

ISSN 1938-1905



AWARENESS

Journal of Public Safety Studies in America

Volume 2 • Number 1

Fall 2009

awareness.hsfamerica.org



AMERICA

...Building her Future **STRONG**



AWARENESS

Journal of Public Safety Studies in America

Volume 2 • Number 1

Fall 2009

CONTENTS

I. INTRODUCTION

About Awareness	2
Letter from the Editors	3
Message from the Chairman	4
H1N1 Alert	6
Board Spotlight	7

II. CURRENT ISSUES

Preparedness - How Ready Are You?

Tim Crockett	9
--------------------	---

Is Commuting By Train Still Safe?

Samuel Mwangi Muriithi	12
------------------------------	----

Why I Volunteer

Marie Roker-Jones	14
-------------------------	----

Low Hanging Fruit for Healthcare Savings with Systems Support

Paul S. Drago	15
---------------------	----

California Dreaming?

Laura Billon	18
--------------------	----

H1N1 Alert (Cont.)	20
--------------------------	----

AWARENESS

Journal of Public Safety Studies in America

ISSN 1938-1905

Editor - Managing

James Yoakum - awareness@hsfamerica.org

Contributing Editor(s)

Laura Billon - awareness@hsfamerica.org

Article Submissions: Submit articles or book reviews by e-mail to awareness@hsfamerica.org or to the Managing Editor above, or on disk by mail to HSFA at PO Box 2335, Powder Springs, GA 30127. Enclose author's e-mail and postal address and phone number, a short bio line and a personal photo and other photos and captions germane to your submission. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources. By submission to this journal, authors grant HSFA the use of the article in printed, digital and/or electronic form for the educational purposes of the American public.

Clearance: Authors are responsible for compliance with restrictions and regulations regarding the publication and clearance of materials dealing with present or past employment.

Letters to the Editors: Letters are welcome by e-mail to any of the editors or by mail to HSFA at the address above. Note: All letters received are considered for publication, in whole or in part, unless the correspondent has clearly set forth wording indicating that permission to publish is withheld.

Disclaimer: The opinions expressed in this journal are those of the individual authors and do not represent the position of, or endorsement by, the Homeland Security Foundation of America, its directors, officers, volunteers, community partners, or any U.S. Government Agency. Advertising in this journal does not constitute an endorsement or approval by the publisher, editors, or editorial board, as to the quality or value of the product or services advertised or the claims made for it by its manufacturer.



The Homeland Security Foundation of America

PO Box 2335

Powder Springs, GA 30127

Web: www.hsfamerica.org,

E-mail: comments@hsfamerica.org

Tel: 877-859-6850

Fax: 678-890-9522

The Homeland Security Foundation of America ("HSFA") is a public, non-profit, non-Federal, national agency focusing on public safety, energy security, health and human services, and other national security related issues, incorporated in Georgia in 2002 and reorganized under IRC 501(c)(3) with 170(b)(1)(A)(vi) status.

Board of Directors

Eric Brown, Chairman	Tanya Bates
Phil Sumner, Vice Chairman	Keith Preuse
Dale Sopocy	Tim Crockett
Matthew Anthes	Michael Dozier
Endre Walls	Pete Stanley
James Yoakum	Lloyd Bumanglag
Patrick Brown	

Board Members Emeriti

Rick Schuman

Welcome to the second edition of Awareness, “Of the people, by the people, for the people”.
Awareness is the official newsletter of the Homeland Security Foundation of America.

LETTER FROM THE EDITORS

Jim Yoakum and Laura Billon

The Mission of the Homeland Security Foundation of America (HSFA) is to advance homeland security while preserving Americans’ civil liberties, ensuring freedom, safety and prosperity for all. Our goal is to help build strength through awareness and empower citizens with resources they need to protect their families against all types of hazards.

Awareness is a critical component of HSFA’s mission. In fact, it is so critical, that this publication was rewarded with the name Awareness, a designation and honor we do not take lightly. We recognize the responsibility we shoulder. With that in mind, each edition of Awareness will disseminate information that empowers our readers. This information falls within the realms of HSFA’s three major programs: Public Safety, Energy Security and Health & Human Services. The information will be diverse, far reaching and come from many walks of life; things we believe will improve the lives of the “everyday” citizen.

How will we accomplish this? First, as a public foundation owned by America’s citizens, Awareness solicits article contributions from members of the public. These contributing authors will express from the heart and with great passion views on topics of interest to them. We in turn will share them because we believe they are of interest to you. These articles, from our contributing writers, are meant to inform, provoke thought, and offer advice and direction. This edition includes wonderful articles about fulfillment through volunteering, commuter safety, being prepared for all types of emergencies, protecting your life from toxic flame retardants and an introduction to Tim Crockett, a member of the Board of Directors of HSFA.

It is important to note that HSFA does not necessarily endorse nor support the views contained in these articles. Part of empowerment is providing divergence, different views attained from many various experiences. One of our most vital civil liberties includes freedom of speech. Only by being empowered with diverse views can the public come together and make intelligent, informed decisions.

Secondly, in addition to articles from the public, Awareness includes information about HSFA activities and how you can get involved. This can include anything from the aforementioned submission of an article, participation on a committee, writing to your Congress representative regarding pertinent issues or where HSFA will be participating in various places around the country.

Finally, Awareness includes Alerts on critical issues of immediate concern to the American public. This edition contains an Alert on H1N1.

We hope you enjoy this edition and future editions of Awareness. If you have questions, comments or wish to be a contributing writer in a future edition, please contact us at awareness@hsfamerica.org. Submission guidelines can be found on HSFA’s website at www.hsfamerica.org/awareness.

We conclude with special thanks for all the contributors to this edition. We could not have Awareness without these dedicated and passionate contributors. Teamwork is what makes America great and Awareness possible. We will continue in this spirit of fellowship. In the words of President Franklin D. Roosevelt, together, we cannot fail!

Sincerely,

Jim Yoakum and Laura Billon



Why Not!

by Eric Brown

I believe it's safe to say the Homeland Security Foundation of America (HSFA) is a unique non-profit agency. Few weeks go by without me hearing someone say, "I've never seen anything like HSFA before." Now, of course, they could just be happy to see us, but after hearing this consistently over the past few years, I felt it was time to ponder just what they're talking about. I'm not a big fan of speculation; I prefer the facts, but since I can't read minds and know exactly what others are thinking, I decided to start by looking at what HSFA has become.

We're an IRS certified public 501(c)(3) charity, approved by the government to conduct activities in 3 categories—charitable, educational and scientific research. We currently have initiatives that fall into each of these categories. We have 3 primary Areas of Operation—public safety, energy security and health and human services. We're not a member organization; we're not an association; and we don't have chapters. HSFA's operational grid is divided into US Congressional districts to ensure direct access to the public. Our mission template is a collection of challenging, exciting projects, each with high potential for great social impact. We exist only to serve the public and everything we do—big or small—is done in a spirit of public service that's always "on purpose."

We come into contact with a lot of soon-to-be confused people, who after hearing about the organization usually ask, "Well, what do you get out of it?" Our standard response, "Absolutely nothing," is typically followed by at least 5 minutes of silence and a raised eyebrow or two. But, it's true—we don't have million dollar salaries; we don't have bonuses; members of our dynamic Board of Directors work without compensation; and we aren't "brand happy" ... if we build it, America owns it; if we have it, the people can use it without restriction. As long as a product or service helps the people, we don't even need our name stuck on it. HSFA has no shareholders because America owns us, and we work countless hours, doing all we know how and learning some things we thought we never could, to serve this great nation and protect her interests.

I can truly say, without exaggeration, the HSFA team is selfless. We don't conduct campaigns to promote HSFA or perform field work to improve our image. We simply strive to make resources available to the public; resources that help improve people's quality of life. When we communicate with the public, the message is simple, "Here's what we have to help, and here's how you get it"—nothing more, nothing less.

A wise man once said, "Find your passion in life and make it your obsession." In many cases, the word "obsession" has a negative connotation, but what happens when a person or group of individuals are obsessed with doing good? With so much good to do right here at home, what if this obsession was contagious? Perhaps it's catching on—more than we think.

"Find your passion in life and make it your obsession."

When I canvass HSFA's volunteers, staff, officers and directors, we all have different backgrounds from defense to communications, technology, healthcare and childhood services, but we share one very important thing; the passion to keep America great; to ensure freedom, safety and prosperity for all.

In my humble opinion, HSFA has become the medium or mechanism that enables us to take our common passion and shape and mold it into something bigger than just an idea or hope. More often than not, we find ourselves working from sunup to sunup (this is NOT a typo), reminding one another—despite overwhelming challenges and frustrations—why we do what we do. It appears our passion has become our obsession; one that I believe, if we meet our objectives, will be studied for years to come.

We've lost count on the number of folks who question us. "Why?" they ask; and then they follow-up with an arsenal of

reasons why we should not. They go on and on about why we can't reach our goals; why we can't help every American who needs it; how we should just only do a little, "Slow down and focus on one thing or one group," they advise. This can be frustrating because many times, they have valid points based on traditional theory; however, HSFA is a unique agency for a unique time in history. I don't believe these extremely bright individuals, who advise against our passion, want us to fail; they're genuinely trying to help, but again, HSFA is unique, and while they try to explain to me why we should not follow our passion, all I'm thinking is, Why not?

I admire children because they are they all seem to have a spirit of "why not". Why can't I be an astronaut? Why can't I jump out of this big oak tree? Why can't I build my own racecar out of pillows in the living room? Despite their challenges, or lack of resources, they find ways to employ imagination and creativity, and more than not, they get the job done. It may surprise some to think we're running a national non-profit organization like a bunch of kids, but nothing could be closer to the truth. When we see someone who needs help; when we find something that can be done to save a life or improve conditions and opportunity in the community, we ask only one question, "Why not?"

There are few acts known to mankind that spark feelings of being "on purpose." Helping others without return and reward is one of them. I believe if everyone helped at least one other person on a regular basis, few would be left without. We hope through our spirit of "why not"; through our teamwork an innovation; and our commitment to public service we can help create opportunity where there is none and be a vital part of an American revolution to make us better through regular giving and every-day volunteerism.

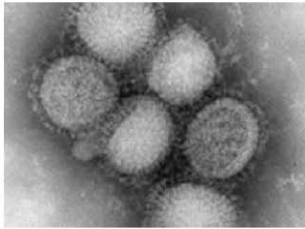
Everyone calls me the "talker", and I know this is getting long, so let me end this with two important notes; the first is about our new Project, An Apple a Day, which helps fight obesity and promote overall wellness for children. I don't have to tell you what growing problem childhood obesity is today, but there's still hope, and thankfully, we have extraordinary people working on An Apple a Day, who know wellness means more than just physical change. This program represents the good we all keep talking about, and as always, we need your help. Volunteer, donate, join the mission and give our youths a fighting chance at a rewarding future.

The next new project I'd like to highlight is our Family Meal Assistance Plan (FMAP). We're raising money to feed families on a monthly basis in every US congressional district. We're able to do this with help from our community partner and fellow 501(c)(3), Angel Food Ministries. We're doing 2 things here; providing vouchers for boxes of food that feeds a family of 4 for a week; and ramping up to deploy food boxes in disaster areas across the US. These are both exciting programs, and I won't go into great detail here, but please view our website or give us a call and learn how you can be a part of these value added initiatives

In closing, I'd like to talk about a problem that's spreading throughout the community. It starts small, but builds up rapidly. You may be feeling its effects right now. There could be something inside that just keeps tugging and pulling at you; maybe even keeping you up late at night. "Give," whispers the soft voice inside, "Help." We've found this condition in a number of individuals in recent years. It's called Acute Concernitis (kuhn-surn-tis). Symptoms include, but are not limited to extreme concern for the general wellbeing of others, chronic charitable giving, and a compelling need to go out every single week and do something to help those who need help most. Unfortunately, there's no cure, but there is a place where people with this condition can go to receive the care they need to cope with such a demanding, unique situation; an institution that exists to help you tap into this rare condition and use it for good. Here at the Homeland Security Foundation of America, we welcome new patients every day. Please, join our mission, and let's keep America great ... let's do it together--why not!

Eric Brown is President of the Homeland Security Foundation of America (HSFA) and serves as Chairman of the Board. Brown is an experienced field operator and has conducted successful undercover campaigns for public and private operations. He is DHS / FEMA certified in homeland security, emergency management, and disaster preparedness and mitigation. His affiliations include the National Association of Investigative Specialists and the Association For Intelligence Officers.

H1N1 is Here an HSFA Public Safety / HHS Alert



What is 2009 H1N1 (swine flu)?

2009 H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of 2009 H1N1 flu was underway.

Why is 2009 H1N1 virus sometimes called “swine flu”?

This virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs (swine) in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and bird (avian) genes and human genes. Scientists call this a “quadruple reassortant” virus.

2009 H1N1 Flu in Humans

Are there human infections with 2009 H1N1 virus in the U.S.?

Yes. Human infections with the new H1N1 virus are ongoing in the United States. Most people who have become ill with this new virus have recovered without requiring medical treatment.

CDC routinely works with states to collect, compile and analyze information about influenza, and has done the same for the new H1N1 virus since the beginning of the outbreak. This information is presented in a weekly report, called FluView.

Is 2009 H1N1 virus contagious?

CDC has determined that 2009 H1N1 virus is contagious and is spreading from human to human.

How does 2009 H1N1 virus spread?

Spread of 2009 H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose (Continued on page 20).



? QUESTION ?

Could HSFA help people nationwide without cutting-edge, enterprise technology and services from a world class communications provider?

Sure, but we’d need a lot more tin cans!

Luckily, our enterprise is powered by generous support from BroadRiver.

 **BroadRiver**[™]
Communication Corporation
www.broadriver.com

Board Spotlight - Editor's Note Jim Yoakum

The Homeland Security Foundation of America passionately embraces diversity among its leadership, rank and file staff and volunteers. The Bylaws state (Article 3, Section 2):

“The board of directors shall include members of diverse background, experience, organizational skills, geographical location, financial background / skill and technical skills (in areas including, but not limited to, security, terrorism, disaster preparedness, computer technology, engineering and science). The corporation embraces diversity and strongly desires all qualified individuals, including people of varied ethnicity, gender identity, sexual orientation and physical abilities for board membership.”

The results are embodied in the make-up of the board of directors. **As a regular feature, Awareness will highlight a member in each edition to introduce the Board of Directors.**

Given that the policy of HSFA is determined by its board of directors, it is imperative that the board be diverse representing the public at large which HFSA exists to serve. The role of the board has been set by Article 3, Section 4 of the Bylaws which state:

“The board shall establish the policy of the organization, make major strategic and financial decisions and ensure compliance with all relevant legal and accounting requirements.”

The day-to-day implementation of board established policy and oversight is provided through its leadership and committee structure. As a result, the board has created a number of committees to oversee implementation—Board Services, Governance and Finance, Public Safety, Health and Human Services, and Technological Infrastructure Assurance to name a few.

HSFA's board is progressive, non-traditional and forward-looking in that many members provide services beyond policy setting with involvement in the leadership of many aspects including program / project management. The board is a passionate team dedicated to HSFA's mission and success. All board members serve without compensation.

HSFA continues to seek professionals, government and foundation executives, public safety, energy and health and human services experts, community leaders and other individuals of diverse background and experience, who will bring diverse skills, access and influence to the Board. If you are interested in joining the team, please send your qualifications and letter of interest to careers@hsfamerica.org.

Spotlight on HSFA Board of Directors Members



Highlighting Tim Crockett Chairman, HSFA Public Safety Committee

“The work that HSFA is doing is not only important for today, but is vitally important for the future safety and security of the United States.”

Active Projects:

- Ready Roadmap
- S.T.A.N.
- BroadRiver
- Learning Center
- U.S. Civil Defense
- S.O.R.T

For more info visit:

www.hsfamerica.org/safety

Tim Crockett was elected to HSFA's Board of Directors in July 2009 and appointed Chairman of the Public Safety Committee, which oversees programs, technologies and services to help improve domestic public safety and civil defense.

“The work that HSFA is doing is not only important for today, but is vitally important for the future safety and security of the United States,” said Crockett. Tim's passion, unique background and his approach to homeland security and public safety is a driving force in the shaping of HSFA's Public Safety agenda and programs.

Tim began life in the United Kingdom (UK) where he was born and raised. In 1992 he joined the British Royal Navy Marine Commandos. While serving the British people, Tim saw life in a number of environments from the jungle to the arctic. He eventually went on to lead a maritime counter-terrorist team specializing in anti-piracy and anti-smuggling initiatives both in UK territorial waters and overseas. Tim also served as Senior Instructor on the Joint Special Forces Training Cadre located in Hereford, England.

In May 2001 Tim left the British Special Forces and moved into the private sector. Tim initially worked as an independent security risk consultant conducting security surveys, assessing threat, and implementing security measures both on and offshore for a number of high-net worth clients and fortune 1000 companies throughout the Globe. While working as an independent consultant, he lead a number of projects including two anti-piracy initiatives, one off the west coast of Africa for a telecommunications company laying a fiber optic cable, and then another from India to Singapore.

In 2002, Tim joined the AKE Group. At AKE, Tim is now Executive Director of the company, which is headquartered in the UK, but has its North American office located north of Atlanta, Georgia. Tim works closely with clients in a number of diverse areas including the Media, Oil & Gas, NGO and Corporate sectors, all of which, have interests in the more challenging and often dangerous environments overseas. AKE provides specific solutions in a number areas ranging from Intelligence through training to Insurance and safety & security support in the country of operations.

While at AKE, for nearly 2 years Tim worked within CNN, a major US news network, training their personnel to operate in hostile environments and co-coordinating all of their field safety requirements before, during and post Gulf War. He attended the first media-training course run by the US Department of Defense and made recommendations to Pentagon Staff to better tailor the course to help prepare the embedded journalists during the war.

Tim's work at CNN and other media sources have been recognized as contributing to safer newsgathering. His efforts have been recognized with a number of awards from groups including the Royal Television Society, the Peabody's, and Overseas Press Club of America.

Tim currently resides in the United States in Marietta, Georgia, just north of Atlanta with his wife Jennifer and their two children Harrison and Brianna. He is a runner and enjoys boxing, martial arts and the outdoors. As an avid reader of history, foreign relations and homeland security/public safety books, Tim thirsts for knowledge to support his passions. Tim recently read and recommends the book, "Blindsided: A Manager's Guide to Catastrophic Incidents in the Workplace," by Bruce T. Blythe. Next on Tim's book list is "The Unthinkable: Who Survives When Disaster Strikes and Why," by Amanda Ripley.

Without a doubt, Tim Crockett is recognized worldwide as a dynamic business leader with a variety of specialist skills and commercial experience including organizational management, planning and training development, with a core focus on security risk mitigation and related activities. "Public Safety is one of our highest priorities, specifically because of its short-range impact," says Eric Brown, President and Chairman of the Board, HSFA. "Mr. Crockett is an experienced field operator with maritime and counterterrorism experience. His unique background and approach to security will be most useful as we begin to shape the future of the Public Safety programs outlined in our mission template, involving security operational readiness and awareness." HSFA is honored to have Tim on its board of directors and serving to shape its Public Safety agenda.

Awareness is pleased and grateful to have Tim as a contributing writer in this edition. His article titled "Preparedness – How Ready Are You?" provides very hands-on and practical information on how families can be prepared.



Start your journey today. www.hsfamerica.org/begin



Preparedness – How Ready Are You?

by Tim Crockett

Editor's Note: Tim Crockett is a HSFA Board Member and the highlighted HSFA board member for this edition.

The 9/11 commission report determined that the United States was not adequately prepared for disasters. That report along with the observations and experiences from hurricane Katrina have re-emphasized this and reinforced a sense of urgency in regards to preparedness. It is important that we prepare today for whatever may happen in the future.

Immediately after a major incident or natural disaster, essential everyday services may be cut off and emergency responders and relief aid may not be able to reach you straight away or have to be focused elsewhere. Having a plan in place and being prepared can reduce fear, anxiety and the losses that inevitably accompany disaster events and more importantly it will help you and your families stay safe.

Disasters disrupt hundreds of thousands of lives every year in the US alone. Each disaster can have lasting effects, to both people and property. As such it is important that members of your household and your place of work should know how to respond to severe weather or any other disaster that could affect you - hurricanes, earthquakes, extreme temperatures, flooding, or terrorism and consider the disruption and consequences of a pandemic.

September is national preparedness month in the United States. While this article can in no way address in detail the steps needed to be completed in order to be truly ready, I hope it helps you the reader either begin the process or help serve as a reminder or checklist for those of you who have taken the decision to prepare.

“...if you are short on time and resources, focus on areas that offer the greatest impact to you and your family..”

Once you have taken the decision to prepare some people are then struck with where to begin. Now there are many organizations and websites today offering training and advice so much so it can be a little overwhelming so my advice is that if you are short on time and resources, focus on areas that offer the greatest impact to you and your family, from there you can continue to add to your readiness and disaster preparedness.

PLAN: Start the planning process by meeting with your family to discuss the importance of preparedness and disaster planning as it pertains to you and your specific location or home. Discuss what events are likely to occur from household fires to severe weather and discuss what to do in each case.

A few basics that you should consider when developing your plan are: where your family should meet if you had to suddenly leave the house in case of an emergency. Choose one outside of your home and another outside your neighborhood in case you can't return. Also choose a person, ideally a family member that lives outside the state to act as an emergency contact as it is often easier to call long distance after a disaster and it is important to distribute this contact person's number to those that might need it.

Discuss and plan with your family what you are going to do in the event of an evacuation starting with escape routes from every room in your house in case of a fire. Know what your community's warning signals are if they have any and what you should do if alerted. Find out what plans your children's school may have and incorporate them into you work and family plans. Don't forget about your pets.

Know how to turn of the mains water, gas and electricity to your home and install and test smoke detectors. Teach your children how and when to call the emergency services (911).

PREPARE: Now that you have a plan or plans in place and your family has an understanding of what to do in an emergency situation you can go about the task of preparing equipment and supplies to complement your plans and add to your own resilience.

You typically want to start by putting together a disaster kit at home along with enough food and water to last you and your family, including pets, a minimum of 72 hours. You may also want to consider putting together smaller kits together for your car and workplace as you spend a considerable amount of your day in each of these locations too. Every member of the house also wants to have a 'go-bag' that has some essential items in that can be taken if you have to evacuate.

Suggested kits should contain at minimum the following but you may add additional items as you see fit. You may also want to build your disaster kit over a period of time, adding to it each week, involve the whole family and store it in a suitable and easily accessible location that everybody knows. Also depending on where you live you may also want to get yourself a NOAA weather radio to alert you to any severe weather event.

A basic first aid kit, including any prescription medications your family members may use or need.

Basic supplies, such as three days worth of water per person and non perishable foods, remember if storing cans make sure to pack a can-opener. Plastic garbage bags and other items used for sanitation – toilet paper, soap or liquid detergent, hand sanitizer and other personal hygiene items, all of which should be stored in a plastic bucket with a tight fitting lid that can also be used as a toilet if required.

A basic tool kit should include the following – a fire extinguisher (ABC type), electrical pliers and an adjustable wrench or shut-off tool, ideally these should be stored close to the utility shut-off points. Plastic sheeting and strong duck tape, matches in a waterproofed container, a whistle and a flashlight with a supply of batteries.

'Go-bags' should contain a complete change of clothing, personal hygiene items, a small flashlight and whistle, outer clothing depending on where you live or what time of year it is, a hat and sunglasses, medications and some form of entertainment such as a book etc. It's always a good idea to get your children involved when putting together your 'go-bags' and let them help pack their own bags, letting them choose what toy or book to put in their kit.

Don't forget the following - cash, in a large scale event you may not have time or access to a bank or ATM so ensure you have appropriate amounts. You will also need to check and replenish food items and water periodically to ensure it is safe to eat and drink when it's needed.

ACTION: Now that you have your plan or plans in place and have supplies to respond to an event you want to consider the actions you will take during an emergency or disaster event. It'll be important to stay informed, remain calm and to communicate with others according to your plan when possible.

You may now want to consider adding to your own skills and knowledge which will help you during an event by attending other classes such as first aid, basic communications or public safety initiatives such as CERT (Community Emergency Response Team) training, which teaches private citizens basic skills that could be needed during an emergency. Find out what organizations and courses are available in your area and build on the skills and preparation already undertaken.

In December of 1815, President James Madison said in a letter to congress - "Whether to prevent or repel danger, we ought not to be unprepared for it", important advice still today. Don't put off your own preparedness any longer.

Tim Crocket is Partner and CEO of Pioneer Consulting Group, responsible for the development of the organization's strategy and operations. Prior to forming The Pioneer Group he was Executive Director for a leading Security Risk Management company advising and working closely with clients who operate predominately in hostile environments. He has worked alongside many of them in the field, with deployments to Afghanistan a number of times, Iraq, Africa and the Amazon jungle of Brazil and SE Asia.

STORM WARS
RETURN OF THE REDBOOK



In a galaxy, really really close,
the disaster preparedness saga
continues. People across America are
becoming increasingly aware of disaster
preparedness. But, with little or no warning
the Storm Empire strikes back. No sector is safe
without preparedness. The stakes are high and the
battle is raging. Is Ruby Redbook **READY** to Face Dark Nado?

MAY THE PREPAREDNESS BE WITH YOU!

WWW.HSFAMERICA.ORG/RUBYREDBOOK



Is Commuting By Train Still Safe?

by Samuel Mwangi Muriithi

Do we live in a country so free? Or are we so free that we don't care?

We live in a country that is described by many as invincible. The thought of the United States being vulnerable in any capacity or remotely close was a laughable issue. However, after a few attacks on our home front in the last decade and a half, laugh ability in regards to vulnerability and safety in some of our most reliable systems have boiled hastily to the top of concern.

In Washington, D.C several months ago, the Metro Rail system took a brief, but sudden turn for the worst, as an 8 car train collided with another. The way in which this tragedy took place, evoked the feeling of a horror story in a sense. This was an unusual situation, quite frankly because a train collision of this magnitude never happened to this high of a degree. When you take into account the high number of fatalities and injuries, it forces people and overall train commuters to put things in the proper perspective thereafter.



Several ideas as to what may have transpired appeared in my mind, many of which weren't necessarily positive either. I've spent plenty of my younger years, until this point today traveling within the Washington, D.C Metro area by Metro. In many cases I've seen glaring work habit issues and an overall shift in professionalism. Now this is somewhat of my personal perspective on how I've been seeing things. However, when the verdict came out, as to what transpired during that day of the crash, and the details and discoveries such as the failure in the system I began to form my own questions. Even with all of the details that began to leak into the media, my confirmations were settled.

I feel that I am speaking for the entire American demographic; when I say that there are other prevalent issues to deal with in your respective households. Nonetheless, there are few of us that do complain in regards to Metro Rail and possibly those that share ideas on how to make matters better. Regardless of where you stand, it will be in the best interest of the American people if more reports on overall service are made. Could you imagine if this tragedy took place in lets say a Union Station? Metro Center? Locations that are underground and would almost be impossible to get to in a timely fashion. That to me poses as a scary threat and such a thought requires serious thought as to how service or maintenance issues are handled in the future.

Months have now passed, since that dreadful accident and it would be safe to say that things have been moving at a snails pace, though there have been improvements. Trains do run a bit slower and the speed in which trains now move have greatly decreased. One could possibly argue that the rate in which trains are moving is above satisfactory or reaching status quo. Nevertheless, it will continue to be a process and one that I hope other transportation systems take notice on.



Continuation of train safety:

It's been proven by many researchers in the past and present years that Airplanes make the safest means for travel. Now, depending on your own personal vices or vendettas towards the recent struggles with Airplanes/Aviation, you may possibly fall on either side of favor. Personally, I not only travel by planes less nowadays, but I've even discovered that traveling by Amtrak is of more Interest for sanity reasons.

However, in my two years of maneuvering back and forth by way of Amtrak, and in other times far in-between, that semblance of sanity I did have started to deteriorate in some respect.

I previously mentioned that traveling by Air is the safest means when compared to Land and Sea. The one problem I've had in reference to the Amtrak is that their measures of safety are not as pronounced, in regards to traveling by Air. The reasons behind that are out of my control of course, and maybe it's because what they do in reference to safety goes beyond what the eyes and ears detect.

I remember talking to an older gentleman from Florida that happened to be traveling by Amtrak for the first time. We talked from New York's Penn Station, where we had met, and talked about all things including his recently married daughter. We ended up talking about how comfortable the Amtrak is and how smooth the ride was. But quickly began to dissect things in relation to its safety procedures. We couldn't understand how anyone could just walk onto the train without bags being checked extensively, carry ons included. In fact, he might have been the sole reason behind my crusade of finding more coherent answers regarding the safety issue. I couldn't ever imagine stepping foot at Dulles International Airport or BWI Airport rather, and walk down the security area unscathed.

Now, what I hope would happen in the future is, that Amtrak start to implement scanning systems and light baggage checks to ensure that they are serious about safety and showing the general public that they are by their actions. I mentioned earlier in the article, regarding Metro Rail that both branches (Amtrak and Metro) should come up with ways in which customers can interact with those in charge. The one tool that would help issues of safety concerns and so forth would be a suggestion box, which there could also be a device online where people can leave remarks, which would ensure better service and equate to safety for all Americans in the future.

Sam Mwangi Muriithi is a Kenyan-American Actor, Writer, Host and Humanitarian amongst other ambitions. Sam is a firm believer in exercising the integrity and fulfillment of Homeland Security. Sam believes security shouldn't be an option, but more so a right and an obligation for the American people. Sam says "The American people deserve the right to feel protected and it is my hope that the awareness of this matter continues to grow."



"We all have a role in hometown security.

Citizen Corps is FEMA's grassroots strategy to bring together government and community leaders to involve citizens in all-hazards emergency preparedness and resilience.

Citizen Corps asks you to embrace the personal responsibility to be prepared; to get training in first aid and emergency skills; and to volunteer to support local emergency responders, disaster relief, and community safety." - from the Citizen Corps website.

www.citizencorps.gov

Why I Volunteer

by Marie M. Roker-Jones

Editor's Note: Marie M. Roker-Jones is the founder and Executive Director of An Apple A Day, a new HSFA project. Visit <http://www.hsfamerica.org/HHS/AppleADay>



“Those who can, do. Those who can do more, volunteer.”

I have been a volunteer since I was a teenager. In over 20 years, I have volunteered with organizations such as Make-A-Wish Foundation, American Diabetes Association, and Learning Leaders. My experience as a volunteer has helped me to develop a different perspective on life. I understand and appreciate how empowering others can also empower you to change a life. My mother had instilled in me the importance of helping others and connecting with them. As an immigrant from a Third World country, my mother felt it was critical to heighten my awareness of the injustices in the world.

Volunteering has allowed me to see humanity through the eyes of others. I have learned how to be more patient, how to be a better listener, and most importantly, how to give to someone without requiring anything in return.

When I began volunteering at my son's school as a Learning Leader, my passion for ensuring the success of others began to grow. As I observed children who struggled with their self worth and self esteem, I felt moved to help these children realize their potential. I learned from the experience that children need high expectations, encouragement and unlimited support for personal and academic success.

My role as a mother, coupled with being a Learning Leader helped me to realize the importance of empowering children to value themselves and to overcome barriers to their success.

My volunteer experiences coupled with my enthusiasm for ensuring the wellness of children were the catalyst for An Apple a Day. I believe that by offering supportive wellness programs to children and their families, that in the words of Mahatma Gandhi, “I can be the change; I want to see in the world.” I volunteer because I want to help children become responsible decision makers by teaching them self management skills that enhances their personal health and well being. . I volunteer because I want to teach children to take care of themselves and their world with joy and passion.



All Year 'Round and When Disaster Strikes

HSFA feeds families in the low income community and people displaced by disasters through our Family Meal Assistance Plan (FMAP).

www.hsfamerica.org/HHS/FMAP



Low Hanging Fruit for Healthcare Savings With Systems Support

by Paul S. Drago

Healthcare costs are continually rising. According to a 2008 document authored by The Centers for Medicare and Medicaid Services (CMS) speaking about National Health Expenditure (NHE) Projections 2008-2018, National Health spending will “comprise just over one-fifth (20.3 percent) of Gross Domestic Product (GDP).”¹ Updated NHE projections show national health spending at \$2.6 trillion rising in 2019 to \$4.7 trillion. These numbers are staggering and this is why the needed attention in cost containment and quality improvement is under discussion. Thoughtful planning, a complete dedication to implementation, and teamwork among organizations and Health care recipients will all play a key role in the quest to improve. There are opportunities that Information Systems can assist with, which can yield significant cost savings and improve quality in Health Care today. It should be considered low hanging fruit that can make a difference.

Greater and better use of Disease Management has a direct impact on improving the quality of care while reducing costs. California-based LifeMasters, one of the nation’s leading health improvement companies, works with employers, retirement systems, labor unions, trusts, governmental organizations and health plans to lower healthcare costs by helping people manage their chronic conditions and improve their health. Disease management programs (also known as population health programs) typically provide telephone coaching, online tools, reminders for important medical appointments and follow-up support after hospital visits resulting in reduction of the number of hospitalizations and emergency department visits.

Information technology plays a key role in the industry focused on improving health and realizing a significant return on investment to its clients. Population health companies use claims data and the latest in predictive modeling tools. According to Robert Slepkin, CIO of LifeMasters “Timely, accurate and secure processing of data about our program participants is critical” and “our IT professionals have become expert in using this technology.”

LifeMasters’ coaching incorporates the Patient Activation Measure,” a survey tool that assesses a person’s knowledge, skills and confidence in playing a role in one’s own health and healthcare. A study published in the June issue of The American Journal of Managed Care, found that those coached using the PAM resulted in a 33% decline in hospital admissions and a 22% decline in emergency room visits when compared with those using traditional disease management coaching.

The implementation of already existent services and software tools can provide the much needed curtailment of fraud while helping to reduce costs significantly and provide better quality. The number of incidents of fraudulent practices are beyond belief in both private and public health. Some estimates are placing Health care fraud at 10% of our nation’s annual health care expenditure—or a staggering \$270 billion—each year. This includes Medical and Dental areas and overcharging of much needed Durable Medical Equipment (DME) (wheelchairs for example).

There are tools and technology available and companies that are dedicated to helping recover and prevent ongoing fraud. They come in the form of software used by trained insurance company SIU’s (Special Investigations Units) or agencies that perform an outsourced service of investigation and prevention. One such SIU is in existence at one of my former employers, MVPHealthcare in Schenectady NY which uses an effective software tool called STARSentinel, a product of VIPS. The software would apply “critical analysis to its data and help the SIU focus on direct investigations that would reap the greatest



results. “³The best way to obtain the benefits is to catch the problems as soon as a payment is requested. Medicare and Medicaid on the other hand actually make the payments and then run audits for recovery. These anti-fraud software companies and service organizations already exist and can increase significant savings with greater use.

Implementing of EMR (Electronic Medical Records) in Hospitals and provider practices will provide better tracking of patient information and will provide a cost benefit. In an article first published in the April 2009 issue of TechNet Magazine, the case is made that “Currently, patient charts are largely paper-based, and considerable resources are spent in creating, maintaining, and filing these patient records.”⁴ It is evident that the margin for error is great and out-patients are difficult to monitor or follow-up with. This also results in the lack of capability to share medical information to help the medical professional in doctor’s offices and hospitals to better treat common patients. Once technology is introduced, “quantitative benefits can be identified at three months, six months, and one year after EMR implementation.”⁴ “Cumulative cost savings over the next 15 years from gained efficiency and safety of EMR implementation has been calculated at \$371 billion for hospital systems and \$142 billion for physician systems.”⁴

I recently participated in the creation of a RHIO (Regional Health Information Organizations) in Rochester NY as Director of Information Systems at Preferred Care. We were able to produce common data bases to help pass necessary information to and from individual doctor’s offices and Hospitals and insurance companies in the city. If a patient was admitted into an emergency room, very important and life savings information would be available to triage so the patient can be treated with historical data from different sources to make better and faster medical decisions. Of course the data has to be in an electronic form for this to be beneficial. Cost savings and quality is enhanced by use of EMR.

There will be a hindrance and limitation of the effectiveness of attaining some of this low hanging fruit without some greater and more complex planning no doubt. It is argued that cost savings and quality improvements are not by themselves sufficient or would not have the most beneficial impact unless a complete modernized plan has been put into place. It is clear that attention should be placed on processes, policies and procedures in order to gain the improvements needed.

Many strategies to contain costs will be reviewed and proposed for certain. As newer strategies are brought into play, research will continue to evaluate their impact on costs, as well as outcomes and other aspects of care. The opportunities nevertheless exist for cost savings and better quality. This is low Hanging Fruit and the already existent capabilities that can be taken immediate advantage of.

References:

1. Department of Health & Human Services, Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244. <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2008.pdf>
2. The National Health Care Anti-Fraud Association (NHCAA). http://www.nhcaa.org/eweb/DynamicPage.aspx?webcode=anti_fraud_resource_cent&wpscocode=TheProblemOfHCFraud
3. VIPS General Dynamics. http://www.vips.com/documents/Insert_BusSol_MVP_FWA_ViPS_2p.pdf
4. EMR Reduces Costs and Protects Revenues by Kathy Patrino, Thomas Landholt, M.D., Linda Brackett. Information Technology for the Practicing Physician. <http://www.springerlink.com/content/n317m39648384436/>
5. How Digital Healthcare Can Help the Environment, Reduce Costs, and Improve Patient Service This article was first published in the April 2009 issue of TechNet Magazine. http://www.microsoft.com/industry/healthcare/providers/resources/articles/digital_healthcare.mspx

Paul Drago is an Information systems Professional with over 15 years of Healthcare and Technology experience, having held management, Director and Senior Management positions serving major and mid-sized health plan and third party plan administrators, overseeing systems and staff as acting CIO, strategist, Program Director of all IT Projects, and innovator in the area of cost containment and disease/case management. He received his Bachelors in Mathematics and Psychology at St. Johns University and has received certifications in Rational Unified Process (RUP) and Claredi. EDS - Electronic Data Systems (TX) for Blue Shield (CA) MVP Healthcare/Preferred Care (NY) Health Network America/Triveris (NJ) - Prudential/Aetna (NJ) Visit Paul’s website and blog at www.psdrago.us

This is NOT a magic box

it just feeds

a family of 4 an entire week

for a tax-deductible donation of

only **\$30**

... And, you can't beat that
with boxing gloves!



Help HSFA knock out hunger ...Gloves not Included.

www.hsfamerica.org/FMAP

HSFA's Family Meal Assistance Plan (FMAP) is made possible in part by
Angel Food Ministries, a non-profit 501(c)(3) organization, www.angelfoodministries.com.



California Dreaming?

by Laura Billon

I have a cartoon drawing that hangs on my refrigerator. It shows the outline of the state of California with a weatherman using his pointer and saying, "There's an eighty percent chance of earthquakes with heavy brushfires and widely scattered mudslides; tonight, partly cloudy dust storms with record high looting and a chance of race riots followed by the Big One...". Being a Southern California native, this has made me laugh for the past ten years as it blows things so far out of proportion compared to how life really is in the "Land of Fruits and Nuts." It now appears we can add another bonus to our claim to fame: extremely elevated levels of polybrominated diphenyl ethers, or PBDE's.

Last November, Environmental Science and Technology published the results of a long awaited study involving research and collaboration by the Silent Spring Institute of Massachusetts, Brown University, University of California, Berkeley and the California based environmental justice group, Communities for a Better Environment. The study revealed staggering results: Californians possess the world's highest levels of toxic flame retardants in their homes and their bodies. This study is the most complete of its kind, though over the years, researchers have been looking closely at isolated areas regarding flame retardants. The results are sending shock waves throughout the science community. How did this happen in the great state of California?

Fires are a leading cause of injury and death in the United States. According to the National Fire Protection Association (NFPA), 2007 had 1,557,500 fires reported in America, resulting in 3,430 civilian deaths. 2,865 of these deaths occurred in homes. California has always been a state of progression and over thirty years ago, the state enacted the most stringent flammability standards in the world which are still in effect today. The standard required that furniture and bedding be able to withstand twelve seconds of contact with an open flame without ignition occurring. To comply with this requirement, manufacturers began adding man-made chemicals called polybrominated diphenyl ethers to the polyurethane foam that is utilized in cushions found on chairs and in sofas. Fabric coverings, beddings and plastics also contain these chemicals. As much as twelve percent is added by weight according to the study.



These PBDE's are potentially toxic and are added to the coverings so that they will not catch fire or burn as easily when exposed to an ignition source such as an open flame. There are three types of PBDE formulations according to the Department of Human Services, penta, found in mattresses, seat cushions, insulation and upholstered furniture; octa, found in plastics, such as fax machines, kitchen appliances, computers, automobile parts and telephones and deca, found in foam padding used under carpet, draperies, electronics and cable insulation.

The PBDE chemicals are released into the environment as particles of dust, where they can and often do accumulate in homes and offices as well as human and animal blood and tissues. The chemicals are released through abrasion and normal usage, wear and tear. A thin film will coat walls, floors, and furniture and any place that dust will settle. Long term effects on humans are still unknown, however, in dozens of studies in animals they have proven to cause harm to reproductive systems, thyroid gland collapse and adversely effect brain development. In humans, studies are underway to identify any correlation between PBDE's and diabetes, autism, infertility, birth defects and obesity.

Dust particles in homes throughout California contain ten times the PBDE's that are found in other states across the country and two hundred times the homes in Europe. Californians have twice as much of the chemicals in their blood compared with that of residents of any other state. The study also revealed that children in California had three times more PBDE's in their blood than that of their mothers. This is attributed to children crawling on the floor where dust particles are often found and placing their hands in their mouths. The most common routes of exposure are through ingestion and skin contact.

Additionally, there is concern over extremely elevated PBDE's in infants that are breast fed as their blood is much more elevated than that of babies that are not nursed, though in California all children possess levels three times higher than the adult residents.

Recently, the Senate of California voted down Assembly Bill 706, a bill that would have required the removal of toxic fire retardants from furniture while still maintaining fire safety. Millions of dollars were spent by the manufacturers of the fire retardants to lobby the politicians. Additionally, the California Bureau of Home Furnishings and Thermal Insulation will soon be enacting and enforcing Technical Bulletin 604, which is a new state requirement for mattress pads, pillows, comforters and the like to be able to withstand the same test of resisting an open flame. As of this time, there have been no studies conducted as to the health, safety and environmental effects of the chemicals being utilized to meet such requirements. The United States Consumer Product Safety Commission is currently evaluating the benefits of requiring nationally, California's standards of flammability.

The aforementioned penta, has recently been banned in California when it was identified as potentially being toxic and more prevalent in the adverse effects of animals.

Finally, the study revealed that race, gender, income, education and age played no role in the results; simply the most ubiquitous commonality was the homes being in California. The research tested dust particles in forty-nine homes in California and one hundred, twenty homes in Massachusetts and other areas. Blood levels were ascertained on two hundred, seventy-six Californians and compared with like numbers around the world.

California has never been a state to take things lightly or look for an easy out. As a member of the California Fire Service for almost twenty years, I am wholeheartedly supportive of reducing death and property loss by fire. However, it is unfathomable to me to require the usage of chemicals of whose properties and effects are unknown. An unintended result of a well intended regulation could be killing animals and possibly people. With greater public education, building construction and residential fire suppression, it may behoove us to look more seriously at the long term gains versus the drawbacks of these chemicals to us and our environment. California is a first in so many things, but these strict requirements should be studied more before they are enacted across the country and their effects are felt globally.

Laura Billon has a Masters Degree in Forensic Science and is a Certified Fire Investigator. She has been in the Fire Service for over eighteen years in California and works as an evaluator for the Center of Arson Research. Laura is certified as a Hazardous Materials Technician and as a Hazardous Materials Investigator. Laura teaches in the Arson Department of the National Fire Academy in Emmitsburg, Maryland and is an adjunct professor of Fire Science at Miramir College in San Diego.

Emergency Preparedness Kits from HSFA & 1-800-Prepare



Home / Office Kit



Children's Backpack



Parent's Backpack

www.hsfamerica.org/prepare

What are the signs and symptoms of this virus in people?

The symptoms of 2009 H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus.

How severe is illness associated with 2009 H1N1 flu virus?

Illness with the new H1N1 virus has ranged from mild to severe. While most people who have been sick have recovered without needing medical treatment, hospitalizations and deaths from infection with this virus have occurred.



In seasonal flu, certain people are at “high risk” of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this 2009 H1N1 virus have had one or more medical conditions previously recognized as placing people at “high risk” of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of 2009 H1N1-related complications thus far. CDC laboratory studies have shown that no children and very few adults younger than 60 years old have existing antibody to 2009 H1N1 flu virus; however, about one-third of adults older than 60 may have antibodies against this virus. It is unknown how much, if any, protection may be afforded against 2009 H1N1 flu by any existing antibody.

How does 2009 H1N1 flu compare to seasonal flu in terms of its severity and infection rates?

With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people older than 65.

When the 2009 H1N1 outbreak was first detected in mid-April 2009, CDC began working with states to collect, compile and analyze information regarding the 2009 H1N1 flu outbreak, including the numbers of confirmed and probable cases and the ages of these people. The information analyzed by CDC supports the conclusion that 2009 H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people older than 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from seasonal influenza appear to be associated with increased risk of complications from this 2009 H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

How long can an infected person spread this virus to others?

People infected with seasonal and 2009 H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This can be longer in some people, especially children and people with weakened immune systems and in people infected with the new H1N1 virus.

Prevention & Treatment

What can I do to protect myself from getting sick?

There is no vaccine available right now to protect against 2009 H1N1 virus. However, a 2009 H1N1 vaccine is currently in production and may be ready for the public in the fall. As always, a vaccine will be available to protect against seasonal influenza.

Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners* are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

Other important actions that you can take are:

- Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.
- Be prepared in case you get sick and need to stay home for a week or so; a supply of over-the-counter medicines, alcohol-based hand rubs,* tissues and other related items might could be useful and help avoid the need to make trips out in public while you are sick and contagious



What is the best way to keep from spreading the virus through coughing or sneezing?

If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)

Keep away from others as much as possible. Cover your mouth and nose with a tissue when coughing or sneezing. Put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze.

If I have a family member at home who is sick with 2009 H1N1 flu, should I go to work?

Employees who are well but who have an ill family member at home with 2009 H1N1 flu can go to work as usual. These employees should monitor their health every day, and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective.* If they become ill, they should notify their supervisor and stay home. Employees who have an underlying medical condition or who are pregnant should call their health care provider for advice, because they might need to receive influenza antiviral drugs to prevent illness. For more information please see General Business and Workplace Guidance for the Prevention of Novel Influenza A (H1N1) Flu in Workers.

What is the best technique for washing my hands to avoid getting the flu?

Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner*. CDC recommends that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

What should I do if I get sick?

If you live in areas where people have been identified with 2009 H1N1 flu and become ill with influenza-like symptoms, including fever, body aches, runny or stuffy nose, sore throat, nausea, or vomiting or diarrhea, you should stay home and avoid contact with other people. CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick. Staying at home means that you should not leave your home except to seek medical care. This means avoiding normal activities, including work, school, travel, shopping, social events, and public gatherings.

If you have severe illness or you are at high risk for flu complications, contact your health care provider or seek medical care. Your health care provider will determine whether flu testing or treatment is needed.

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Are there medicines to treat 2009 H1N1 infection?

Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with 2009 H1N1 flu virus. Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. During the current pandemic, the priority use for influenza antiviral drugs is to treat severe influenza illness (for example hospitalized patients) and people who are sick who have a condition that places them at high risk for serious flu-related complications.

What is CDC's recommendation regarding "swine flu parties"?

"Swine flu parties" are gatherings during which people have close contact with a person who has 2009 H1N1 flu in order to become infected with the virus. The intent of these parties is for a person to become infected with what for many people has been a mild disease, in the hope of having natural immunity 2009 H1N1 flu virus that might circulate later and cause more severe disease.

CDC does not recommend "swine flu parties" as a way to protect against 2009 H1N1 flu in the future. While the disease seen in the current 2009 H1N1 flu outbreak has been mild for many people, it has been severe and even fatal for others. There is no way to predict with certainty what the outcome will be for an individual or, equally important, for others to whom the intentionally infected person may spread the virus.

CDC recommends that people with 2009 H1N1 flu avoid contact with others as much as possible. If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities.

(Your fever should be gone without the use of a fever-reducing medicine.) Stay away from others as much as possible to keep from making others sick.

Contamination & Cleaning

How long can influenza virus remain viable on objects (such as books and doorknobs)?

Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for 2 to 8 hours after being deposited on the surface.



What kills influenza virus?

Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry.

*What if soap and water are not available and alcohol-based products are not allowed in my facility?

Though the scientific evidence is not as extensive as that on hand washing and alcohol-based sanitizers, other hand sanitizers that do not contain alcohol may be useful for killing flu germs on hands.

What surfaces are most likely to be sources of contamination?

Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk, for example, and then touches their own eyes, mouth or nose before washing their hands.

How should waste disposal be handled to prevent the spread of influenza virus?

To prevent the spread of influenza virus, it is recommended that tissues and other disposable items used by an infected person be thrown in the trash. Additionally, persons should wash their hands with soap and water after touching used tissues and similar waste.



What household cleaning should be done to prevent the spread of influenza virus?

To prevent the spread of influenza virus it is important to keep surfaces (especially bedside tables, surfaces in the bathroom, kitchen counters and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.

How should linens, eating utensils and dishes of persons infected with influenza virus be handled?

Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.

Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid “hugging” laundry prior to washing it to prevent contaminating themselves. Individuals should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry.

Eating utensils should be washed either in a dishwasher or by hand with water and soap.

Exposures Not Thought to Spread 2009 H1N1 Flu

Can I get infected with 2009 H1N1 virus from eating or preparing pork?

No. 2009 H1N1 viruses are not spread by food. You cannot get infected with novel H1N1 virus from eating pork or pork products. Eating properly handled and cooked pork products is safe.

Is there a risk from drinking water?

Tap water that has been treated by conventional disinfection processes does not likely pose a risk for transmission of

No research has been completed on the susceptibility of 2009 H1N1 flu virus to conventional drinking water treatment processes. However, recent studies have demonstrated that free chlorine levels typically used in drinking water treatment are adequate to inactivate highly pathogenic H5N1 avian influenza. It is likely that other influenza viruses such as 2009 H1N1 would also be similarly inactivated by chlorination. To date, there have been no documented human cases of influenza caused by exposure to influenza-contaminated drinking water.

Can 2009 H1N1 flu virus be spread through water in swimming pools, spas, water parks, interactive fountains, and other treated recreational water venues?

Influenza viruses infect the human upper respiratory tract. There has never been a documented case of influenza virus infection associated with water exposure. Recreational water that has been treated at CDC recommended disinfectant levels does not likely pose a risk for transmission of influenza viruses. No research has been completed on the susceptibility of 2009 H1N1 influenza virus to chlorine and other disinfectants used in swimming pools, spas, water parks, interactive fountains, and other treated recreational venues. However, recent studies have demonstrated that free chlorine levels recommended by CDC (1–3 parts per million [ppm or mg/L] for pools and 2–5 ppm for spas) are adequate to disinfect avian influenza A (H5N1) virus. It is likely that other influenza viruses such as 2009 H1N1 virus would also be similarly disinfected by chlorine.

Can 2009 H1N1 influenza virus be spread at recreational water venues outside of the water?

Yes, recreational water venues are no different than any other group setting. The spread of this 2009 H1N1 flu is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

Information provided by the Center for Disease Control and Prevention. For more information contact the CDC at 1-800-CDC-INFO or 1-800-232-4136.

