



Bulletin

INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

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 Emergency Preparedness for Individuals With Disabilities, Part 2**

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Part 1
 of our special focus on emergency preparedness for individuals with disabilities appeared in the March 2005 Bulletin.

Special Focus Issue:

Emergency Preparedness for Individuals With Disabilities, Part 2

Disaster Services and “Special Needs” – Term of Art or Meaningless Term?

By June Isaacson Kailes, Disability Policy Consultant, Associate Director, Center for Disability Issues and the Health Professions, Western University of Health Sciences

The term “special needs” is widely used within the emergency management world. It generally refers to an extremely broad and heterogeneous population, including people with disabilities, minority groups, people who do not speak English, children and the elderly. Given this lack of specificity, it is conceivable that “special needs” could cover over 50 percent of the nation’s population, rendering the term meaningless. These groups represent a large and complex variety of concerns and challenges. Many of these groups have little in common beyond the fact that they are often left out of emergency planning.

Continuing to use the term “special needs” does a disservice to all groups

included in this term. Despite that, repeated pleas over the years, primarily from disability advocates, to replace “special needs” with more respectful, precise, segmented and discrete groupings continue to be ignored.

In addition to the issue of respectful language, it would be beneficial for emergency managers to scrap the umbrella term “special needs” and replace it with terms that refer to the specific situations of people who might need warning or evacuation, sheltering and other services. Managers would get a more accurate idea of the needs they will be faced with and how to meet those needs. For example:

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IAEM: Working for You

■ **IAEM Mid-Year Meeting Held Feb. 25-27.** See Page 2 for IAEM President Dwayne West’s report on the Mid-Year Meeting, as well as additional news and photos on Page 16.

■ **IAEM Member Survey Deadline Extended to Apr. 30.** Please take a few minutes of your time to help us shape the future of emergency management through your participation in the IAEM Member Survey. See Page 20 for details.

■ **IAEM Participates in National Roundtable.** Member Tom Metzler, CEM, represented IAEM in a recent national roundtable hosted by New York University’s Center for Catastrophe Preparedness and Response on EMS. IAEM Executive Director Beth Armstrong was an organizer of the event. The follow-up report issued by NYU identified critical deficits in the role and organization of emergency

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From the President

IAEM 2005 Mid-Year Meeting Report

By Dewayne West, CEM, CFI, IAEM President
 Director, Johnston County Emergency Services, Smithfield, North Carolina

I have just returned from the 2005 Mid-Year Meeting at Emmitsburg and have spent the day trying to review all that was discussed. It was quite a weekend with little time wasted. I actually found members standing in the halls after dinner, discussing issues that they had worked on all day. Imagine that! This year's format proved to be very successful based on the volume of work accomplished. I want to thank all involved for their hard work and dedication to IAEM.

One of my goals for this year has been to improve our member services. But in the process of discussing member services, we discovered that many of you do not know what is already being done on your behalf. So, I want to take a moment to partially identify some of the services being provided to our members.

As part of the Mid-Year Meeting, we reviewed a survey recently conducted by the Marketing & Membership Committee. The survey results were confusing and conflicted to some degree, but it did show that we need to do a much better job of informing our membership as to what IAEM is doing on your behalf. For instance, some thought that we need to reach out to academia more, while others thought that there is too much emphasis on academia and higher education. Another area was lack of international action versus too much emphasis on international issues. Still another area of conflict is the request for more services but at the same time stating that dues are too high. Lastly, some mentioned failure to grow the membership versus the association getting too large.

Whether in time or money, the bottom line is that member services cost. From the examples listed, you can see the board's dilemma when it comes to member services. In addition, there are a number of member services being provided that apparently many of you are not aware of. One major U.S. member service provided by our association is government affairs. Some of the issues the Government Affairs Committee are working on with our counterparts at NEMA and members of Congress are:

■ **Emergency Management Performance Grants (EMPG) Funding.** EMPG is called "the backbone of the nation's emergency management system." IAEM is working to increase the funding to \$280 million, maintained as a separate account.

■ **Hazard Mitigation Grant Program.** The FY 2003 budget reduced funding for post disaster mitigation. FY 2006 budget requests would also reduce funding for states with enhanced plans. IAEM is working to restore the HMGP formula to 15 percent of disaster costs.

■ **Pre-Disaster Mitigation Grant Program.** The program expires Dec. 31, 2005. IAEM is supporting the \$150 million FY 2006 funding request and supports program extension.

■ **National Weather Service (NWS) Identity and Budget.** It is critically important that the NWS continue to provide critical information and warnings crucial to saving lives. Current actions and proposals by NOAA have created deep concerns within the emergency management community. IAEM has taken action to protect

the distinctive NWS name and logo and maintain the NWS budget as a separate and distinct account.

■ **IRS Ruling on Tax Mitigation.** A recent IRS ruling called for taxing mitigation assistance provided to victims of disasters. IAEM is supporting legislation to clarify that mitigation assistance is not taxable.

Now it is obvious that these efforts are U.S.-centric, but they

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Eye on Education

By Craig Marks, MS-FEMA, CEM, President, Blue Horizons Consulting, and Adjunct Faculty, UNC Chapel Hill Disaster Management Program

Never Say Never To Teaching

I've stopped saying "never" about things. "I'll never do this or that." Usually it's just a prediction of my future and something I'll have to take back eventually. Growing up in the city but wanting to live in the country, I used to say, "I'll never be a farmer." And even though my 35-acre farm only grows weeds, I've still got a tractor and a plow. And even though I swore, "I'd *never* be a teacher" because nobody hated going to school more than I did, I have somehow ended up at various institutions of higher learning imparting the knowledge of the ages to the masses of the future. So, to the vast majority of you who are about to say, "I'll never teach" and go on to the next article, here's a word of warning: "Never say never."

In the emergency management world, I hear a lot from people who think experience trumps education every time. Their comments are usually something like, "You can't learn from a book what you need to know in a crisis situation," or "Book learning don't teach you nothin' about the real world." I agree with those statements to a point, but our world is changing, and how we develop the next generation of emergency managers is changing too. While it's true that a few dinosaurs in the field will just have to retire and take their 30-year-old perceptions with them, the vast majority of us can, will and must embrace education as part of the price for doing business in a post-Sept. 12 world.

Consider how much technology we use – satellite phones, GIS, intranets, internets, digital imaging,

systems interface, and interoperable communications. Every day we see some new technology developed by the military or the private sector. As the threats increase in intensity and type, we shall continue to see new technologies to assist us in our response and recovery operations. We'll see new methods for mitigation and preparedness. For all these systems we need education, but there are still emergency managers who have a secretary check their e-mail for them. Doesn't that instill confidence in the general public...but they've got years of experience!

Along with new technology comes the general increase in knowledge by society. I used to own a '57 Chevy Belair and could take anything apart on it with a standard screwdriver and six different-sized sockets. My little car now has to be hooked up to a computer to figure out what's wrong with it, but it'll tell me the problem instead of me having to take six things apart trying to figure it out. Technology with public and private sector partners in response and recovery has changed. I've never gotten more than 10 letters in a single day (Christmas, that includes all my family and friends combined), yet I've got 134 deleted messages in my Outlook trash can of items received and handled just today. By tonight, I'll have another 50-75 more. We have to understand that times change, requirements change, technology changes, and the profession changes. If it didn't, each flu season thousands would die because doctors would still be sticking shunts in people's arms to bleed a pint or two out of them to

get the "evil" out of their system.

As the other axiom says, "The more things change, the more they stay the same." There is a need for those who have gone before, and figured all this out, to pass on the lessons that life and hard knocks have taught us. Those of you with all the experience need to consider taking some time to teach the "now generation" of emergency management students. You don't need a Ph.D. or a master's degree to teach at the community college. You need to be knowledgeable, be able to talk in complete sentences, and be able to connect with people. There is no better instructor than the one who can teach what the book says and then say, "Well, when I was in...we did it this way..."

There are those who claim books can teach you all you need to know. They're called "academics." There are those who claim that all you need is "real world experience." They are called "old hands." Like most anything, the truth lies in the middle. Up-and-coming emergency managers need real world experience and exposure to the theories and research of the learned. It's only with both that we will raise up the next generation to understand the available technologies as well as the human side of suffering.

Next time you see a program in your area that has degrees or certificates in emergency management, before you laugh and move on, check them out and see who is teaching. If you think you can do a better job, then do it. It's time to stop complaining about "book-smart kids" and help them with a blended education rich in experience...yours.

IAEM 2005 Annual Conference & EMEX Exhibit

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Disaster Services and Special Needs

(continued from page 1)

■ “Medical needs shelter” is a more useful term than “special needs shelter.” This terminology points to the specific reason that some people need enhanced shelter services. Most people with disabilities and activity limitations do not have special medical needs. Lumping the majority who don’t with the few who do makes the problem facing disaster service providers larger than it is. There is a danger that it may seem so large that it is unmanageable, leading to doing nothing.

■ People who do not speak English need shelter and other disaster services provided by people who speak their language or who have interpreters present. They do not need special medical services because of their language, and there is no reason to lump them in with people who do. On the other hand, if a non-English speaking person does need medical services, offering these services can be problematic in the absence of effective communication.

■ Emergency managers need to anticipate how many people there are in their jurisdiction who have significant memory and understanding limitations. For example, people without families or friends to assist them cannot be placed in an open emergency shelter. There needs to be a plan for where they will be housed, and for experienced staff to assist them if they need to be evacuated.

■ The only thing that seniors have in common with each other is age. Some climb mountains or run marathons in their 90s; most do not. Only older people who have disabilities need to be considered as part of the population. The subgroup of older people who have specific medical needs should be identified as such. Just grouping them with all older elderly people will not meet their needs. Actually, many older people serve as volunteers and can be an asset in a disaster, not as part of a group with specific needs.

A local emergency manager cannot safely assume that the needs of these and other groups will be adequately met by national relief organizations such as the American Red Cross or The Salvation Army. In many cases, the best information about who is in the community and what they need resides in the local community-based organizations that work with these different groupings every day.

Emergency managers who want to have a comprehensive plan for meeting the needs of their community should identify these organizations, help them become trained and prepared to mobilize in the event of a disaster, and include them in the jurisdiction’s all-hazard disaster plan. These local organizations can form local disaster coalitions or join an existing local VOAD, depending on local circumstances. However, they should not be ignored.

Issues specific to people with disabilities, language needs or other needs should be incorporated into the fabric and culture of emer-

gency services, so that the issues are not viewed as “special,” “sidebar” or “in addition to,” but are seen as part of the daily radar screen of business as usual.

From the President

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all have the potential to affect the vast majority of our membership. For more information, visit the IAEM Web site at www.iaem.com or contact your Regional President.

This being said, you might ask what we are doing for our non-U.S. members. There continues to be a tremendous amount of work being done by the International Development Committee, the Marketing & Membership Committee, the Communications Committee and the board to address several issues affecting our non-U.S. members.

This includes conducting a communications assessment to determine how we can improve our Web site to provide a more international approach, continued work on the CEM® certification process to reflect various cultures, development of a dues structure that is fair and equitable to our international members, planning for short- and long-term international growth, and conference offerings to reflect a true international focus. The February *Bulletin* is indicative of these efforts, with its emphasis on the Asian tsunami disaster. There are a number of related projects as well.

These are bold and complex initiatives that require considerable time and effort from many of our committee members, all of whom are volunteers and have real jobs to do at home. This list serves only as a sample of member services currently provided. I hope it helps you to see some of the ways IAEM is attempting to serve our members.

GAO Issues Report on First Responder Grants

The U.S. Government Accountability Office (GAO) has published GAO-05-121, a report on management of first responder grant programs, which indicates that management has improved but challenges remain. The Office for Domestic Preparedness has

established and refined grant award procedures for states and localities to improve accountability in state preparedness planning.

To download the report, visit www.gao.gov/cgi-bin/getrpt?GAO-05-121.pdf.

Community Emergency Response Teams For the Elderly

By Brian Bovyn, Communications Supervisor, Manchester, New Hampshire Police Department

Help the elderly help themselves? What a unique concept. While the Citizen Corp's Community Emergency Response Teams are starting to pop up all over the place, one segment of the population that is often overlooked is the elderly.

Has your community or county considered including your elderly residents living in elderly high rise or similar buildings for CERT teams? While the elderly may have some restrictions, this segment of the population often has the time and expertise to devote to an effective CERT team.

The benefits can be multi-dimensional, in that our communities are increasing their own first response capabilities within the neighborhoods, and actively addressing the response for at-risk community members by including that segment in the response plan.

Limitations in the CERT

Few would argue that some people in this segment might have some physical limitations regarding strength, agility and dexterity. While that may be true, this idea could be mitigated by slightly altering the objectives and training of this CERT team.

Let's say that this CERT team resides in a six-story elderly high rise building. Certainly, as a responder, I would be concerned during a disaster about the number of at-risk persons in this building. This CERT could be vital in any response to this high rise, or any large-scale emergency in the general vicinity that might impact the high rise.

CERT Sponsorship

While this CERT team is not much different than most CERTs, a community or county sponsorship is

still preferred. This sponsorship may come from a police department community policing unit, a fire prevention bureau or an emergency management agency.

It doesn't necessarily matter which agency is the lead sponsor, just that the group is sanctioned, recognized and interfaces with professional emergency responders, including training efforts.

How Might You Alter the CERT Curriculum?

Rather than the standardized CERT curriculum, you may consider an alternate curriculum for this type of team. Such modules might include: disaster preparedness (including making home disaster emergency kits); crime prevention and personal safety (may include a neighborhood watch program); fire safety (extinguisher training);

CERT organization and ICS; basic first aid, heart saver (one-person CPR) and obstructed airway; critical incident stress management; and sheltering in place.

How Might Such A Team Work?

Basically, upon the team sponsorship of a professional response agency and an appropriate number of volunteers interested in participating, a command structure would need to be identified. This team structure

should include a team commander and a team leader for each floor or wing, and perhaps members who may be subject matter experts (capable of being an incident commander). This team would follow the standard Incident Command System structure, and assignments would be delegated commensurate with functions that need to be performed.

In the above-mentioned CERT team scenario, you might have a team leader and a team member for each floor to keep track of that floor's (or wing's) residents. The overall team leader or incident commander would be responsible for communicating with the professional responders.

The ultimate goal of such a CERT team is the same as emergency management in general: to save lives and protect citizens and

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Emergency Planning for Special Needs Populations

By Mark Sorensen, Regional Healthcare Preparedness Coordinator, Josephine County, Oregon

Over the past year, Josephine County, Oregon, has undertaken a process to bring residents with special needs into their emergency planning process. "Special needs citizens" are defined as "those who cannot take care of themselves during an emergency."

This program is unique to Oregon, and few similar systems exist elsewhere. As a result, the model has been recommended to the federal government as a model for other rural communities.

This effort has resulted in the establishment of a Special Needs Committee. The committee was created when a question was raised during development of the county's Emergency Operations Plan (EOP) about how the county planned to help the disabled in a disaster.

At the time there was no answer, but a meeting was called to discuss the issue. Invited to participate were representatives from agencies serving the elderly and the handicapped.

The original estimate of 400-500 special needs citizens was shattered when one agency shared that they work with more than 4,000 residents. Josephine County is a prime retirement area due to its mild climate, scenic beauty and excellent medical facilities. This has resulted in a growing population of retired seniors. We now estimate that the special needs population may be as high as 7,500, which amounts to nearly 10 percent of the county's population.

The committee's initial focus was to identify large populations of special needs citizens. We invited managers of assisted living facilities and long term care centers to visit with us. In discussing their operations, we learned that while they are required by law to have emergency plans, there were situations where they needed to extend their thinking. They com-

mitted to begin an effort to address their individual facility needs and find ways to assist each other during emergency events.

Shortly after the committee began to meet, two additional groups were added: developmental disabilities and child care centers. Up to that point, the focus had only been on the elderly. Now the committee realized that the population was both the elderly and the very young, and that mental disabilities needed to be addressed.

At any given time in Josephine County, there are 1,200-1,500 people on oxygen and 60-70 residents who rely on a three-times weekly regimen of dialysis to survive. Due to concerns about loss of electricity, winter storms and closed transportation access, another group was established. The Medical Equipment Providers Group includes not only the local retailers but also some of their suppliers in the area. They continue to meet to discuss how they will work together during emergencies.

An Emergency Transportation Committee was established, and a plan has been developed to deal with concerns about the need to evacuate large numbers of special needs residents due to fires, flooding or hazardous materials spills.

Other groups have also been added: home health agencies, lifeline, low income programs and foster care homes. As the program has grown, communications has become a major issue. Attempting to define how we communicate with special needs citizens to make them aware of a disaster – when cell phones and landlines may be unable to meet the demands – has caused us to start conversations with Josephine County Emergency Communications, our local ARES agency.

Josephine County recently ordered an Emergency Notification

System to assist in this effort. While this requires phone lines, it has the ability to contact large numbers of people in a short amount of time. Although this equipment will help improve overall response notification, it is only one of the communications issues that exist.

Another thrust of the committee is to emphasize the Disaster Registry Program that was developed by Rogue Valley Council of Governments (RVCOG) in the 90s. The Disaster Registry allows special needs people to self-identify themselves in case of emergency situations. The committee has revised the form and developed new strategies for broader distribution.

Much has been accomplished, but many issues continue to require discussions and solutions. One concern has been how to make sure citizens are not double-counted because they receive services from more than one agency. HIPAA law restricts the amount of information agencies are allowed to share, except for the purposes of "preventing or controlling disease, injury or disability." This section needs elaboration, and requests have been made on a state and national level for clarification.

The efforts of the Special Needs Committee has taken on additional importance following the signing by President Bush on July 22, 2004, of an Executive Order on Individuals with Disabilities in Emergency Preparedness.

For More Information

For more information, contact Mark Sorensen at 541-474-5148. Also, we have posted additional material from the author in pdf format on the *IAEM Bulletin* page of the IAEM Web site at www.iaem.com.

Preparedness for All

Why Including People With Disabilities in Drills Is a Learning Tool: Interagency Chemical Exercise (I.C.E.)

By Michael Byrne, Director of Justice & Public Safety, Microsoft, and former First Deputy Director, New York City OEM/Capt. FDNY, and Elizabeth A. Davis, JD, EdM, Director, EAD & Associates Emergency Management & Special Needs Consultants and former Special Needs Advisor, NYC OEM

Background

In 1997, the New York City Office of Emergency Management incorporated disability issues into what was then the largest terrorism drill scenario for two reasons.

■ First, the inclusion of victims with disabilities (VwD) acted as a “curve ball” and presented responders with another element to test their reactions against.

■ Second, the inclusion enabled the collection of valuable information about responders’ reactions to people with disabilities and tested certain theories about needed service components.

The scenario was a midday political rally downtown, and multiple perpetrators sprayed an unknown aerated agent from backpacks into the large crowd at random. Panic and physical repercussions quickly ensued.

Four volunteer victims were selected (two men and two women of different ethnic groups) and briefed away from all other volunteers. One man and one woman were to use wheelchairs throughout the entire drill, and the other two were equipped with dark wrap glasses and white-and-red guide canes. Generalized stereotypes were used, assuming personnel would easily identify the visible disabilities being portrayed. All were instructed not to let other victims know of their additional roles. The four were positioned throughout the crowd at the start, and would stay in character until the end of the drill. All were tagged as ambulatory but contaminated, and thus were to go through the decontamination process.

The VwD were observed during the drill, and a checklist of things to

watch for was included in every controller and evaluator package. An exit interview was conducted with the four to record their experiences.

Observation Narrative

All four of the VwD experienced common difficulties from the onset of the exercise. While there were similarities in their treatment by other participants, interestingly, there were also differences in response based on the different disability characteristics. All four victims felt ignored by emergency personnel. All four witnessed responders checking the tags of others and, in two cases, passing right by them and removing dead mannequins while the VwD yelled for help. All four reported that responders *never* assisted them. In fact, an interesting situation occurred over and over again as *other victims* returned to assist and direct VwD when responders passed them by. This was an unexpected and positive finding, but interesting since no one – including the other victims – were aware in advance of the disability issues added to the scenario.

Examples of this go beyond victims leading those in wheelchairs and those who were “blind” out of the

area and over to responders, continuing at each successive step of the process. This happened to each of the four, but it is important to note that they went through the drill process individually and not clustered together, and therefore the experience they commonly describe is systemic of responders’ overall awareness of disability issues rather than just a sole responder’s attitude.

After moving through decon, each of the VwD were left in the middle of the street. At one point, a responder put the two “blind” victims together, but they were left unattended thereafter. They were later instructed by response personnel to “stand by the wall.” Again, another victim overhearing

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Preparedness for All

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this went to the victims who were blind and escorted them to the wall, narrating what was happening. Eventually, as all the victims were directed down the block to the Red Cross Reception Center, other victims again led the “blind” victims to the center with the rest of the group. In fact, other victims stayed with the two through the registration until they could be passed off to Red Cross personnel.

Of the four VwD, one woman in a wheelchair was the first to finish decon and questioning, and then proceed to the reception center. She too was left unattended and without instruction. She waited on the sidewalk until she saw other victims being directed to the end of the block. She wheeled herself down the block to the flight of stairs at the reception center location. As two responders passed her, she said she was cold and needed to get upstairs. She was told that “for the purposes of this drill, consider yourself dead or at the hospital because we don’t have time for you.”

Disability Specific Findings

■ **Decon.** All four VwD reported that even in the simulated decon, no one ever deconned the wheelchairs, canes or glasses. This represents a *huge defect* in a real situation, because the VwD would have been released back into the general population still contaminated. The solution is to either transfer the VwD into a clean evacuation chair or other wheelchair and remove the original, or to decon the wheelchair along with the victim. For those who are blind, either decon the auxiliary aids and return them or assign personnel as guides to stay with the victims for the remainder of the process. These solutions are the same for any other auxiliary aids people might be using, with the exception

of service animals (e.g. guide dogs) where a very different emergency policy may have to be put in place to either contain possible contamination or address an animal displaying fear and confusion.

■ **Medical/Triage.** Two of the VwD got through the whole exercise without being given the simulated *Mark I* auto-injections. One VwD identified himself as paralyzed from the waist down, and the responders said “okay” and moved on to the next victim in line and injected her. A third VwD reported that she only got the shots when she later identified that she had not received them.

■ **Identification.** There was no continuity to the response to the VwD as they moved from one step of the process to the next. The fact that there was no identification of the disabilities produced delayed care and confusion for both the VwD and the responders in general. The solution would be an identification mechanism or tagging system so that each responder involved could be aware as the VwD moved from point to point.

■ **Mobility.** All victims had difficulty walking in the tyvek suits, but this was especially the case for the victims who were blind. The solution may be to quickly duct-tape ankles after exiting the decontaminant to temporarily secure the suits around the feet.

■ **Communication.** Although deaf or hard of hearing persons weren’t included, by application the experiences of foreign language speaking victims can be applied to the VwD population as well. Effective communication in languages other than English was delayed and somewhat problematic. The same difficulty would be created if a sign language interpreter was needed. The solution is to recognize the need and establish a protocol to get such services on the scene as quickly as possible, and in their absence to use effective communication tools (e.g. picture boards).

Solutions

While some issues require complex and well-designed solutions, it is often the case that simple solutions that are easy to integrate into response protocol actually are achievable. Examples of such solutions can be drawn from the listed findings in this case.

Conclusion

The fact that difficulties and deficiencies became evident when disability issues were injected into such a complex and significant exercise only means that solutions can be addressed so those same deficiencies, over time, will be resolved. During I.C.E., the disabilities represented were not indicative of a comprehensive and all-inclusive list. Every disability presents slightly different issues, so it is clear the most effective planning can be done by including people with disabilities from your own community, testing the responses honestly during drills, and adjusting future protocol accordingly.

Statistically, one fifth of the population in the United States today has some form of a disability. Some disabilities are outwardly recognizable, and others are hidden – but each may have an impact on response to a victim in an emergency. It is inappropriate to assume that disability issues will either not present themselves at the response level or that they are only of concern at the recovery level. It is also a failed assumption that disability issues need not be tested or are not a primary objective. This I.C.E. drill clearly evidenced that appropriate attention to detail results in saving not only the lives of those impacted but also the responders as well.

The inclusion of disability issues in exercises will result in a higher level of awareness and a conclusion that certain difficulties not ordinarily considered in the re-

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Disaster Training for the Deaf Community

By James E. Davis, EM Coordinator, Pittsylvania County, Virginia

Every emergency manager is faced with a continuous campaign for disaster preparedness. However, when we are confronted with individuals with disabilities who reside in our community, we must focus our efforts on reducing their vulnerabilities and assisting them following a disaster.

Often we look the other way, thinking the problem will take care of itself. The following is a true story that occurred on my watch, and I am honored to have been part of a team that worked together to reduce the deaf community's vulnerabilities.

When I attended a class at Jacksonville State University, Dr. Brenda Phillips asked us to identify a population at risk within our community that could be affected in a disaster. I chose the deaf and

hard of hearing. By obtaining information from a local speech and hearing clinic and the assistance of Danville Community College, I was able to ascertain that approximately 50 households would qualify for assistance. I contacted a vendor that produces a weather alert radio, that when activated via the National Weather Service flashes a strobe light in the room where the radio is located. Additionally, a pillow vibrator is activated. When notified, the deaf individual locates the radio in his/her room and reads the LCD display indicating what type of hazard is immediate. Examples of possible hazards include flash floods, tornadoes and hurricanes. If the unit also displays a red light, that indicates a warning; yellow indicates a watch; and green indicates a special statement. The

individual then activates his/her own personal emergency plan for the family's safety. This unit was provided free of charge to the deaf community courtesy of a local Lions Club.

A workshop was held at the Danville Community College to assist the deaf community with the operation of the units and to help educate them about disaster preparedness. After the class was completed, one deaf resident approached me to say thanks for the device, adding that she still did not feel confident enough in her preparedness for a disaster. She wanted to obtain more information. She felt that having a disaster plan and a kit was insufficient. I felt helpless. I didn't know what to do next.

(continued on page 14)

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Local Response Plans: Do They Include the Disabled?

By Wendy McDonald, RN, MPH&TM, and Kevin Parsons, MD,
National Center for Biodefense Solutions, San Clemente, California

To examine existing plans to manage disabled citizens in the event of a disaster, we conducted a telephone survey of 22 cities and four community service organizations in Orange County, California. Orange County has a population of 2,938,507, of which 434,000 (15 percent) are persons officially classified as disabled.

Of the 26 organizations contacted, 23 (89 percent) completed the survey. As expected, the level of preparation and planning for a disaster involving the disabled varied significantly from organization to organization. Seven of 22 (31 percent) of the cities surveyed had their own disaster response plans that addressed both pediatric and disabled populations. Nearly half (49 percent) of the cities contacted relied on law enforcement agencies or fire departments for disaster planning and management, and 29 percent of these did not know if the department's emergency response included any plans regarding disabled persons.

Many communities (22 percent) indicated that they would rely on non-profit service organizations such as the American Red Cross, The Salvation Army and the Orange County Emergency Management Organization to manage disabled persons in the event of a disaster. While all victims of disasters require the basic needs of food, water, clothing and shelter, 40-50 percent have requirements beyond basic needs and can be better referred to as "special needs" populations. These special needs populations include the disabled, chronically ill and infirm, non-ambulatory, elderly, and pregnant women and children – as well as those with sensory impairments, such as the deaf, blind and non-English speaking populations. These victims may require transportation, help with ambulation,

special medical devices, or perishable medications such as insulin. Clear communications in a time of disaster may be especially difficult.

Organization Resources

One of the service organizations surveyed, the California Council for the Blind, suggests that a disaster response plan for the blind should include communication tools, Braille handouts, spoken directions, transportation and verbal orientation once they reach a shelter. In addition, it is imperative that any relocation accommodate service animals. The American Red Cross and The Salvation Army both have internal plans that accommodate the disabled. Their shelters can accommodate wheelchairs and service animals that may accompany clients. The shelters of the Red Cross provide handouts in 10 different languages and Braille. However, the Red Cross does not provide transportation to its shelters, does not have signers available for the deaf, and can only serve those who are independent or who have their personal caregiver present at all times. These requirements may exclude many disabled persons in the event of a disaster and must be addressed prior to an actual event.

Available Resources Currently Inadequate

The resources available to help manage the special needs population during a disaster are currently inadequate. These victims (approximately 40 percent of the total population) cannot be adequately served by the already overburdened government and public agencies during a disaster. One solution to be considered is the use of the "able" population to help care for the "disabled" population. As seen in the World Trade Center

bombings, disasters attract large numbers of able volunteers who want to help. A common consequence of these large numbers of dedicated volunteers is that they accumulate at busy critical areas, such as hospitals, to the detriment of the organization and ongoing care of disaster victims and treatment teams. While volunteers will be available, they may pose a threat to efficient operations.

Volunteer Coordination Centers Improve Organization

One solution is to plan for volunteerism by establishing Volunteer Coordination Centers (VCC) in advance to create a central gathering and processing point away from triage and hospital sites for all unaffiliated volunteers, to best match the abilities of the volunteer to the requirements of special needs populations as well as the many other needs of the community during a disaster. The special needs population have a role to play in their own disaster preparedness. They possess a unique perspective and can add value to disaster planning. Some special needs populations may also be able to participate themselves as volunteers.

By establishing VCCs, the community has access to a screened volunteer work force that is organized and better able to assist rather than hamper ongoing disaster relief efforts.

Emergency response plans need to be comprehensive and include all vulnerable groups in addition to the disabled. We believe that establishment of VCCs and inclusion of "special needs" populations within emergency response planning will advance our ability to more comprehensively care for all citizens during a disaster.

Plan To Prepare and Prepare To Plan

By Leslie Little, CEMA, At-Risk Safety Trainer, HELPU Fire and Life Safety

As a person with a disability and a skilled worker in the field of emergency management, I take pride in developing manual guides and resource documents for people with disabling conditions – whether permanent or temporary disabilities or medical impairments – for their use in the preparation of and basic management of an emergency event. The first statement I always promote and encourage is – *plan to prepare and prepare to plan.*

What makes that statement so vital is pure simplicity. Referencing back to many numerous weather-related events throughout my 40-plus years, I know firsthand that there are times that local emergency services are themselves affected by severe weather events. Local services can be stretched thin, and in some cases are unable to fulfill the very basic needs of a few hundred, much less a thousand, if the event is severe enough and the jurisdiction is highly populated.

The American Red Cross (ARC) has many basic guides detailing how to develop a plan and a disaster kit. Use them as a



Leslie Little is the first paraplegic to achieve full status as a CERT trained member.

starting point. As a person with a disability, I know that I cannot rely solely on the basics to sustain myself and others in the event of an emergency. Medical gear, replacement adaptive equipment, tools to complete temporary repairs, cleaning solutions, air compressors, battery chargers, and medications are neither readily available nor accessible in a shelter that may be manned by volunteer ARC disaster relief workers.

Personally knowing the cost of equipment and replacement items, I would never attempt to tell anyone with a disability to have two or more spare items scattered around via friends or family in the event of a disaster or emergency. The cost of a very basic manual wheelchair can run into many thousands of dollars, and no health insurance plans cover the purchase of two at a time. But as a person with a disability, I do know some simple tricks to get by if I need to in the event of a disaster.

■ A computer tool kit averaging approximately \$15 works wonders as a wheelchair tool kit and can easily fit into a backpack or belly pouch, be slid under the seat cushion or (as I do) be carried in a purse.

■ An air compressor can usually be purchased at local department stores for under \$30 and will have either an AC or an AC/DC or car cigarette lighter adapter for use. It's not as good as a high speed air compressor at a gas station, but it will work in a pinch.

■ For individuals with other disabling conditions (i.e. hearing loss, vision loss, cognitive impairments, etc.) think outside the box! I have in my vehicle a small dry-erase board (great for communication with hearing impaired). I carry a spare pair of wide-angled sunglasses (works for people with vision loss as bright illumination may further impair vision loss),

extra dry dog food (for my working dog), cat litter (helps with icing, snow and mud to maintain gripping for wheelchair tires), a 24-count



The author's working service-mobility dog displaying his disaster pack.

of sanitary napkins (used a bandages if injuries occur, or as quick use diapers if needed), and have full medical documentation of my impairment with a listing of my prescriptions, doctors and contact information.

■ And yes, for individuals with working dogs (service, hearing-signal, guide dogs, etc.), also have a bag prepared for them. Many pet stores now carry backpacks for dogs. Get one – they are relatively inexpensive – and begin to train your dog to wear it occasionally. My working dog came with one and can carry in his backpack enough items to sustain himself for one week.

The next statement I encourage and promote is – *gain knowledge of your medical condition, get as physically fit as possible, and don't take "No, you can't do that" as an answer!*

I am a high level paraplegic, unable to stand, walk or use my lower body. I am getting older, and with age come the normal aging limitations. *But* I am prepared, I am ready, and I know I can sustain and maintain my environment, whether it is my home, a shelter, a friend's home or a hotel. It's important to get involved, be assertive, become knowledgeable – and just do it!

New Hanover County Special Needs Task Force

By Carol Thiel, EM Specialist, New Hanover County, North Carolina

New Hanover County has addressed the needs of its "special needs population" since 1997 by using volunteers to staff a Special Needs Task Force (SNTF). The volunteers represent health and adult service agencies, nursing homes, oxygen providers, and other private and non-profit agencies who want to assist the county in this endeavor. Volunteers serve during disasters to assess and provide assistance to individuals needing more help due to physical or medical limitations. They also meet throughout the year on a regular basis to plan, train and share information about the special needs population in the community.

The task force has met every four to six weeks since 1997. Many issues have crossed the table since then, and all have been addressed with a unified approach that seeks to remove obstacles threatening the safety of special needs individuals. In 1999, the SNTF successfully lobbied the North Carolina legislature to ensure the participation of private health

care facilities. Senate Bill 34 was passed on July 1, 1999. It permits the temporary waiver of certain rules for licensed health care facilities that provide temporary shelter or services during disasters and emergencies.

If an event is threatening or has occurred, the Department of Emergency Management activates the Individual Care Coordination Center (IC-3). The IC-3 is an alternate Emergency Operations Center that solely manages the needs of the special needs population. It consists of a bank of 10 telephones and is staffed by those same volunteers from the Special Needs Task Force. These individuals work with special needs clients on a daily basis and are skilled at assessment and case management.

The IC-3 was first activated with Hurricane Bonnie in 1998. After that came Hurricanes Dennis, Floyd and Irene in 1999, Hurricane Isabel in 2003, and Hurricane Charley in 2004. Other activations have occurred for winter storms.

Another key component of the county's Special Needs Plan is the Special Needs Registry. This registry is maintained by the county's Department of Aging, Retired Senior Volunteer Program (RSVP). These volunteers conduct a "call down" of all registrants if a disaster occurs or is imminent. During Hurricane Charley, 405 special needs clients were contacted by the volunteers in one evening prior to the arrival of the storm. Those persons who wanted follow-up were contacted by the IC-3. Services that can be arranged through the IC-3 include: transportation; delivery of oxygen and medications; relocation to a nursing or other facility; and relocation to a shelter.

The goal of the IC-3 is to ensure that all special needs residents are prepared and can survive the hazards of any disaster with the least possible disruption. The members of the SNTF are truly visionaries with great dedication. Without them, the county's Special Needs Plan could not function.

E.M. News

■ **Chertoff Highlights Structural Changes in FY 2006 Budget Testimony.** Appearing before the Senate Homeland Security and Governmental Affairs Committee, DHS Secretary Michael Chertoff said that consolidation of DHS' research and developmental capabilities along with the creation of Screening Coordination and Domestic Nuclear Detection offices are important structural changes in the FY 2006 DHS budget proposal. Chertoff also highlighted the five themes in the proposed budget, which include revolutionizing the borders, strengthening law enforcement, leveraging technology, improving national preparedness and response, and creating a 21st

century department. Although the country has not been attacked since 9/11, Chertoff said that the department cannot rest on previous accomplishments. "We know our enemies won't. They remain as resolute as ever in their desire to destroy our freedoms and our way of life. They are determined to adapt their methods and uncover new vulnerabilities in our security," he said. In order to meet this evolving threat, Chertoff said that the United States needs to adapt and think anew as well, and he mentioned that DHS is undertaking a comprehensive review of all its programs and functions.

■ **United States Pledges \$1.6 Million for OAS Counter-Terrorism.** The United States has

pledged an additional \$1.6 million to strengthen and expand counter-terrorism coordination in the Western Hemisphere, bringing the total U.S. contribution to \$5 million since the 9/11 attacks. The announcement was made at a Feb. 7 meeting of the Organization of American States Fifth Regular Session of the Inter-American Committee Against Terrorism.

■ **Ridge Joins Home Depot Board.** Home Depot announced that Former DHS Secretary Tom Ridge is joining its board of directors. "Tom Ridge served his country with great distinction, and we are honored to have him join our board," said Bob Nardelli, Home Depot's Chairman, President and CEO.

Preparedness and Salvation Army's "PrepGuide"

By Mike Orfitelli, Territorial Emergency Disaster Services Coordinator, The Salvation Army

Since the beginning of the 20th century, The Salvation Army has been committed to meeting the needs of those that we serve in times of great difficulty. The Salvation Army has long been recognized as a disaster response and recovery agency, providing food, water, shelter, case management, and emotional and spiritual care to those affected by disasters. The events of the past few years have helped us refocus our attention to include a greater emphasis on disaster preparedness.

Currently under development in the Eastern Territory is a plan to present an outstanding tool for preparedness to senior citizens and special needs populations. Across the country there are countless seniors and disabled individuals who are at home and at risk. Many of these individuals have special medical needs that can exacerbate the impact of a disaster. Our goal is to provide these individuals with a means to reduce further risk, injury or emotional trauma.

The tool, *Home Safety Emergency Plan* (known as the "PrepGuide") is an easy-to-use guide that offers helpful information, organizational materials and important checklists to ensure preparedness.

The helpful information includes first aid procedures and data on what to do before, during and after an emergency. The organizational materials provide the user with a handy place to put emergency contact information, reunion locations, and medication and special needs information. The checklists create an easy means to ensure that there is an adequate level of preparedness at home and in the office. The "tabbed page" format of the PrepGuide makes referencing each section very easy.

The territorial Emergency Disaster Services Department plans to distribute the PrepGuide through divisional offices using disaster trainers and disaster services volunteers working in 11 regional areas (known as divisions) that stretch from Maine to Ohio, and as far south as Pennsylvania and Delaware. These individuals will make the initial presentation to the PrepGuide in a one-hour PowerPoint seminar that will acquaint the potential user with a basic understanding of this tool.

In some areas, EDS directors have committed to following the seminar with volunteer visits, during which a supportive volunteer will take time to go through the guide step-by-step with each recipient.

In a highly developed phase of the program, the volunteer will make periodic visits to review the material, update the guide, and make recommendations on other preparedness issues. In this model, the volunteer will be a potential point of contact for several seniors or special needs individuals, providing aid and guidance at times when evacuation is needed or injury has occurred.

The Salvation Army is excited about the great potential to aid the senior and special needs population in this aspect of disaster preparedness. For more information, you may contact the author at Michael.Orfitelli@usa.salvationarmy.org.

DHS Launches Regional Technology Integration Initiative

The Dept. of Homeland Security has announced the addition of a new urban area to its Regional Technology Integration (RTI) initiative, which focuses on speeding the effective integration of innovative technologies and organizational concepts to the homeland security efforts of regional, state and local jurisdictions. Through the program, managed by DHS' Science & Technology directorate, four urban areas across the country have been announced as the initial pilot locations: Seattle, Wash.; Memphis, Tenn.; Anaheim, Calif.; and Cincinnati, Ohio. These initial locations will provide the science and technology community with a realistic environment to test maturing hardware and concepts.

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CERT Teams

(continued from page 5)

property. In a large-scale emergency or disaster, professional responders could be tied up in other locations, and the population in this elderly high rise complex could be on their own for a day or more.

This CERT team would be able to direct self-preservation efforts until professional responders could arrive. Certainly the CERT team could triage its own critical needs and relay those needs to professional responders for priority response. Through the utilization of an "in house" CERT team and the coordination of emergency management – including identification of at-risk residents and the creation of disaster kits – this type of elderly complex could fair well in a large-scale emergency or disaster.

We as emergency management professionals are only as limited as our ability to think outside the box. While this type of Community Emergency Response Team is non-traditional, the goals remain the same, and the benefits to our communities are greater as we encourage our citizens to take partial ownership of their lives and safety while creating a more comprehensive emergency management program.

To further discuss this type of program or share your ideas, feel free to e-mail the author at:

bbovyn@ci.manchester.nh.us.

Preparedness For All

(continued from page 8)

sponse stage of an emergency must be identified as a result of recorded outcomes. With the threat of terrorism, responders are confronted with challenges that go far beyond the normal expected public safety realm, in order for them to prepare properly for the needs of all.

Addressing these issues must become a routine part of disaster planning. It is a credit to the forward thinking of NYC OEM that these issues were exercised during I.C.E., for it is only through training, exercise and general awareness that we will truly achieve preparedness for all.

Final Statement

At the conclusion of the interviews with the volunteer VwD, one added: "I feel that I had the best assignment of all at this exercise. I can't believe how poorly I was treated by people from my own agency. I will never treat a person with a disability that way at any situation I am sent to from now on!"



Deaf Community

(continued from page 9)

CERT Training For Deaf

The following year, our county began teaching the Community Emergency Response Team course for residents in our county. I approached Dr. Carl Amos of the community college and presented to him my vision of providing this training to residents in the deaf community. His enthusiasm once again inspired me.

We contacted the deaf residents again and told them about the course. On the first night of the class, I recognized the woman who had approached me at the workshop almost two years before. I hired professional sign language interpreters. We solicited funding from the Lions Club, and once again they assisted in this endeavor.

After eight weeks of training, the same deaf resident approached me after graduation and thanked me for providing her with CERT training.

The Community Emergency Response Team program provides individuals in all walks of life with vital disaster preparedness information. I would encourage anyone to take the course, if only for the sake of their families.

Future Plans

I am hoping to secure funds to provide additional training for the deaf community. CPR, first aid and shelter training are just a few classes that would improve preparedness. To date, we have trained more than 150 residents in CERT, of which seven are deaf. For a complete slideshow of our April 2004 class, visit www.pittgov.org/cert/CertExerciseandGraduationApr04/default.htm.

In many of the pictures you will notice the deaf CERT members communicating with sign language.

Jackson Sworn In as Deputy DHS Secretary

The U.S. Senate confirmed Michael P. Jackson as Deputy Secretary of the Dept. of Homeland Security. He was officially sworn in by DHS Secretary Michael Chertoff. Jackson previously served as CEO of AECOM Technology Corporation, Government Services Group, in Fairfax, Va. From 2001 to 2003, he served as Deputy Secretary of Transportation at the Dept. of Transporta-

tion. Earlier in his career, Jackson held several positions at Lockheed Martin IMS, Transportation Systems and Services, including Vice President and General Manager of Business Development and Chief Operating Officer. Jackson received his bachelor's degree from the University of Houston and his Ph.D. from Georgetown University in Washington, D.C.

Call for IAEM Award Nominations, Media Contest Entries

IAEM will elect new officers at the Nov. 11-16 Annual Conference & EMEX Exhibit in Phoenix, Arizona. Candidates for President Elect and Treasurer must submit credentials by **Sept. 2, 2005** to IAEM Headquarters.

Officer Nominations

Secretary and Treasurer are two-year terms, with the Treasurer position up for election in 2005.

To be placed on the ballot, all candidates must submit:

- A letter stating candidacy.
- A letter of permission from the immediate supervisor supporting the time and travel necessary to fulfill duties of office.
- A brief resume.
- Confirmation of membership of at least three consecutive years immediately prior to seeking office.

Individual members are eligible to hold national office, provided they have been a member for at least three consecutive years and have served as a regional or national officer, national committee chair or active national committee member for two consecutive years.



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Recognition Awards

The Annual Conference is also the time when IAEM recognizes members who have made special contributions. Nominations for awards should be sent IAEM Headquarters. Nomination deadline is **Sept. 2, 2005**.

Include a written report detailing actions of the nominee and their significance to the organization. Remember to indicate the award for which you are nominating someone.

Award Categories

The following awards may be presented:

- *Presidential citations.* Bestowed by the current President on outstanding representatives of the principles and practices of IAEM.
- *Executive citations.* Selected by regional presidents with input from regional members, and given to members who exemplify the image of professionalism.
- *Honorary citations.* Granted to two individuals from any profession who have actively supported IAEM. Recipients are selected by the IAEM Board of Directors.
- *Membership Award.* To the person most active and successful in recruiting new members.
- *National Security Award.* To a person who has significantly contributed to efforts promoting national security. Selected by the IAEM Board.

■ *Partners in Preparedness Award.* Given by the Awards & Recognition Committee to an organization for its support of local emergency management.

■ *Outstanding Business Program.* Bestowed by the Awards Committee.

For more details, on IAEM awards, visit the IAEM Web site at www.iaem.com.

Media Awards

IAEM Media Awards recognize successful promulgation of emer-

gency management related information through the media via:

- Newsletters.
- Special publications (posters, brochures, educational campaigns).
- Individual media items (news/promotional story or photo, editorial).
- Audiovisual (slides, audiotapes, videotapes).
- Computer products.

Entries can be submitted in one of three divisions:

- Local (entries must be submitted by IAEM members).
- State, regional or national government or nonprofit organization.
- Commercial or for-profit entities.

How To Submit Media Entries

Samples for the Media Contest should be sent to IAEM Headquarters for judging by a panel of media experts. Include a cover letter explaining how the project was created, distribution methods, how it was funded (if appropriate), and how the recipient's name should be listed on the awards certificate if selected.

Entries will be displayed during the Annual Conference in Dallas, where winners will be announced. Deadline for entries is **Sept. 2, 2005**.

Clayton R. Christopher Award

The Clayton R. Christopher Award is presented by Region 4 to a member who is a local director, in recognition of unselfish devotion and outstanding contributions to emergency management. Any member may nominate a candidate regardless of location.

For details, contact Larry Gispert, Region 4 President, Hillsborough County Emergency Management, 2711 E. Hanna Ave., Tampa, Florida 33610, (813) 276-2385, gispertl@hillsboroughcounty.org. The deadline for nominations is **Sept. 1, 2005**.

IAEM 2005 Mid-Year Meeting



IAEM Japan Ambassador Yuki Karakawa is pictured with IAEM Treasurer Rick Cox, CEM. The Karakawa Foundation is sponsoring scholarships for the CEM® Program for IAEM Region 2 applicants, as well as applicants from the Red Cross and UNC. Emergency managers in New York and New Jersey who are interested in applying for the scholarship, which covers all CEM® enrollment, application fees and a one-year IAEM membership, should visit www.iaem.com. Look on the home page under News.

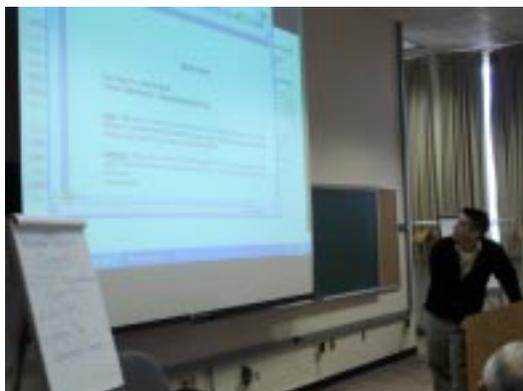


IAEM President Dewayne West, CEM, and Executive Director Beth Armstrong visited the Emergency Management and Response Information Sharing & Analysis Center (EMR ISAC) on Feb. 25. From left are pictured Sam Lombardo, West, and John Brascoe.

**Feb. 25-27, 2005
National Emergency
Training Center
Emmitsburg, Maryland**



Liz DiGregorio of Citizen Corps (left) is pictured with Kathee Henning, CEM, who represents IAEM on the Citizen Corps Council, and IAEM member Hilary Stryon.



IAEM Deputy Director Peter Casals presents a tutorial to the IAEM Board of Directors during the Mid-Year Meeting.



IAEM Conference Chairman and President-Elect Marg Verbeek, CEM (left) with IAEM Executive Director Beth Armstrong and Conference Vice Chairman Carolyn Harshman.

IAEM 2005 Mid-Year Meeting

IAEM Board Meeting Highlights

The IAEM Board of Directors met during the IAEM Mid-Year Meeting, held Feb. 25-27 at the National Emergency Training Center in Emmitsburg, Md. Highlights of the meeting included:

- Dick Kendall, IAEM's representative to HOPE Coalition America, briefed the board on HOPE's activities to provide financial counseling to disaster victims. The board approved further promotion of HOPE through booth space at EMEX, Bulletin coverage and a possible general session presentation at the annual conference. For information on HOPE Coalition America, visit www.hopecoalitionamerica.org.

- The board endorsed Point of Light's concepts on promoting a national strategy to manage unaffiliated volunteers. A copy of their report can be downloaded at www.pointsoflight.org.

- The board is considering the present and future communications needs of the association and is in the process of hiring a vendor to conduct a communications assessment. The board acknowledged the efforts of the Communications Committee and voiced appreciation

for their attention to serving IAEM members with timely and useful information.

- The board took action to require all IEMSA chapter members to pay the \$25 IAEM student member dues.

- A proposal was submitted that IAEM move forward in defining the meaning of "partnership" and creating a special program for partners. The Membership & Marketing Committee was tasked with revising the partnership agreement to make it more pertinent and productive.

- Mike Mumaw, CEM, reported that the recent survey of *Strengths, Weaknesses, Opportunities and Threats* indicates that IAEM is on track according to its strategic plan. A revision to the mission and vision will be presented for member action at the IAEM 2005 Annual Conference. Mumaw proposed that a research function should be established to identify strategically evolving events supported by academia and business and industry, so that IAEM might be more proactive. The board voiced general support and asked for more detail.

- The board discussed and

approved Government Affairs Committee recommendations on positions related to EMPG funding, disaster victim relief and National Weather Service funding. Current position papers can be viewed at www.iaem.com.

- CEM® Commission Chairman Dave Sullivan reported that 79 CEM® packets were reviewed during the Mid-Year Meeting; 19 new credentials were approved; and 30 recertifications were approved. The board approved these recommendations: reinstate the requirement that a training syllabus/catalog entry be provided as part of documentation for training; allow two years experience for those with any advanced degree in EM, similar to the current requirement for two years for those with EM bachelor's degrees; discontinue the honorary CEM® designation; and launch Phase 1 to internationalize the CEM® Program by partnership with Istanbul Technical University in Turkey on a pilot project.

- The IAEM 2006 Annual Conference will be held in Orlando, and the board approved the location of the 2007 conference in Canada.



Government Affairs Committee Co-Chairman Mike Selves, CEM, IAEM Policy Advisor Martha Braddock, and IAEM President Dewayne West, CEM (left to right) presented the IAEM position papers to members.



IAEM Board members received a special tutorial on Feb. 25 by IAEM Deputy Director Peter Casals to manage the increasing volume of issue papers, action requests and recommendations.

New Members: Feb. 16-Mar. 15, 2005

A monthly listing of new IAEM members appears in each *IAEM Bulletin*. Please take this opportunity to contact new members with a phone call or e-mail, and say "Welcome to IAEM!"

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(continued on page 19)

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(continued from page 18)

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(continued on page 20)

Association News

IAEM Member Survey Deadline Extended to April 30

The Membership and Marketing Committee wants *your* opinion. The IAEM Member Survey is now available online at the IAEM Web site at www.iaem.com. Help us shape the future of emergency management by participating in these two five-minute surveys today. Go to the IAEM home page at www.iaem.com to complete:

- The EM Demographic Survey
- The IAEM Members Survey

Thanks to the UNC Chapel Hill IAEM Student Association for undertaking this endeavor. Please support our students and association through your participation in these surveys. The deadline for the surveys has been extended to **Apr. 30, 2005**. Questions may be directed to Craig Marks at marksc@unc.edu. – *Craig Marks, CEM, IAEM Membership & Marketing Committee Chairman*

Help Wanted: CEM® Commission

The CEM® Commission is looking for candidates for two to four openings for the Class of 2008, who will serve on the panel from November 2005 through November 2008.

The CEM® Commission sets policies and procedures governing the certification program, and reviews packets of applicants for the CEM® (Certified Emergency Manager) and AEM (Associate Emergency Manager) credentials. Commissioners who are local practitioners must have earned the CEM®.

If you're interested in serving, submit a letter of interest and a summary of your credentials to IAEM Headquarters by **July 1, 2005**.

For additional information, please contact IAEM Membership Director Sharon Kelly at 703-538-1795 or info@iaem.com.

IAEM: Working for You

(continued from page 1)

medical services (EMS) in homeland security preparedness and provides recommendations to improve the ability of EMS to respond to a terrorist attacks. You can download the complete report at www.nyu.edu/ccpr/pdf/NYUEMSreport.pdf.

■ **IAEM Supports GADR.** The IAEM Board has approved IAEM's role as a supporting organization of the Global Alliance for Disaster Reduction, sponsored by the Global Institute for Energy and Environmental Systems, University of North Carolina at Charlotte. GADR is a community of more than 1,000 experts on disaster reduction and related aspects of sustainable development, representing regional, national and international organizations. Learn more at www.gadr.giees.uncc.edu.

■ **IAEM Participates in CDC Workshop.** Member Russ Decker, CEM, recently represented IAEM at a stakeholder workshop held by the CDC regarding response planning for the U.S. Postal Service Biohazard Detection Systems.

■ **IAEM Comments on National Preparedness Goal.** Steve Detwiler, CEM, recently submitted IAEM member comments to DHS on the revised National Preparedness Goal.

■ **IAEM Participates in DHS Briefing.** IAEM took part in a recent briefing held by DHS, that provided an update on the Buffer Zone Protection Program, which provides targeted funding through

states to local jurisdictions to purchase equipment that will extend the zone of protection beyond the gates of these critical facilities. The Office of Domestic Preparedness, along with Information Analysis Infrastructure officials, announced that the application for states to apply for BZPP funding had been posted and encouraged local officials to work with their state administrative agencies.

The funding was described as seed money to generate planning and an opportunity for additional money to be leveraged with other existing grant resources. The \$92 million for about 1,800 sites is primarily focused toward law enforcement and other first responder agencies. For more information, visit www.dhs.gov/dhspublic/display?content=4380.

New IAEM Members

(continued from page 19)

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Mike Selves Announces Candidacy for President-Elect

Michael D. Selves, CEM, CPM, has announced his candidacy for IAEM President-Elect. Selves has been an active member of the association since 1995. He has served as Co-Chairman of the IAEM Government Affairs Committee since 2001 and as IAEM's representative to the NACo Board of Directors for two consecutive years (2002-2004).

Selves currently serves as Director for Emergency Management & Homeland Security for Johnson County, Kansas, a position he has held since 1995. Prior to that, he was the Emergency Operations Coordinator of Local Programs for the Kansas Division of Emergency Management in Topeka, where he established standards and developed strategies for improving the levels of emergency preparedness in all 105 Kansas counties.

Selves served 20 years in the U.S. Air Force as a communications and war plans officer, retiring in 1987. His last Air Force assignment was as Director of Combat Communications Support at

Headquarters Strategic Air Command, where he led the communications planning and support team for the U.S. raid on Libya in 1986.

Selves received his BSEd degree from Emporia State University, an MS degree in management from the University of Arkansas, and completed all course work toward a doctorate in higher education and business at Denver University. He has been active in several EM-related associations, and has served as an adjunct faculty member for the University of Maryland and University of Kansas. He is currently a course developer and instructor for Park University's master's program in disaster emergency management.

In 2004, he was appointed by then-DHS Secretary Tom Ridge to a 20-person task force on state and local homeland security funding. The task force produced a report of findings and recommendations which has had a major impact on the efficiency and effectiveness of the homeland security funding process.



Michael D. Selves, CEM, CPM

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For information on officer nominations, see Page 15 or contact IAEM Headquarters at info@iaem.com

E.M. Resources

■ **Report on Cyber Security Released.** The National Cyber Security Progress Report has been released by the National Cyber Security Partnership, a group of private sector organizations committed to implementing the National Strategy to Secure Cyber Space. The report represents the results of a survey describing 65 respondents' accomplishments during the past two years. You can download the report at www.marshall.usc.edu/ctm.

■ **PERF Report on Intelligence Available.** The Police Executive Research Forum (PERF) has released *The Production and Sharing of Intelligence* as the fourth in a series of reports on *Protecting Your Community from Terrorism: Strategies for Local Law Enforcement*. The foundation for this paper was an executive session sponsored by the U.S. Department of Justice Office of Community Oriented Policing Services (COPS). You can download a copy of the report from both the PERF and COPS Web sites at www.policeforum.org and www.cops.usdoj.gov.

IAEM Reception in Singapore. IAEM sponsored a reception in Singapore on Feb. 24, in conjunction with the Fire & Emergency Services Asia 2005 event. IAEM Region 9 President Gunnar Kuepper was a speaker at the FESA conference, and helped host the reception with IAEM member Gideon Formukwai.



Gunnar Kuepper



New Certified Emergency Managers®

**Approved
Oct. 2004-Feb. 2005**

Linda S. Brown
Florida Division of EM
Tallahassee, Florida

William D. Brown
VA Medical Center
Augusta, Georgia

LT Donald S. Butler
U.S. Northern Command
San Antonio, Texas

Jan Clinton Chilson
Clay Co. DPS
Green Cove Springs,
Florida

Ted C. Cope
Timberlake, North Carolina

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James P. Drake
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Jon Fessler
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District OES
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Tampa, Florida

Tommy D. Thompson
Anderson County
Anderson, South Carolina

Andrea C. Vinyard
Air Expeditionary Forces
Battlelab
Mt. Home AFB, Idaho

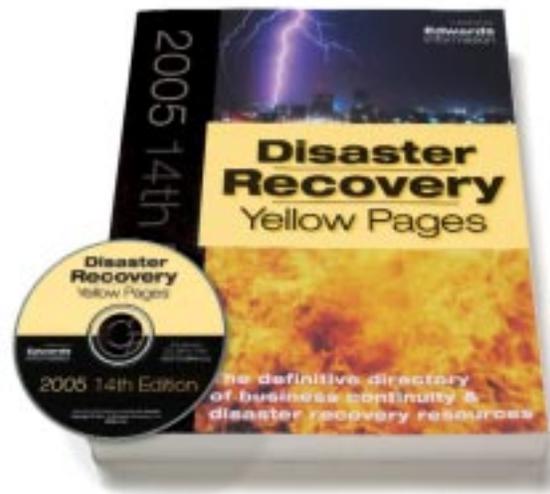
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E.M. Calendar

- Apr. 3-6 15th Annual Conference on Telecommunications & Disaster Recovery, International Disaster Recovery Association, Baltimore, MD. Conference will spotlight notification and warning systems. For details, see www.idra.com.
- Apr. 5 Basic Disaster Life Support Course, Tustin, CA. Contact NCBS at 949-366-4152, or visit www.ncbsolutions.org for registration and details.
- Apr. 14-16 Facing New Challenges: Terrorism & All Hazard Preparedness Conference, hosted by the Illinois Emergency Services Management Association and Tazewell County Emergency Services and Disaster Agency, East Peoria, IL. For details and to register, visit www.iesma.org.
- Apr. 18-20 ISCRAM 2005, Second International Conference on Information Systems for Crisis Response and Management, Brussels, Belgium. For more info, see www.sckcen.be/isgram.
- Apr. 19-20 Partners in Emergency Preparedness Conference, presented by Washington State Emergency Management Division and Seattle Chapter of American Red Cross, Bellevue, WA. For info, visit <http://capps.wsu.edu/emergencyprep>.
- Apr. 20-21 2005 Ohio Homeland Security Symposium & Trade Show, presented by the State of Ohio Security Task Force, Columbus, OH.
- Apr. 20-22 Fire-Rescue Med 2005, International Association of Fire Chiefs, Las Vegas, NV. See www.iafc.org/conferences/frm/index.asp.
- Apr. 26-29 Aircraft Rescue Research Project: Forcible Entry & Victim Extrication, San Bernardino Airport, CA. For details and to register, visit www.edmus.info.
- Apr. 27-29 2nd Annual Government Security & Business Continuity Planning Conference, Toronto, Ontario, Canada. Visit www.federatedpress.com for details.
- May 1-4 4th UCLA Conference on Public Health and Disasters, Woodland Hills, CA. For details, see www.cphd.ucla.edu/conf2005.html.
- May 24-27, TIEMS (The International Emergency Management Society) 12th Annual Conference, Torhavn, Faroe Islands. For complete information, see www.tiems.org.
- July 10-13 15th World Conference on Disaster Management (WCDM), "The Changing Face of Disaster Management: Defining the New Normal," Metro Toronto Convention Centre, Toronto, Canada. For complete information about the conference, see www.wcdm.org.
- July 24-30 International Conference on Energy, Environment and Disasters (ICEED 2005), "Bridging the Gaps for Global Sustainable Development," Charlotte, NC. Sponsored by the Global Institute for Energy and Environmental Systems. For details, see www.iseg.giees.uncc.edu/INCEED2005/.

IAEM 2005 Annual Conference & EMEX Exhibit

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Nov. 11-16, 2005 ■ Phoenix, Arizona

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Member News

■ **Col. Ditch Recognized With Governor's Award.** Col. Bob Ditch, CEM® Commissioner, was recently presented with the Governor of Virginia's 2004 Fire Service Training Excellence Award for his work in providing terrorism response and NIMS training to first responders and local governments throughout the state and the nation. Col. Ditch also recently facilitated a regional NIMS Seminar for Senior Executives, hosted by the University of New Orleans College of Urban & Public Affairs and Urban Area Security Initiative Region One. Participants included top elected and agency officials from four parishes, as well as top-level officials from the regional offices of several federal agencies.

■ **Submit Member News Items.** Send your member news items to Editor Karen Thompson at thompson@iaem.com.

Call for Articles: Recovery/Continuity/ Resumption Planning

The IAEM Communications Committee is issuing a **Call for Articles** for a Special Focus Issue on the subject of **Recovery/Continuity/Resumption Planning**. We are interested in articles on efforts required to bring jurisdictions, agencies and businesses back together after a disaster response. Please keep your articles **under 750 words**, and e-mail them to *Bulletin* Editor Karen Thompson at thompson@iaem.com by **Apr. 10, 2005**.

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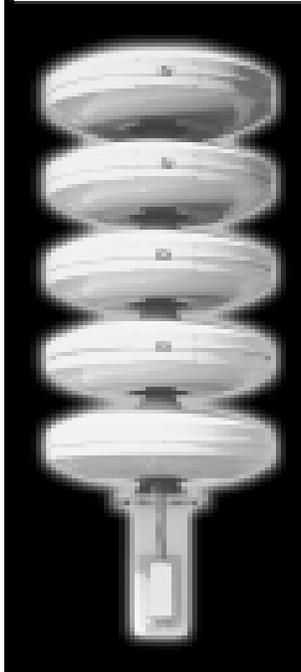
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