No handshakes at commencement: how about elbow bumps instead?

Valerie Lucus, CEM, CBCP, University of California, Davis
IAEM: Working for You

IAEM-USA Universities & Colleges Committee Creates Map to Track H1N1 Cases on Higher Education Campuses. The IAEM-USA Universities and Colleges Committee (IAEM-UCC) has produced a Google Map that tracks the cases of H1N1 Influenza on college and university campuses in the United States and Canada, attracting a lot of attention in online news. Details are on Page 18.

IAEM-Europa Reaches a Milestone with Approval of Not-for-Profit Status. IAEM-Europa has received notification that its registration as a not-for-profit association under Belgium law has been successful. “This is an important milestone in our progress to develop local activities to support members, as we can now carry out financial transactions within the EU as a properly registered entity,” said IAEM-Europa President Arthur Rabjohn, CEM. “The next steps will be to create a local bank account and put in place the appropriate financial controls to support local activity. I am very grateful to Laura Shapland, IAEM-Europa Secretary, and Luc Rombout, IAEM-Europa Treasurer, for their hard work in putting together the lengthy application that had to be completed.”

IAEM Receives HOST Award for 2008 Conference. Johnson County Emergency Management & Homeland Security and IAEM were recognized by the Overland Park (Kansas) Convention & Visitors Bureau at its 2009 National Tourism Week luncheon. The estimated economic impact of the IAEM 2008 Annual Conference on Overland Park and the metro area was $2.6 million.

IAEM Offers Student Conference Stipend Lottery. IAEM Headquarters is maintaining a list of IAEM Student Members who wish to receive a student registration fee stipend to attend the IAEM 2009 Annual Conference. Students should e-mail the following information to info@iaem.com no later than Sept. 11, 2009: their interest in having their name placed in the lottery, their complete contact information, and the name of the university they are attending. Notifications will be sent via e-mail by the end of September.

IAEM Collaborates with York University, Toronto, on First International Virtual Emergency Exercise. The first international virtual emergency exercise was held in the York University Virtual Emergency Management Lab in Second Life on May 5 and May 7, 2009. This event was organized by the Emergency Management Program at York University, Toronto, Canada, in collaboration with IAEM. More than 50 participants and observers, mostly IAEM members from the USA, Canada, United Kingdom, Spain, Turkey, Australia and the Netherlands came together in real time and participated in these exercises.

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Despite the global economic recession, IAEM is growing and expanding both in terms of its overall membership and geographic coverage. By the beginning of 2008, IAEM had 3,695 paid members. This figure has increased to more than 4,750 paid members at the end of April 2009. This shows a significant growth in the last 15 months.

It should be noted, however, that a majority of IAEM members belong to a few English-speaking countries, such as the USA (the birthplace of IAEM with more than 80% of its membership), Canada (the first non-USA council with 5%), Australia and New Zealand (4%), and the United Kingdom and Nigeria (each with 1% of total membership). Student membership (at 25% of total membership) has significantly contributed to the overall growth of IAEM in the past few years.

**What IAEM Growth Means to Us**

The IAEM-Global Board of Directors strongly believes that IAEM has more potential for growth and expansion that demands our urgent attention and continued efforts at all levels. Growth of IAEM means many things to us.

- It means that the emergency management profession is growing and being established worldwide.
- It also means that IAEM is providing valuable services to more emergency management professionals and their constituencies and organizations.
- Furthermore, a larger organization with more diverse membership makes IAEM stronger and provides opportunities for even better member services.

**Growth and Expansion of IAEM in the next few years would contribute to achieving our vision, which states that “IAEM shall be recognized as a premier international organization of emergency management professionals.”**

**Growth Depends on Marketing at the Member Level**

Like all other organizations, particularly membership-based organizations, our growth depends on our marketing efforts. Marketing in this context needs to be carried out at both member as well as institutional levels. At the individual level, as members of IAEM and for the benefit of the whole association, we all should introduce IAEM to more colleagues and friends and potential members and encourage them to join. We can market IAEM by what we say about it, by what we wear, and by what we do.

Many of us often make formal and informal presentations for colleagues and potential members. It would be very valuable if we introduce IAEM to our audiences as an organization in which we are proud to participate. IAEM has produced many marketing items, including clothes with the IAEM logo that members can purchase and wear at different occasions to introduce our association to others.

More importantly, we can introduce IAEM to others by our actions. We are professionals committed to the ethical component of our association, who care about people and their safety. People should know that we do what we do better, in part, because we belong to an association that has high standards and values.

At an institutional level, IAEM-Global and the various IAEM Councils have work groups and standing committees. The IAEM Marketing & Membership Work Group has been working on a strategic plan for IAEM membership and marketing.

The goals are to increase IAEM membership, particularly in countries outside the USA. This plan provides the long-term strategies, short-term actions and tasks that need to be implemented to ensure...
IAEM-International Council Report

Internationalization of IAEM: Challenges and Opportunities

By Gideon For-mukwai, CEM, President of the IAEM-International Council

I am very honored to serve as the president of the International Council of IAEM. For me, it has been both challenging and exceptionally rewarding to be at the forefront of our effort to reach out to parts of the world where people are increasingly hungry for emergency management knowledge and growth.

Our internationalization efforts are alive and bearing fruit. Last year, the IAEM-Asia Council was chartered, and this year we are on the eve of seeing a new IAEM-Africa Council. Looking back at the past few years, IAEM has given birth to both the IAEM-Oceania and the IAEM-Europa Councils. When I reflect about these milestones, I can’t help but say that “it has taken a village” to reach these accomplishments. First, I must extend appreciation to the leadership of IAEM for their foresight. Without the foresight and support of the past and current leadership, the recently formed IAEM Councils and soon-to-be Councils would not have been possible at all. Not only do I acknowledge the leadership of IAEM, but I also must applaud the members of IAEM-USA who supported the leadership in forging new ties, reaching out, and building an organization that is inclusive, informed and ingenious in the way it conducts business beyond its natural borders.

IAEM-International Growth Leading to Additional Councils

Today, the IAEM-International Council continues to grow. I receive e-mails from far and wide. I receive calls from fellow professionals who speak in languages I can barely understand, but yet I know that we are united in our purpose of helping communities be safer and more resilient when a disaster strikes. We currently have about 150 members in the IAEM-International Council.

- **Growth of IAEM in Africa.** In Africa, we are barely more than a dozen members away from reaching charter strength of 75. The nucleus of activity is in Nigeria and West Africa. Recently IAEM-Global Board Chairman Arthur Rabjohn, CEM, visited Nigeria and had very productive talks with government officials and local members of a budding IAEM community in that country.

- **Greater Momentum in the Middle East.** In the Middle East, we are seeing greater momentum on the ground. The potential bedrock of Middle East activity will be either the United Arab Emirates or Iran. In recent months, we identified new national representatives who are committed to helping us make inroads, build trust, and expand our network.

- **Central and South America Show Growth in Membership.** Central and South America also are coming on strong. Lately, we have seen significant opportunities for IAEM membership growth in Brazil and Argentina. IAEM Deputy Executive Director Clay Tyerar, MAM, CAE, has visited with local authorities in South America. In order to beef up our activities, we are looking to participate in some events this year and beyond to create more awareness.

**Summary**

Notwithstanding linguistic challenges, the IAEM International Council is moving forward with resolve, knowing that emergencies have no respect for natural or political boundaries. As we continue to reach out, forging new friendships, we remain very grateful for support from IAEM headquarters staff, national representatives, and many volunteer foot soldiers who embrace IAEM as an organization that builds bridges of professional and cultural understanding. What I want all members of IAEM-Global to understand is that they are partners in the creation of new IAEM Councils. Each time we win, credit goes to everyone involved with IAEM. As we take new strides forward, I am proud to report that we have yet more opportunities to make contributions to a world that is safer through our collaborations and communities of practice.

Global Newsboard

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the future growth and expansion of IAEM.

There are still many universities and colleges with EM programs without IAEM student chapters. IAEM should try to reach out to these educational institutions and help them to establish chapters. We certainly need to engage in additional efforts toward expanding IAEM to more countries, particularly in Africa and Latin America. IAEM should become more accessible and available to such regions of the world. Language, membership fees and awareness play important roles. We can hardly expect local emergency managers in non English-speaking countries to be able to communicate in English. Providing our services in other main international languages would help.

We need to establish stronger links with international organizations and find formal and informal channels that we can use to reach out to more potential members.
The Associate Emergency Manager (AEM) is the secondary credential recognized and administered by the International Association of Emergency Managers. The AEM is a credential underutilized in the emergency management profession. AEM is recognition that the emergency management practitioner has attained some quality training, knowledge and practice within the emergency management profession, though the candidate does not possess the formal education, practical field experience or professional contributions that a Certified Emergency Manager® would have attained.

The process for seeking AEM is similar to CEM®, the cost is $325 for IAEM members and $450 for non-IAEM members. AEM is often a more entry-level credential or a credential for those lacking formal college degrees (baccalaureate or higher) or work experience. Many candidates for Associate Emergency Manager (AEM) use the credential as validation of training and experience in emergency management or as a stepping stone toward achieving the CEM®.

AEM Requirements

The Associate Emergency Manager (AEM) credential requires that the candidate must have completed 200 contact hours of training (100 hours in emergency management and 100 hours in general management training) within the last ten years.

Additionally, the AEM candidate must have a minimum of three professional references (one must be from the candidate’s current supervisor or manager). The AEM candidate also must complete the comprehensive management essay (about five pages or 1,000 words) responding to a provided scenario, answering to each of the four phases or emergency management and all of the KSA’s listed in the directions. A passing score is 24/42 points on the essay. For ideas or assistance with the comprehensive essay, see my article on this topic in the February 2009 IAEM Bulletin.

The final requirement for the AEM credential is the comprehensive 100-question multiple-choice examination. Not required for the AEM are three years of full time comprehensive emergency management work experience, the baccalaureate degree (or higher), and the six professional contributions to the emergency management profession.

Successful completion of the Associate Emergency Manager credential will allow the practitioner to be able to use the AEM after his or her name. In addition, successful AEM’s will be formally recognized in the IAEM Bulletin and at the awards dinner at the IAEM Annual Conference.

The Comprehensive Examination

Whether a candidate is seeking his or her AEM or CEM® credential, a mandatory requirement for both is the comprehensive emergency management examination. The written examination is 100 multiple-choice questions, each with four choices, and the best answer must be selected. The examination requires a score of 75% or higher to successfully pass, with each question counting as one point.

The examinations are country-specific (versions for the United States, Canada, New Zealand and an exam for other countries not previously cited). The examinations are made up of country-specific emergency management questions and a nucleus of general emergency management and general management questions.

The examinations must be proctored through one of the following methods: a local school or college teacher or administrator, IAEM Board of Directors, CEM® Commissioners, or the candidate may enlist a contractor testing company offering secured testing. Candidates must pay any fees charged by testing organizations or proctors.

A study guide for the examination is available on the IAEM Web site. Many of the questions on the examination come directly from the Federal Emergency Management Agency’s Independent Study Course Program. In addition, suggested reading sources for U.S. and other applicants are listed.

A candidate may take the examination prior to packet submission or vice versa when attempting the AEM or CEM®; however, the examination fee (included in the CEM®/AEM portfolio review charge) must be paid prior to the examination being administered.

For More Information

For further information on the AEM credential or the comprehensive written examination, visit the IAEM Web site at:

www.iaem.com/CEM
No Handshakes at Commencement... How About Elbow Bumps Instead?

By Valerie Lucus, CEM, CBCP, Emergency and Business Continuity Manager, University of California, Davis

The last week of April, on campuses across the United States, administrations were trying to decide what to do about commencement handshakes in light of the A-H1N1 (swine flu). Some opted to eliminate the possibility of disease transfer by eliminating the traditional handshake. Others planned to hand each graduate a carnation with the other. And yes, there were serious and scholarly discussions about elbow-bumping, because the “fist bump” might still spread a virus.

Social Distancing at Commencement Not Anticipated Parameter

How to achieve social distancing at commencement was certainly not a parameter UC Davis envisioned during that spate of pandemic planning in 2006. Our planning scenario was for a much more virulent and novel virus, newly discovered and quickly spreading around the world, causing death and mayhem in its wake, suspending classes for perhaps weeks, seriously interfering with research, and maybe even delaying our paychecks. When those first H1N1 cases were announced and the World Health Organization (WHO) started raising pandemic phases, we were all ready for that anticipated, requisite, full-blown response – that wasn’t really necessary.

The “fifth law of emergency management,” according to Art Botterell, a well-known expert in public alert communication, is this: “The Worst Case is the Easiest.” The logic goes like this: If we build our plans and practice to respond to the worst-case scenarios (stop me if you’ve heard this one before), we can respond to anything. Right?

Wrong. The worst case emergency is the easiest to identify. It is those smaller emergencies, the ones in between nothing and everything, that trip us up. Smaller emergencies are much more ambiguous and harder to recognize. The necessary level of response is uncertain, and there is much hesitancy about how/when/whether to even implement a response.

What about the emergency that starts out small and takes time to become the “worst” case? Think of it as a continuum – not several distinct, individual emergencies, but one long emergency that gradually keeps getting worse. This would be the event that takes months or years to go from (1) being uncertain how much of a response to stage to (2) engaging all possible resources. This type lulls us into complacency because we don’t comprehend what is happening.

Picture an egg in cold water over low heat so the water never actually boils. How long does it take to get a hard-boiled egg? And where is the tipping point – where the momentum becomes unstoppable and the egg is going to be hard-boiled whether we want it to be or not.

The Unpredictability of Influenza Viruses

All influenza viruses are unpredictable; the flu vaccine we get every fall is an attempt to guess which of the known strains will be circulating that year. WHO has world-wide surveillance systems watching for the emergence of novel strains of influenza because they can mutate or recombine into new varieties. The A-H1N1 influenza almost meets the definition of a pandemic – it is novel and widespread. It hasn’t become as virulent as our planning scenarios suggested. Yet the death and mayhem of the 1918 Spanish Influenza was preceded by almost a year of relatively mild disease. That’s why the CDC and the WHO are treating A-H1N1 seriously and aggressively – they don’t know what this virus will do.

How Well Are You Paying Attention?

Let’s assume the A-H1N1 influenza is similar to the influenza in 1918 and does become the novel, virulent virus we built our plans around. Further, let’s assume it is preceded by several months of increasing numbers of “seasonal flu-like” illnesses, a few deaths and lots of people suggesting we are overreacting. The media zones out, the public zones out, and the rising evidence of that worst case scenario becomes background noise. In other words, nobody is paying attention until, suddenly, they are.

When it finally hits the tipping point, when an event like this does take on a life of its own, how well your institution survives is going to depend on how well you were paying attention,

Lessons Learned So Far

These are the lessons I have learned from the “swine flu” mayhem over the past several weeks.

Listen to the experts directly and more carefully than you listen to the media interpretation of what the experts said. WHO and CDC were urging caution and saying “geography doesn’t equal severity” from the beginning.

Rethink your planning scenario for an influenza pandemic. We don’t know what A-H1N1 will become, but we do know it isn’t going away. If it does become severe, it may do so gradually.

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Pandemic Preparedness: Ensuring Our Best Are Ready to Respond

By Joshua Bornstein, MPA, CBCP, Business Continuity Planner, Science Applications International Corporation, and Jonathan Trapp, MPA, Emergency Manager, U.S. Centers for Disease Control and Prevention

Over the past several years, federal, state and local governments, schools and universities, private industry, and many others have been preparing for the inevitable disease outbreak that has the potential to become a full-blown pandemic. While the development, training and exercising of response and continuity plans is vital, all of that work will be in vain if the staff expected to respond are not personally prepared too.

Ensure the Ability to Respond

As such, one area of focus that cannot be overemphasized is personal preparedness. This aspect of preparedness is vital to ensuring that responding agencies at all levels have the personnel available to respond to a widespread and prolonged disease outbreak. If our responders are not taking care of themselves and their families, and if their employers are not supporting and guiding their personnel in proper preparedness, then the outcome will most definitely be a substandard response operation with significant and lasting personnel shortages. With prior planning and action, this is avoidable and will, in fact, help start a culture of preparedness in your community.

The importance of personal preparedness has been highlighted with the current H1N1 outbreak. Since 1997, the majority of Highly Pathogenic H5N1 cases have occurred in Southeast Asia and the Middle East, possibly creating a false sense that the United States would have some preparation time once a pandemic began. This has not been the case for the current H1N1 strain, which originated in Mexico and quickly spread into the United States.

While the response to the disease is still ongoing and the after action reports and lessons learned have not been completed at the time this article was written, it appears that the early institution of various non-pharmaceutical countermeasures, along with a less-than-feared disease severity, played a major role in the mitigation of this potential pandemic strain. For social distancing to be effective in a more severe outbreak, individuals, employers, communities and government agencies must all be well prepared for a prolonged incident with major implications for every aspect of their routine activities.

A Marathon, Not a Sprint

Over the past several weeks, we have heard U.S. Centers for Disease Control and Prevention (CDC) Acting Director Dr. Richard Besser state that the H1N1 response operations are “a marathon, not a sprint.” This is wholeheartedly true. With the potential for multiple waves lasting up to 12 weeks in a Category 4 or 5 pandemic, there will certainly be a significant strain on responders who are more accustomed to working on a response to a minor outbreak or natural disaster typically lasting several weeks or less.

Employers should emphasize that their staff should begin preparing now for a potential pandemic. To assist in this planning, employers can easily utilize the existing resources developed by experts. The U.S. government’s pandemic flu Web site, www.pandemicflu.gov, has links to some excellent preparedness resources for individuals as well as schools, private companies and others. A principal message to convey is that everyone has a role in a pandemic response, and proper preparedness at the individual level will help ensure a more effective response.

Model Preparedness Behaviors as Encouragement to Employees

Organizational leadership should consistently encourage personal preparedness, not just through their e-mails and town hall meetings, but by modeling the preparedness behaviors. They could easily provide concrete ways for employees to develop their own disaster kit. Recognizing the current economic hardships faced by many families, leadership could suggest building their kits slowly, purchasing a little at a time, and perhaps showing staff how they accumulated their kit. As staff begin to reflect the preparedness posture of their leadership, they will pass this on to their friends and neighbors, helping to create a more prepared, resilient community, thus helping to lessen the demand on public resources during a pandemic.

Employers must communicate with employees about plans to care for their employees and their families. If a company has stockpiled antiviral medications for prophylaxis or has a cache of respirators (with an appropriate fit-testing program) set aside for personnel and their families, employees should know about this.

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Deliberate Pandemic Planning at the Local Level

By Rich Matason, Executive Director, Westmoreland County (PA) Dept. of Public Safety

General Dwight D. Eisenhower is often quoted as saying, “Plans are nothing, planning is everything.” From an emergency management perspective, the planning process employed to produce a pandemic influenza response plan will be much more beneficial to response and recovery mission accomplishment than will the plan itself.

Three Necessities in Planning

Our recent planning experience suggests that the pandemic influenza planning process is built upon three basic necessities: (1) planning for a pandemic must begin at the local level; (2) pandemic plans must be written by representatives of the departments, agencies and organizations that will implement the plans; and (3) the planning process must be deliberate, thorough and focused to ensure that the plan can be implemented effectively at the start of the pandemic, even if “on-the-fly” modifications to the plan must first be made.

Formation of County Task Force

In March 2006, Westmoreland County, Pennsylvania, created a county Health Care Emergency Management Task Force (HCEMTF) to address the pandemic planning issue. The HCEMTF meets once a month. Representing a cross-section of the county, task force members include representatives from the county department of public safety (DPS), the county mental health/mental retardation (MH/MR) agency, the county area agency on aging (AAA), the four Excela Health System hospitals, the Pa. Dept. of Health (PADOH), the Pa. Dept. of Agriculture, the PA State Police, the Pa. Emergency Management Agency (PEMA), the American Red Cross (ARC), the Salvation Army, the Westmoreland Intermediate Unit (education), St. Vincent College, Allegheny Energy (business sector), and several local jurisdictional fire departments, police departments, EMS and emergency management agencies.

The task force’s mission was to write and exercise a county-level pandemic influenza plan before Dec. 31, 2008. As they began the planning process, they discovered very quickly that federal and state level pandemic influenza response plans, while useful from an information standpoint, had little value when writing a plan for the local jurisdiction or county. Even less useful were templates designed at the state level with a “fill-in-the-blanks” approach. Therefore, the task force decided to write its own plan from the ground up.

Planning Approaches Selected to Allow Easy Implementation

During the planning process, the task force had to make many choices. First, they chose to write a plan that was understandable, easy to implement, and flexible enough to be changed “on-the-fly” as necessary. The task force chose to build the plan on the six stages of the Homeland Security Council’s 2006 edition of the National Strategy for Pandemic Influenza: Implementation Plan, rather than the World Health Organization’s six global pandemic phases, because the federal stages were more relevant and realistic to local situations. The task force also chose the military’s “five paragraph operations order” format (situation, mission, execution, admin/logistics, coordination and communication) for the basic plan structure, and chose to use key ICS positions (command, operations, logistics, administration and finance, and public information and communications) for the plan annex labels.

Titled Contingency Plan (CONPLAN) P2006-1, the plan went through seven drafts and two tabletop exercises before the task force accepted a final coordinating draft in November 2008. A copy of the CONPLAN can be found online at www.wcdps.org.

Value Readily Apparent

The value of having gone through this deliberate planning process at the local level was readily apparent when the H1N1 Influenza outbreak occurred. Westmoreland County had a functioning task force, a current, exercise-tested CONPLAN, and a team of planners who had worked together for three years and who would actually implement the plan. During its April meeting, the task force reviewed the CONPLAN and made a few minor changes based on current H1N1 outbreak information. The task force published those changes in a simple Operations Order (OPORD SF-2009-1) that formally activated CONPLAN P2006-1. The Department of Public Safety then created an H1N1 event in the Internet-based incident management system that the county uses, Knowledge Center, and posted the CONPLAN and the OPORD to the documents section of the H1N1 event for use by all personnel having access to the Knowledge Center.

Plan Provided Necessary and Appropriate Guidance

The Westmoreland County Pandemic Influenza CONPLAN, while not perfect, provided necessary and appropriate guidance and direction very early in the H1N1 outbreak. Westmoreland County emergency managers and responders were therefore able to take a proactive, rather than a reactive, (continued on page 12)
Is Tamiflu® Better Than Relenza®?

By Nathaniel L. Forbes, MBCI, President, IAEM-Asia Council, and Principal, Forbes Calamity Prevention Pte Ltd, Singapore

I
can find no clinical evidence that Roche’s Tamiflu® is more effective than GlaxoSmithKline’s less-prescribed Relenza® against Type A influenza like H1N1 and H5N1. I can find abundant evidence, however, that Switzerland-based Roche has run marketing circles around UK-based GlaxoSmithKline (GSK) by emphasizing the convenience of swallowing a Tamiflu® capsule over the hassle of inhaling Relenza® powder.

That may be why a dose of Tamiflu® is two to three times as expensive as a dose of Relenza®. A dose of 75mg Tamiflu® costs $5.00 to $10.00 U.S. dollars at Internet pharmacies, but a dose of 5mg Relenza® costs only $2.50 to $3.50. Both require prescriptions.

If the target population covered by your emergency management plan includes a large percentage of children, you will prefer a Tamiflu® caplet that is easier for children to swallow. But for adults, inhaling Relenza® is just as effective, much less expensive, and where I live, more readily available. If this isn’t a business school case study in the importance of packaging, it surely will be.

**How They Stack Up**

As long ago as August 2005, British science journal The Lancet published an article that said Relenza® was just as effective as Tamiflu® and caused fewer side effects. There is an FDA report of serious psychiatric side effects in children in Japan that may have been caused by taking Tamiflu®. Recently, I also have read reports of evidence that humans are developing resistance to oseltamivir (Tamiflu®). No reports of similar side effects from or resistance to Relenza® exist, yet.

The scientific and commercial histories of the drugs are remarkably similar. Both oseltamivir phosphate (Tamiflu®) and zanamivir (Relenza®) are neuraminidase inhibitors (NAIs). Neuraminidase is a protein on the surface of an influenza virus that enhances its ability to scatter scraps of virus to infect other cells.

**Similar History**

Both drugs were invented by small biotech companies: oseltamivir phosphate by San Francisco-area Gilead Sciences, Inc. (NASDAQ: GILD), zanamivir by Melbourne, Australia-based Biota Holdings (ASX: BTA).

Both Gilead and Biota licensed their products to pharmaceutical giants in order to fund their expensive research and development. Biota licensed zanamivir in 1990 to Glaxo Wellcome (later GlaxoSmithKline) for 7% royalties on worldwide sales. Relenza® was a hit when it was launched in 1999. But four years later, in 2003-2004, Biota received just USD $750,000 in royalties from GSK.

On the other hand, Gilead licensed oseltamivir to F. Hoffmann-La Roche Ltd (known as “Roche” in the United States) six years later in September 1996. They obviously learned some lessons from Biota’s experience: Gilead receives 14% to 22% royalties on worldwide sales. Those royalties amounted to USD $340 million in 2007, when worldwide sales of Tamiflu® were USD $1.8 billion.

Biota sued Glaxo in May 2004 for AUD $300 million in back royalties. Glaxo responded, “We lost a lot of money promoting it... the demand wasn’t there.” Biota eventually settled with Glaxo in December 2005, and doubled again to USD $2.3 billion in 2006. Roche estimated in January that governments around the world have stockpiled 220M doses of Tamiflu®.

Relenza®’s sales in 2006 were USD $32 million, and in 2008 increased to USD $103 million. Tamiflu® sales declined as fear of the highly-pathogenic avian strain of influenza abated. Pharmaceutical Business Review reported in February that sales of Tamiflu® in 2008 had plummeted to USD $525 million as “flu hype” (their words) faded.

**Avian Influenza’s Impact on Sales**

Sales of antiviral drugs got a shot in the arm, if you will, in 2006, when the avian influenza (“bird flu”) broke out in Asia. Suddenly – ahhhhhh..choo! – there were billions of potential patients, almost overnight. Sales of Tamiflu® quintupled from USD $290 million in 2004 to USD $1.4 billion in 2005, and doubled again to USD $2.3 billion in 2006. Roche estimated in January that governments around the world had stockpiled 220M doses of Tamiflu®.

Roche’s sales of Tamiflu® dwarfed the 13,700 for Relenza® in 2008. The 257,000 prescriptions for Relenza® in 2008 had plummeted to USD $525 million as “flu hype” (their words) faded.

**H1N1 Influenza’s Impact on Sales**

Then, along came the Type A H1N1 influenza virus. In the last week of April, when the “swine flu” panic began, U.S. doctors wrote 270,000 prescriptions for Tamiflu® and Relenza®, more than thirty (30) times the previous week. The 257,000 prescriptions for Tamiflu® dwarfed the 13,700 for prescriptions for Relenza®.

But there is hope for GSK’s “Little Inhaler That Could.” Bloomberg reported in April that sales of Relenza® to the public sector surpassed those of Tamiflu® for the first time, indicating that

(continued on page 12)
Pandemic influenza is not a matter of if, only of when. Projections of major reduction in workforce will test a business’ preparedness to protect staff health and to mitigate infections. Employees will look to their executive for leadership and protection from the pandemic’s effects. This includes measures that go well beyond minimizing exposure to the virus to those actions that truly create a safe haven to work and a message of caring for employees.

A business also must meet its legal obligation to protect employees at the workplace. For example, businesses that require occupational first aid attendants may be out of legal compliance if no attendant is on-duty. The consequence of not having first aid is that the business is now an “unsafe workplace” and its employees may feel vulnerable.

Commitment to Employee Wellness Essential to Continuity

For effective business continuation during a pandemic, employee wellness – both physically and emotionally – must take the highest priority. The consequences can be disenchanted, disenfranchised employees who are not motivated to continue the business of their employer. The solution requires executive leadership in providing a vision statement, such as “The work place will be a safe and secure haven from pandemic influenza.” A vision statement must in turn be supported by executive direction and messaging on the strategic steps and resources (equipment, training, people) to fully address a pandemic influenza (examples examined later).

Furthermore, the messaging must be strong and substantive to overcome apathy in emergency preparedness. Apathy = Complacency + Thinking someone else will do the job. The goal is not to instil fear, but to promote understanding and reassurance that the company is fully apprised of the situation and has a commitment to allocate resources to emergency preparedness.

Leadership Commitment in Pandemic Preparedness

There are opportunities to demonstrate leadership to mitigate the effects of influenza on both employees and businesses. Tangible and policy measures can include:
- Installing automatic gel-sanitizers and paper-towel dispensers in the washrooms.
- Having a protocol for use of washroom facilities to clinical-level standards.
- Providing hand cleaner to guests on entering the work place, as well as for each employee work station, for sanitizing their computers, desks and phones.
- Limiting the number of people in elevators and separating people at meetings to create a safe space.
- Having a cleaning protocol for sanitizing committee rooms after each meeting.
- Providing enhanced resources and procedures for first aid care of chronically or acutely ill employee(s) during a pandemic.
- Having supervisors call employees who have not arrive at work to determine their wellness and any home-related issues.
- Instituting policies on employee payment for not attending work for the common good of the organization.
- Creating workplace policies to place the onus on supervisors to address the issue of a worker suspected of influenza going home or not meeting the hygiene standard, rather than his/her colleagues.
- Of critical importance is to foster a cultural shift in employees’ attitude related to both work ethics and personnel hygiene that could significantly reduce the risk of infection, and hence business disruption. Employees have to practice a clinical level of personal hygiene and be held accountable for non-compliance. On the latter note, most employees typically have a strong work ethic to be at work, even when ill. This would not be acceptable during a pandemic influenza. A shift in employee work and hygiene attitudes takes time, constant messaging, practice, monitoring and enforcement. It may take a year to see change.

Strategic Steps Toward Preparedness

Emergency preparedness needs strong executive direction and diligent oversight. Strategic steps toward initiating pandemic influenza preparedness include:
- Establishing a vision and strategic objectives pertaining to pandemic influenza preparedness and business continuity.
- Assigning an executive to champion the cause.
- Developing an employee communication and awareness program.
- Retaining the issue of influenza and business continuation on the executive agenda(s).

Begin Sooner Rather Than Later

There are two fundamental reasons to begin sooner rather than later – and not during an outbreak:
- There needs to be time to allow a cultural shift in how employees view illness relative to their work ethics and a shift in personnel hygiene habits to a high “clinical” standard before a pandemic influenza outbreak.
- There will be a high demand for limited capital equipment, such as automatic hand-gel dispensers, when a pandemic occurs.

(continued on page 12)
Preparedness is the first step to securing victory over any adversary, and disease is an adversary. Sun Tzu said, “Now the general who wins a battle makes many calculations in his temple ere the battle is fought. The general who loses a battle makes but few calculations beforehand. Thus do many calculations lead to victory and few calculations to defeat.” Planning and exercising are the keys to success.

Planning for All Pandemics

Santa Rosa County (Florida) has a Board of County Commissioners (BOCC) approved pandemic plan located at www.santarosa.fl.gov/emergency/plans.html. Although originally written in preparation for the H5N1 avian influenza, it is applicable to any pandemic.

In addition to creating a plan that would ensure the continuation of county services, the Division of Emergency Management (DEM) worked with the County Health Department (CHD) and assisted the school district and the sheriff’s office in developing their plans. It was important to have the school district on board, since the closing of schools can have an adverse impact on the local economy and workforce. Additionally, in a pandemic with high mortality rates and restricted use of antivirals, it was imperative to ensure the continued availability of local law enforcement to protect critical assets.

Exercising the Plan to Meet the Established Goals

After all the plans were written and approved, the CHD held a Point of Dispersion (POD) exercise to test their ability to meet CDC goals as described in the Strategic National Stockpile (SNS) plan. This exercise incorporated multi-agencies. The BOCC gave permission for 25% of the local government workforce to not attend work on the morning of the exercise and to instead report to the POD, acting as citizens requiring medication. This allowed the testing of the POD with a large influx of personnel. It tested the sheriff’s office security at the POD, allowed for the inclusion of Medical Reserve Corps volunteers to assist POD operations, and gave local BOCC supervisors the ability to operate at 75% manpower, simulating the 25-40% absenteeism expected during a severe pandemic. Additionally, the local hospitals participated by practicing for a surge of patients, and the local military sent representatives to collect their allocation of medication from the POD.

Including All Partners in County-wide Exercises

Public service announcements were sent out to all participating agencies for a week prior, simulating the worsening conditions in the nation and county as a result of the pandemic. BOCC offices were supplied with surgical masks to simulate N95 respirators they would wear during a real public health emergency. They were also issued hand sanitizer, gloves and disinfectant wipes. Only employees who had interaction with citizens or worked in crowded offices wore the masks, but everyone practiced sanitizing workspaces and frequent handwashing.

This countywide exercise was conducted in order to test multi-agency plans in support of the CHD mission, and the exercise was deemed a success by all participating organizations. As a result of this exercise, the CHD was able to establish memorandums of understanding with local hospitals, nursing homes, adult living facilities, the military and the BOCC for mass distribution of any SNS resource needing to be distributed, thus taking the onus off of the CHD to be the sole distributor of SNS resources in the county. Most key personnel working for the BOCC were fit tested for the N95 respirator.

Communicating with the Public and with Partners

With the lessons learned from doing an exercise of this scale, annotated and discussed with the participants, the advent of a real, yet less severe threat, such as the H1N1 in its current state, does not cause alarm in Santa Rosa County. The DEM, like so many others in the nation, began to monitor the situation and began an exchange of ideas and information with other agencies in the county, so as to make the best decisions regarding the continued health and welfare of the citizens, and the continued growth and prosperity of the economy.

Monitoring the Situation

Some specific actions taken thus far were to utilize our faith-based database and our Community Organizations Active in Disasters (COAD) e-mail list, both found in links at www.santarosa.fl.gov/emergency/index.html. Along with the local chambers of commerce, we distributed a myriad of checklists found at www.pandemicflu.gov/plan/index.html to churches, health care facilities, law enforcement agencies, non-profits and businesses. This let them know that we were not only monitoring the situation, but also providing sector-specific information to them to assist in their own preparedness. Also, we updated our own Web site with information that included an e-mail question area, so citizens can ask specific questions about county preparedness.
One of the positive trends in emergency management over the past few years has been the increasing interest in standards. Standards represent a general consensus on the right way to do business and offer a baseline metric against which we can measure our programs. Adherence to standards can sometimes result in cost savings and reduced liability and can be leveraged to provide increased funding for programs.

If we accept that basing our emergency management programs on standards is a “good thing,” the logical question follows: “What is a standard?” With the advent of Title IX and its potential for a massive unfunded mandate for the private sector, the question of what constitutes a standard has never been more relevant.

Technically, a standard is nothing more than a consensus document that has been developed by a standards development organization (SDO). An SDO must in turn be accredited by an overseeing organization. The International Standards Organization (ISO) and the International Electrotechnical Commission (IEC) are the principal international standards organizations. In the United States, the overseeing organization is the American National Standards Institute (ANSI). ANSI does not itself set standards but instead accredits other organizations such as the American Society for Testing and Materials (ASTM) and the National Fire Protection Association (NFPA). Accreditation means that the standards-setting organization follows a structured process that ensures openness, balance, consensus and due process in the development of standards.

There are several things worth noting here. The first is that standards are voluntary. They do not, in themselves, have the force of law. However, once a standard is adopted by state and local jurisdictions, adherence becomes mandatory and organizations are bound to comply. An example is NFPA 70, the National Electrical Code. While the NEC itself is not itself a law, its use is mandated by state and local laws.

### Standards May Overlap in Focus and Content

While ANSI oversees the process of developing standards, it does not manage that process. That is, ANSI does not decide what should or should not become a standard. This is left to the SDO. This has led to a number of standards from different organizations related to emergency management, such as NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs or the ASTM EOC guidelines currently under development.

Although standards may overlap in focus and content, they may take different approaches towards implementation. NFPA 1600, as an example, adopts a program management philosophy allowing each organization to determine how it will implement the standard. The new ASIS International Organizational Resilience: Security, Preparedness, and Continuity Management Systems – Requirements with Guidance for Use, on the other hand, adopts the management systems philosophy advocated by ISO and contains auditable criteria for measuring compliance.

Measuring compliance is causing considerable debate over Title IX, the Private Sector Preparedness section of Public Law 110-53. The U.S. Dept. of Homeland Security (DHS) is mandated to identify a standard or set of standards with auditable criteria to implement Title IX. With the exception of the recently-released and controversial ASIS standard and British Standard 25999 Business Continuity Management, there are no auditable standards for emergency management.

### Value Lies in Consensus

So what is a standard? It is a voluntary consensus document developed by an accredited SDO. Its value lies in this consensus — in theory, we as professionals have agreed that this is how we should operate. This is why it is so important to be aware of developing standards and to participate in the comment periods that are part of the development process. It is easier to input changes during development than to try and change a published standard. Secondly, we should always be mindful that standards are not the only drivers to our programs. There are de facto standards and generally accepted practices, along with laws and regulations, that serve to make up the overall standard of care for our profession. Ultimately, we will be held accountable not only for standards but for this standard of care.

### Status of EMAP

Hold on! What about the Emergency Management Accreditation Program (EMAP) Standard? EMAP demonstrates another important issue: accepted practices can become de facto standards. EMAP was accredited as an SDO in 2008, but technically the EMAP Standard is not yet an American National Standard as it was developed before EMAP became an SDO. However, the widespread use and acceptance of the EMAP Standard, coupled with support from FEMA and DHS, have created a voluntary consensus among public sector emergency managers similar to that of a formal standard.
health authorities and emergency managers are diversifying their stockpile risk. What a difference packaging, timing and a little luck can make.

A longer version of this article appears on ZDNet’s BCP Confidential blog; type “BCP Confidential” into your search engine. An original version of this article, published in July 2006, focused on avian influenza and is available at www.zdnetasia.com/blogs/bcp/0,3800011228,39377583,00.htm.

Deliberate Planning at the Local Level (continued from page 7)

position in this event. The plan provided the command, coordination, communication and information structures needed to manage the effects of the H1N1 Outbreak, especially early-on.

General George S. Patton once stated: “A good plan today is better than a perfect plan tomorrow.” A thorough and focused planning process will yield a good plan, and a good plan is a good starting point for a proactive response.

IAEM Bulletin
June 2009

Member News

E-mail your member news to thompson@iaem.com.

IAEM member John Petrie accepts a commendation plaque from IAEM-USA Executive Director Beth Armstrong, MAM, CAE.

Colonel Ditch Receives FEMA Award. Robert L. Ditch, Colonel, USAF, Ret., CEM, and President, Synaptic Emergency Services, received the 2008 FEMA Center for the Domestic Preparedness (CDP) Level 1 (Bronze) Authorized Trainer Award. Colonel Ditch is the Chair of the IAEM-USA Uniformed Services Committee.

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John Petrie Announces Retirement. IAEM member John N. Petrie announced his retirement as Assistant Vice President for Public Safety & Emergency Management at The George Washington University, Washington, D.C. John said that he plans to remain active in IAEM.

Kay Goss Accepts Appointment from Virginia Governor Tim Kaine. Kay C. Goss, CEM, Senior Principal, Director of Emergency Management and Crisis Communications, SRA International, Arlington, Va., has been appointed as the Chair of Governor Tim Kaine’s Education Working Group of the Commonwealth Preparedness Panel. She will assist in rolling out an emergency preparedness curriculum for K-5 in Virginia and as a Member of the Homeland Security Television Channel Editorial Advisory Board, where she will provide critical programming guidance. Kay is the Chair of the IAEM-USA Training & Education Committee.

Tamiflu® and Relenza® (continued from page 8)

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Welcome American Messaging as New IAEM Affiliate

Please welcome American Messaging as a new IAEM Affiliate Member. American Messaging is the second largest paging company in the United States, serving more than 1.4 million customers. It provides state-of-the-art products and valued expertise in the field of emergency mass notification. The RAVEN System is Safeguarding Communities through the ability to send and receive critical notifications, all within 60 seconds. The unique grouping capability associated with American Messaging’s robust and reliable networks, together with the RAVEN suite of products, provides the fastest possible method to simultaneously send and receive intelligent, location specific alerts. In addition, follow-up information can be sent rapidly according to the progress of a situation. It is the ideal solution for public safety in buildings, private residences, hospitals and school campuses, as well as outdoor alerting.

Contact Information:
American Messaging
Representative: Jenna Richardson
Vice President, Product Development
1720 Lakepointe Drive, Suite 100
Lewisville, TX 75057
Phone: 623-581-0740
jenna.richardson@americanmessaging.net
www.americanmessaging.net

IAEM Recognizes Lifetime Certified Emergency Managers®

The Lifetime Certified Emergency Manager® (CEM®) designation is an honor bestowed by the CEM® Commission and presented at the IAEM Annual Conference. Some of the criteria for becoming a Lifetime CEM® are listed here:
- The candidate must have been awarded the CEM® designation and recertified at least once prior to becoming eligible for the Lifetime designation.
- The candidate must be a current CEM® at the time of application.
- The candidate must be retired from full-time service as an employee in the field of emergency management and remain retired.

For complete criteria and details about the nomination process, please visit www.iaem.com/certification/GeneralInfo/lifetime-req.htm.

Current Lifetime CEM®s as of May 2009

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<thead>
<tr>
<th>Name</th>
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<th>City, State</th>
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<tr>
<td>Frederick De Lia, Jr.</td>
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<td>Joel Cheruet</td>
<td>CEM</td>
<td>Gatineau, QC, Canada</td>
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<td>Dr. Russell C. Coile</td>
<td>CEM</td>
<td>Pacific Grove, CA</td>
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<td>Joseph R. Ashby</td>
<td>CEM</td>
<td>Larkspur, CO</td>
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Congratulations!!!
Sources on H1N1 Influenza
A Information and Updates
U.S. Centers for Disease Control & Prevention
www.cdc.gov/h1n1flu/
World Health Organization
IAEM-UCC Higher Education
H1N1 Flu Map (see Page 18)

2009 Lacy E. Suiter Award Nominations Now Being Accepted. Nominations for the 2009 Lacy E. Suiter Award for Distinguished Service in Emergency Management are now being accepted. Please submit nominations to the National Emergency Management Agency (NEMA) Headquarters office by July 31, 2009. The award will be presented on Oct. 12, 2009, at the NEMA 2009 Annual Conference in Columbus, Ohio. For complete details, visit www.nemaweb.org/2107.

FEMA Announces National Citizen Corps Achievement Awards. The U.S. Federal Emergency Management Agency (FEMA) is pleased to announce the National Citizen Corps Achievement Awards — Celebrating Resilient Communities. These awards will recognize innovative practices and achievements of Citizen Corps Councils across the nation that are making our communities safer, stronger, and better prepared to manage any emergency situation. Two representatives from the winning council in each award category will be FEMA's honored guests at an awards ceremony during the National Conference on Community Preparedness, August 9-12, 2009, in the Washington, D.C. area. FEMA also will work with each award recipient to develop a case study to be posted on the Citizen Corps Web site, featured in outreach activities, and shared with other councils nationwide. To be eligible for consideration, entries must be received no later than June 12, 2009. Download the complete application kit at www.citizencorps.gov/news/awards/index.shtml.

FEMA Begins Next Phase of Inventory Reduction of Excess Temporary Housing Units. FEMA announced it will start the next phase of its inventory reduction plan to dispose of excess temporary housing units (travel trailers and manufactured housing) determined no longer suitable by FEMA for response to disasters. Reducing the size of the inventory will significantly reduce the annual cost — approximately $133 million annually — that FEMA is incurring to store the current inventory of approximately 120,000 excess manufactured housing units (also known as mobile homes) and travel trailers. Learn more at www.fema.gov/news/newsrelease.fema?id=48166.

Ensuring Response
(continued from page 6)

so they can factor it into their personal planning.

Conclusion

If agency personnel know that they are prepared for a pandemic incident, and are secure that their families will be safe and protected, they are much more likely to report to work during an outbreak (and other disasters). Both public and private agencies have a responsibility to their communities to prepare their staff to work during a pandemic in order to provide the essential services required to keep the community — whether local, national or global — as healthy and safe as possible.

No Handshakes?
(continued from page 5)

Base your planning on factors relevant to your community. Our plans were pegged to the WHO phases, where a Phase 5 meant activating our plans for excessive absenteeism — and there still isn’t a confirmed case in our county.

Adapt your individual response — there is a reason it is being called a marathon, not a sprint.

Prussian Field Marshal Helmuth von Moltke the Elder said, “No battle plan survives contact with the enemy.” Emergency management is all about flexibility.

SHOW YOUR PRIDE IN IAEM...
The IAEM Store features online sales of IAEM logo merchandise, including the Official IAEM Patch — an inexpensive way in which you can display the IAEM logo on your jacket, shirt, vest, cap or tote bag. Order several today!

The Official IAEM Patch is available for $5 (including shipping).

Shop the IAEM Store online at www.iaem.com/store.

Melissa Trumbull, IAEM Program Manager
HazCollect Is Now Available Throughout the United States

By Avagene Moore, CEM, FEMA Disaster Management Program, Stakeholder Outreach & Communications Lead

HazCollect is here! Emergency managers and warning authorities should note that the NWS All-Hazards Emergency Message Collection System (HazCollect) streamlines and automates the distribution of Non-Weather Emergency Messages (NWEMs), expediting alerts and warnings, thus shortening the critical time needed to warn the public. HazCollect centralizes and improves NOAA’s capability to “provide public dissemination of critical pre- and post-event information on the all hazards NWR” for relay to EAS as assigned in ESF #2—Communications Annex of the National Response Framework.

Prior to this time, public alerts and warnings through the NOAA National Weather Service (NWS) were handled by fax or phone to the respective Weather Forecast Office (WFO) and were entered manually before transmission to the appropriate dissemination system. This took a good bit of time and was also prone to errors and delays.

An NWEM is a specialized form of an OASIS Common Alerting Protocol (CAP) alert that is communicated to the HazCollect server via DM-OPEN. The DMIS Desktop Tools incorporates an NWEM authoring tool for the use of warning authorities, although the authoring tool is not available for use until the HazCollect authorization process is completed. Third party developers may also develop authoring tools utilizing DM-OPEN’s NWEM Application Programming Interface (API).

HazCollect became operational effective Apr. 30, 2009. Outreach to state and local warning authorities and the required training and registration processes will be focused by geographic areas during the May and June phase-in period. However, any interested warning authority or emergency manager, regardless of jurisdiction, is allowed to start the process of registration and approval for HazCollect whenever convenient.

Online Information and Training Course

For more information about HazCollect, please visit:
- NWS HazCollect Web Site: www.nws.noaa.gov/os/hazcollect/
- FEMA Disaster Management Web Site: www.disasterhelp.gov/disastermanagement.

On both sites, you will find easy steps to determine if your organization is eligible as a warning authority, how to register, and how to access the training course, “HazCollect Principles and NWEM Best Practices,” a pre-requisite for access to the HazCollect System. You are encouraged to discuss state and local policies and procedures with your State Emergency Communications Committee (SECC) and NWS Warning Coordination Meteorologist (WCM). NWS contact information can be found at www.stormready.noaa.gov/contact.htm.

Contact Information

To contact NWS and FEMA DM personnel, please note the following e-mail addresses:
- Herb White, Dissemination Services Manager, Herbert.White@noaa.gov.
- Steve Pritchett, HazCollect Project Manager, Steven.Pritchett@noaa.gov.
- Tom Ferrentino, DM Training, TomFerrentino@eystreet.com.
- Amy Sebring, DM Outreach, asebring@emforum.org.

WHO Publishes Revised World Pandemic Guidance.

“Pandemic Influenza Preparedness and Response: A WHO Guidance Document” was released recently by the World Health Organization. This guidance is an update of “WHO Global Influenza Preparedness Plan: The Role of WHO” and “Recommendations for National Measures Before and During Pandemics,” published in 2005. The revised guidance retains the six-phase structure but regroups and redefines the phases to more accurately reflect pandemic risk and the epidemiological situation based upon observable phenomena. It highlights key principles when undertaking pandemic planning, including: application of ethical principles to assist policymakers in balancing a range of interests and protecting human rights; integration of pandemic preparedness and response into national emergency frameworks to encourage sustainable preparedness and incorporation of a “whole-of-society” approach that emphasizes not only the central role played by the health sector, but also the significant roles of other sectors such as businesses, families, communities and individuals. The new document is available at www.who.int.

FTC Publishes Proposed Breach Notification Rule for Electronic Health Information.

The U.S. Federal Trade Commission announced that it has approved a Federal Register notice seeking public comment on a proposed rule requiring certain vendors of personal health records and related organizations to notify consumers when the security of their electronic health information has been breached. See www.ftc.gov/os/2009/04/R911002healthbreach.pdf.

EM Resources

- WHO Publishes Revised World Pandemic Guidance.
- FTC Publishes Proposed Breach Notification Rule for Electronic Health Information.

For more information about HazCollect, please visit:
- NWS HazCollect Web Site: www.nws.noaa.gov/os/hazcollect/.
- FEMA Disaster Management Web Site: www.disasterhelp.gov/disastermanagement.

On both sites, you will find easy steps to determine if your organization is eligible as a warning authority, how to register, and how to access the training course, “HazCollect Principles and NWEM Best Practices,” a pre-requisite for access to the HazCollect System. You are encouraged to discuss state and local policies and procedures with your State Emergency Communications Committee (SECC) and NWS Warning Coordination Meteorologist (WCM). NWS contact information can be found at www.stormready.noaa.gov/contact.htm.

Contact Information

To contact NWS and FEMA DM personnel, please note the following e-mail addresses:
- Herb White, Dissemination Services Manager, Herbert.White@noaa.gov.
- Steve Pritchett, HazCollect Project Manager, Steven.Pritchett@noaa.gov.
- Tom Ferrentino, DM Training, TomFerrentino@eystreet.com.
- Amy Sebring, DM Outreach, asebring@emforum.org.
Help Wanted: CEM® Commission

The Certified Emergency Manager® Commission (CEM®) Commission is looking for candidates for two to four openings for the Class of 2012, who will serve on the panel from November 2009 through November 2012. The CEM® Commission sets policies and procedures governing the certification program, and reviews packets of applicants for the Certified Emergency Manager® (CEM®) and Associate Emergency Manager (AEM) credentials. Commissioners who are local practitioners must have earned the CEM®.

If you’re interested in serving, submit a letter of interest and your current resume to IAEM Headquarters by July 1, 2009. To look at the typical credential review schedule, visit the IAEM Web site at www.iaem.com/certification/GeneralInfo/CredentialReviewDates.htm. For additional information about serving on the CEM® Commission, please contact IAEM Membership Director Sharon Kelly at info@iaem.com.

June 2009 Online Bulletin


- IAEM New Member Listing, Apr. 16 to May 15, 2009.
- “First International Virtual Emergency Exercise Held by York University EM Program in Collaboration with IAEM,” by Ali Asgary, Ph.D., IAEM-Canada President, and Associate Professor, Emergency Management, York University, Toronto, Canada.
- “Operation Tripod Tests NYC-OEM’s Ability to Distribute Medication in the Event of a Biological Attack,” by Christopher Geraghty, Adjunct Instructor, Division of Criminal Justice, ASA Institute, New York.

Early Bird Registration Discounts Good Through Sept. 1 for IAEM Annual Conference

IAEM has announced that early bird registration fee discounts will be offered for the IAEM 2009 Annual Conference. The discounted fees will be in effect through Sept. 1, 2009. IAEM members will be notified via e-blast when online conference registration becomes available.

Early Bird Registration Fees Until Sept. 1, 2009:
- IAEM Members – $400
- USA Military Personnel – $400
- Non-Members – $500

General Registration Fees After Sept. 1, 2009:
- IAEM Members – $450
- USA Military Personnel – $450
- IAEM Student Members – $200
- Non-Members – $550

Please Note: The student member registration fee discount applies to current IAEM Student Members only. To take advantage of this rate, please join IAEM as a Student Member prior to registering for the conference.

Benefits of Attendance:
- Education and training – forum for current trends and topics.
- Collaboration – exchange of ideas across jurisdictional lines.
- Networking – with more than 1,500 participants.
- EMEX 2009 – the top showcase of EM products and services.
Call for IAEM-USA Officer Nominations

IAEM-USA will elect new officers at the IAEM 57th Annual Conference & EMEX 2009, set for Oct. 31-Nov. 5 in Orlando, Florida. Candidates for IAEM-USA Second Vice President and IAEM-USA Treasurer must submit credentials by Friday, Aug. 14, 2009 to IAEM Headquarters.

To be placed on the ballot, 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; and confirmation of membership of at least three 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.

For more details, please contact IAEM Membership Director Sharon Kelly at IAEM Headquarters, 703-538-1795, ext. 2, info@iaem.com.

Special IAEM Trial Membership Offer Good Through July 31, 2009

A special $50 USD trial membership offer is available through July 31, 2009, for new Individual Members in IAEM-Canada, IAEM-Europa, IAEM-Oceania and IAEM-USA. Please encourage your colleagues to learn more and join online at www.iaem.com.

Note: This offer does not apply to IAEM-Asia, IAEM-International or IAEM-Student memberships.

Fugate and Lockwood To Speak at NCCP 2009

FEMA Administrator W. Craig Fugate has been named as the distinguished keynote speaker for the 2009 National Conference for Community Preparedness, set for Aug. 9-12 in Arlington, Va. Prior to coming to FEMA, Mr. Fugate served as Director of the Florida Division of Emergency Management.

Bruce Lockwood, CEM, IAEM-USA Region 1 President and a member of the U.S. Government Affairs Committee, has been named as a featured plenary speaker at NCCP 2009. Lockwood is a member of the National Commission on Children and Disasters. Lockwood is currently the public health emergency response coordinator for the Bristol-Burlington Health District in Connecticut.

Learn the latest about NCCP 2009 at www.iaem.com/NCCP2009.htm

My education clearly sets me apart.

Specialized courses in emergency management and public law have helped me understand the complexities in Homeland Security/FEMA plans. As a result, my company more efficiently responds to those affected by devastation. The disaster management program certainly adds to my credibility.

Wayne Odachowski
Principal, Infinity Restoration
Student, Emergency and Disaster Management

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IAEM: Working for You
(continued from page 1)

A complete report from IAEM-Canada President Ali Asgary, Ph.D., with illustrations of Second Life screens, is included in the online edition of this issue.

■ New Translations of the EM Principles Are Now Posted. There are now eight translations of the EM Principles posted at www.iaem.com/EMPrinciples. The newest translations include: Chinese (traditional), Chinese (simplified), Korean and Russian. Translations are being added to support the IAEM-Global Board’s endorsement of the Principles of Emergency Management and to encourage their adoption by emergency managers worldwide.

■ New IAEM-USA Committee Welcomes Interested Participants. The IAEM-USA Hospital & Healthcare Committee is the newest special interest committee of IAEM-USA. The committee is tasked to address specific issues with emergency managers working within hospitals and healthcare settings. Members who are interested in the work of this committee are encouraged to visit www.iaem.com/committees/HCC.

■ IAEM Member Outreach. These IAEM members recently represented the association:
  • In April, Dean Larson, Ph.D., CEM, made presentations during the International Fire Protection Congress on NFPA 1600 in Bogota. In Trinidad, Tobago, a presentation was made to the National Emergency Operations staff, representing 15 different agencies and managed by the Office of Disaster Preparedness and Management. The presentation was based on NFPA 1600, IAEM and CEM®.
  • Kathleen Henning, CEM, IAEM-USA Region 3 President, will represent IAEM on the National Commission on Children and Disasters’ Subcommittee on Evacuation, Transportation and Housing.
  • Victor Bai, Vice President of IAEM-Asia, spoke on IAEM at an American Chamber of Commerce in Shanghai event on “Corporate Preparedness and the H1N1 Flu.” Details of the event and presentation downloads are posted at www.amcham-shanghai.org/AmChamPortal/MCMS/Presentation/Template/Content.aspx?Type=32&Guid=%7b66101f98-A-9759-450A-A456-D4CBE8ECD43%7d.
  • Kay Goss, CEM, will represent IAEM on the U.S. Dept. of Homeland Security’s Social Media Project.
  • Lyn Gross, CEM, IAEM-USA Region 10 Vice President, will represent IAEM as liaison to the FEMA Emergency Management Institute.

■ IAEM Provides Feedback. These are examples of recent instances where IAEM members’ opinions were sought and provided:
  • Dave Bujak, Committee Chair, IAEM-USA Universities and Colleges Committee, coordinated a letter from IAEM-USA to the National Weather Service Meteorologists in Charge (MIC) and Warning Coordination Meteorologists (WCM), encouraging them to reconsider their local policies on granting NWSChat access to higher education emergency managers.
  • John J. Walsh coordinated comments of members of the IAEM-USA Emergency Services Committee on the Sector CIKR (Critical Infrastructure Key Resource) Protection Annual Report for the Emergency Services Sector.
  • The U.S. Federal Emergency Management Agency regularly requests input from IAEM on draft policies and procedures. In May, Randy Duncan, CEM, Chair, IAEM-USA Government Affairs Committee, coordinated member feedback on FEMA’s CPG-302, “Incorporating Household Pets and Service Animals Considerations into Emergency Operations Plans.” He also coordinated member comments on FEMA’s draft Disaster Assistance Policy (DAP) 9524.2, “Landslides and Slope Failures Related to Public Facilities.”

IAEM-UCC Tracks H1N1 Cases on Higher Ed Campuses

The IAEM-USA Universities and Colleges Committee (IAEM-UCC) has produced a Google Map that tracks the cases of H1N1 Influenza on college and university campuses in the United States and Canada, attracting a lot of attention in online news. Available at http://tinyurl.com/HigherEdH1N1Map, the map is derived from information shared by peers on IAEM-UCC’s Disaster Resilient Universities (DRU) listerv and from the U.S. Department of Education’s Office of Safe and Drug Free Schools. Information is verified with each affected university’s Web site, which is cited and linked on the map.

After receiving tremendous feedback, IAEM-UCC made a number of improvements to the Higher Education H1N1 Flu Map. Version 2.0 now features the following additional information: campus operational status (partial closure, total campus closure, events cancelled, campus reopened); sporting event status; travel restrictions; study abroad program status; commencement/graduation alterations or cancellations; quarantine; clinics and infirmaries; advisors; notes; news items; photos; videos; and Webcam feeds. Each item includes a link to the appropriate reference source. The success of this map is dependent on the flow of data received to populate it. Please forward additions/corrections to IAEM-UCC Chair David R. Bujak at dbujak@fsu.edu.

Learn about the work of the IAEM-UCC at www.iaem.com/Committees/UCC.
### EM Calendar

Visit www.iaem.com/calendar for details on these and other events.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>June 4-6</td>
<td>IAEM-USA 2008 Mid-Year Meeting, Emergency Management Institute, Emmitsburg, MD.</td>
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<tr>
<td>June 10</td>
<td>National Risk Conference 2009, City Hall, London, UK, supported by IAEM-Europa.</td>
</tr>
<tr>
<td>June 7-12</td>
<td>Association of State Floodplain Managers Annual Conference, Orlando, FL.</td>
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<tr>
<td>June 8-11</td>
<td>NFPA 2009 Conference &amp; Expo, Chicago, IL.</td>
</tr>
<tr>
<td>June 21-24</td>
<td>19th World Conference on Disaster Management (WCDM 2009), Toronto, ON, Canada, IAEM member registration fee discount, supported by IAEM.</td>
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<td>The IAEM-Canada Annual Business Meeting will be held during WCDM 2009, June 23, 12:30-2:30 p.m., Room 713A.</td>
</tr>
<tr>
<td>July 1-3</td>
<td>SAFE 2009 Conference on Safety &amp; Security Engineering, Rome Italy, supported by IAEM-Europa.</td>
</tr>
<tr>
<td>Aug. 9-12</td>
<td>National Conference on Community Preparedness, hosted by FEMA’s Community Preparedness Division &amp; IAEM-USA, Arlington, VA.</td>
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<tr>
<td>Sept. 17</td>
<td>3rd National Disaster Preparedness Summit, Seattle, WA, supported by IAEM-USA.</td>
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<tr>
<td>Sept. 23-25</td>
<td>1st International Conference on Disaster Management &amp; Human Health, New Forest, UK, supported by IAEM-Europa.</td>
</tr>
<tr>
<td>Oct. 29-31</td>
<td>China International Emergency Medical Expo (offered by Reed Sinopharm Exhibitions &amp; Chengdu Municipal People’s Government), Chengdu, China, supported by IAEM-Asia.</td>
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**Call for Articles**

**Faith-Based Organizations in Response and Recovery**

The IAEM Editorial Work Group is looking for articles for the next special focus issue of the *IAEM Bulletin* on **Faith-Based Organizations in Response and Recovery**. An article could focus on a specific organization, or it could share how a community utilizes assistance from faith-based organizations, documenting lessons learned. In the United States, faith-based organizations have a special function because of governmental as well as individual agency rules. We would like to learn how faith-based organizations respond all around the world; there may be similarities or differences.

Please keep your articles under 750 words, and e-mail articles to IAEM Bulletin Editor Karen Thompson at thompson@iaem.com no later than June 10, 2009. Before submitting your article, please read the author’s guidelines at www.iaem.com/Bulletin.
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- Representation on federal level working groups addressing vital issues such as terrorism preparedness, emergency management, program standards, communications, disaster assistance delivery, and others.
- A unified voice at the federal, state and local levels to educate decision makers about the impact of policies and legislation on emergency management services.
- The IAEM Bulletin, a monthly newsletter that is the definitive source for emergency management news and information.
- Conferences and workshops to enhance networking and inform members about legislative issues. Our Annual Conference and EMEX Exhibit offers networking and information on current EM issues. Our Mid-Year Meeting, held in the Washington, D.C., area, focuses on committee work and federal legislative issues. Regional conferences give members the chance to exchange information with colleagues closer to home.
- WWW.IAEM.COM is the portal to the world of emergency management. The IAEM Web site offers discussion groups and a wealth of other professional tools, including the popular career center.
- Alliances with a network of related associations and organizations to further the profession and its members.
- Professional recognition of individuals through an annual awards program.
- Scholarship opportunities and funds for students enrolled in emergency management courses of study.
- Professional development through in-person meetings, networking and training opportunities.
- Discounts on certification program fees, selected publications, conference registration and more.
The first international virtual emergency exercise was held in the York University Virtual Emergency Management Lab in Second Life on May 5 and May 7, 2009. This event was organized by the Emergency Management Program at York University, Toronto, Canada, in collaboration with IAEM. More than 50 participants and observers, mostly IAEM members from the USA, Canada, United Kingdom, Spain, Turkey, Australia and the Netherlands, came together in real time and participated in these exercises.

**Exercise Scenario**

The exercise scenario was an H1N1 Influenza (swine flu) pandemic developed based on a Rand Corporation pandemic exercise impacting a hypothetical city April through July 2009 (www.rand.org/pubs/technical_reports/TR319/). This scenario was chosen mainly because of the ongoing worldwide concerns regarding swine flu.

**Exercise Goals**

The exercise goals were:
- To examine the usefulness, challenges and issues of using the Second Life virtual environment as a platform for conducting emergency exercises from emergency professionals’ perspectives.
- To understand and exercise the key preparedness and response elements of a swine flu emergency (surveillance and epidemiology; command, control and communications; risk communication; surge capacity; disease prevention and control) at a typical local government setting.

**Virtual EOC**

As with a real world emergency exercise, these virtual tabletop exercises were held in a virtual EOC conference room designed to be very similar to a real world EOC. Snapshots of the May 5 exercise are temporarily available at www.yorku.ca/cst/DEMmovies-temp/ These exercises simulated what would happen in a face-to-face tabletop exercise.

Considering that many participants were first-time Second Life users and were able to actively participate in the virtual exercise, the learning curve is not a major issue when it comes to using Second Life for virtual exercises. Participants must have the basic required hardware (a recent computer with a good graphic card and a headset) and software (Second Life browser available free after registering at www.secondlife.com).

**Exercise Evaluation**

At the end of each exercise, a polling station was used to evaluate the exercise. Overall participants’ responses to the survey questions showed that these virtual exercises were successful in achieving their initial goals. A majority of the respondents found the exercise to be “very impressive, fun and interesting,” “very useful” and a “good and new experience.” Some of the participants were impressed with how the conversation developed over the course of the exercise and with the visualization and simulation capacities of the virtual world for conducting various emergency management exercises. Most participants mentioned that virtual environments such as this seem to be a viable distributed

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Virtual Emergency Exercise
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The York University Emergency Virtual Lab was developed by Dr. Ali Asgary and is used for emergency teaching, training and research purposes. Master and undergraduate emergency management students use the virtual lab to simulate various disaster and emergency mitigation, preparedness, response and recovery functions and activities. The York University Emergency Virtual Lab in Second Life is accessible to the public and to interested individuals via Second Life as “York University DEM.”

For More Information

You can find out more about the York University Emergency Virtual Lab at www.yorku.ca/cst/dotelblog/?p=363.

2009 Breakout Session Descriptions

- **Infrastructure.** This track will include presentations on the basic physical structures needed to sustain modern life. Traditional forms of infrastructure would include roads, water supply, sewer systems, power grids, information technology and communications.
- **Organizations and Management.** Presentations in this track will examine management theories and practices and may explore components of management including planning, organizing, and staffing. Presentations may also discuss evolving trends in emergency management.
- **Disaster-Related Social Behavior.** This track will delve into behavior at the individual, organizational, community and mass media levels.
- **Technology.** This track will explore the use of technology to facilitate any of the phases of emergency management.
- **Leadership and the Future of Emergency Management.** Presentations in this track will peer into futurist and visionary perspectives of disasters, catastrophes and emergency management.
- **Contemporary.** This track will include information and perspective on recent events, tools, techniques, issues or concerns impacting emergency management.
Disastrous Times Call for Creative Solutions

HOW AN OREGON POWER CO-OP STITCHED TOGETHER
MITIGATION GRANTS TO UNDERGROUND A CRITICAL TRANSMISSION LINE

By Dolph Diemont, Federal Coordinating Officer, Federal Emergency Management Agency

Take the first three initials of West Oregon Electric Cooperative (WOEC) and you have an apt description of their last few years. This rural power cooperative serves remote, timbered lands of northwest Oregon. It's not easy, or cheap, to deliver power to customers scattered throughout 1,200 square miles of hilly terrain. High winds, water, snow and ice damage lines every year and require costly repairs.

The burden falls on this small nonprofit utility and its members. Of 4,252 WOEC customers, 93 percent are residential. WOEC serves some of the poorest people in the region; 54 percent live at or below the poverty level. Yet they are saddled with the highest electrical rates in the state — almost 60 percent more than the statewide average.

Welcome to WOEC’s World

During a fierce December 2006 windstorm, hundreds of trees fell onto and destroyed about half of a 16-mile transmission line — a critical segment of WOEC’s power circuit. The 2006 damage was so extensive that WOEC had to de-energize the entire 16 miles.

The utility lost the ability to “backfeed” other lines in their northern power circuit. “We have been living on the edge since December 2006,” said Marc Farmer, WOEC’s General Manager. “Another major storm could take out power to that circuit, leaving thousands of our customers without power.”

Without financial help, WOEC would be left with just two choices: an unacceptable abandonment of the 16-mile line, or laying the cost of rebuilding on the backs of their already overburdened ratepayers.

Partnership Leads to Solution

Fortunately for WOEC, the U.S. Federal Emergency Management Agency (FEMA) and Oregon Emergency Management (OEM) have a strong, collaborative partnership. Together with WOEC, they focused on a long-term solution. “FEMA and the state have thrown us a lifeline,” said Farmer.

Everyone agreed that it would be futile to restore the 16-mile overhead line again. The company and its ratepayers are still paying for rebuilding this same line in 1994. Moreover, WOEC has experienced 15-25 outages each year on that same line — a very repetitive and costly prospect for the utility. WOEC hired a consultant to study the economic feasibility of undergrounding.

The conclusion: undergrounding the entire line was not only “highly cost-effective,” but also the most sensible solution to an enduring problem. The big question was how to pay for the $6 million project. OEM manages two types of FEMA mitigation grants — each with unique criteria and timelines.

Through the Public Assistance (PA) program, FEMA can reimburse cost-effective mitigation measures for facilities or structures that are damaged during a disaster. Defined in Section 406 of the Stafford Act, these “406” projects are disaster-specific and follow an expedited implementation process.

The Hazard Mitigation Grant Program (HMGP) or “404” projects undergo a more delibera-
Null Years Aren’t Dull Years
By Stephen Hagberg, HLS—Training and Exercise Manager, Snohomish Co. Dept. of Emergency Management

The winter of 2008–2009 was forecast by climatologists to be a “neutral” (or null) year in the cycle of El Niño and La Niña. Mark Murphy, Snohomish Co. Dept. of Emergency Management (DEM) Program Manager for Response and Recovery, conducted some cursory independent research about past weather patterns associated with neutral years in the cycle. He noted a pattern of windstorms (1990 and 1962), snow events (1996) and other indicators that neutral years often can be meteorologically violent became evident.

Meetings and Tabletop Exercises Held with ESF Leads

The Director for Snohomish Co. DEM, John Pennington, decided that a series of meetings with cities and Emergency Support Function (ESF) leads was needed, and he specifically focused on the most likely event in the county: flooding. During a course of five weeks, the department traveled to nine cities, and met with 11 emergency support functions. At each meeting, participants discussed the increased likelihood of severe weather and conducted short tabletop scenarios with the attendees regarding responses to flooding.

Rather than being focused on pushing expectations onto the attendees, the meetings were focused on their communities and their issues, along with their questions. The Snohomish Co. DEM had an agenda and information to share, but the messages were received more readily by inviting the natural interest of community leaders to keep their citizens safe.

Two Days Later, the Storms Hit

Two days after the final meeting, a storm hit western Washington state, deluging parts of the county with more than 13 inches of rain in a 24-hour period. Upstream communities were quickly affected and were able to access resources and conduct flood fights effectively. Feedback from the communities resoundingly credited the tabletop scenarios in making the process more effective.

Another storm hit days later, leaving another 12 inches of water in areas of the county. The flood cycle on the river basins began again. This second storm was actually three waves of moisture and came from different directions.

The region enjoyed about three weeks of relative quiet until warnings were issued from the National Weather Service of an arctic air mass descending from the Yukon. Besides unseasonably cold temperatures, a chance of snow existed due to a wet arctic low-pressure system approaching. Typically, snow for western Washington comes from a cold air mass in place, with a warmer southwesterly system overrunning. The snow then turns to rain, usually washing the snow off in a day or two.

The snows came. From Dec. 14 through Jan. 5, four significant snow events occurred in Snohomish County, leaving 8 to 36 inches of snow on the ground. Plow crews worked for two weeks straight in 12-hour shifts to keep the main arterials open, working their way through to secondary roads and into the neighborhoods. Unfortunately, every time the crews began clearing the neighborhoods, another snow would fall and they would have to start the process over. Citizens were snowbound for up to three weeks.

More fears became reality on Jan. 6, when a warm front bearing rain began. Again, excessive amounts of warm rain hit all areas of Snohomish County. Existing snowfall melted.

Compelling Story of Success

One of the most compelling stories of success came in the City of Stanwood, at the convergence of the Stillaguamish River and the Puget Sound. The city is in a low spot, potentially threatened by waters from that river and the Skagit River from the north. Following a three-year respite from flooding, the city saw the waters rise quickly. An evacuation of a retirement home soon followed, and the city began the flood fight. The city immediately instituted a Unified Command under ICS. With support from citizens, the Army Corps of Engineers, Snohomish County Public Works and inmates from the Monroe Correctional Facility, they fought the waters, the breaches and the elements to a stalemate. Despite having to give ground to the waters on two occasions, and fighting in their third level defenses, they saved the city!

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Creative Solutions
(continued from page 23)

ative and rigorous analysis. They must be tied to state and county mitigation plans, and must comply with all environmental, historical and cultural regulations. Because it has an enhanced mitigation plan, Oregon also receives 20% of the funds spent on each disaster for HMGP grants.

Half the 16-mile line was severely damaged; the other half was standing but unusable. The solution is to underground the damaged half using 406 monies, and underground the undamaged half using 404 funds.

In practice, combining these two grants can be tricky. Each segment must strictly adhere to the provisions of the law. In addition, the project requires extensive collaboration and cooperation, not just with FEMA, OEM and WOEC, but with outside permitting and review agencies.

We are pleased with the progress so far. Preliminary work on the project is underway. When completed, it will address the needs of a critical service provider, fully utilize available resources, make wise use of taxpayer dollars, and reduce the burden on local ratepayers.

WOEC’s combined 404-406 project is the first for Oregon, and for FEMA’s Region X. It will not be our last. We are reviewing projects from the December 2008 disaster now to identify other opportunities to integrate the two grants.

Conclusion

Timing is everything. The best time to consider blending 404 and 406 projects is at the beginning of each disaster. PA and Mitigation staff must be open to the possibilities. Emergency managers must be alert to the potential in their communities. We are optimistic about the results of this endeavor and encourage others to pursue their own projects. Through collaboration, everyone wins.

Null Years Aren’t Dull Years
(continued from page 24)

Another compelling fact from these events is the general preparedness level of the citizens. In researching the events this winter, it is clear that nearly all of the citizens of Snohomish County have prepared for at least 10 days of survival without access to retail infrastructure. The general level of grumpiness among the callers to our call center rose dramatically after the ninth day. What a refreshing statistic to learn! Our efforts do pay off, even if we don’t realize it.

Emergency managers do great service to their communities by comparing current and expected conditions with patterns through history. In the winter of 2008-2009, emergency managers determined a higher risk of severe weather and prepared for it. Three floods and a series of near-record snow events later, forward thinking led to successful responses that protected the community. Despite the increased effectiveness, however, Snohomish County was awarded two Public Assistance Disasters and one disaster that qualified for Individual Assistance. The damage and loss would have been far greater if actions were taken only at the time of each event. Forewarned is, after all, forearmed. Null? Sure, but never dull!
Operation TriPOD Tests NYC-OEM’s Ability to Distribute Medication in the Event of a Biological Attack

By Christopher Geraghty, Adjunct Instructor, Division of Criminal Justice, ASA Institute, New York, NY

Full-scale exercises mobilize emergency personnel and equipment from different agencies to handle a mock full-scale emergency. They test the interaction and coordination between the different agencies, as well as their personnel’s knowledge and skills in the fields of emergency preparedness, law enforcement, consequence management, homeland security, and health and medical procedures.

The New York City Office of Emergency Management (NYC-OEM) regularly conducts full-scale exercises to ensure that NYC can successfully put into operation emergency plans for a variety of man-made and natural hazards. This article highlights two major multi-agency field exercises that NYC-OEM has conducted.

Operation TriPOD (Trial Point of Dispensing) 2002 Drill

Operation TriPOD (Trial Point of Dispensing Drill) was held on May 22, 2002. It took place at Pier 92 on Manhattan’s West Side. The purpose of the six-hour, real-time exercise was to test NYC-OEM’s effectiveness in distributing medication in the event of a biological attack.

More than 600 cadets from the New York Police Department (NYPD) and the Fire Department of New York (FDNY) Academies imitated the ill effects of a biological attack and were sent through the Point-of-Dispensing (POD) process just as affected individuals would be during the aftermath of an actual attack. PODs are special clinics designed to quickly distribute antibiotics or vaccines to affected individuals in an emergency setting. The POD staff, who took charge of the processing, consisted of members of NYC-OEM, the NYC Department of Health, the FDNY and the NYPD.

During the first stage, all patients were evaluated on apparent conditions, such as “This patient appears to be ill.” Those patients then were moved on to triage, where they were asked vital questions about their condition. Some from that group went on to medical evaluation, and then received medication if it was considered necessary.

Results of the 2002 Exercise

One of the aims of the TriPOD exercise was to process approximately 1,000 patients per hour. The results of TriPOD were evaluated and found to be successful in supplying medication and basic information to a community exposed to a biological attack. TriPOD also was able to direct victims who did not show symptoms away from hospitals, so as to keep those vital facilities only for the seriously ill. The results also led OEM officials to believe that it was possible to use the TriPOD model to handle a large-scale pandemic that could affect the city and to establish TriPOD as the foundation for point-of-dispensing models nationwide.

PODEX 2005 Exercise

On June 2, 2005, NYC-OEM hosted PODex, which was designed to test the ability of the city to request, receive and distribute medications, contained in the Strategic National Stockpile, to specific dispensing sites in the city within 48 hours, using the city’s POD program. The two-day exercise began at the end of a concert in an NYC park, when the crowd was showered with confetti. The next day, health monitoring equipment removed from the park tested positive for anthrax. By the following evening, the NYC Health Department had started receiving reports from several hospitals about numerous patients showing signs and symptoms consistent with exposure to anthrax. The health department uses high-tech equipment to carry out laboratory testing. They also keep a daily eye on thousands of health events, such as the number of daily emergency room visits and ambulance runs, for any signs of a natural or man-made public health threat.

On the first day of the exercise, city officials requested medical and non-medical supplies from the federal government and received them at PODs around the city. The second day of the exercise involved staffing and managing multiple POD locations, where participants from more than 15 city agencies—as well as state and federal agencies—had to treat several hundred affected patients, as well as handle any security, public information and transportation problems that might occur.

Results of the 2005 Exercise

City officials and DHS representatives evaluated PODex and concluded that the exercise’s objectives were achieved and met the standards of the citywide incident management system. Since 2004, NYC’s POD plan has undergone three federal audits, and NYC has become one of only a
How to Conduct a Response-Recovery When “One Size Doesn’t Fit All”

By Willie G. Nunn, Federal Coordinating Officer, Federal Emergency Management Agency

When facing major disasters, most successful response-recovery operations are: joint, integrated, flexible and response-based. Recently, such an operation produced better results during two similar events in Washington State.

A strong, warm and very wet Pacific weather system brought substantial rainfall to Puget Sound, Jan. 6-16, 2009. For the third time in as many years, rivers topped their banks and roads washed out. On Jan. 30, a Presidential Declaration for Individual Assistance (DR-1817-WA) was authorized for “severe winter storm, landslides, mudslides and flooding” in eight counties, expanding to 15 counties two weeks later.

Joint (Federal/State)

The day after the incident began, Jan. 7, the U.S. Federal Emergency Management Agency’s (FEMA) Region 10 Response Recovery Coordination Center activated to Level I status, calling its Emergency Support Functions (ESF) and sending FEMA liaisons to the state’s Emergency Operations Center. Even before Preliminary Damage Assessments (PDA), before a request for a Presidential declaration, and before a declaration, federal-state coordination meetings began.

From these meetings, joint PDA teams formed, completing their evaluations by mid-month to provide the Governor with data to request federal aid and the President with the basis to authorize Individual Assistance. Relying on this PDA data, FEMA/State emergency management officials crafted their joint-execution strategy.

Prior to the Jan. 6-16 event, joint FEMA/State partnerships and agreements already existed. But now these partners needed to devise integrated, flexible responses, guided by requirements-based operations.

Integrated

Collaborative federal-state planning began Jan. 19, taking into account the integrated activities of logistics, personnel requirements, disaster relief program demands, community outreach strategy, media and future PDA assessments. After addressing initial PDA findings, the pre-designated FEMA Federal Coordinating Officer (FCO) and State Coordinating Officer set response-recovery priorities, empowering their managers to develop joint operational goals, objectives and tasks.

Federal/State community relations managers coordinated with the FEMA/State Individual Assistance managers, along with the federal/state external affairs officers, to design an integrated community relations-media operations-individual assistance plan. Working together, logistics established joint requirements for the Initial Operating Facility (IOF), Joint Field Office (JFO), fixed sites for Disaster Recovery Centers (DRC), Mobile Disaster Recovery Centers (MDRC), as well as communication and support equipment requirements. Again, referencing the initial PDAs, staffs for the IOF, JFO and DRCs deployed in a timely manner.

Flexible

Flexibility is self-evident, but this example illustrates my point. During the floods of 2008, the Chehalis community in Lewis County was hard hit. Anticipating similar problems in 2009, an early DRC was set up in the mall.

Although Chehalis was not as impacted, the community of Morton in Lewis County received more damage. Morton, in the Cascade foothills, suffered road and bridge washouts. The local media was very interested in the area’s recovery.

Aware of Morton’s plight, joint-community relations teams combined their efforts, FEMA/State officials attended community meetings, and the Chehalis DRC relocated to Morton. Citizens’ needs were met, and a situation that could have drawn negative media and congressional attention was averted.

Response-Based Operations

The Morton community example also illustrates the importance of conducting response-based operations. Response-based decisions reflected the initial PDAs. These responses were modified as new information developed. When the declaration was announced on Jan. 30, the Federal-State Response and Recovery Team was poised. In less than 24 hours, the IOF was staffed and functioning, and the first DRC opened in the most impacted area on Feb. 1. That same day, joint-community relations members knocked on doors; the JIC staff gave media interviews, and Planning and Products created news releases. All of this was happening before we had a JFO.

The DRC and MDRC plan activated according to areas in greatest need, while including provisions to close a center and move to another county location if needed. Opened on Feb. 4, the JFO was fully-operational the next day, housing more than 250 FEMA/State personnel, who were deployed the day after the declaration.

(continued on page 28)
Resources on H1N1 Influenza A

- The Centers for Disease Control and Prevention Home Page on Swine Flu: reports confirmed U.S. infections, hospitalizations and fatalities. The more recent illnesses and the reported deaths suggest that a pattern of more severe illness associated with this virus may be emerging in the United States. Most people will not have immunity to this new virus and, as it continues to spread, more cases, more hospitalizations and more deaths are expected in the coming days and weeks: www.cdc.gov/H1N1/
- Interim Guidance on Case Definitions to be Used For Investigations of Swine Influenza A (H1N1) Cases: provides interim guidance for state and local health departments conducting investigations of human cases of swine-origin influenza A (H1N1) virus (S-OIV): www.cdc.gov/swineflu/casedef_swineflu.htm (Please check the CDC page for the most current update.)
- Interim Guidance for Cleaning Emergency Medical Service (EMS) Transport Vehicles during an Influenza Pandemic: EMS agencies should define mechanisms of rapidly modifying infection control and decontamination procedures based on the most recent research and scientific information, including federal, state and local pandemic influenza guidelines. State, local, tribal and territorial EMS agencies, in coordination with federal, state and local public health departments, 911 programs, and emergency management and health care officials should ensure that EMS pandemic influenza plans define a process for gathering and developing updated pandemic influenza information, including clinical standards, treatment protocols and just-in-time training and disseminate it to local EMS medical directors and EMS agencies. This guidance may be modified or additional procedures may be recommended by the CDC: www.pandemicflu.gov/plan/healthcare/cleaning_ems.html
- Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection: This document provides interim guidance for 9-1-1 Public Safety Answering Points (PSAPs), the EMS system and medical first-responders and will be updated as needed: www.cdc.gov/swineflu/guidance_ems.htm. The information contained in this document is intended to complement existing guidance for healthcare personnel, “Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting,” at www.cdc.gov/swineflu/guidelines_infection_control.htm.
- “What Is All the Fuss? A ‘Just-in-Time’ Primer on H1N1 Influenza A and Pandemic Influenza” is now available as a self-learning module to help U.S. state EMS officials educate EMS practitioners about the current influenza disease outbreak dominating the media. It is being provided in a MS PowerPoint 2007 format for those who wish to insert their own instructional materials and a pdf format for those who wish to use the material “as is.” Download as a zipped file here: http://nasmso.org/H1N1InfluenzaA Primer050509.zip.
- Obtain up-to-date swine flu information via Twitter:
  - HHS Pandemic Flu: http://twitter.com/BirdFluGov
  - CDC Emergency Preparedness and Response: http://twitter.com/CDCemergency
  - World Health Organization: http://twitter.com/whonews

Operation Tripod
(continued from page 26)

handful of cities to obtain full green (the highest possible rating) for Strategic National Stockpile and Point of Dispensing preparedness. NYC-OEM and the NYC Health Department continue to work with the U.S. Centers for Disease Control and Prevention (CDC) to develop plans that meet the CDC’s goal of guaranteeing that every New Yorker will receive antibiotics within two days in the event of a pandemic or terrorist use of a biological weapon. Thanks to careful planning and the use of full-scale exercises to test the plans, NYC’s emergency responders are able to protect the public and keep NYC the safest and most prepared city in the country.

One Size Doesn’t Fit All
(continued from page 27)

Can We Improve?

Can we improve our response-recovery efforts? You bet. However, this operation shows that a joint FEMA/State response-recovery operational approach, based on specific requirements, is far superior to a “one-size fits all” approach.

A specific requirements-based approach gets “boots on the ground,” moving Federal/State personnel into areas when and where they are needed, and the affected public is reassured by their proactive presence. Overall, a joint, integrated, flexible and requirement-based response and recovery operation gave the FEMA/State team the ability to maintain positive momentum at the onset, providing timely, effective and quality disaster assistance for all affected citizens in the State of Washington.
New Members: Apr. 16-May 15 2009

Please join us in welcoming these new IAEM members.

IAEM-ASIA
Mahmood B. Embong
Kemaman, Malaysia

IAEM-CANADA
Amanda M. Arnold
Calgary, AB
Darryl Beaton
Lethbridge, AB
Tina Crossfield
Okotoks, AB
Carl M. Higgins
Nestleton, ON
Susanne MacKinnon
Vancouver, BC
Tom Sampson
Calgary, AB

IAEM-EUROPA
Didier Degueldre
Brussels, Belgium
Chris Dupont
Zonhoven, Belgium

IAEM-INTERNATIONAL
Lt. Col. Adebisi Ibikunolu
Adesanya
Ibadan, Oyo State, Nigeria
Emmanuel Ifeanyi Agboifo
Agbor Delta, Nigeria
Sharleen S. DaBreo
Tortola, British Virgin Islands
Alexandre Guindani
Brazil
Col. Gabriel Ede Ode
Victoria Island, Lagos, Nigeria

IAEM-OCEANIA
Martin Braid
E. Melbourne, VIC, Australia

IAEM-STUDENTS
Troy Skaleskog
Woden, ACT, Australia
Anthony D. La Manna
Hewitt, NJ
Jimm Walsh
Orlando, FL
Clifford W. Lindell
Round Rock, TX
Scott K. Lucia
Cape Coral, FL
Clarisa N. Marcee
Austin, TX
David P. McAuley
Riverview, FL
William E. Mills
Saint Petersburg, FL
Andrew W. J. Moss
New York, NY
David G. A. Moyer
Pineland, FL
Christopher L. Parrish
South Hill, VA
David H. Peterson
Zachary, LA
Challie J. Pizano
Allen, TX
Alison M. Quinn
Tallahassee, FL
Subrena Rivers
Parkville, MD
Jeffery E. Schlatter
Atlanta, GA
Joshua Stevens
Savannah, GA
Daniel E. Stubbs
Macon, GA
Thomas W. Tribble
Jessup, MD
Carmen Troche
Bloomfield, NJ
Gregory J. Walsh
Billerica, MA

IAEM-USA

IAEM-USA Region 1
Derrick E. Hyatt
Augusta, ME
Thomas J. McDermott
Canaan, NH
Patrick McKewen
Hartford, CT
Ronald R. Reents, CEM
Worcester, MA

IAEM-USA Region 2
William J. Bizink
Demarest, NJ
Erik D. Endress
Ramsey, NJ
Thomas E. Giordano
South Orange, NJ
John J. Molner
Oneonta, NY
Dennis J. Mott
Millington, NJ
Michael Racioppo
Basking Ridge, NJ
Robert C. Ricker
Mt. Arlington, NJ

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## New Members
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<td>Nathan R. Thompson</td>
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<td>Laurie J. Van Leuven</td>
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Or...mail this completed form with your check to: IAEM, 201 Park Washington Court, Falls Church, VA 22046

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☐ I can’t join now, but I would like to receive more information on the benefits of IAEM membership.
Networking to Justify Your IAEM Annual Conference Attendance

HOW TO CONVINCE YOUR BOSSES THAT YOU NEED TO ATTEND IAEM 2009

The International Association of Emergency Managers is known for holding relevant, interesting and exciting IAEM Annual Conferences. The speakers get better and more high-profile every year. EMEX, IAEM’s Emergency Management & Homeland Security Expo, convened in tandem with the Annual Conference, is drawing exhibitors who are the top homeland security and disaster preparedness suppliers.

IAEM Budget-Conscious Plans: Extra Savings in Tough Times

We want you to be making plans now to attend the IAEM 57th Annual Conference & EMEX 2009, set for Oct. 31-Nov. 5, 2009, at the Orange County Convention Center and Rosen Centre Hotel in Orlando, Florida. The IAEM Conference Committee is hard at work to make this a do-not-miss event.

IAEM wants to do its part to get you to Orlando. Here are some budget-conscious plans already in the works:

- IAEM has announced its early bird registration fee discounts.
- Each year IAEM arranges for discounted room rates at our conference hotel, and a range of other economic hotel options will be identified.
- IAEM is negotiating discounts on rental cars, so that you can get around in Orlando at the best possible prices.
- IAEM is interested in short suggestions (1-2 paragraphs) on how to save money at the conference; best ideas will be published in the IAEM Bulletin.
- Also, the IAEM Editorial Work Group has lined up two IAEM members who are preparing feature articles on how to keep your travel costs down – one from the Individual Member perspective and one from the Student Member perspective.

Help Your Fellow Members

What would help you to convince your bosses that you need to be in Orlando this year for the IAEM 2009 Annual Conference & EMEX? Let’s pool our ideas to help each other. Tell us:

- What reasons will you share with your boss about why the IAEM 2009 Annual Conference should be kept in your organization or agency’s budget?
- What did you take home from past IAEM Annual Conferences that has improved operations where you work?
- What is the best way to put together a proposed budget for the conference?
- What information do you need about the 2009 program now, in order to make your case?
- IAEM has been making conference presentations and materials available post-conference, some years via CD and some years via posting in a password-protected area on the IAEM Web site. Do you plan to use these resources as one of your selling points?

Creating a Conference Justification Toolkit ...with your help!

IAEM has put together an online IAEM 2009 Annual Conference Justification Toolkit. Here you will find:

- a letter of invitation to you as an IAEM member; a sample letter of invitation to your supervisor requesting your presence at the conference (that you can customize with your supervisor’s name); a reminder about the Apr. 24 deadline for submitting speaker proposals and links to the official form and guidance documents; IAEM discounts that are already in place (with more to come); benefits from conference attendance; and a listing of the main conference themes and breakout session topics.

Many IAEM members tell us in conference feedback surveys that the IAEM Annual Conference is the most important event of the year to help them stay aware of the latest resources, trends and technology. Many of you mention the importance of networking with your peers, pointing out that the IAEM Annual Conference offers a welcoming and collaborative atmosphere where those from all levels of government, private sector, public health and related professions can freely exchange ideas. We hear that EMEX showcases technologies, products and services that can help you reach your goals. If this sounds familiar, it’s because these benefits are posted on our Conference Web Page, as taken directly from you – our members.

We hope that you will take a few minutes to help us with creating the “IAEM Annual Conference Justification Toolkit.” The usefulness of the toolkit will depend on the extent of feedback that we receive from you. Please e-mail your ideas, your short suggestions, and your answers to the questions in this article to Bulletin Editor Karen Thompson at thompson@iaem.com. Be sure to note whether we can use your name with any quotes.
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Information on IAEM and the CEM® program can be found online at www.iaem.com or by calling 703-538-1795.