



Following the Storm

The Heroic Aftermath

The Human Dimension

Identifying and Treating Disaster-Related Stress

Kay C. Goss, Emergency Management, Page 5

Hospital Security

An Age-Old Problem

Becomes Increasingly Important

Craig DeAtley, Public Health, Page 7

Safety: Those Who Stay Behind

Joseph Cahill, EMS, Page 10

Litigation Trends

Regarding Security

Neil C. Livingstone, Building Protection, Page 11

Coming: An Upgrading of

Security Standards for Rail Transit

Diana Hopkins, Standards, Page 14

All-Hazards Training

Preparing for the Unknown

Christina M. Flowers, Viewpoint, Page 16

DHS STEPs Forward to

Identify NIMS Technology

Rodrigo (Roddy) Moscoso, Law Enforcement
Page 18

Important Homeland Security Input

High-Ranking PNSR Group

Releases Its Final Report

Martin (Marty) Masiuk, Publisher, Page 20

Indiana, Massachusetts, Florida, and North Dakota

Adam McLaughlin, State Homeland News
Page 24

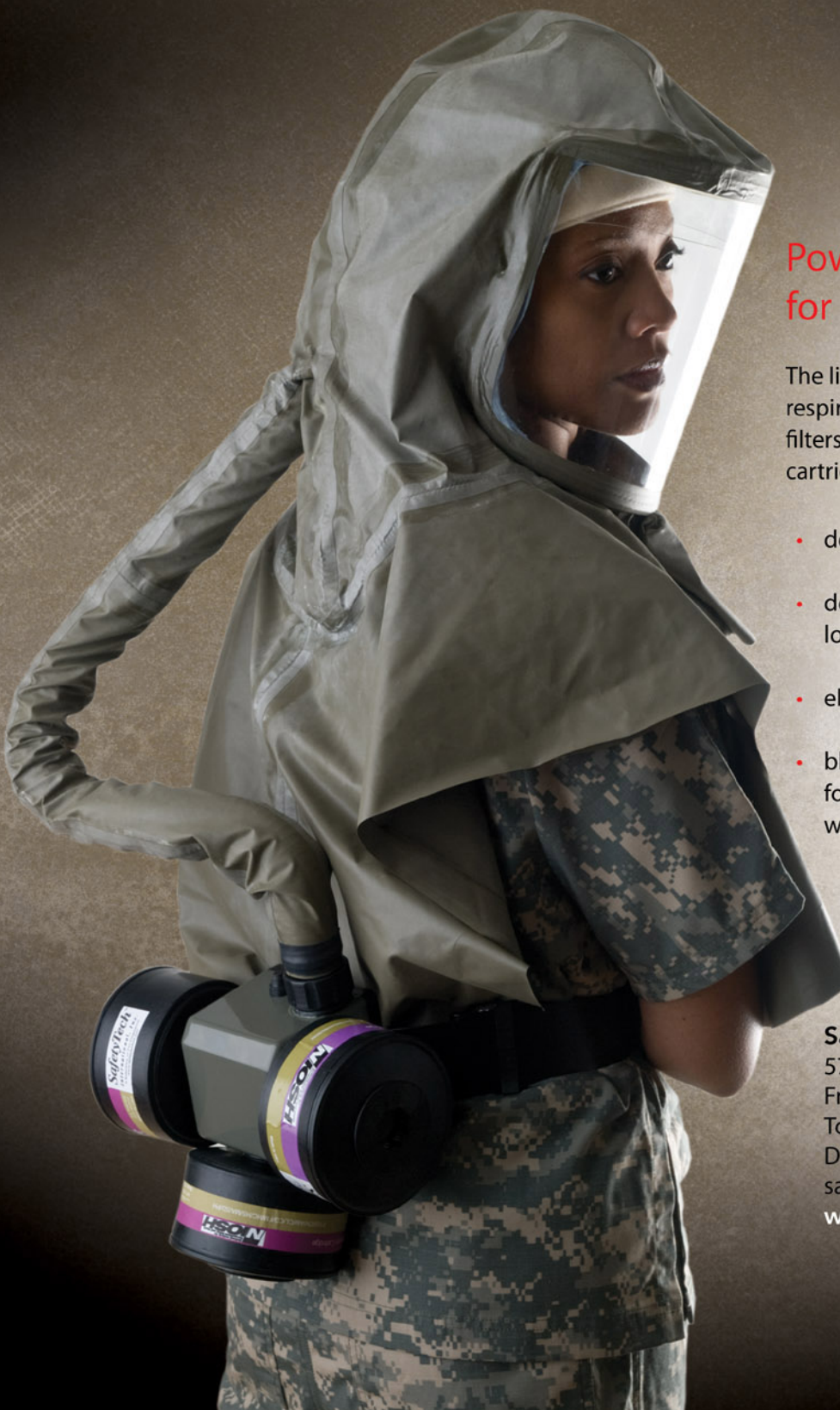
For more details, visit:
DomesticPreparedness.com
Since 1998, Integrating Professional
Communities of Homeland Security



SafetyTech™

International, Inc.

A Subsidiary of TVI Corporation



Powered Air Solutions for Decontamination

The lightweight **FlexAir™** powered air respirator can be used with two HEPA filters or converted to three chemical cartridges.

- designed for first receivers
- dedicated low flow and low battery alarms
- eliminates fit testing
- blower converts to 2 HEPA's for pandemic with a new light weight Tyvek™ hood

SafetyTech International, Inc.

5703 Industry Lane

Frederick, MD 21704

Toll free: 1-888-744-6462

Direct: 301-624-5600

sales@safetytechint.com

www.safetytechint.com

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

Staff

Martin Masiuk
Publisher
mmasiuk@domprep.com

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

John Morton
Managing Editor & Interviews
jmorton@domprep.com

Dan Brethauer
Sales Support
dbrethauer@domprep.com

Susan Collins
Creative Director
scollins@domprep.com

Sharon Stovall
Web Content Coordinator
sstovall@domprep.com

Carole Parker
Database Manager
cparker@domprep.com

Advertisers in This Issue:

ADVNT Biotechnologies
CANBERRA Industries
Disaster Response Recovery Expo
GovSec. U.S. Law & Ready
Conference
IDGA Biometrics Expo
IDGA CBRN Defense Conference
INTELAGARD
Meridian Medical Technologies
MSA
PROENGIN Inc.
SafetyTech International

© Copyright 2008, by IMR Group, Inc.; reproduction of any part of this publication without express written permission is strictly prohibited.

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

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



Editor's Notes

By James D. Hessman, Editor in Chief



Even during the Christmas season – perhaps especially during the Christmas season – it is prudent to remember that disasters never take a holiday. There are car crashes on icy roads, power outages in New England and the Midwest, falling trees and a broad spectrum of human mishaps ranging from hunting accidents to house fires to flight cancellations.

All of which is why, in every community across the country, firefighters, policemen, hazmat specialists, EMS technicians, and other first responders are still on the job, sacrificing their own holidays to help their fellow citizens better enjoy their own time off.

Two articles in this month's printable issue – one by Kay Goss, the other by Joseph Cahill – serve as timely reminders that the best-laid plans and newest state-of-the-art equipment are absolutely useless in themselves. What is still needed is “the human dimension,” as Goss points out in her report on the huge emotional and psychological stress imposed on responders who go into Harm's Way each and every day. Cahill buttresses Goss's analysis with his own then-and-now contrast of the heroic New Orleans responders who stayed at their posts during (and after) both Hurricane Katrina and Hurricane Ike.

Other and less laudable aspects of the human dimension are spotlighted in two other articles. The first, by Craig DeAtley, focuses on hospital security and points out that many U.S. healthcare facilities are, far too often, inherently unsafe and lack the everyday protective systems now installed in most large buildings, public and private, throughout the country. Neil Livingstone follows up with a cogent report on recent “litigation trends” that are forcing the owners and managers of those same buildings to install and/or update those systems as soon as possible – or face a long and costly day in court.

Four authors focus on the future – in different ways, and from different points of view. Christina M. Flowers discusses the dangers posed by biological weapons – invisible nuclear bombs, but worse – and how U.S. scientists are “preparing for the unknown.” Diana Hopkins says that rail-transit security is likely to be upgraded in the foreseeable future, thanks to the efforts of the American National Standards Institute. Rodrigo (Roddy) Moscoso points out that the federally mandated Supporting Technology Evaluation Program (STEP) is helping to ensure that the new systems and equipment now entering the homeland-security inventory will actually perform as needed. And Adam McLaughlin comments on recent news items out of: (a) Florida (several potentially explosive chemical sites); (b) Indiana (fighting the proliferation of meth labs); (c) Massachusetts (Boston's innovative “vaccination map”); and (d) North Dakota (a new Predator B spy in the sky to help guard the U.S./Canadian border).

Rounding out the issue is a particularly timely, and extremely important, report by DPJ Publisher Martin (Marty) Masiuk on the numerous upgrades in national defense and homeland security recommended earlier this month by the members of the Project on National Security Reform (PNSR). Those upgrades, and the PNSR's recommendations, will be the subject of many, many congressional hearings in the months and years to come, and when fully implemented will make the United States both safer and more secure than was ever before possible. ▼

About the Cover: A U.S. Coast Guard air boat navigates the flooded streets of New Orleans during a joint-service (Army, Navy, Marine Corps, and Air Force as well as Coast Guard) humanitarian-assistance operation ordered by the Department of Defense (DOD) shortly after Hurricane Katrina made landfall in September 2005. What was called Joint Task Force Katrina was led by the Federal Emergency Management Agency (FEMA), working in close cooperation with DOD. (U.S. Navy photo by Photographer's Mate First Class Brien Aho.)

ADVNT
BIOTECHNOLOGIES



Ricin Toxin

Anthrax

Plague

SEB

Botulinum

- ✓ White Powder Incidents
- ✓ 5 Targets 1 Device
- ✓ Single Target Devices
- ✓ Excellent Training Devices
- ✓ ProStrips™
- ✓ BADD™
- ✓ ATTAK™
- ✓ Independently Evaluated
- ✓ Fast accurate results
in 10 minutes or less

BIOThREAT DETECTION

www.advnt.org

888-223-3269

DomPrep Channel Masters

First Responders:

Glen Rudner
Fire/HAZMAT
grudner@domprep.com

Joseph Cahill
EMS
jcahill@domprep.com

Kay Goss
Emergency Management
kgoss@domprep.com

Joseph Watson
Law Enforcement
jwatson@domprep.com

Joseph Trindal
Law Enforcement
jtrindal@domprep.com

Medical Support:

Jerry Mothershead
Hospital Administration
jmothershead@domprep.com

Michael Allswede
Public Health
mallswede@domprep.com

Updates:

Adam McLaughlin
State Homeland News
amclaughlin@domprep.com

Infrastructure:

Neil Livingstone
ExecutiveAction
nlivingstone@domprep.com

Funding & Regulations:

Diana Hopkins
Standards
dhopkins@domprep.com

Borders & Ports:

Joseph DiRenzo III
Coast Guard
jdirenzo@domprep.com

Christopher Doane
Coast Guard
cdoane@domprep.com

Military Support:

Jonathan Dodson
National Guard
jdodson@domprep.com

The Human Dimension *Identifying and Treating Disaster-Related Stress*

By Kay C. Goss, Emergency Management



After a disaster, emergency managers – along with other federal, state, tribal, and local leaders – begin rebuilding the communities struck, whether by natural or human-induced incidents. The recovery process calls out for the best of leadership and partnership in the region. Debris removal, the re-opening of schools and businesses, and routine recovery work all begin as soon as possible.

At the same time, experience has taught responders that stress caused by loss and/or traumatic experiences can catch people off guard and create intense feelings of fear, shock, anger, helplessness, and hopelessness. Disasters affect human lives like no other phenomena. For those affected directly, disasters generate a sense of anxiety that can destroy an individual's peace of mind. Frequently, such anxiety is not recognized for weeks or even months. It is therefore important that the individual's family and friends are sensitive to this danger and take remedial action, if possible. It is normal to feel great angst after a disaster. The difference is that help may be needed if the reaction is not only sustained but also dangerously deep and debilitating.

Among the numerous and best known indications of stress are difficulties in communicating, sleeping, maintaining regular activities and/or work routines, a lack of concentration, the use of drugs and/or alcohol, the fear of leaving home, the presence of crowds, and the onslaught of such physical and emotional symptoms as mood swings, crying, stomach pains, guilt feelings, headaches, depression and confusion,

colds, and even the loss of hearing. The willingness to accept help from others is a healthy sign, and should be emphasized over and over. Planning to deal with these and other symptoms is important both for the individual and for the community, state, and nation to which he or she belongs.

FEMA Grants, Crisis Counseling, And a Grim Reminder

For the last fifteen years or so, the Federal Emergency Management Agency (FEMA) has been increasingly generous in providing grants for crisis counseling services, usually provided by counselors available through FEMA and/or state disaster centers.

The 1995 Oklahoma City Bombing saw the first widespread use of the crisis counseling available from FEMA and proved to be significantly helpful to responders and rescuers as well as to disaster survivors and the families of those killed or seriously injured by the bombing. Regrettably, one Oklahoma City police officer – who did not accept counseling – later suffered immensely and eventually committed suicide. His death served as a grim reminder to all emergency managers to be keenly aware that even highly trained and physically fit professionals see sights, and experience feelings, during a major disaster that are so removed from the everyday norm of human experience that they may need special care – even when they themselves may not recognize how seriously they have been affected, both mentally and emotionally.

The emergency responders and managers who worked at the Pentagon crash site on 11 September 2001 and

the days following had never before seen anything like the massive damage and the number of casualties they were dealing with – all of which was magnified exponentially because of the intent behind the devastation. Fortunately, Arlington County (Va.) emergency responders had been well rehearsed to cope with both the stress and the emotional toll caused by that horrific event. In the more than seven years that have passed since that new “date that will live in infamy” the county has continued to refine its Critical Incident Stress Management (CISM) program, and all members of the county’s fire department now go through a comprehensive training program, augmented by numerous drills and exercises designed to help them cope in the future with similar incidents of such magnitude. Having such a program in place well beforehand makes a major difference when an incident occurs, and the aftermath of the terrorist attack on the Pentagon provided a vivid real-life example of how the system should work.

Trust and Respect: The Arlington Example

The partnerships that firefighters, and their fellow professionals in other responder communities, build among themselves as they face a common danger are a key component of their professionalism – along with a high level of trust and respect, of course, neither of which can be built during a disaster or on the fly. Current Arlington Fire Chief Jim Schwartz, as well as former Chief Ed Plaugher, are and have been leaders in building ways to cope with disaster-related stress among responders.

Following are some, but by no means all, of the more significant steps that both FEMA and SAMHSA – the Substance Abuse and Mental Health Services Administration – recommend to help

both individuals and groups cope with the stress caused by sudden disasters:

- Talking to someone else about the deep feelings of anger or sorrow usually experienced;
- Seeking help from professional counselors experienced in post-disaster treatment;
- Resisting the temptation to hold themselves personally responsible for the emergency or disaster;
- Promoting physical and emotional healing by healthy eating, resting, and exercising;
- Maintaining as normal a routine as possible;
- Spending as much time as possible with family and friends, having fun;
- Joining and participating in support groups; and
- Spending additional time working to prepare for future disasters (taking such positive action is often therapeutic).

There is an abundance of additional information on the internet related to dealing with trauma, disaster-related stress, and mental-health problems. One such “best practice” example is a site called *RESPONSE*, which provides a long list of resources available from various other sites and organizations – including references to national organizations, as well as to local resources with helpful information specific to numerous types of incidents. One excellent resource is the New River Valley, Virginia, website <http://www.nrvcs.org/response/default.html>, which was designed to be a one-stop shop for information and is regularly updated.

Another best-practice website is one created by Virginia Tech (<http://www.recovery.vt.edu>), which includes a section specifically devoted to: (a) the counseling resources available to Virginia Tech students; (b) the counseling resources available to the university’s staff and faculty; (c) the university’s Campus and Workplace Violence Prevention Policy; (d) *Responding to Disruptive or Threatening Student Behavior: A Guide for Faculty* (PDF); and (e) *Identifying and Referring the Distressed Student: A Faculty/Staff Guide*.

Interestingly, specially trained dogs are now frequently being used to provide emotional therapy for rescuers as well as for victims and survivors. There is a robust organization and effort in the Commonwealth of Virginia, for example, as well as in many other states and commonwealths throughout the nation. Since 1980, when Therapy Dogs International was founded, the use of dogs to help humans cope with stressful situations has broadened significantly, and now provides therapy for disaster rescuers, victims, and survivors.

In short, the handling of disaster-related stress requires long-term planning, an ongoing training program, robust collaboration, joint exercises, and trusting partnerships at all levels of the emergency-management community, including offices and agencies in the public, private, and nonprofit sectors.

Kay C. Goss, CEM, possesses more than 30 years of experience – as a federal and state administrator and in the private sector – in the fields of emergency management, homeland security, and both public finance and intergovernmental operations. A former associate FEMA director in charge of national preparedness training and exercises, she is a noted lecturer as well as the author of several books and numerous articles and reports in the fields of homeland defense and emergency management.

Hospital Security

An Age-Old Problem Becomes Increasingly Important

By Craig DeAtley, Public Health

The Emergency Department of any major hospital or other healthcare facility is commonly a site of workplace violence – with healthcare or mental health workers being the victims in 12 percent of the cases, according to a 2001 report issued by the U.S. Department of Justice. Long waits, substance abuse, the psychiatric aspects of illnesses or injuries – and/or, in some cases, easy access to weapons – are among the major contributors to the violence that has been reported.

Moreover, simply the threat of violence can create anxiety, fear, and decreased job satisfaction, according to a survey discussed earlier this year in the *Journal of Academic Emergency Medicine*. The potential threat of a terrorist attack against hospitals, coupled with the daily violence threat, increases the importance of an effective hospital-security program being developed and in place.

Most if not all hospital-security programs consist of three primary elements: facility architecture, security operations, and technical security measures, according to the “Summary Recommendations” on Hospital Security Best Practices released in September 2008 by the Arriba Corporation. A hospital-security program should maintain a balance between the three elements through effective planning and thoughtful execution. The successful program will recognize that the efforts of the security department must be complemented by support from the hospital’s other departments – e.g., the hospital administration, facility planning and engineering, and healthcare departments.

The Joint Commission – which accredits over 80 percent of the nation’s hospitals

– has developed and published a number of recommendations in an attempt to help hospitals address the security issue. These requirements include but are not limited to: (a) the development and maintenance

of a hospital Security Management Plan; (b) the scheduling and conduct of an annual risk assessment; (c) the implementation of various access-control and physical-protection measures; and (d) the development

EXPOSE CHEMICAL HAZARDS

**AP4C
HANDHELD
CHEMICAL
ALARM DETECTOR**

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

ADVANCED SPECTRO-PHOTOMETRY TECHNOLOGY DETECTS

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

PROENGIN www.proengin.com
140 South University Drive, Suite F
Plantation FL 33324
(954) 760-9990 • FAX (954) 760-9955
e-mail: contact@proengin.com

of an effective education and training program for hospital employees.

IAHSS Standards, an HHS Grant, & NCR Assessments

The International Association for Healthcare Security and Safety (IAHSS) also has published some helpful guidelines, which are followed by the directors of a number of healthcare facilities. The IAHSS standards address such important (but frequently overlooked) topics as hospital identification badges, the training of personnel, and record keeping.

In response to the growing threats of violence, coupled with the fear of a possible terrorist attack, hospitals in the District of Columbia recently completed a comprehensive security risk assessment. That assessment, carried out under a U.S. Department of Health and Human Services (HHS) Coalition Partnership Grant, analyzed the threat environment of twelve hospitals in the D.C. area and focused on security measures that support facility operations not only during daily operations but also in the aftermath of a major incident. The assessment was conducted by a highly respected security contractor over a six-month period of time. The evaluation process included site visits to each facility, meetings with various hospital personnel, and a comprehensive review of site plans, building plans, and security policies and procedures. Each facility received an individualized summary report identifying the facility's principal risk concerns and specific corrective recommendations.

Also included as part of the grant deliverable were: (1) the publishing of a Hospital Security Best Practices Summary Recommendations document; and (2) a discussion of its contents – at a day-long Hospital Security Best Practices Forum attended by hospital security directors and local law-enforcement officials from throughout the National Capital Region.

Particularly prominent in the Best Practices Summary are recommendations to:

- Use perimeter fencing in high-crime-risk areas to deter and prevent unwanted access to the site (fence lines provide psychological as well as physical barriers);
- Use CPTED (Crime Prevention Through Environmental Design) concepts both to define the site and sense of place and to maintain clear lines of sight;
- Maintain exterior lighting levels that are in compliance with the levels recommended by IAHSS;
- Minimize the “secondary” use of fire and emergency exit doors for building access through policy enforcement, the monitoring of secondary doors through alarm and access-control systems, and guard-force patrols;
- Use vehicle access-control measures to limit passenger as well as truck access to the site – and, when and where possible, segregate both passenger and truck traffic;
- Use crash-rated drop-arm gates to control access to areas that enclose critical infrastructure facilities;
- Design bus routes and stops to minimize potential threats and ensure clear and unobstructed access to facility entrances (the traffic patterns for bus stops should allow for convenient pedestrian access but not be permitted to block building entrances; in addition, alternate bus circulation routes should be preplanned to accommodate measures instituted during critical-response situations);
- Establish a door, and door-hardware, maintenance program that includes frequent inspections, mandates the use of properly rated hardware in

high-traffic areas, and requires the installation of door guards at loading docks and/or in areas where “push” vehicles or devices are used to move material; and

- Last, but of perhaps the greatest importance, design Emergency Department facilities to support security needs and operations.

Among the specific design measures emphasized are the building and designation of “holding rooms” for mentally ill or forensic patients, the provision of reasonable levels of protection for service counters, and the integration of strategically located guard posts within the Emergency Department. The design recommendations also include an important “Thou Shalt Not” mandate: Namely, do *not* collocate critical infrastructures such as oxygen plants and medical gas storage areas near emergency department entrances or decontamination areas.

To briefly summarize: Security has become increasingly important to the nation’s hospitals as they attempt to cope with the already large and still growing threats posed by workforce violence and potential acts of terrorism. The enhanced security efforts already adopted by many hospitals center on a broad spectrum of architectural, operational, and technical considerations – including, but not limited to, many of the specific design features mentioned above.

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



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

Co-located with the MRC, OFRD, ESAR-VHP and NDMS Training Event, the **2009 Disaster Response & Recovery Exposition** is the perfect opportunity for public health and emergency preparedness practitioners and policy makers to discover the latest equipment, technologies and services available.

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

For more information or to become an exhibitor, contact:

DRRE Exposition Management
 c/o J. Spargo & Associates, Inc.
 800-564-4220 / 703-631-6200
 drre@jspargo.com

+ Disaster
 Response and Recovery **EXPO**

Co-located with the MRC, OFRD, ESAR-VHP and NDMS Training Event

REGISTER TO ATTEND TODAY! VISIT WWW.DRREXPO.COM

APRIL 5-7, 2009 • HILTON ANATOLE, DALLAS, TEXAS



Safety: Those Who Stay Behind

By Joseph Cahill, EMS



Even in a mandatory evacuation of a city some people must remain in the area of evacuation. First responders are probably the most obvious example of those who stay when other are ordered to leave. Without police, looting would be rampant; without fire personnel, the fires started by the hazard would sweep through the city; and without EMS (emergency medical services) workers, victims and rescuers alike would have to wait for medical aid.

Many businesses that have to operate for the common good also have essential staff members who have to remain in place. One of these who received some well-deserved attention after Hurricane Katrina made landfall was Ricky Ray, a pump operator for the New Orleans Sewerage and Water Board, who stayed at his post keeping pump station number 7 running.

How does an employer ask an employee to stay when the employee's family has to face the uncertainty of evacuation and sheltering?

Tourism – as Matthew Kallmyer, deputy director of the New Orleans Office of Homeland Security and Emergency Preparedness, points out – is the life blood of the city. So, in addition to ensuring the safety of the local population, New Orleans had to make sure that visitors to the city were able to get safely away. The Crescent City did this in part by ensuring that commercial airlines could run scheduled flights out of the city for as long as conditions allowed.

Southwest Airlines: A Shrewd and Sensible Strategy

Southwest Airlines is one of those airlines. Southwest applied a long-

standing strategy from the airline's contingency plan by sending the company's New Orleans staff home to be with their families during the evacuation, and sending in replacement crews from outside the threatened area. As a result, Southwest's New Orleans staff members were not forced to choose between job and family – but the company continued to carry out its crucial role in the

*Southwest Airlines
applied a long-standing
plan by sending
the company's
New Orleans staff
home to be with their
families during the
evacuation, and sending
in replacement crews
from outside*

evacuation while also protecting the company's own interests.

Although the replacement crews from Southwest were able to evacuate on the last planes out of New Orleans, police, EMS, fire, and other essential rescue and infrastructure workers would be needed in the immediate aftermath of the storm. These staff members could neither rely on the availability of transportation back into the city nor delay their own essential operations. After all, those who did not heed the evacuation order would need assistance, and property needed

protection from looting, fire, and other threats.

The City of New Orleans set up first-responder shelters for fire, police, EMS, and National Guard workers as well as such other essential recovery personnel as Department of Public Works (DPW) staff. The shelters offered a place for the recovery teams to hunker down while the storm passed over them and then emerge immediately. Not incidentally, one of the shelters during Hurricane Gustav was at the New Orleans Convention Center, which had played such an emblematic role of “the things that went wrong” during the response operations after Katrina hit.

It is incumbent upon leadership to provide for the safety of the emergency staff; this is as true during a disaster as it is during day-to-day operations. Although many “bad things” happen during almost any disaster, there is no excuse for not taking the steps needed, particularly those that can be taken in advance, to safeguard the dedicated first responders and other workers who are called upon to preserve the safety of all citizens.

Joseph Cahill, a medicolegal investigator for the Massachusetts Office of the Chief Medical Examiner, previously served as exercise and training coordinator for the Massachusetts Department of Public Health, and prior to that was an emergency planner in the Westchester County (N.Y.) Office of Emergency Management. He also served for five years as the citywide advanced life support (ALS) coordinator for the FDNY - Bureau of EMS, and prior to that was the department's Division 6 ALS coordinator, covering the South Bronx and Harlem. Much in demand as a speaker – he has addressed venues as diverse as the national EMS Today conferences and local volunteer EMS agencies – Cahill also served on the faculty of the Westchester County Community College's Paramedic Program and has been a frequent guest lecturer for the U.S. Secret Service, the FDNY EMS Academy, and Montefiore Hospital.

Litigation Trends Regarding Security

By Neil C. Livingstone, Building Protection



Security specialists can relate to Mario Puzo's observation in *The Godfather* that "A lawyer with his briefcase can steal more than a hundred men with guns." While there certainly are many frivolous lawsuits, it should be emphasized, if only to be fair to attorneys, that there also are many lawsuits that have real merit. A good example is the lawsuit filed by the family of Jdimytai Damour, a temporary worker hired by Wal-Mart in Valley Stream, N.Y., who was trampled to death less than a month ago by "Black Friday" bargain hunters who broke down the doors to the store.

Also named in the lawsuit were the mall where the store was located, a realty company that manages the property, and the security firm charged with crowd control on the day of the incident. The suit charges that Wal-Mart "engaged in specific marketing and advertising techniques to specifically attract a large crowd and create an environment of frenzy and mayhem and was otherwise careless, reckless, and negligent." Wal-Mart is expected to settle the suit out of court, because it appears that the store may have failed to anticipate the size of the crowd and lacked adequate security personnel to control the situation once it got out of hand.

In recent years there has been an avalanche of lawsuits in the United States charging that businesses, landlords, and manufacturers of various products failed in their duty to adequately protect those who relied on them for security. Perhaps the largest and most significant of those lawsuits flowed from the 9/11 attacks on New York City and Washington, D.C. Attorneys representing 6,500 plaintiffs have sued the airport security companies, the airlines whose planes were hijacked,

and 259 financial contributors to Al Qaeda for \$116 trillion.

Homes, Houses, and Hotels

But not all lawsuits are that ambitious. For example, the parents of a female student at the University of Wisconsin who was slain in her apartment filed a lawsuit against the landlord claiming that there were inadequate locks and doors on her apartment. A prominent Hollywood power couple – former studio chief Sherry Lansing and her director husband, William Friedkin – sued the home security company ADT for failing, for nearly two hours, to respond to an alarm at their home while thieves ransacked the property. And an apartment complex in South Florida was named in four separate lawsuits claiming negligent security after a series of shooting incidents.

Shopping malls also have been sued for negligent security after attacks in their parking lots and/or restrooms. Hotels and amusement parks have regularly been accused in lawsuits of security lapses, as have been many major corporations and universities. Scores of lawsuits also have resulted from failures to adequately screen the backgrounds of employees, especially in cases involving bogus doctors and/or sexual predators.

The shootings at Virginia Tech, in which 32 people were killed, produced threatened litigation but were settled out of court because state law, invoking the concept of sovereign immunity, protected the university from being sued directly. Although the victims' families could have filed negligence suits against the Commonwealth, the amount they could have received was capped by the state's Tort Claims Act.

One of the fastest growing areas of litigation involves companies sued

for failing to adequately protect their computer networks from hackers and other threats. Because it is often difficult, if not impossible, to find the guilty parties in such situations and to arrest them, victims – i.e., shareholders, those whose data has been compromised, and/or others who may have been harmed in various ways – are increasingly seeking deep-pocket targets in order to recover their losses. However, even if an occasional hacker is located and brought to justice, the companies rarely have adequate means to compensate victims for the damages that have been imposed.

From Legal Trends to Reasonable Expectations to Tort Claims

Similarly, property owners and managers "have become the target of what appears to be a legal trend called premises security liability," writes security expert Chris E. McGoey. In other words, landlords and property managers are increasingly being sued for criminal attacks on tenants who claim they had a reasonable expectation of a safe environment. Even though most property owners are covered by insurance, to at least some extent, the suits are extremely invasive as well as time-consuming, and insurance rates have been increasing because of the expanding number of successful litigants.

In short, virtually every aspect of contemporary life has become susceptible to tort claims for perceived security failings. This includes not only obvious areas such as those cited above, but also various terrorist crimes, many of which have produced protracted litigation. The 1989 bombing of Pan Am Flight 103, for example, resulted in litigation that is just now being resolved as part of a multi-billion dollar settlement with the government of Libya. The money will go to the families of the victims as well as to administrative creditors of Pan Am (which went bankrupt following the attack), and to help settle several other

To hell and back home again.

"My job involves risks. But no risk is worth taking if I don't get back home to my family. That's why I carry DuoDote."¹



DuoDote has replaced the Mark I™ Kit using advanced dual-delivery technology¹

- Optimizes response to chemical nerve agents^{2,3} by delivering both atropine and pralidoxime chloride in a single auto-injector
- Counteracts the life-threatening effects of a wide range of organophosphorus nerve agents and organophosphorus insecticides¹
- Offers the same advanced technology used by the U.S. military and allied nations worldwide⁴

Please visit www.DuoDote.com or call 1-800-638-8093 for more information.

 **DuoDote™** AUTO-INJECTOR
(atropine and pralidoxime chloride injection)

Preparing for the unexpected.



MERIDIAN
MEDICAL TECHNOLOGIES

The DuoDote™ Auto-Injector (atropine 2.1 mg/0.7 mL and pralidoxime chloride 600 mg/2 mL) is indicated for the treatment of poisoning by organophosphorus nerve agents as well as organophosphorus insecticides.

Important Safety Information

The DuoDote Auto-Injector is intended as an initial treatment of the symptoms of organophosphorus insecticide or nerve agent poisonings; definitive medical care should be sought immediately. The DuoDote Auto-Injector should be administered by Emergency Medical Services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication.

Individuals should not rely solely upon agents such as atropine and pralidoxime to provide complete protection from chemical nerve agents and insecticide poisoning. Primary protection against exposure to chemical nerve agents and insecticide poisoning is the wearing of protective garments including masks designed specifically for this use. Evacuation and decontamination procedures should be undertaken as soon as possible. **Medical personnel assisting evacuated victims of nerve agent poisoning should avoid contaminating themselves by exposure to the victim's clothing.**

In the presence of life-threatening poisoning by organophosphorus nerve agents or insecticides, there are no absolute contraindications to the use of the DuoDote Auto-Injector. When symptoms of poisoning are not severe, DuoDote Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product.

Please see brief summary of full Prescribing Information on adjacent page.

© 2007 Meridian Medical Technologies™, Inc., a subsidiary of King Pharmaceuticals®, Inc. DuoDote™ Auto-Injector, Mark I™ Kit, and the DuoDote Logo are trademarks of Meridian Medical Technologies™, Inc. MMT 5173 11/07

References: 1. DuoDote™ (atropine and pralidoxime chloride injection) Auto-Injector [package insert]. Columbia, MD: Meridian Medical Technologies™, Inc.; 2007. 2. Agency for Toxic Substances and Disease Registry. Medical Management Guidelines (MMGs) for nerve agents: tabun (GA), sarin (GB), soman (GD), and VX. Available at: <http://www.atstcr.cdc.gov/MMG/mmgt166.html>. Accessed February 21, 2007. 3. Holstege CP, Dolmeier SG. Nerve agent toxicity and treatment. *Curr Treat Options Neurol*. 2005;7:91-98. 4. Data on file. Columbia, MD: Meridian Medical Technologies™, Inc.



Rx Only
Atropine 2.1 mg/0.7 mL
Pralidoxime Chloride 600 mg/2 mL

Sterile solutions for intramuscular use only

FOR USE IN NERVE AGENT AND INSECTICIDE POISONING ONLY

THE DUODOTE™ AUTO-INJECTOR SHOULD BE ADMINISTERED BY EMERGENCY MEDICAL SERVICES PERSONNEL WHO HAVE HAD ADEQUATE TRAINING IN THE RECOGNITION AND TREATMENT OF NERVE AGENT OR INSECTICIDE INTOXICATION.

INDICATIONS AND USAGE

DuoDote™ Auto-Injector is indicated for the treatment of poisoning by organophosphorus nerve agents as well as organophosphorus insecticides.

DuoDote™ Auto-Injector should be administered by emergency medical services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication.

DuoDote™ Auto-Injector is intended as an initial treatment of the symptoms of organophosphorus insecticide or nerve agent poisonings; definitive medical care should be sought immediately.

DuoDote™ Auto-Injector should be administered as soon as symptoms of organophosphorus poisoning appear (eg, usually tearing, excessive oral secretions, sneezing, muscle fasciculations).

CONTRAINDICATIONS

In the presence of life-threatening poisoning by organophosphorus nerve agents or insecticides, there are no absolute contraindications to the use of DuoDote™ Auto-Injector.

WARNINGS

CAUTION! INDIVIDUALS SHOULD NOT RELY SOLELY UPON ATROPINE AND PRALIDOXIME TO PROVIDE COMPLETE PROTECTION FROM CHEMICAL NERVE AGENTS AND INSECTICIDE POISONING.

PRIMARY PROTECTION AGAINST EXPOSURE TO CHEMICAL NERVE AGENTS AND INSECTICIDE POISONING IS THE WEARING OF PROTECTIVE GARMENTS INCLUDING MASKS DESIGNED SPECIFICALLY FOR THIS USE.

EVACUATION AND DECONTAMINATION PROCEDURES SHOULD BE UNDERTAKEN AS SOON AS POSSIBLE. MEDICAL PERSONNEL ASSISTING EVACUATED VICTIMS OF NERVE AGENT POISONING SHOULD AVOID CONTAMINATING THEMSELVES BY EXPOSURE TO THE VICTIM'S CLOTHING.

When symptoms of poisoning are not severe, DuoDote™ Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product. Organophosphorus nerve agent poisoning often causes bradycardia but can be associated with a heart rate in the low, high, or normal range. Atropine increases heart rate and alleviates the bradycardia. In patients with a recent myocardial infarction and/or severe coronary artery disease, there is a possibility that atropine-induced tachycardia may cause ischemia, extend or initiate myocardial infarcts, and stimulate ventricular ectopy and fibrillation. In patients without cardiac disease, atropine administration is associated with the rare occurrence of ventricular ectopy or ventricular tachycardia. Conventional systemic doses may precipitate acute glaucoma in susceptible individuals, convert partial pyloric stenosis into complete pyloric obstruction, precipitate urinary retention in individuals with prostatic hypertrophy, or cause inspiration of bronchial secretions and formation of dangerous viscid plugs in individuals with chronic lung disease.

More than 1 dose of DuoDote™ Auto-Injector, to a maximum of 3 doses, may be necessary initially when symptoms are severe. **No more than 3 doses should be administered unless definitive medical care (eg, hospitalization, respiratory support) is available.**

Severe difficulty in breathing after organophosphorus poisoning requires artificial respiration in addition to the use of DuoDote™ Auto-Injector.

A potential hazardous effect of atropine is inhibition of sweating, which in a warm environment or with exercise, can lead to hyperthermia and heat injury.

The elderly and children may be more susceptible to the effects of atropine.

PRECAUTIONS

General: The desperate condition of the organophosphorus-poisoned individual will generally mask such minor signs and symptoms of atropine and pralidoxime treatment as have been noted in normal subjects.

Because pralidoxime is excreted in the urine, a decrease in renal function will result in increased blood levels of the drug.

DuoDote™ Auto-Injector temporarily increases blood pressure, a known effect of pralidoxime. In a study of 24 healthy young adults administered a single dose of atropine and pralidoxime auto-injector intramuscularly (approximately 9 mg/kg pralidoxime chloride), diastolic blood pressure increased from baseline by 11 ± 14 mmHg (mean \pm SD), and systolic

blood pressure increased by 16 ± 19 mmHg, at 15 minutes post-dose. Blood pressures remained elevated at these approximate levels through 1 hour post-dose, began to decrease at 2 hours post-dose and were near pre-dose baseline at 4 hours post-dose. Intravenous pralidoxime doses of 30-45 mg/kg can produce moderate to marked increases in diastolic and systolic blood pressure.

Laboratory Tests: If organophosphorus poisoning is known or suspected, treatment should be instituted without waiting for confirmation of the diagnosis by laboratory tests. Red blood cell and plasma cholinesterase, and urinary parathion measurements (in the case of parathion exposure) may be helpful in confirming the diagnosis and following the course of the illness. However, miosis, rhinorrhea, and/or airway symptoms due to nerve agent vapor exposure may occur with normal cholinesterase levels. Also, normal red blood cell and plasma cholinesterase values vary widely by ethnic group, age, and whether the person is pregnant. A reduction in red blood cell cholinesterase concentration to below 50% of normal is strongly suggestive of organophosphorus ester poisoning.

Drug Interactions: When atropine and pralidoxime are used together, pralidoxime may potentiate the effect of atropine. When used in combination, signs of atropinization (flushing, mydriasis, tachycardia, dryness of the mouth and nose) may occur earlier than might be expected when atropine is used alone.

The following precautions should be kept in mind in the treatment of anticholinesterase poisoning, although they do not bear directly on the use of atropine and pralidoxime.

- Barbiturates are potentiated by the anticholinesterases; therefore, barbiturates should be used cautiously in the treatment of convulsions.
- Morphine, theophylline, aminophylline, succinylcholine, reserpine, and phenothiazine-type tranquilizers should be avoided in treating personnel with organophosphorus poisoning.
- Succinylcholine and mivacurium are metabolized by cholinesterases. Since pralidoxime reactivates cholinesterases, use of pralidoxime in organophosphorus poisoning may accelerate reversal of the neuromuscular blocking effects of succinylcholine and mivacurium.

Drug-drug interaction potential involving cytochrome P450 isozymes has not been studied.

Carcinogenesis, Mutagenesis, Impairment of Fertility: DuoDote™ Auto-Injector is indicated for short-term emergency use only, and no adequate studies regarding the potential of atropine or pralidoxime chloride for carcinogenesis or mutagenesis have been conducted.

Impairment of Fertility: In studies in which male rats were orally administered atropine (62.5 to 125 mg/kg) for one week prior to mating and throughout a 5-day mating period with untreated females, a dose-related decrease in fertility was observed. A no-effect dose for male reproductive toxicity was not established. The low-effect dose was 290 times (on a mg/m² basis) the dose of atropine in a single application of DuoDote™ Auto-Injector (2.1 mg).

Fertility studies of atropine in females or of pralidoxime in males or females have not been conducted.

Pregnancy:

Pregnancy Category C: Adequate animal reproduction studies have not been conducted with atropine, pralidoxime, or the combination. It is not known whether pralidoxime or atropine can cause fetal harm when administered to a pregnant woman or if they can affect reproductive capacity. Atropine readily crosses the placental barrier and enters the fetal circulation.

DuoDote™ Auto-Injector should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Atropine has been reported to be excreted in human milk. It is not known whether pralidoxime is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when DuoDote™ Auto-Injector is administered to a nursing woman.

Pediatric Use: Safety and effectiveness of DuoDote™ Auto-Injector in pediatric patients have not been established.

ADVERSE REACTIONS

Muscle tightness and sometimes pain may occur at the injection site.

Atropine

The most common side effects of atropine can be attributed to its antimuscarinic action. These include dryness of the mouth, blurred vision, dry eyes, photophobia, confusion, headache, dizziness, tachycardia, palpitations, flushing, urinary hesitancy or retention, constipation, abdominal pain, abdominal distention, nausea and vomiting, loss of libido, and impotence. Anhidrosis may produce heat intolerance and impairment of temperature regulation in a hot environment. Dysphagia, paralytic ileus, and acute angle closure glaucoma, maculopapular rash, petechial rash, and scarlatiniform rash have also been reported.

Larger or toxic doses may produce such central effects as restlessness, tremor, fatigue, locomotor difficulties, delirium followed by hallucinations, depression, and, ultimately medullary paralysis and death. Large doses can also lead to circulatory collapse. In such cases, blood pressure declines and death due to respiratory failure may ensue following paralysis and coma.

Cardiovascular adverse events reported in the literature for atropine include, but are not limited to, sinus tachycardia, palpitations, premature ventricular contractions, atrial flutter, atrial fibrillation, ventricular flutter, ventricular fibrillation, cardiac syncope, asystole, and myocardial infarction. (See **PRECAUTIONS**.)

Hypersensitivity reactions will occasionally occur, are usually seen as skin rashes, and may progress to exfoliation. Anaphylactic reaction and laryngospasm are rare.

Pralidoxime Chloride

Pralidoxime can cause blurred vision, diplopia and impaired accommodation, dizziness, headache, drowsiness, nausea, tachycardia, increased systolic and diastolic blood pressure, muscular weakness, dry mouth, emesis, rash, dry skin, hyperventilation, decreased renal function, and decreased sweating when given parenterally to normal volunteers who have not been exposed to anticholinesterase poisons.

In several cases of organophosphorus poisoning, excitement and manic behavior have occurred immediately following recovery of consciousness, in either the presence or absence of pralidoxime administration. However, similar behavior has not been reported in subjects given pralidoxime in the absence of organophosphorus poisoning.

Elevations in SGOT and/or SGPT enzyme levels were observed in 1 of 6 normal volunteers given 1200 mg of pralidoxime intramuscularly, and in 4 of 6 volunteers given 1800 mg intramuscularly. Levels returned to normal in about 2 weeks. Transient elevations in creatine kinase were observed in all normal volunteers given the drug.

Atropine and Pralidoxime Chloride

When atropine and pralidoxime are used together, the signs of atropinization may occur earlier than might be expected when atropine is used alone.

OVERDOSAGE

Symptoms:

Atropine

Manifestations of atropine overdose are dose-related and include flushing, dry skin and mucous membranes, tachycardia, widely dilated pupils that are poorly responsive to light, blurred vision, and fever (which can sometimes be dangerously elevated). Locomotor difficulties, disorientation, hallucinations, delirium, confusion, agitation, coma, and central depression can occur and may last 48 hours or longer. In instances of severe atropine intoxication, respiratory depression, coma, circulatory collapse, and death may occur.

The fatal dose of atropine is unknown. In the treatment of organophosphorus poisoning, doses as high as 1000 mg have been given. The few deaths in adults reported in the literature were generally seen using typical clinical doses of atropine often in the setting of bradycardia associated with an acute myocardial infarction, or with larger doses, due to overheating in a setting of vigorous physical activity in a hot environment.

Pralidoxime

It may be difficult to differentiate some of the side effects due to pralidoxime from those due to organophosphorus poisoning. Symptoms of pralidoxime overdose may include: dizziness, blurred vision, diplopia, headache, impaired accommodation, nausea, and slight tachycardia. Transient hypertension due to pralidoxime may last several hours.

Treatment: For atropine overdose, supportive treatment should be administered. If respiration is depressed, artificial respiration with oxygen is necessary. Ice bags, a hypothermia blanket, or other methods of cooling may be required to reduce atropine-induced fever, especially in children. Catheterization may be necessary if urinary retention occurs. Since atropine elimination takes place through the kidney, urinary output must be maintained and increased if possible; intravenous fluids may be indicated. Because of atropine-induced photophobia, the room should be darkened.

A short-acting barbiturate or diazepam may be needed to control marked excitement and convulsions. However, large doses for sedation should be avoided because central depressant action may coincide with the depression occurring late in severe atropine poisoning. Central stimulants are not recommended.

Physostigmine, given as an atropine antidote by slow intravenous injection of 1 to 4 mg (0.5 to 1.0 mg in children) rapidly abolishes delirium and coma caused by large doses of atropine. Since physostigmine has a short duration of action, the patient may again lapse into coma after 1 or 2 hours, and require repeated doses. Neostigmine, pilocarpine, and methacholine are of little benefit, since they do not penetrate the blood-brain barrier.

Pralidoxime-induced hypertension has been treated by administering phenolamine 5 mg intravenously, repeated if necessary due to phenolamine's short duration of action. In the absence of substantial clinical data regarding use of phenolamine to treat pralidoxime-induced hypertension, consider slow infusion to avoid precipitous corrections in blood pressure.

MERIDIAN
MEDICAL TECHNOLOGIES™

© 2007 Meridian Medical Technologies™, Inc., a subsidiary of King Pharmaceuticals®, Inc.
Manufactured by: Meridian Medical Technologies™, Inc.
Columbia, MD 21046
DuoDote™ Auto-Injector and the DuoDote Logo are trademarks of Meridian Medical Technologies™, Inc.
MMT 5173 11/07

outstanding cases – e.g., the hijacking of an EgyptAir jetliner in 1986; the bombing of a Berlin disco; the 1985 Rome and Vienna airport attacks; and the bombing of a UTA flight. Today, ironically, tort claims represent one of the most successful tools in the war against terrorism.

Kidnap victims also have sued, or at least threatened litigation against, their employers for failing to protect them or because of the amount of time it took to secure their release. A number of kidnap victims have won handsome out-of-court settlements after charging that their employers negotiated for too long a time in an effort to lower ransom demands, and that those delays unnecessarily aggravated the suffering of the kidnap victims. U.S. jurisprudence has traditionally maintained that one is not obligated to impoverish himself to save someone else unless some kind of special duty is in force, and corporations historically were not regarded as having such a special duty toward their employees. Today, however, that interpretation of the law is under substantial challenge.

To summarize: employers, landlords, and merchants are now increasingly viewed as having an obligation to provide safe and secure environments for their employees, tenants, and customers. And if a business or other entity does provide security, and its employees and customers grow to rely upon it, litigation trends suggest that the security provided must be sufficient to meet whatever threats can be anticipated.

Dr. Neil C. Livingstone, chairman and CEO of Executive Action LLC and an internationally respected expert in terrorism and counterterrorism, homeland defense, foreign policy, and national security, has written nine books and more than 200 articles in those fields. A gifted speaker as well as writer, he has made more than 1300 television appearances, delivered over 500 speeches both in the United States and overseas, and testified before Congress on numerous occasions. ▼

Coming: An Upgrading of Security Standards for Rail Transit

By Diana Hopkins, Standards



Following a short hiatus, attention has recently focused anew on the development of security standards for rail transit, specifically in the areas of explosives detection, access/intrusion control, and video analytics.

International interest in rail-transit security has been heightened by accounts of primarily home-grown terrorist attacks on rail systems in England, Spain, and India. The July 2005 London Underground suicide-bombings by British Islamic

were carried out by Islamic-inspired Moroccans Jamal Zougam and Othman el-Gnaoui, who coordinated and participated in an attack that killed 200 and injured 2,000. Their weapon of choice was seven dynamite-loaded duffel bags that had been placed on trains and were detonated with cell phones.

A more recent attack – the July 2006 train bombings of Mumbai’s Suburban Railway that took the lives of 209 and injured 700 – was headed up by the Lashkar-e-Toiba and SIMI (Students Islamic Movement of India) Islamic fundamentalist groups, which used RDX and ammonium nitrate-mix bombs that had been put into pressure cookers on the trains.

In the development and implementation of transportation security standards, most homeland-security and national-defense attention and funds have been heavily invested to date in the development of security standards for air transit – understandably so, because the public to this day remains haunted by images of planes being used as weapons of mass destruction in the 11 September 2001 terrorist attacks on New York City and Washington, D.C.

The number of passengers traveling by rail varies from year to year, of course, but has always been far greater than the number using air transportation

extremists killed 52 and injured 700; the terrorist weapons were Chapatti flour-hydrogen peroxide-mix bombs that had been put on the floors of trains and were detonated by booster charges.

This incident was preceded by the March 2004 commuter train bombings in Madrid, Spain. Those bombings

Millions of Commuters = An Ideal Target

The truth is, though, that millions of commuters both in the United States and elsewhere around the world use rail transportation on a daily basis; the number of passengers traveling by rail varies from year to year, of course, but has always been far greater than the number using air transportation. For that reason alone – a factor that

has been fortified considerably by the railway incidents recounted above – it would seem evident that rail systems would be an ideal target for terrorists bent on killing Americans (and the citizens of other Free World nations), creating havoc and confusion, and gaining worldwide publicity.

Fortunately, it seems likely that the incontrovertible need for improved rail-transit security will receive some additional attention in the very near future – more specifically, at an ANSI (American National Standards Institute) Transit Security Standards Workshop scheduled for January 27-28, 2009, in Arlington, Virginia. The mission of this group remains the same, as agreed to three years ago, and that is “to address the standards and conformity assessment needs for public transit security, encompassing urban, suburban, and regional commuter transportation by bus, rail, and the land side of urban ferry operations.”

Thanks in large part to the efforts of the institute’s Homeland Security Standards Panel (HSSP), ANSI has already initiated and coordinated a series of other homeland-security standards development activities, and updates are available via ANSI’s webpage or newsletters. Results of the January transit security workshop will also be announced to stakeholders by ANSI in its typical and comprehensive fashion. Not incidentally, it is worth pointing out that ANSI also organized and hosted the World Standards Cooperation (WSC) Workshop on Transit Security, and in February 2008 published the Workshop’s “Final Report - Workshop on Transit Security Standardization,” which provides a wealth of useful information for anyone interested in knowing more about the challenges and initiatives in this area.

Anyone interested in participating in some capacity in the standards development process for rail-transit security standards and/or seeking additional information about the ANSI-HSSP workshop should contact Colin Alter, co-leader of the workshop, at 301-460-0567, or alterc@comcast.net.

Diana Hopkins is the creator of the consulting firm “Solutions for Standards”

(www.solutionsforstandards.com). She is a 12-year veteran of AOAC INTERNATIONAL and former senior director of AOAC Standards Development. Most of her work since the 2001 terrorist attacks has focused on standards development in the fields of homeland security and national defense. In addition to being an advocate of ethics and quality in standards development, Hopkins is also a certified first responder and an expert in technical administration, governance, and process development.



Intelagard systems are being used by warfighters to protect lives and equipment. The Macaw backpack’s power to quickly suppress fire has provided US troops with an invaluable tool against IEDs. Intelagard’s sophisticated compressed air foam technology knocks down fire 78% faster than plain water and 66% faster than air aspirated foam (such as traditional fire extinguishers). The Macaw expands 5 gallons of water with foam concentrate into as much as 350 gallons of expanded foam.



H1 INTERCEPT

FALCON FSIDS

MACAW BACKPACK

MERLIN HANDCART



1.303.309.6309 • info@intelagard.com • www.intelagard.com

All-Hazards Training

Preparing for the Unknown

By Christina M. Flowers, Viewpoint



U.S. emergency responders face an ever-growing list of responsibilities related to the emergency preparedness capabilities within their own communities. Those responsibilities influence not only current response tactics but also the overall planning for and mitigation of threats. Preparedness now encompasses the preparation and planning for all potential emergencies – including chemical, biological, radiological, nuclear, and explosive (CBRNE) threats, naturally occurring infectious-disease outbreaks, natural disasters such as hurricanes and earthquakes, and various mass-casualty accidents and incidents that could significantly affect the morbidity and mortality of American citizens.

To successfully address each of these risks, major emphasis is being placed on what is known as “all-hazards preparedness” – a term that refers to the idea that a locality must be flexible enough to respond to, mitigate, and recover from any of these types of events in an efficient and effective manner.

Exercise, Exercise, Exercise!

Training and exercises, in particular, are essential for developing well-rounded all-hazard capabilities. Training helps emergency-response personnel become familiar with responsibilities and to acquire the skills necessary to perform assigned tasks. Exercises provide a means not only to validate plans, checklists, and response procedures, but also to evaluate the skills of response personnel.

The Homeland Security Exercise Evaluation Program (HSEEP) is a

capabilities-based “toolkit” that provides templates, standardized methodologies, and terminologies to be used during exercise design, development, conduct, evaluation, and improvement planning. HSEEP also is useful because it puts a strong emphasis on objective assessments of capabilities. Being objective allows an organization to recognize not only strengths but also areas for

remaining three – Drills, Functional Exercises, and Full-Scale Exercises – are operations-based and are designed to: (a) validate plans, policies, agreements, and procedures; (b) clarify roles and responsibilities; and (c) identify resource gaps in an operational environment.

Best Practices: The Cities Readiness Initiative


One of the main advantages of exercises frequently overlooked is the benefit of networking. Because all emergencies are local, in one sense or another, there are many community partners who will play response roles during large-scale response and recovery efforts. The Cities Readiness Initiative (CRI) serves as a prime example. A pilot program created by the federal Centers for Disease Control and Prevention (CDC), CRI is designed to help increase a community’s ability (within 48 hours of the decision to do so) to deliver medicines, medical supplies, and other essential supplies and equipment to the general public during a large-scale public-health emergency – an attack involving biological-warfare agents, for example.

Prior to the 2001 anthrax attacks on Capitol Hill, it was commonly assumed that the quickest and most effective response by almost any U.S. community that was victim to a bioterrorist attack should and would be spearheaded only by public-health officials. However, CRI has alerted responders to the realization that the implementation of mass prophylactic procedures would require not only much more manpower than previously assumed, but also a broader spectrum of skill sets than

An extremely difficult but absolutely unavoidable question: How does a community increase both the efficiency and the effectiveness of its bioterrorism-response capabilities (and/or resources)?

improvement. Once identified, these areas for improvement can be shared and corrected prior to a real incident.

There are seven principal types of exercises described by HSEEP. Four of them – Seminars, Workshops, Tabletop Exercises, and Games – are intended to familiarize participants with (or develop new) plans, policies, agreements, and procedures. The



are likely to be available from local or even state health departments. CRI exercises therefore have brought in, among other participants: police and other law-enforcement personnel to carry out site-security assessments; firefighters and hazmat specialists to serve as support personnel; public information specialists and even the media to plan and carry out various public-outreach campaigns; and local, city, and state officials to plan and implement the continuity-of-operations plans needed to ensure the continued availability of government authority and material resources.

Some school systems also participate – by providing buses, for example, to deliver medications door-to-door in certain local communities – and numerous private-sector businesses and companies also have become involved. Bringing this wide range of local stakeholders together during an exercise can have a significant impact on both the effectiveness and the timeliness of the response procedures – planned ahead of time, it should always be emphasized – and on the implementation of those procedures as soon as possible after an actual bioterrorism attack.

Ensuring an Efficient And Effective Response

In 1970, the World Health Organization (WHO) estimated that the theoretical release of 50 kg of anthrax in an urban area of approximately five million people could result in almost 100,000 casualties, making it similar in lethality to an atomic bomb. Following a large-scale anthrax attack, prophylactic medication must be administered within 48 hours of exposure to produce the greatest life-saving effects. For that reason, most local jurisdictions base their response procedures on the

anticipation of the threat, rather than waiting for laboratory confirmation of the specific pathogen involved.

That response plan might be relatively effective, but it is not very efficient, if only because the implementation of mass prophylaxis procedures would be a costly and logistical nightmare. Which brings up an extremely difficult but absolutely unavoidable question: How does a community increase both the efficiency and the effectiveness of its bioterrorism-response capabilities (and/or resources)?


The science behind biological-agent identification systems has advanced considerably since those initially introduced in the aftermath of 9-11. The use of Polymerase Chain Reactions (PCRs) is a common and often indispensable technique followed in medical and biological laboratories world-wide. PCR tests are based on replication of the DNA that is unique to a specific threat agent. First introduced to the military in 2002, the newly modified RAZOR EX® (an instrument manufactured by Idaho Technology) became available for field use by first responders in 2007. A hand-portable, ruggedized biological-agent identification system designed to move pathogen detection closer to the scene of an actual crisis, RAZOR EX can run an unknown sample against any of the top ten bioterrorism agents in under 30 minutes, and is now used regularly by hazmat teams, police departments, border-protection agencies, and port authorities throughout the United States. During an emergency, the use of RAZOR EX has the potential not only to make decision-making processes considerably more reliable, but also to greatly increase a community's overall biodefense capabilities.

Finding Support In Unlikely Places

Ongoing all-hazard preparedness and response exercises also help build the community support networks that are essential for effective emergency preparedness and response. Staffing support has been provided through volunteer organizations, such as the Medical Reserve Corps – a national organization founded after President Bush's comments – in his 2002 State of the Union Address – dedicated to ensuring hometown security.

Of equal importance is the fact that, since the 9/11 attacks, new funding sources have become available through local emergency management, state and local health departments, environmental services, numerous public and private-sector laboratories, various research organizations, private companies, and local businesses. Thanks in large part to the additional funding now available, preparedness efforts are consolidated, and promoted throughout entire jurisdictions. Thanks also to the increasingly supportive efforts of the many groups actively involved, there are new outlets for public outreach, and an overall increased awareness of bioterrorism and all-hazards preparedness.

Christina M. Flowers, MPH (Master of Public Health), is currently working with ITI, a supplier of solutions in the field of biodefense preparedness. She previously served as an emergency planner for the Virginia Department of Health, possesses a wealth of experience in grants management, and participated in a number of emergency preparedness and response efforts in Norfolk, Virginia. Certified both in tropical medicine for vector-borne emerging infectious diseases and as a Level 1 hazmat instructor, she also provided essential technical laboratory assistance during the anthrax attacks on Capitol Hill seven years ago and now manages the U.S. East Coast sales of real-time disease-identification equipment.



DHS STEPs Forward to Identify NIMS Technology

By Rodrigo (Roddy) Moscoso, Law Enforcement



Homeland Security Presidential Directive 5 (HSPD-5), which required the development of a National Incident Management System (NIMS)

framework to coordinate the responses of local, state, and federal agencies to domestic terrorist attacks, was signed in December 2003. The NIMS framework is based on the Incident Command System (ICS) developed by firefighters to coordinate multi-agency responses to large fire and/or EMS (emergency medical service) events.

The fire/EMS community has a long history of successful multi-agency coordination, usually achieved through mutual-aid agreements, both written and oral, across numerous political jurisdictions and levels of government. However, despite this proven track record throughout the fire/EMS communities at and between all levels of government – local, state, and federal – the actual application of NIMS/ICS principles across professional disciplines often proves challenging. The initial multi-agency response to Hurricane Katrina, for example, demonstrated several weaknesses in applying NIMS policy guidelines to a large-scale catastrophe. Immediately after Katrina made landfall, command-and-control operations were severely impaired because of the almost complete failure of basic communications systems.

In addition, as many post-Katrina assessments noted, there was not only a lack of training and awareness of basic NIMS principles themselves but also a lack of the technology designed specifically to facilitate a coordinated NIMS response.

Responding to those findings, the Federal Emergency Management Agency (FEMA) established several initiatives to assist public-safety agencies with their implementation of the NIMS guidelines in a consistent and standardized way. One of those initiatives was the recently implemented NIMS Supporting Technology Evaluation Program (STEP), which is designed to assess

It is important to remember that most federal and state grants now require that new technical solutions purchased using grant funds are already on the Approved Equipment List

commercial and governmental technological systems (hardware and software) to determine their applicability to the NIMS implementation efforts.

Approval, Plus Assessment and Validation

Although not a formal endorsement or certification by FEMA – or by its parent agency, DHS (the Department of Homeland Security) – of any specific solution, a STEP assessment attempts to provide public-safety and emergency-management procurement officials with information on how each such system, or “solution,” may or may not be used to support the NIMS principles.

Among the solutions evaluated under STEP are many that already are on the DHS Approved Equipment List (AEL) and/or included on the System Assessment and Validation for Emergency Responders (SAVER) list and/or in the Responder Knowledge Base (RKB). In that context, it is important to remember that most federal and state grants now require that new technical solutions purchased using grant funds are listed on the AEL. Moreover, although participation in the STEP assessment process is voluntary, organizations marketing NIMS-supporting technical solutions have a strong incentive to undertake a STEP assessment in order for those solutions to be purchased by jurisdictions using grant funding – now a tacit requirement in an economic climate in which most jurisdictions at all levels of government are facing severe budget cuts.

STEP builds on earlier initiatives to tie grant funding to compliance with related federal policies and procedures. For example, FEMA’s previously established Disaster Assistance Policy set the criteria for public-safety agencies to be reimbursed for mutual-aid costs through the Public and Fire Management Assistance grant programs. That and other precedents reinforce the use of NIMS principles by encouraging the development of written mutual-aid agreements. STEP also supports the adoption of NIMS principles – and takes it one step further by identifying products that comply with NIMS “out of the box,” thereby significantly facilitating the grant-acquisition process.

Another key fallout benefit from determining a solution’s technological

4th Annual CBRN Defense™

Defending America's Interests at Home and Abroad

CBRN Detection Focus Day: February 9, 2009

Main Conference Sessions: February 10 – 11, 2009

Washington, DC

Need to know 2009 briefings will cover:

- BioWatch: Success, Failures, and Looking Ahead
- The Military/Civilian Interface
- HHS Preparedness and Response Efforts
- Future Needs in CBRN Defense

See Inside for **Extended Coverage**
on vital requirements and insights on
mitigating the impact of CBRN attack
in the homeland and abroad.

Hear from an unrivalled speaker faculty that includes:

Major General Daniel Long, USA
Commander, Joint Task Force Civil
Support, NORTHCOM

Dr. Jon Krohmer
Acting Assistant Secretary for Health
Affairs and Chief Medical Officer,
Department of Homeland Security

Colonel Patrick Sharon, USA
Deputy Director, Joint Requirements
Office for CBRN Defense

Dr. Carol Linden
Acting Principal Deputy Director of the
Office of Public Health Emergency
Medical Countermeasures, Office of
Public Health Emergency Preparedness,
Department of Health and Human
Services

Colonel Kyle Burke, USA
Joint Project Manager, NBC
Contamination Avoidance, Joint
Program Executive Office for Chemical
and Biological Defense

Sponsors:

ALLEN VANGUARD®

ORTEC®

noblis
For the best of reasons



Carroll

Defense Update

Defense Daily

HSToday

IDGA Alert

TECHEXPO
TOP SECRET

www.idga.org/us/cbrn

applicability and conformity with NIMS principles is the ability for computer software programs to change organizational business processes in specific ways. Enterprise software solutions have long required organizations to adapt their business operations to conform to the unique procedural requirements of a given software solution – most notably in the procurement and human-resources arenas. However, vendors have argued, in many cases successfully, that the business processes embedded in their software are “better” than the existing processes in their customers’ organizations. Therefore, instead of simply automating the unsatisfactory processes already being used, most enterprise software solutions *require* that organizations change their operations to conform to the new and better software offered by the vendor.

In much the same way, it is hoped (and expected), STEP may be able to achieve similar results by identifying technology that not only helps in the implementation of NIMS but also standardizes certain operational procedures as well. Although not a specific objective of the current STEP effort, this fallout benefit could represent the further evolution of the STEP process in the future. In the meantime, FEMA’s efforts to clarify, assess, and tie grant funding to NIMS-supporting solutions is clearly another step in the right direction.

Rodrigo (Roddy) Moscoso currently serves as Communications Manager for the Capital Wireless Information Net (CapWIN) Program at the University of Maryland. Formerly with IBM Business Consulting Services, he has over 15 years of experience supporting large-scale IT implementation projects, and extensive experience in several related fields such as change management, business process reengineering, human resources, and communications. ▼

Important Homeland Security Input **High-Ranking PNSR Group Releases Its Final Report**

By Martin (Marty) Masiuk, Publisher



Last week, the Project on National Security Reform (PNSR) released its final report, which includes an executive summary that makes a number of structural and process recommendations to Congress and the next president for resolving many of the problems inherent in the current national-defense and homeland-security system. The project expects to prepare a number of draft presidential directives and a new National Security Act that would replace many of the provisions of the National Security Act of 1947. The latter, developed under President Truman, established the current national security system in the aftermath of World War II. The State and Defense Departments, National Security Council, intelligence community, Homeland Security Department, and Homeland Security Council are central players in the current system. Other cabinet departments – e.g., the Energy, Treasury, and Commerce Departments – have more recently become important players as well.

In part motivated by the structural and process deficiencies evidenced by the 9/11 terrorist attacks and Hurricane Katrina, Congress established and funded PNSR as a nonprofit and nonpartisan organization to undertake one of the most comprehensive studies of the U.S. national security system in the nation’s history. Additional funding was provided by a number of private-sector foundations and corporations. The homeland-security input to the PNSR

effort was led by DomesticPreparedness.com’s John F. Morton, who chairs the State/Local Issue Team of the PNSR Structure Working Group. Morton assembled some 20 homeland-security professionals who have, or have had, operational line authority at the local, state, and federal levels of government – and across numerous homeland-security disciplines – in both the public and private sectors. Several of the Team members also are or have been contributors to *DomPrep Journal* and/or have participated in other DomesticPreparedness.com projects and programs.

The State/Local Issue Team produced two documents – a Problem Analysis, and a Solution Set – that are included in the PNSR final report and/or reflected in several PNSR recommendations. In its Problem Analysis the Team found the core problem to be “the fragmented national security and homeland security structure – between and within all levels of government – which fails to require



Pictured left to right:
 Amb. John E. McLaughlin, former Acting Director of Central Intelligence
 ADM James M Loy, USCG (Ret.), former Deputy Secretary of Homeland Security
 Amb. Thomas R. Pickering, former U.S. Permanent Representative to the United Nations
 ADM Dennis C. Blair, USN (Ret.), former Combatant Commander, U.S. Pacific Command
 James R. Locher III, Executive Director, PNSR

OUR MISSION YOUR SAFETY

MSA
The Safety Company



SAFESITE® MULTI-THREAT DETECTION SYSTEM

Critical Infrastructure
Emergency Response
Public Events
Perimeter Monitoring

*Monitors and wirelessly communicates
6 potential threat types simultaneously:*

- VOCs – volatile organic compounds
- TICs – 16 toxic industrial chemicals
- CWAs – nerve and blister agents
- Gamma radiation



**VISIT US ONLINE
MSANET.COM**



Selected for
CEDAP 2008
Biological
Agent Detection

BIOLOGICAL
AGENT DETECTION



CWA & TICs
HANDHELD PORTABLE



FIXED-POINT CWA
MULTI-THREAT DETECTION

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

and empower systematic collaboration, coordination and integration of strategy and policy development, resourcing and aligned operational execution in steady-state or crises.”

The Team also enumerated a number of symptoms, including the following, derived from that assessment:

- Ambiguity in many national-security and homeland-security roles and missions within the Executive Office of the President (EOP) creates confusion and impedes clear lines of presidentially delegated authority to lead policy development and federal-level operational execution.
- Strong workforce cultures in each department, agency, and intra-DHS stovepipes have prevented full institutionalization of a homeland-security culture. With respect to DHS, no organizational entity above the DHS agencies – whether in the mission or back offices – effectively drives a common culture.
- The currently inefficient budget process does not vest the Office of Management and Budget (OMB) with the appropriate authority to oversee and make recommendations on all federal homeland-security and national-security budgets to identify and eliminate duplication of effort among and within departments and agencies.
- Current legislative branch mechanisms (structure, processes, culture, etc.) drive further fragmentation and inefficiencies in execution of executive branch national-security and homeland-security responsibilities.
- Despite the language of such foundational policy documents as the National Security Act of 1947, Homeland Security Act of 2002, Intelligence Reform and Terrorism Prevention Act of 2004 – and others

such as the National Response Framework (NRF) – the National Security Council (NSC) and the Homeland Security Council (HSC) have no standardized process to solicit and receive state, local, private-sector, and NGO (non-governmental organizations) input into the development of national policy.

- DHS, the Department of Justice (DOJ), DOD, the Office of the Director of National Intelligence (ODNI), the HSC, and other federal entities with homeland-security mission responsibilities – along with their state and local partners – have failed to institutionalize a comprehensive and workable information-sharing structure and a responsibility to develop an information-sharing culture.
- Implementation of comprehensive national-security and homeland-security planning at the state and local levels is uneven.
- Homeland security grant mechanisms work against collaboration, fragment state and local planning, and reinforce federal stovepipes.

Among the 19 specific solutions in the Team’s Solution Set are the following 10 particularly important recommendations:

- A merger of the National Security Council (NSC) and the Homeland Security Council (HSC).
- Congressional codification of the Secretary of Homeland Security’s overall federal executive-agent responsibility as the Principal Federal Official (PFO) for ensuring the coordination of domestic incident management.
- Combination of Homeland and National Security budget activities

into a single entity within the Office of Management and Budget (OMB).

- Re-establishment of the DHS Office of State and Local Government Coordination.
- The consolidation of congressional oversight of DHS homeland-security functions into one authorization committee and one appropriations subcommittee per chamber.
- DHS development of a comprehensive National Operational Framework (NOF) to succeed the National Response Framework.
- Conforming language in statutes and executive orders to maintain that the Secretary of Homeland Security is the Principal Federal Official for domestic incident management of homeland-security threats and events and to incorporate language clarifying the chain of directive authority through the appropriate regional federal structures.
- Appointment of pre-designated field-level PFOs as regional DHS representatives to leverage their ongoing, steady-state, stakeholder relationships in a crisis.
- Establishment of formal, up-front, consistent systematic “steering committee” processes and structures for state and local government, with private-sector and non-governmental organization participation to support national-security and homeland-security policy development on issues where those constituencies have equities.
- Federal support for an independent, private sector-led national mechanism/entity to facilitate public/private collaboration and sustain “continuity of community” approaches for domestic incident management. ▼



THE INSIGHT TO SECURE OUR NATION

GovSec and U.S. Law: the one place to see and experience it all! From a solutions-based Conference, insightful Briefings, expert Keynotes, a host of Special Features, and Exhibitors offering cutting-edge security products, no other event offers such a comprehensive approach to securing our country and ensuring the public safety.

All that expertise is translated into action right on the exhibit floor where you'll see, touch, and test solutions that turn theory into reality. Products include:

- Access Control Systems
- Biometric Control Systems
- CBRNE Detection & Mitigation
- Data & Voice Communications
- Disaster Preparedness & Recovery
- Intrusion Detection
- IT Security & Software
- Lethal and Less-Lethal Weapons
- Military Equipment
- Mobile Command Centers
- Perimeter Security
- Personal Protection Equipment
- RFID Systems
- Specialty & Security Services
- Surveillance Systems
- Tactical Products
- Training & Education
- ... AND MUCH MORE!

As an added bonus, your registration will admit you to FOSE, which is co-locating with GovSec and U.S. Law. You and your colleagues will be immersed in the convergence of IT and physical security, expanding your arsenal of tools for accomplishing your mission.

Products. Strategies. Tactics. Education. Networking.

Join your colleagues from this focused and highly qualified community at GovSec and U.S. Law.

Register today for **COMPLIMENTARY*** expo admission.

MARCH 11-12, 2009

**Walter E. Washington Convention Center
WASHINGTON, DC**

www.govsecinfo.com

Produced by:



1105 GOVERNMENT
Information Group

Questions, or to exhibit — contact us today:
govsec@1105govinfo.com or 800.746.0099.

Indiana, Massachusetts, Florida, and North Dakota

By Adam McLaughlin, State Homeland News



Indiana Increased On-Scene Safety Concerns at Illegal “Meth” Labs

First responders are trying to improve safety – their own, and the local community’s – when they approach what seems likely to be a site where illegal drugs are being manufactured. Police in many cities throughout the United States are busting more “meth” (methamphetamine) labs than ever before, and for that reason are working with firefighters and other responders to develop an improved security plan to cope with the dangers always present in such situations.

One of their principal goals is to make sure that improved safety is at the top of everyone’s priority list. “We have seen a big increase of methamphetamine labs in the city,” said Lt. Edward Windbigler of the Elkhart (Indiana) Police Department.

The labs are now turning up within the Elkhart city limits at an increased rate. One of the most recent cases involved a lab, found in an apartment unit last month, that caught on fire and exploded, injuring two people. Another lab was discovered in the upstairs of a vacant home within the city. “There are a lot of variables to consider when you are dealing with methamphetamine labs,” Windbigler commented, “and you cannot just walk into one [an illegal lab] without knowing what you are doing.”

The increased number of such labs also has caught the attention of the Elkhart Fire Department, which is now working to develop new strategies to deal with this growing, and increasingly dangerous, problem inside the city limits. The fire

department is working with the city’s police department on various safety measures designed to deal with “the lab problem” as early and as effectively as possible.

“We are seeing ... [the labs] in vacant homes and hotel rooms, and the drug producers are ... [making new labs] in the basements of their own homes, [even] with children in the house,” commented Elkhart Fire Department Investigator Kent Stouder. “So it is like a time bomb waiting to go off.”

Police officials emphasize that the first line of defense in dealing with the increase in the number of labs is and must be citizen involvement

Police officials emphasize that the first line of defense in dealing with the increase in the number of labs is and must be citizen involvement. “If you live next to a vacant house or in a neighborhood where a vacant house is, and you think somebody is using ... [the house] for something illegal, just call us and have us check it,” Windbigler said.

Among the best clues that a methamphetamine lab might be present is the purchase or possession of large quantities of common household products. Used as directed, these household products are generally safe. Mixed together or used improperly, they can become explosive and produce toxic fumes. One of the first indicators that a

methamphetamine lab may be somewhere in the vicinity is the storage of large amounts of household items such as the following: acetone, bleach, drain cleaner, iodine, matches, salt, isopropyl alcohol, battery acid, Coleman fuel, hydrogen peroxide, lithium batteries, and over-the-counter cold pills (particularly those containing ephedrine or pseudoephedrine).

Massachusetts Boston Uses “Vaccination Map” To Guard Against Flu Outbreak

Using technology originally developed for use during mass-casualty disasters, Boston disease trackers are embarking on a novel experiment - one of the first in the country - aimed at creating a citywide registry of all city residents who have had a flu vaccination.

The new “vaccination map” being developed would allow swift intervention in neighborhoods left vulnerable to the fast-moving respiratory illness. A pilot test started in late November, when several hundred people assembled for immunizations at the headquarters of the Boston Public Health Commission. Each of them received a bracelet printed with a unique identifier code. Information about the vaccine’s recipients, and the shot, was entered into handheld devices similar to those used by the drivers of delivery trucks.

Infectious-disease specialists in Boston and elsewhere said that “the registry approach” could prove even more useful if something more sinister strikes: a bioterrorism attack, perhaps, or the long-feared outbreak of a global flu epidemic. In such crises, the registry could be used to track anyone who had received a special vaccine or an antidote to a deadly germ.

Your One Source for Radiological Incident Response

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

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

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

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

Prepare now!

Call CANBERRA today or visit our web site!

www.canberra-hs.com

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


CANBERRA

CANBERRA Industries, Inc. is an AREVA company. The AREVA Group, worldwide leader in nuclear power.

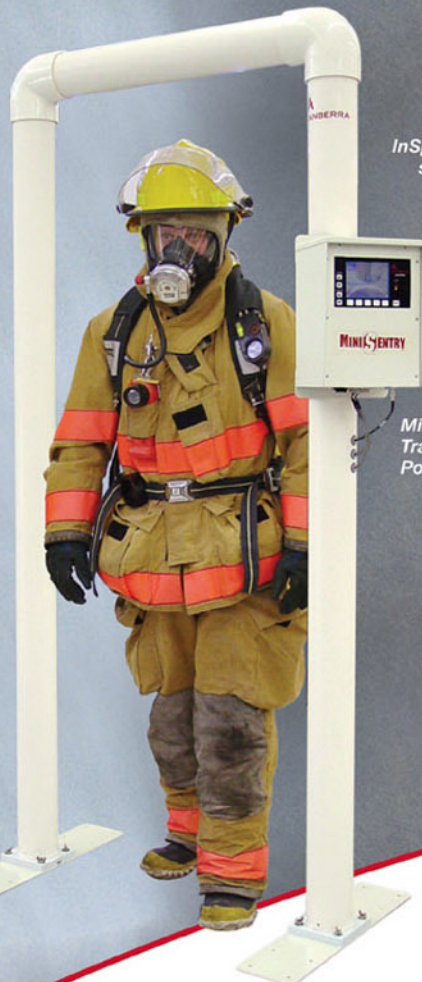


UltraRadiac Personal
Radiation Monitor

Radiagem Kit for
surveying



InSpector 1000 for
source location
and nuclide
identification



MiniSentry
Transportable
Portal Monitor

“Anything you can do to better pinpoint who is vaccinated – and who is not – is absolutely vital,” said Michael Osterholm, director of the Center for Infectious Disease Research & Policy at the University of Minnesota. “I wish that more cities were doing this kind of thing [developing a vaccination map].”

Boston is believed to be the first major U.S. city to fully embrace the vaccination-map approach to tracking vaccinations against the seasonal flu – which is estimated to kill 36,000 people, principally the elderly, each year in the United States. But when Boston bought the monitoring system from a Milwaukee company in 2006, emergency-management officials had a far different use in mind: tracking people who had been injured in major fires or in plane crashes or were the victims of other disasters. “When there is a large catastrophic event, people end up in a variety of healthcare facilities,” said Dr. Anita Barry, Boston’s director of communicable disease control. “Of course, their family members and loved ones are trying to find out where they are and how they are doing.”

To see how well the new system would work, emergency crews tested it both at the Boston Marathon and during the city’s annual Fourth of July extravaganza on the Esplanade. The trial proved successful. “If we can make it work in the Boston Marathon medical tent, then you have to think about making it so that it can work in other environments as well - whether it is a community clinic or a doctor’s office or a flu-shot clinic,” said Richard Serino, chief of Boston Emergency Medical Services. Thus, the idea to use the registry as a flu-vaccine tracker was born.

Florida Amusement Park Sizes Up Terror Risk

SeaWorld Orlando could become a target for terrorists seeking to obtain toxic chemicals, according to a preliminary review by the federal government of literally thousands of businesses, universities, sports arenas and other entertainment sites, and public facilities across the country.

***The
companies/agencies
affected were directed
to provide more detailed
“security-vulnerability”
assessments that the
department could use
in winnowing the field***

SeaWorld officials said they expect that a decision that requires the theme park to submit detailed security plans for approval by federal officials will be reversed in coming months as the Department of Homeland Security (DHS) completes a more thorough assessment of the park. “We anticipate that we will not be included [on the list of possible terrorist targets] once the process is completed,” said a SeaWorld spokesperson.

The 200-acre theme park is one of approximately 7,000 sites nationwide that DHS identified earlier this year as possessing potentially dangerous chemicals that could be vulnerable to attack or theft by terrorists.

The continuing review is part of the department’s year-old evaluation and implementation of Chemical Facility Anti-Terrorism Standards, which are aimed at tightening oversight at facilities where large amounts of one or more of more than 300 dangerous chemicals are stored. Numerous public and private-sector facilities, ranging from large chemical plants to poultry farms to industrial warehouses and storage areas to colleges and universities have been at least tentatively screened.

When the standards were first issued late last year, they touched off alarms at all of Orlando’s major theme parks, including Walt Disney World and Universal Orlando, which feared they could be unnecessarily labeled “high-risk” sites – and, therefore, possible targets for chemical terrorism. The parks do not have large stockpiles of dangerous chemicals stored in any central location, but they do have several smaller storage areas scattered throughout their sprawling acreage for use in everything from cleaning disinfectants to fireworks.

SeaWorld, Disney, and Universal were among the companies owning and/or operating more than 40,000 facilities throughout the country that were required to submit inventories of their on-site chemicals – officially designated as “top screens” – to DHS by January of this year. The department used those reports, along with various assessment factors ranging from the type of businesses involved to existing security procedures, to identify the facilities that seem to be the most vulnerable targets.

DHS spokeswoman Amy Kudwa said that about 7,000 sites were culled from the over 40,000 companies, agencies, and other entities that had submitted their top-screen inventories. She said the companies/agencies/etc. directly

Mention code:
DOMPREPBIO and
SAVE \$200 off
the standard
conference
price!

2ND ANNUAL **BIOMETRICS** FOR NATIONAL SECURITY AND DEFENSE™

February 9 – 11, 2009 • Washington, DC Metro Area

*Featuring a boots-on-the-ground perspective from
Sergeant Major Robert Haemmerle, Biometric Master
Gunner, US Army!*

**You will find no other conference that offers
extensive coverage on:**

- Solutions for privacy and identity management
- Applications of biometric capabilities in theater
- Requirements and technologies for biometric interoperability
- The future of biometrics programs such as NGI, US-VISIT, and BOSS-R and U
- and so much more!

Hear from key
decision-makers on
government biometric
programs, including:

**Captain
John Boyd, USN**
Project Manager, Naval Identity
Management Capability, Office
of the Secretary of the Navy

**Captain
Matthew Sisson, USCG**
Commanding Officer, USCG
Research and Development

**Lieutenant Colonel
Thomas Pratt, USMC**
Chief of Biometrics and
Forensics, CCJ3, US CENTCOM

Jarrod Frahm
BLADE Program Manager, US
Department of State

Kimberly Del Greco
Section Chief, Biometric
Services Section, S&T Branch,
FBI, CJIS

Media Partners:



Carroll

Defense Daily

Defense Update

DEFENSE



IDGA Alert

PLANETDATA
THE SECURITY AND NETWORK

www.idga.org/us/biometrics

affected were notified in June and were directed to provide more detailed “security-vulnerability” assessments that the department could use in winnowing the field further.

Sites that ultimately receive a high-risk designation from DHS will have to provide “site security plans.” Those plans will have to spell out both existing and future security procedures and must be approved by the federal government.

North Dakota

Grand Forks Air Branch Receives CBP Predator Unmanned Aircraft

The U.S. Customs and Border Protection (CBP) agency has announced the arrival earlier this month of a new high-tech Predator B unmanned aircraft system (UAS) at a strategically located CBP site – in Grand Forks, Nebraska – on the U.S. northern border with Canada. The state-of-the-art system – which has been in use since 2005 on the U.S. southwest border with Mexico – will enhance the CBP’s border-security efforts in general along the U.S./Canadian border. The Predator B is slated to begin operational flights as early as January 2009.

“The expansion of the UAS Program to the Northern Border represents a significant step forward in our border-security efforts, using this proven, effective technology as a force multiplier for officers and agents along the border,” said Maj. Gen. Michael C. Kostelnik, USAF (Ret.), assistant commissioner for CBP Air and Marine. “This critical tool,” he continued, “will enhance our valuable partnerships with Canadian and U.S. law-enforcement entities alike by helping to identify and intercept potential terrorists or illegal cross-border activity.”

CBP Air and Marine’s new UAS not only will reduce the number of personnel required to maintain

operational control of the border but also can assist other law-enforcement agencies upon request. Built by General Atomics Aeronautical Systems in San Diego, California, the agency’s Predator B aircraft are capable of flying at speeds of up to 260 miles per hour and to stay aloft for over 18 hours, at altitudes up to 50,000 feet. The aircraft is equipped with, among other highly sophisticated detection systems, advanced Raytheon-built electro-optical sensors. The versatile UAS also is fitted with Synthetic Aperture Radar, which can be helpful in documenting topographical changes caused by floods or other natural phenomena.

The Predator B aircraft are capable of flying at speeds of up to 260 miles per hour and to stay aloft for over 18 hours, at altitudes up to 50,000 feet

The principal mission for the new aircraft and its crews, though, will be to support the CBP’s top-priority anti-terrorism mission and various other homeland-security and disaster-relief assignments. The virtually piloted Predator B allows CBP Air and Marine personnel to safely conduct missions in areas that are difficult to access by CBP personnel on the ground.

CBP opened its Grand Forks Air Branch – the fourth of five branches on the U.S. northern border – in 2007. Grand Forks provides a strategic central location for UAS operations in support of law-enforcement personnel throughout the region.

Nationally, CBP faces the challenge of preventing criminal and terrorist exploitation of international passenger and cargo movements into the United States at 327 air, land, and sea ports of entry (and 15 pre-clearance offices overseas). In addition to the CBP personnel stationed at the ports of entry, others are assigned to the eight Border Patrol sectors ranging from coast to coast along the Northern Border to protect against the illegal cross-border entry of people and contraband along the U.S./Canadian border.

In recent years CBP has processed over 70 million international travelers and 35 million vehicles annually along the U.S. Northern Border, made approximately 4,000 arrests per year, and interdicted about 40,000 pounds of illegal drugs. The terrain along the border ranges from densely forested lands on the west and east coasts of the United States and Canada to open plains in the middle of the two countries. Many of the land areas in both countries are sparsely populated, and there is only a limited local law-enforcement presence on both sides of the border.

The new UAS is expected to be an increasingly valuable tool both in securing the U.S. northern border and in supporting information-sharing between and among the U.S. and Canadian law-enforcement personnel stationed throughout the vast geographical area covered.

Adam McLaughlin is with the Port Authority of NY & NJ, and is the Preparedness Manager of Training and Exercises, Operations & Emergency Management, where he develops and implements agency-wide emergency response and recovery plans, business continuity plans, and training and exercise programs. He designs and facilitates emergency response drills/exercises for agency responders, state and federal partners, and senior Port Authority executives.

