the labs.

Even after they are dismantled, meth labs remain dangerous, because they leave a toxic trail of chemical dust and vapors that can seep into adjacent spaces – including but not limited to neighboring homes, apartments, and hotel rooms. Walls, floors, toys, furniture, ventilation systems, plumbing fixtures, septic systems, and surrounding soil all may require professional decontamination.

Victims, Symptoms, and Specialists

Among those at particular risk of exposure are real estate agents, landlords, property managers, prospective renters and home buyers, garbage collectors, utility workers, plumbers, social service workers, and first responders. Children living in the vicinity of a meth lab also can be at risk. In fact,

thousands of clandestine seizures each year involve children, who can be unwitting victims when adults in their own households expose them to contamination. Visitors or neighbors also can be hurt by the poisonous vapors that vent from meth labs or from the toxic "cooking" debris that is sometimes buried outside or flushed into a septic system.

Respiratory problems, eye irritation, headaches, dizziness, and nausea are only a few of the symptoms victims may experience if they are exposed to contamination from a former meth lab site.

One of the factors driving the continued manufacture and use of meth is its highly addictive nature – it is estimated that more than 90 percent of first-time users become addicted. Nearly 12 million Americans have tried meth at least once during their lifetime, according to the National Survey on Drug Use and Health report, *Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004*, published by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

AIHA recommends that anyone with concerns about potential meth lab exposure ask local law-enforcement officials not only to run a criminal check on the property but also to request documentation that the property was decontaminated professionally. AIHA also has published a book on the subject - *Clandestine Methamphetamine Laboratory Assessment and Remediation Guidance* – and offers a *Consultants Listing* on its website (www.aiha.org) of industrial hygienists, including those who specialize in meth lab cleanup.

Heather McArthur, one of a small group of certified industrial hygienists who work full-time for U.S. law-enforcement agencies, is the safety manager and industrial hygienist for the Phoenix (Ariz.) Police Department. She holds a Master of Science degree in Public Health with an Emphasis in Industrial Hygiene from the University of Utah. Her current responsibilities include safety, health and environmental compliance, and training for her department of 4,300 employees – including 3,200 sworn police officers.

Special Report**CERFPs: The Essential Elements**

By Col. Jonathan Dodson, USA (Ret.), National Guard



Managing Editor John F. Morton met recently with Col. Jonathan B. ("Jon") Dodson, USA (Ret.), DPJ's National Guard correspondent, to discuss the National Guard's

Chemical, Biological, Radiological/Nuclear, and High-Yield Explosive Event Enhanced Response Force Package (CERFP). Following are excerpts from that discussion.

Morton: Jon, the two times we have met with General Blum [LTG H. Steven Blum, ARNG, chief of the National Guard Bureau] we discussed, in passing, the Guard's CERFPs [Chemical, Biological, Radiological/Nuclear, and High-Yield Explosive (CBRNE) Enhanced Response Force Packages]. Could you provide our readers a little more background about those units?

Dodson: Sure, John. The CERFPs are part of the National Guard package created to assist local incident commanders with the National Guard as the first military responder in either a state role or a federal role. In 2004, the National Guard stood up 12 CERFPs. Each CERFP team has 500 personnel who assist the WMD [weapons of mass destruction] Civil Support Teams, the CSTs, by locating and decontaminating victims.

As you know, the WMD-CST is a federal authority entity whose mission is to support civil authorities at a domestic CBRNE incident site by identifying CBRNE agents or substances, assessing the likely current and projected consequences, advising on the best response measures, and assisting with appropriate requests for state support to facilitate the infusion of additional resources. So, in short, the National Guard CERFP teams add to and complement the current 48 fully manned and equipped WMD CSTs. Incidentally, there will be 57 WMD CSTs operational by fiscal year 2009.

Morton: The CERFPs are the same size as the Marine Corps' Chemical/Biological Incident Response Force, the CBIRF – right?

Dodson: That's right. The CERFP is modeled after the CBIRF and is a mirror image of it in terms of manning and equipment. Their TTPs [tactics, techniques, and procedures] are also the same as the CBIRF's.

Morton: What are the principal capabilities of the individual CERFP?

Dodson: A CERFP is composed of drilling soldiers and airmen who are task-organized from existing National Guard units or organizations. It provides specialized capabilities the National Guard may need when requested by local, state, or federal authorities to perform certain tasks. The training and tailoring of existing units into a responsive, flexible force package ensure that the National Guard is ready to respond, when asked, with specialized CBRNE support. The CERFPs possess an enhanced medical-triage capability, a mass-decontamination capability, a combat-security capability, and specialized search-and-rescue capabilities. All of these are achieved by leveraging existing capabilities and units, modifying existing mission-essential task lists, and providing additional equipment and training.

The CERFPs are fully available to the nation's combat commanders for the warfighting operations assigned under Title 10 of the U.S. Code, and they can perform the security duties at an incident site that already are being carried out by the state National Guard Response Force. As National Guard entities, they also are dual-missioned to both the state government and the federal government – that relationship is what makes the National Guard so useful.

Operationally, they are capable of searching an incident site, including damaged buildings, and of rescuing casualties trapped in rubble, decontaminating them, and performing the medical triage and initial treatment needed to stabilize the casualties for transport to a medical facility. I also should point out that the CERFPs – which are endorsed by the commander, U.S. Northern Command – are created from the National Guard's existing

resources. The CERFP is not a new unit, therefore; it is, rather, a modular unit made up from the existing National Guard force structure. And, as such, CERFPs also meet the need for future federal wartime capabilities.

Morton: How specifically would you define their mission, then?

Dodson: The CERFP mission is to provide immediate response capabilities to the governor. That would include the capability for an incident-site search of damaged buildings, the rescuing of trapped victims, providing decontamination capabilities, and performing medical triage and initial treatment to stabilize patients for transport to medical facilities.

Morton: Where are the CERFPs stationed, Jon?

Dodson: The initial establishment of CERFPs assigned at least one to each FEMA [Federal Emergency Management Agency] region. There are currently 17 validated CERFPs. The CERFPs are alerted through their individual state headquarters and mobilized in a "State Active Duty" status. If the incident that led to the mobilization occurred within their

The Four Elements Of a National Guard CERFP

Command and Control Element/Team

- Directs and deploys the overall activity of the CERFP
- Reports to the JTF-State and the incident commander

Search and Extraction Element/Team

- Conducts casualty search and rescues at incident sites
- Extracts victims
- Lifts and moves debris and heavy items using ropes, chains, wires, or cranes (rigging)
- Uses equipment designed to support the sides of an excavation and prevent cave-ins (shoring)

Decontamination Element/Team

- Conducts site selection
- Establishes log-in and log-out procedures
- Conducts clothing removal
- Ambulatory and non-ambulatory decontamination

Medical Element/Team

- Performs medical triage and initial treatment
- Provides emergency medical treatment
- Provides medical transport
- Stages for military and civilian evacuation
- Provides medical support for patient decontamination and search and extraction

state, they would proceed to the incident site when directed by their JFHQ [Joint Force Headquarters] commander. If the incident occurred outside of their state, their state headquarters would coordinate with the receiving state under terms agreed to in an Emergency Mutual Aid Compact, or EMAC, between the two states.

After arriving at the incident site, the command-and-control team and element commanders coordinate with the incident commander and JTF [Joint Task Force] commander to determine how to most

effectively employ the CERFP. I should note here that elements of these newly formed CERFP already have responded to certain incidents of national significance to provide assistance to civil authorities and to mitigate human suffering.

Morton: *Jon, you told me there are four elements of a CERFP. Can you tell our readers what those elements are, and what they do?*

Dodson: Sure. A CERFP is composed of four elements staffed by personnel from previously

established National Guard units. Those elements are: command and control; search and extraction; decontamination; and medical. The command-and-control team directs the overall activities of the CERFP and coordinates with JTF-State – the Joint Task Force, State – and the incident commander. Then you have a search-and-extraction element assigned to an Army National Guard engineering company, a decontamination element assigned to an Army National Guard chemical company, and a medical element assigned to an Air National Guard medical group.

Morton: *Let's take a closer look at the search-and-extraction element for a moment. Give us an overview of what it is, and what its mission consists of.*

Dodson: Well, the mission is fairly obvious: to conduct casualty search and extraction at an incident site. The extraction levels of rescue are defined as basic operations, light operations, medium operations, and heavy operations. Basic operations include surface rescues at structural-collapse incidents, including the removal of debris to extricate easily accessible victims in stable environments. Light operations mean a minimum capacity to conduct a safe and effective search and rescue where the collapse is of a light frame ordinary construction building. Medium operations cover a response to a building or structural collapse involving the failure of cinder-block or non-reinforced masonry construction. Heavy operations involve the collapse of a concrete tilt or reinforced concrete and steel structure.

Morton: *How is this element – search and extraction – trained and certified?*

Dodson: The element is first trained and certified to the basic operations level and can provide support from light operations to heavy operations. The training the element receives is in accordance with the NFPA [National Fire Protection Association] 1006 Standard for Rescue Technician Professional Qualifications – with special emphasis on rescuer safety, breaching/breaking, debris lifting and moving, rigging techniques, and basic shoring concepts. All of this is the same type of training that civilian urban search and rescue teams receive. This allows the search-and-extraction element [of the

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CERFP] to work closely with civilian urban search and rescue teams.

Morton: Please tell us more about the radiation and nuclear aspects of these missions.

Dodson: Certainly. If the CST has determined that radiation is present in the affected areas, maximum stay times are calculated and teams are sent into the area to conduct searches. The exposure of personnel is closely monitored to ensure that the rescuers themselves do not become casualties. I also should point out that the search-and-extraction element is assisted by the security element, which provides additional manpower – for litter-carrying and other duties.

The individuals rescued are taken immediately to the decontamination station for triage, decontamination, and treatment as required. The search-and-extraction element commander directs the operations of the team, ensuring that exposure levels are monitored, that adequate work/rest cycles are observed, and that [reports on] the team's activities and operations are communicated to the CERFP commander.

Morton: Back to decon. What about the decontamination element?

Dodson: The mission of the decontamination element is to conduct ambulatory and non-ambulatory patient decontamination – under the supervision of medical personnel, of course. The decontamination element also assists the security element with local zone monitoring for force protection.

Morton: How, specifically?

Dodson: The CST first conducts a sweep

of the incident area to determine the type and level of contamination present. The contaminated area is then cordoned off, if possible, and entry-control points are established. Using information based on input from the CST, the decontamination element develops a decontamination action plan and determines the correct procedures and materials needed for the decontamination process. The decontamination lines then are set up at the entry-control points, leading from the contaminated area, or “hot zone,” to the redress area in the clean area, or “cold zone.” This ensures that no contamination is spread outside the existing “hot zone.”

Patients then are processed through the decontamination line and into the redress area. Injured patients are processed under the supervision of medical personnel to ensure that they are adequately decontaminated without sustaining further injury. The decontamination element commander directs the operations of the team, verifying the decontamination solutions and procedures, and communicating reports on their activities to the CERFP commander.

Morton: Which leads us, finally, to the medical element of the CERFP and its mission.

Dodson: Yes. The mission of the medical element is to provide sophisticated and short-duration pre-hospital emergency medical treatment during a CBRNE response mission at rescue sites. More specifically: The team works with decontamination and/or casualty extraction teams to provide emergency medical triage, treatment, and stabilization prior to the evacuation of victims. Some

of those victims will have serious injuries or illnesses and will require special treatment – usually right away. The CERFP's medical personnel also are responsible for minimizing health risks, assisting in the identification of military personnel displaying symptoms of critical-incident stress syndrome or other negative health effects, and providing emergency treatment for the hazardous materials exposure of National Guard Task Force personnel.

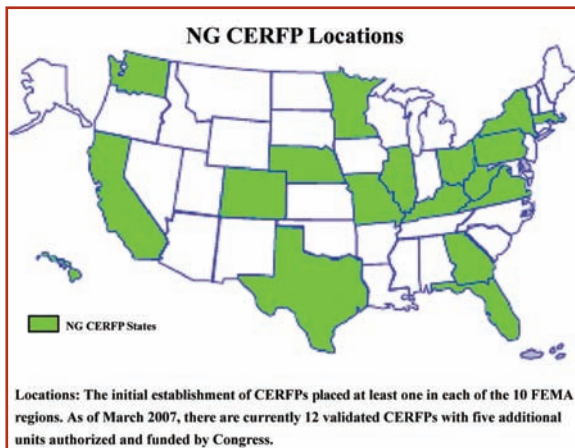
“The successful integration of civilian and military cultures and capabilities has long been one of the strengths of the National Guard.”
LTG Steven Blum, Chief, National Guard Bureau

Your readers should know that the [CERFP] medical element may work in coordination with the Disaster Medical Assistance Team [DMAT], under the auspices of the National Disaster Medical System [NDMS]. The assignment and capabilities of the DMATs are described in the National Response Plan. In a real-world event, the medical element must be prepared to respond to a wide range of issues – including the treatment of physical injuries caused by blast effect and collapsing structures, stress-related issues, radiation exposure, and radiological, chemical, or biological contamination. In any of these situations the victims must be thoroughly decontaminated, examined, and treated as effectively as possible before moving them on to permanent medical facilities. The medical element commander directs the operations of the team, ensuring that adequate rest periods are observed, and communicates on their activities and concerns to the CERFP commander.

Morton: Thanks, Jon. You are always informative.

Dodson: Thank you, John, for the opportunity to tell an intelligent audience about these important National Guard missions. I look forward to meeting with you again.

Col. Jonathan Dodson, USA (Ret.), is a graduate of the U.S. Military Academy. He has received a Master of Arts in Industrial/Organizational Psychology from Ohio State University and a Master of Military Art and Science Degree from the U.S. Army Command and General Staff College. During his active-duty career, he served with the 1st Cavalry Division in the Republic of Vietnam and was an assistant professor on the academic faculty at West Point.



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Debris Removal: How to Avoid Jurisdictional Disputes

By Kirby McCrary, Viewpoint



Until recently, it was unusual for a governmental entity to solicit a debris-removal contract and/or preposition equipment in advance of a debris-generating weather event such as a hurricane, tornado, ice storm, or flood. But as more cities, counties, and state governments do exactly that, the need for prior coordination between overlapping jurisdictions becomes even more critical to the success of a region's overall debris-removal operation. Without prior coordination, it is not inconceivable for one roadway to have two or even three debris-removal contractors claiming rights to it, each with a valid contract.

One might think that this is a good thing because – theoretically, at least – if several contractors are picking up debris along the same road, the debris obviously will disappear more quickly. Unfortunately, that is not necessarily what happens. What frequently if not always happens is that contractors claiming “ownership” of the same roadway expend time and effort arguing with one another. Because of the potential loss of revenue, neither will simply forgo the work, and the resulting arguments and disagreements – which at times have bordered on outright threats of violence – are an additional waste of everyone’s time and money. The public also suffers, of course.

When contractors stand around arguing, the usual result, therefore, is that debris is on the roadway shoulder that much longer, and this ultimately translates into longer operational durations that cost each applicant and the federal government more.

Each such “applicant” – a generic term that applies to all of the cities, counties, and local jurisdictions involved – is responsible for specific roads within its own jurisdiction, and reimbursement for debris removal usually is sought through either the FHWA (Federal Highway Administration) emergency relief (ER) program or the FEMA (Federal Emergency Management Agency) public assistance (PA) grant program, depending on the type and size of the roadway and other factors.

Following the Rules And Eliminating the Confusion

A city or county applicant typically receives reimbursement through FEMA for debris removal

of the roads that that city or county normally maintains. However, by properly working through a state’s Department of Transportation (DOT), the local jurisdiction may also be eligible to receive reimbursement from the FHWA for debris removal that the local jurisdiction’s contractor carries out on roadways for which the state is primarily responsible.


It should be kept in mind, though, that these two federal programs are mutually exclusive. In other words, FEMA will not reimburse for work items eligible under the FHWA-ER program. It is on these roadways where most confrontations in the field occur, though, and where prior coordination becomes an invaluable asset to the overall success of the operation.

A state DOT would typically require a local municipality to request and receive approval in order to allow the municipality’s contractor to remove debris from a state-maintained roadway. If approval is not requested and ultimately received, then it becomes a real possibility for multiple contractors to have valid contracts for the same road, and in these situations a municipal applicant’s request for reimbursement could be questioned and, in fact, jeopardized.

The required instruments of documentation between the two programs also are different; FHWA requires a detailed damage inspection report (DDIR), whereas FEMA requires a project worksheet (PW).

To avoid contractual complications, hasten the debris-removal process from affected areas, and increase the likelihood of receiving the maximum reimbursement possible, cities and counties would be well advised to take several specific steps well in advance of the need. If a local DOT office does not initiate contact with the municipalities within its region, the municipalities should press the issue and insist on a coordinated effort. Then and only then will all jurisdictions involved be able to move forward with their planning, and the general public will be sure that all of the several jurisdictions serving their needs will receive the fastest response possible.


Kirby McCrary is president of Disaster Recovery Resources Inc., headquartered in Winston-Salem, N.C., and a registered professional engineer in both North Carolina and Florida. He was heavily involved in debris-management operations in Florida during the 2004-2006 hurricane seasons.



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Important Gains Registered at Small-Vessel Security Summit

By Joseph DiRenzo III, Coast Guard



The U.S. Department of Homeland Security (DHS) hosted a “National Small-Vessel Security Summit” conference in Arlington, Va., last month that could lead to several important changes in the nation’s maritime-security posture. Small vessels – i.e., those less than 300 gross tons – have been a vehicle of choice for terrorists in carrying out previous maritime attacks such as those against the U.S. guided-missile destroyer USS *Cole*, the tank vessel *Limburg*, and numerous Sri Lankan naval vessels.

Small vessels also have been, for decades, a common vehicle for the smuggling of illegal migrants, drugs, and other contraband into the United States. Despite that background, small vessels have received relatively little attention in the maritime security regulations developed to date; in the more than five years since the 9/11 terrorist attacks, however, they have increasingly become the focus of government concerns in the field of port and maritime security.

The stated objectives of the 19-20 June summit meeting were to: discuss the government’s perspective on an important but previously overlooked problem; educate summit attendees on the security risks posed by small vessels; provide a national forum for port and maritime stakeholders to air their own concerns; and identify a way ahead in addressing small-vessel security. Participants at the summit included representatives from recreational-boating and passenger-vessel associations, towboat operators, and the commercial fishing industry as well as state and local governments. Representatives from various federal agencies – specifically including the Coast Guard, the DHS Customs and Border Patrol division, and the Federal Bureau of Investigation – also attended to listen to and understand the perspectives of small-vessel operators.

A Formidable Phalanx Of Kickoff Speakers

The first day of the summit started with presentations from such senior federal officials

as DHS Secretary Michael Chertoff, Coast Guard Commandant Admiral Thad Allen, and W. Ralph Basham, the commissioner of U.S. Customs and Border Protection. Each of these speakers assured the audience that the summit was *not* a referendum on the licensing of boat operators but, rather, a forum for the exchange of ideas to improve U.S. port and maritime security while also maintaining the freedom of private citizens and the nation’s port and maritime industries to use the U.S. coastal and inland waterways. As Secretary Chertoff stated, “We don’t want to give edicts from Washington, but ... [want to] use this forum

There was general agreement that the Coast Guard needs to strengthen its working relationships with the nation’s maritime stakeholders

to partner with stakeholders to jointly develop solutions.” He quickly added, though, that, “We can’t waste time, because the enemy is not wasting time.”

The afternoon of the first day featured three panel discussions expressing the interests of recreational boaters, commercial vessel operators, and state and local government representatives. Although each group had a number of individual or collective perspectives to discuss, there also were several common themes articulated. One was that small-vessel operators are willing to be part of the solution, but any new requirements imposed on them should be based on the proven effectiveness of those requirements. Another was that the small-vessel communities offer a huge and frequently overlooked source of additional eyes and ears that could be tapped into by the government to spot suspect behavior.

A third theme, less forward-looking, perhaps, but of obvious importance, was that relations

between the Coast Guard and small-vessel operators have become more strained in recent years than they had been previously. There also was general agreement that the threat of maritime terrorism must be quickly and adequately addressed – but without damaging the nation’s maritime industries.

Smart Security – At a Reasonable Cost

By the end of the summit there seemed to be a clear consensus on several points. The first and most important is that the small-vessel community must be incorporated into the U.S. homeland-security structure as an active partner. To make that possible, though, members of the community must be educated in such particulars as what constitutes suspicious behavior, how to make reports, etc.

There also was general agreement that the Coast Guard needs to strengthen its working relationships with the nation’s maritime stakeholders. Most of the summit participants seemed to believe that many of the problems discussed in this area should be addressed, and could be ameliorated, through an expansion of the America’s Waterways Watch program – a Coast Guard public outreach initiative developed to educate boaters both on maritime security and on the several ways already available to report security concerns.

Perhaps the most important common theme, though, was the frequently expressed need to find the proper balance between maintaining security and running a business. As one participant put it, “Freedom isn’t free, but security shouldn’t be dumb.” The gains achieved at the summit conference seem to complement that sentiment and should serve as a significant step toward fostering a comprehensive understanding – on the part of all stakeholders, government as well as industry – of the numerous complicated issues that still hinder progress in the previously neglected field of small-vessel security.

Dr. Joseph DiRenzo III is a retired Coast Guard officer, a Visiting Fellow at the Joint Forces Staff College, and a Mentor with Northcentral University. He is a frequent contributor to DomPrep Journal.

The TSP Program: A Valuable Insurance Policy

By Joan Grewe, Viewpoint

According to research conducted in 2003 by the Federal Communications Commission (FCC) and National Communications System (NCS), less than 10 percent of the nation's approximately 7,500 9-1-1 call centers – more formally called Public Safety Answering Points (PSAPs) – were participating at that time in what is called the Telecommunications Service Priority (TSP) program.

The two biggest problems cited for the lower-than-expected participation rate were: (1) the apparently limited understanding of what the TSP program is, and how it works; and (2) a lack of the funding needed to implement the program at the local level. Following the study, the FCC and NCS (an agency of the Department of Homeland Security (DHS)), initiated a nationwide campaign to help ensure that all of the nation's PSAPs would be registered in the TSP program; the FCC/NCS effort received strong support from the National Emergency Number Association (NENA), the National Association of 9-1-1 Administrators (NASNA), and the Association of Public-Safety Communications Officials (APCO).

On 17 November 1988, 15 years before the 2003 study, the FCC had issued a "Report and Order" (FCC 88-341) establishing the TSP program, which is managed for the FCC by the NCS. TSP provides both for priority installation and for priority restoration of the telecommunications services that are considered critical to national security and emergency preparedness (NS/EP), particularly in times of crisis – an umbrella term that covers a broad spectrum of situations ranging from natural disasters such as floods, forest fires, and hurricanes to man-made disasters such as terrorist attacks.

Restoration and Provisioning – Both Are Needed

For operational purposes, TSP provides two types of priority service: (1) Guaranteed priority restoration of enrolled telecommunications services when the service provider's resources are overextended; and (2) Priority provisioning for telecommunications services when the normal provider processes will not meet the requirement.

Restoration TSP must be set up well in advance – i.e., long before an emergency or disaster

occurs – and in that context it serves as an unusual type of operational insurance for the communications network. TSP restoration plans are essential to the continuing operation of: emergency operations centers (EOCs), 911 centers, and other emergency-operations centers; data centers; the headquarters of police and fire departments as well as hospitals;

Provisioning TSP usually comes into play after a breakdown of the communications infrastructure has occurred, and new service is needed, frequently in a different location

and – particularly in recent years, critical infrastructure owned by the private sector.

Provisioning TSP usually comes into play after a breakdown of the communications infrastructure has occurred, and new service – e.g., field operations centers and emergency shelters – is needed, frequently if not always in a different location.

TSP can augment existing emergency communications capabilities and serve as an important component of almost any organization's emergency plans and/or training exercises. Without TSP enrollment, which mandates that the service provider repair TSP services before other commercial and residential services, the service providers usually will repair service requests on a first-come, first-served basis.

Alternate Sources of TSP Funding

TSP usually is ordered from a local service provider, at rates set by the service provider (usually with input from or under limits set by state public-utility commissions). There typically would be an initial set-up charge and, after that, monthly recurring charges for priority-restoration TSP. For provisioning TSP, the requester is

liable not only for the provider's service charge but also for the cost of installation.

TSP enrollment costs vary both by locality and by service provider. The extreme variation of TSP tariffs among states sometimes creates considerable difficulty, in fact, for various state and local agencies that manage or are otherwise involved in emergency operations to enroll in the TSP program but, because of budgetary constraints, cannot implement TSP on their own.

On 26 May 2003 the National Association of Regulatory Commissioners (NARUC) recommended, in recognition of the cost of enrolling in TSP, that state public utility commissions review, and revise as necessary, their respective TSP tariffs to ensure that those tariffs are fair, reasonable, and affordable. Until that review and (if necessary) revision change is completed, though, emergency operations managers may have to look for alternative funding sources to cover the cost of TSP. Among the possibilities are fees from state E-9-1-1 taxes, state USF (Universal Service Fund) surcharges, the Federal Universal Service Fund (FUSF), and DHS grants for emergency communications.

To summarize: TSP provides both protection and continuity for critical NS/EP functions when demands on a service vendor's resources might well be at their highest. If the PSAP and/or other emergency communications capabilities are not covered by TSP, the service vendor is under no obligation to repair the PSAP connectivity ahead of the systems owned by commercial customers. Priority restoration for 9-1-1 call centers and PSAPs is, in that context, a valuable insurance policy that all states and local jurisdictions – and the owners and operators of private-sector critical-infrastructure facilities – should seriously consider.

Joan K. Grewe, a retired Army officer and former deputy chief of staff for the Defense Information Systems Agency (DISA), is director of DHS Services for Terrestar, a private-sector business serving the federal government, with particular focus on the U.S. Department of Homeland Security. She previously served tours of duty in support of the National Communications Systems' Continuity Communications Program and as an MCI/WorldCom National Security and Emergency Preparedness liaison to DHS.

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California, New Mexico, Colorado, and Arizona

By Adam McLaughlin, State Homeland News



California San Joaquin Valley Counties Develop Plans for Heat Wave

County officials in the Northern San Joaquin Valley have been drawing upon their experiences from last year in order to prepare for the next heat wave. So far, there are no forecasts for a heat wave similar to the 2006 disaster that claimed 23 lives in Stanislaus County and 17 in San Joaquin County; however, the National Weather Service projected a warmer-than-normal summer throughout the United States, and the temperatures recorded so far are validating that projection.

Stanislaus County agencies have been working for some time on a response plan to address the several health and other hazards involved. Gary Hinshaw, fire warden for Stanislaus County, said that fire departments, public health officials, and various relief agencies and organizations have been involved in drafting the plan. The county plan calls for, among other things, opening cooling shelters during the day; providing transportation for people

who need rides to the shelters; establishing a hot line; providing any additional assistance needed at the care facilities; and a number of other measures designed to protect the state's most vulnerable citizens.

The county plan calls for opening cooling shelters, establishing a hot line, and other measures designed to protect the state's most vulnerable citizens

James Money, emergency services director for the Stanislaus County Chapter of the American Red Cross, said he can have cooling shelters up and running within 2-3 hours or so. The American Red Cross staffs the shelters; the county's Health Services Agency provides the health workers needed to evaluate people for heat-related injuries.

Hot summer days are fairly common in the San Joaquin Valley, so officials will have to make a judgment call in deciding specifically when to declare an emergency. In 2006, there were 11 consecutive days above 100 degrees in the county, and three consecutive days over 110. Ronald Balwin, emergency operations director in San Joaquin County, said he thinks the threshold for calling an emergency should be somewhere from 107 to 110 degrees.

Numerous health agencies in San Joaquin County are prepared to respond if and when a heat emergency is declared. Cities such as Stockton and Manteca can and would open cooling shelters during the day, for example. County social services agencies would notify public health agencies about citizens who may be particularly vulnerable. And Community Emergency Response Teams (CERTs) will assist with checking in the identified ill, elderly, and isolated population.

The response plans also will address the high mortality rate likely among livestock during a heat wave. "With a single rendering plant in Stanislaus County and six in the entire

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state, there is not enough capacity to handle the large number of carcasses,” said Dennis Gudgel, county agriculture commissioner. “The carcasses must be removed quickly because they attract flies and other disease-spreading organisms.”

New Mexico Tests Ability To Receive Medical Supplies During a Major Emergency

The New Mexico Department of Health has been working closely with the U.S. Centers

for Disease Control and Prevention (CDC) this summer to test the federal agency’s ability to deliver medical supplies to the state during a public health emergency. The most important phase of the test fell on 25 June, when the department successfully unloaded 50 tons of medical pharmaceuticals within about an hour after receiving them from the CDC.

The full-day exercise required that the CDC deliver a “package” of medicine and medical supplies, drawn from the Strategic National Stockpile (SNS), to one of New Mexico’s

established distribution sites within 12 hours after the need for the supplies had been confirmed. The Bureau of Health Emergency Management staff unloaded a total of 130 containers of supplies that day – enough to care for the state’s entire population.

In a real-life public health emergency, the department would distribute the medicine and medical supplies to about 150 smaller distribution centers throughout the state where local agencies would be directed to receive them.

New Mexico Health Secretary Dr. Alfredo Vigil said that the state was pleased that the CDC selected New Mexico to test the national system for responding to states’ needs during a public health emergency. “This is part of our [own] preparedness efforts,” he said, “to protect New Mexicans to the best of our ability during a public health emergency.”

The Strategic National Stockpile is the repository for the large quantities of medicine and medical supplies needed to protect the American people if there is a public health emergency – e.g., a flu outbreak, or a terrorist attack involving weapons of mass destruction – that is severe enough to drain local supplies. After federal and state officials have determined that a state – New Mexico, in this instance – needs supplies from the Strategic National Stockpile, the medicines will be delivered to that state within 12 hours.

Like its sister states, New Mexico has had a plan in place for some time to receive and distribute the SNS materials – such as antibiotics, antitoxins, life-support medications, and medical/surgical items – to local communities as quickly as possible. The Department of Health’s Bureau of Health Emergency Management is in charge of that plan.

The CDC conducts a few full-scale exercises of the Strategic National Stockpile each year. The CDC reviewed the New Mexico Department of Health’s SNS plans earlier this year and determined that the state was capable of participating in the 25 June exercise.

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Mexico State Police, New Mexico Board of Pharmacy, Office of Emergency Management, and Indian Health Services all were involved in the successful 25 June exercise.

Colorado Physicians Receive Pandemic Influenza Training

The Spanish flu pandemic of 1918 is estimated to have killed between 30 million and 40 million people worldwide. Despite the astounding progress in almost all fields of medicine in the nine decades since then, there is no guarantee that it could not happen again. "It is hard to know for sure," said Dr. Jeremiah Eckhaus, director of integrative medicine at the Grand River Medical Center in Rifle, Colorado. "There are different speculations out there and no one knows for sure. That is why people are interested in it."

Eckhaus was one of three Garfield County health-care providers participating in an initial-training program on how to effectively respond to a pandemic flu outbreak. The training is part of the Colorado Community Physician Influenza Pandemic Response Plan Initiative, developed by the Colorado Academy of Family Physicians Foundation (CAFPF).

"So many people believe that it is just a matter of time before we have another flu pandemic," said Tina Goldstein, who works with the CAFPF's Office of Health Initiatives in Denver. A bonus factor resulting from the pandemic-flu training program, she pointed out, is that "The things we learn preparing for [in that program] will help us in any emergency."

During the initial-training phase of the program, a family physician and members of his or her staff are trained in pandemic-flu preparedness. Later, they will train other family physicians as part of the overall training process, the goal of which is to ensure that *all* emergency-response teams in the area have a cohesive and integrated health-care response plan in place to counter a potentially very large surge in patient admissions during a pandemic-flu event.

"The main ... [concern] of the health department," Goldstein said, "is connecting with the medical facilities and closing the gaps between the community and the health-care providers in an emergency." Eckhaus agreed that simply "*knowing* that the possibility of a pandemic exists and that we are going through scenarios to prepare the best we can" is a major step forward in itself.

One of the more important factors being considered in the current program also plays a major role in the handling of pandemic cases in smaller towns scattered around western Colorado. That factor is the growth in regional airports, which of course did not exist during the 1918 pandemic. The proliferation of airports, and of air travel in general, could help spread another flu strain farther and faster than ever before in history. Eckhaus, for one, thinks that there could be a positive effect as well. "It will be interesting to see how that will play a role," he said. "Because it [air travel] also allows us access to get supplies to some of the more less-densely populated areas."

Arizona Surveillance Towers Raise Concerns in Border Town

Residents of the small town of Arivaca, a small town in Arizona's Pima County, held a meeting in late July with lawyers from the American Civil Liberties Union (ACLU) to discuss whether the town could legally force the U.S. Department of Homeland Security (DHS) to take down a high-tech tower that is an important component of a "virtual fence" designed to slow the flow of illegal immigrants crossing the border from Mexico into the United States.

A number of the town's citizens have expressed concern that the tower – which is equipped with long-range video cameras, radar systems, and night-vision equipment to spot and track illegal immigrants crossing the U.S.-Mexican border 12 miles away – might violate their privacy. Arivaca resident Mary Scott, for example, said the idea that images from the tower may be fed into a CBP (Customs and Border Patrol) command center 75 miles away in Tucson, where government

workers can watch, is "oppressive" to her.

The tower, located just south of the center of town, is one of nine 98-foot structures that government contractor Boeing completed in June to monitor 28 miles of the U.S. border with Mexico. Once completed, the system, called the Secure Border Initiative Network (SBI Net), will encompass an estimated 1,800 towers housing a large number of infrared cameras, radars, and communication systems along almost the entire U.S.-Mexican border. The SBI Net system is estimated to cost \$2.5 billion, but the final price tag could be several times that amount, according to a DHS inspector general report.

Although some Arivaca residents said they want the ACLU to pursue litigation to have the tower in the town taken down and/or moved elsewhere, Alessandra Soler Meetze, executive director of ACLU of Arizona, said that going to court is sometimes not the best approach. She suggested that residents use the political process instead and that advocacy groups work on their own to have the tower moved.

The ACLU will file a Freedom of Information Act (FOIA) request, Meetze also said, to obtain technical information about the tower systems. A DHS spokesperson suggested that, instead of filing such an official request, the ACLU simply should ask DHS for the technical details, and the department would work to provide the information. If the ACLU is not satisfied with the DHS response, the group could then file a FOIA request.

DHS officials also pointed out that, even though the tower in Arivaca is several miles from the border, it is part of a "defense in depth" strategy, and construction program, that has been developed to track illegal immigrants as they make their way from the border north toward Arivaca and other U.S. communities. The tower was not designed to conduct surveillance of Arivaca or its residents, the DHS officials said.

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