

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 6, Issue 34 | December 11, 2008

ELEVATED THREAT LEVEL

Seasonal Flu: **New**



Credit: CDC

The Centers for Disease Control and Prevention (CDC) has announced the week of December 8-14, 2008, as National Influenza Vaccination Week. This event is designed to highlight the importance of continuing influenza (flu) vaccination, as well as foster greater use of flu vaccine through the months of November, December and beyond. To view the activities associated with this event, please visit <http://www.cdc.gov/flu/nivw/index.htm>.

- Data that track influenza vaccination patterns confirm what most of us know intuitively: if you are not vaccinated by Thanksgiving, it is unlikely you will be vaccinated at all this year. Influenza most often peaks around February in the United States. In seasons with high attack rates, more than 30 million influenza cases will occur from February to May. Since it takes only about two weeks to develop immunity following vaccination, the importance of vaccinating past November is evident. By doing so, we can move toward the important public health goal of protecting millions more people. To view the article in *Infectious Disease news*, please visit: <http://www.infectiousdiseaseweb.com/200811/influenza.asp>.



Credit: CDC

For the week ending November 29th, CDC reports local influenza activity was being reported by one state (Hawaii). Sporadic activity was

reported in Puerto Rico and 22 states (Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Idaho, Indiana, Massachusetts, Maryland, Michigan, New Hampshire, New York, Oregon, Pennsylvania, Rhode Island, South Dakota, Texas, Utah, West Virginia, and Wisconsin). No influenza activity was reported in the District of Columbia and 27 states (Alabama, Delaware, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Washington, and Wyoming). The complete report can be accessed by going to: http://www.cdc.gov/flu/weekly/?s_cid=ccu120808_seasonalinfluenza3_e.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of December 9, 2008, is 389 cases and 246 deaths. This is associated with a case fatality rate of 63%. Indonesia and Viet Nam report the largest number of cases. To see a breakdown by country, please visit http://www.who.int/csr/disease/avian_influenza/country/cases_table_2008_12_09/en/index.html.



Credit: OSHA

Hospital workers who followed official infection control guidelines for pandemic influenza for 1 day used 10 times as many gloves as usual, generated three times as much clinical waste, and found that many tasks took longer than normal, according to a new report. The 24-hour exercise in a British hospital also revealed various other challenges, including that hospital workers lacked confidence in their ability to follow infection control guidelines, felt uncomfortable wearing surgical masks, and felt that wearing personal protective equipment (PPE) hindered communication. To read a detailed description of the study, please visit:

http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov_2508ppe-jw.html?s_cid=ccu120108_PandemicInfluenza_e.



A new report from the University of Minnesota warns that an influenza pandemic could disrupt the coal industry, thereby endangering America's significantly coal-dependent electric power system and everything that depends on it. "Despite regional differences in coal usage, a pandemic is likely to break links in the coal supply chain, thus disrupting electrical generation. This has the potential to severely endanger the bulk electrical power system in most of the United States," says the report from the university's Center for Infectious Disease Research and Policy (CIDRAP), publisher of CIDRAP News. To read the full report, please visit:

<http://www.cidrap.umn.edu/cidrap/content/influenza/biz-plan/news/nov2008coal.html>.

- Officials from several agencies recently converged on Miami's international airport to take part in a full-scale exercise of the federal government's risk-based strategy to slow the spread of a future pandemic influenza virus across US borders. Christine Pearson, a spokeswoman for the US Department of Health and Human Services (HHS), attended the first day of the 2-day drill on Nov. 5 and told CIDRAP News that, unlike previous tabletop discussions to test the risk-based border strategy (RBBS), the exercise at Miami included a real plane and actors who played the role of passengers in an airport setting. To read a summary of this exercise, please visit:

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov1208airport.html>.



Credit: FAO/Hoang Dinh Nam

The United States will provide an additional \$44.4 million in support of the UN Food and Agriculture Organization's (FAO) avian influenza control and prevention campaign, FAO announced today. With the new funding from the United States Agency for International Development (USAID), US support to the FAO avian influenza program has reached a total of \$112.8 million. The United States remains the largest donor to FAO's avian flu control activities implemented in more than 96 countries. To read the news brief, please visit: <http://www.fao.org/news/story/en/item/8341/icode/>.

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US DHHS Region I (New England) Emergency Planning Office (Office of the Assistant Secretary for Preparedness and Response – ASPR)

The following resources are identified to assist your preparedness activities:

Highlighted Resources: **New**

"A Manual for the Health Care of Children in Humanitarian Emergencies." WHO. 2008. To access the document, please visit: http://whqibdoc.who.int/publications/2008/9789241596879_eng.pdf.

The Readiness Dispatch – Quarterly Newsletter for the MRC and ECP Released



The Emergency Credentialing Program and the Medical Reserve Corps of Connecticut recently released the first edition of their quarterly newsletter, *The Readiness Dispatch*. This newsletter focuses on volunteer updates, just-in-time information and more. The threat of pandemic influenza,

recent flooding, the devastation caused by record-breaking storms during the 2008 hurricane seasons and the September 11th terrorist attacks have underscored the importance of having an emergency response plan that allows our hospitals and healthcare systems to quickly mobilize the resources they need to maintain or increase facility, equipment and personnel capacity. By volunteering during a large-scale disaster or public health emergency, you will be ensuring that citizens - your family, friends and neighbors - have uninterrupted access to vital healthcare resources when they need them most! To read this newsletter, please visit <http://archive.constantcontact.com/fs064/1102081560733/archive/1102293984807.html>.

To enroll in the State of Connecticut Emergency Credentialing Program or the Medical Reserve Corps at the Yale New Haven Center for Emergency Preparedness. Please visit www.ct-esar-vhp.org or www.mrc-ynh.org, or call (203) 688-3224.

Avian Influenza: **New (Continued)**



Neuraminidase inhibitors (such as oseltamivir) play an important role in plans to mitigate future influenza pandemics. Modeling studies suggested that a pandemic might be contained at the source, if treatment and prophylaxis are applied in an early phase of the epidemic. Given the increasing prevalence of oseltamivir resistant influenza strains and the stockpiling of these agents for use in a future pandemic, the authors developed a mathematical model to assess the impact of this resistance. To read the full study, please visit: <http://www.virologyj.com/content/pdf/1743-422X-5-133.pdf>.

Studies of ancient and modern plagues indicate that there are common features, which maybe be useful in predicting the course of a threatened pandemic. "There appear to be common determinants of disease emergence that transcend time, place and human progress," says NIAID Director Anthony S. Fauci, M.D., one of the study authors. For example, international trade and troop movement during wartime played a role in both the emergence of the Plague of Athens as well as in the spread of influenza during the pandemic of 1918-19. Other factors underlying many instances of emergent diseases are poverty, lack of political will, and changes in climate, ecosystems and land use, the authors contend. "A better understanding of these determinants is essential for our preparedness for the next emerging or re-emerging disease that will inevitably confront us," says Dr. Fauci. To view the article, published by NIH, please visit: <http://www.nih.gov/news/health/nov2008/niad-21.htm>.

“There appear to be common determinants of disease emergence that transcend time, place and human progress.”

- On November 6, 2008, the Government Accountability Office (GAO) listed public health emergency preparedness and food safety as two of 13 urgent issues that will need attention from President-elect Barack Obama and the new Congress next year. The GAO makes nine recommendations for improving public health preparedness, all of them drawn from previous GAO reports. Five of these explicitly relate to the threat of a flu pandemic:
 - The Homeland Security (DHS) and Health and Human Services (HHS) departments should conduct joint testing and training exercises for pandemic flu to ensure that leadership roles are defined and that leaders can effectively carry out shared responsibilities.
 - The Homeland Security Council should set up a process and schedule for updating the national pandemic implementation plan in a way that includes nonfederal stakeholders.
 - HHS should "expeditiously" complete its guidance to help state and local public health agencies decide how to use limited supplies of antivirals and pandemic vaccines.
 - DHS should make fuller use of the coordinating councils that were set up to facilitate joint public-private planning for critical infrastructure protection.
 - HHS and DHS should hold more meetings of the states in the five pandemic planning regions to help them address gaps in their planning.

To read further, please visit

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/nov0708gao.html>.

Winter Weather Preparedness: **New**

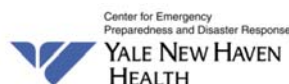


Credit: Gary Dwson

The CDC has published a web page that describes precautionary measures to take to keep you and your family safe during cold weather. The page has resources related to protecting oneself from hypothermia and frostbite, dealing with power loss, protecting oneself from carbon monoxide, information about wind chill and a list of other resources you can access for further information and assistance. The web page can be accessed by visiting:

<http://www.emergency.cdc.gov/disasters/winter/>.

Positions Available at YNH-CEPDR



YNH-CEPDR has an opening for a Drills and Exercise Specialist. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.ynhscareers.org/>.

Disasters around the World: **New**



Credit: Economist.com

Mumbai (India) continues to recover from a massive coordinated attack mounted on November 26 by Pakistani terrorists on multiple sites that left

nearly 200 individuals dead and losses totaling US\$600,000,000. The attack has raised tensions between India and Pakistan, neighboring countries with nuclear arsenals, which frequently are at odds with one another. The government of Pakistan is making efforts to bring the terrorist group Lashkar-e-Taiba to justice but will not extradite those identified to India, which has raised further tension. For the latest updates on the situation in Mumbai, please visit:

http://www.cnn.com/SPECIALS/2008/news/mumbai_attacks/.

- A magnitude 6.8 earthquake was detected on December 9, 2008, at 6:23 p.m. with an epicenter in the Kermadec Island region, which is 620 miles northeast of Auckland, New Zealand. No ocean-wide tsunami was predicted. For further information, please visit <http://earthquake.usgs.gov/eqcenter/eqinthenews/2008/us2008ajap/#details>.



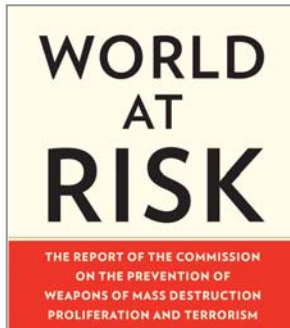
Credit: USGS

There is growing concern that the Sumatra Fault is primed for more mega-thrust earthquakes. The fault, which set off the 9.2-magnitude earthquake and Indian Ocean tsunamis in December of 2004, continues to be of major concern to seismologists. Since that event, there have been three earthquakes with magnitudes of 7.9-8.7 on the Sumatra fault but researchers at the California Institute of Technology estimate that only 25% of the tension on the fault was released at that time. This fact indicates that another earthquake with a magnitude of 8.5 or greater could occur at any time. To read the press release, please visit:

http://mr.caltech.edu/media/Press_Releases/PR_13215.html.

- There is no significant tropical weather activity in the central, eastern and northwest Pacific Ocean or the Indian Ocean. The Atlantic Hurricane season ended on November 30. To view a summary of the Atlantic season, please visit: http://www.noaa.gov/stories/2008/20081126_hurricane_season.html.
- The Soufriere Hills volcano on the tiny Caribbean island of Montserrat has burst into action, spewing columns of ash and hurling glowing red rocks that set vegetation and a few buildings ablaze in the island's deserted capital, scientists said Wednesday. The explosion late Tuesday at the cloud-shrouded Soufriere Hills volcano - the first in nearly six months - occurred without any seismic activity, according to scientists who monitor the volcano. None of the island's 4,500 people were injured or evacuated. For additional information, please visit: <http://www.mvo.ms/>.

Preparedness: **New**



An independent commission has concluded that terrorists will most likely carry out an attack with biological, nuclear or other unconventional weapons somewhere in the world in the next five years unless the United States and its allies act urgently to prevent that. In a report released last week, the Congressionally mandated panel found that with countries like Iran and North Korea pursuing nuclear weapons programs, and with the risk of poorly secured biological pathogens growing, unconventional threats are fast outpacing the defenses arrayed to confront them. To download or read the entire report, please visit:

<http://www.preventwmd.gov/report/>.

- Trust for America's Health and the Robert Wood Johnson Foundation released the sixth annual *Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism* report, which finds that progress made to better protect the country from disease outbreaks, natural disasters, and bioterrorism is now at risk, due to budget cuts and the economic crisis. In addition, the report concludes that major gaps remain in many critical areas of preparedness, including surge capacity, rapid disease detection, and food safety. The report contains state-by-state health preparedness scores based on 10 key indicators to assess health emergency preparedness capabilities. More than half of states and D.C. achieved a score of seven or less out of 10 key indicators. Louisiana, New Hampshire, North Carolina, Virginia, and Wisconsin scored the highest with 10 out of 10. Arizona, Connecticut, Florida, Maryland, Montana, and Nebraska tied for the lowest score with five out of 10. To view the entire report, please visit: <http://healthyamericans.org/reports/bioterror08/>.



On November 17-18, 2008, YNH-CEPDR and the United States Northern Command (USNORTHCOM) working in support and coordination of the National Center for Integrated Civilian-Military Domestic Disaster Medical Response (ICMDDMR), successfully held both a joint N95 Fit Test Drill and a Personal Protective Equipment (PPE) Donning/DoFFing Exercise concurrently for 22 participants/4 trainers at Evans U.S. Army Hospital at Fort Carson, and 20 participants/7 trainers at Penrose-St. Francis Hospital in Colorado Springs, Colorado. The purpose of these exercises was to enhance the coordination and integration of civilian and military healthcare personnel in providing a medical response to a domestic emergency or disaster event. Participants were selected as a cross section of various disciplines within the hospital setting, and were educated on the use of appropriate self-protective equipment through both instructor-led and interactive CD ROM courses. These exercises will be conducted again in early spring 2009 to measure the level of education retained.

- The United Kingdom Security Service (MI5) has warned Britain's cash-strapped National Health Services that dozens of ambulances—along with old police cars and fire engines past their sell-by date—are being bought up by al-Qaeda operatives in the United Kingdom to mount suicide bomb attacks. So serious is the problem that counter-terrorism officials at the Home Office have written to eBay, the Internet auctioneer, asking them to stop selling emergency service vehicles and uniforms. To read a summary of the warning, please visit: <http://www.canadafreepress.com/index.php/article/6365>.
- On November 6, 2008, the DHS announced the completion of *Southern Exposure*, a full-scale exercise (FSE) marking the culmination of the Southeast Transportation Corridor Pilot (SETCP). The exercise ran from October 23 through November 5, 2008 and was sponsored by the DHS Domestic Nuclear Detection Office (DNDO), along with other federal, state and local participants. The FSE was intended to demonstrate the Southeast region's capabilities to coordinate, communicate and respond during and after a possible radiological/nuclear threat to the region's interstate highways. To read this release in full please visit, http://www.dhs.gov/xnews/releases/pr_1225999813655.shtm.
- AHRQ has posted the "Rocky Mountain Regional Care Model for Bioterrorist Events: Locate Alternate Care Sites During an Emergency." This model was developed by a multi-agency working group, including representatives from the staffs of major academic medical centers, government, military, public health, emergency management institutions and agencies at the federal, state and local level. The primary purpose of this effort was to develop a Rocky Mountain regional care model for bioterrorist events for federal region VIII that addressed medical surge capacity needs in the event of a bioterrorist incident. The overarching purpose of this project was to develop an exportable surge capacity model that included tools for regional bioterrorism planners and decision makers at the national, state, local and provider level. To read about this model, please visit <http://www.ahrq.gov/research/altsites/>.

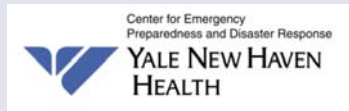
Protecting the Healthcare Workforce



Ensuring that all of your staff know how to protect themselves during a disaster in which they may be

exposed to a chemical, biological or radiological substance is an important factor in their decision to come to work and fulfill their role in a disaster and your facility's ability to provide ongoing healthcare services. OSHA requires that employees performing certain functions complete training programs that prepare them to don and doff appropriate levels of personal protective equipment (PPE) and recognize when such precautions may be necessary. YNH-CEPDR has developed a comprehensive suite of courses that addresses these OSHA requirements and provides an effective method to train your staff in proper PPE procedures. Whether your need is for fit testing N95 respirators or operations-level PPE and decontamination training for your decontamination team, YNH-CEPDR has a solution for your organization. For more information, please contact center@ynhh.org.

Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scalable services that advance healthcare planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other healthcare delivery organizations, emergency management professionals, the business community and others.

- **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
- **PLANNING:** Emergency management plans, emergency operations plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

For additional information about these services, please contact us at (203) 688-3224 or center@ynhh.org, or visit our web site at <http://www.yalenehavenhealth.org/emergency/index.html>.

Education and Training Courses: Updated



The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) is pleased announce that previews for National Incident Management System (NIMS) courses are available at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain current with applicable federal and accrediting agency requirements. The current course updates, meet the requirements outlined in the FEMA February 2008 National Incident Management System (NIMS): Five-Year NIMS Training Plan.

- **EM 106: Emergency Preparedness for Healthcare – At Work and At Home (New)** Emergency preparedness is the responsibility of every healthcare employee. Whether meeting The Joint Commission, Centers for Medicare and Medicaid Services requirements or ensuring that employees will come to work during a disaster, emergency preparedness training is essential. This awareness-level course will provide the information and action steps all employees can take to ensure a work environment prepared for disasters and is recommended for all hospital and healthcare employees For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- **EM 108: Emergency Preparedness for Healthcare with NIMS (New)** Hospitals and many healthcare organizations are now required to implement the National Incident Management System (NIMS) education and training for appropriate personnel. YNH-CEPDR has developed Emergency Preparedness for Healthcare Professionals with IS 700 (EM 108) as an equivalent IS 700 NIMS course. This course is time-efficient and relevant to public health, hospital and healthcare workers. The course provides information and action steps all employees can take to ensure a work environment prepared for disasters. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- **EM 120: Best Practices for the Protection of Hospital-Based First Receivers** Information topics include special threats from specific agents; levels of biological, chemical and radiological protection and isolation; various levels of respiratory protection; principles of decontamination; decontamination procedures; mental health concerns regarding decontamination; and personal safety issues regarding decontamination. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- **EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers** Information topics include reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in respirator and PPE use. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- **EM 122: N95 Respirator Fit Tester Training** Information topics include identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- **EM 141: Role of the Medical or Technical Specialist During an Incident (New)** A course which explores the roles and responsibilities of medical and technical specialists when the ICS has been activated and includes an interactive case study. During a disaster, members of the command or general staff may require additional information about chemical, biological, radiological or nuclear (CBRN) emergencies, information technology or legal issues, which a designated medical or technical specialist can provide. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- **EM 142: Incident Command Systems for Healthcare with NIMS (New)** This course is designed to help healthcare leaders understand their role in managing continuous care for patients in the event of an emergency or disaster and to meet the federal requirements for IS 100.HC, An Introduction to Incident Command System and IS 200.HC, Applying Incident Command System to Healthcare Organizations. EM 142 is designed for all those who may serve in a leadership role in a healthcare organization during an emergency or disaster. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- **EM 210: Advanced Radiological Emergency Preparedness for Clinicians** This course is designed for clinicians with an interest in understanding radiation concepts, the medical effects of radiation on biological systems, radiation countermeasures and essential elements for dealing with radiological and nuclear emergencies in the health care environment. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

Education and Training Courses: Updated (Continued)

- EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level** Information topics include preparation for health care workers, such as emergency department clerks and clinicians who are assigned to work in the contaminant-free areas but who may need to identify possible risks associated with unannounced patients; preparation for health care workers with designated roles for contaminant removal or who will be working in areas that are considered to be contaminated (training includes proper use of protective equipment); and preparation for hazardous materials specialists, including radiation safety officers. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- EM 250: Small Victims, Big Challenges: Pediatric Triage, Treatment and Recovery for Emergencies (New)** A course which introduces clinicians acting as first receivers to the unique challenges encountered with children in a disaster. Children represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of children. For more information, please contact us at (203) 688-3224 or center@ynhh.org.
- EM 260: Geriatric Preparedness, Triage and Treatment in Disasters (New)** A course which introduces clinicians acting as first receivers to the unique challenges encountered with the elderly in a disaster. Senior citizens represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of the elderly. For more information, please contact us at (203) 688-3224 or center@ynhh.org.

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
12.18.08	12:00 p.m. – 2:00 p.m.	The Immunization Encounter: Critical Issues <i>Sponsored by CDC</i>	Satellite Broadcast/Webcast To participate, please visit http://www2a.cdc.gov/PHTN/webcast/imm-encounter2008/
1.29.09	1:00 p.m. – 2:30 p.m. EST	Mass Antibiotic Dispensing: Partnering with Tribal Governments and Communities <i>Sponsored by CDC</i>	Webcast Please registrar, http://www2a.cdc.gov/TCEOnline/

FOR MORE INFORMATION, PLEASE CONTACT:

Christopher M. Cannon National Director (203) 688-3224 christopher.cannon@ynhh.org	Elaine Forte Deputy Director, Operations (203) 688-3391 elaine.forte@ynhh.org	Anthony Tomassoni, MD Medical Director (203) 688-3224 anthony.tomassoni@ynhh.org	Joe Filakovsky, DNP, APRN ECP Coordinator (203) 688-4486 joseph.filakovsky@ynhh.org
James Paturas Deputy Director, Clinical Services (203) 688-3496 james.paturas@ynhh.org	Patrick Ward Deputy Director, Network Development and Contracting (203) 688-4473 patrick.ward@ynhh.org	Louise-Marie Dembry, MD Associate Medical Director (203) 688-4634 louise-marie.dembry@ynhh.org	Mark Schneider Program Manager, Education and Training (203) 688-2577 mark.schneider@ynhh.org
YNH-CEPDR West Coast Office: Kevin M. Storm, NREMT-P (650) 312-1196 kevin.storm@ynhh.org		YNH-CEPDR Central Office: Deanna Bourgeault (214) 648-9450 deanna.bourgeault@ynhh.org	
Preparedness Report Archive: http://www.yalenehavenhealth.org/emergency/commu/archives.html			
One Church Street, 5 th Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618 center@ynhh.org • www.yalenehavenhealth.org/emergency			

US DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) CONTACT:

Arthur W. Cleaves
 Regional Director
 FEMA Region One
 (617) 956-7506
art.cleaves@dhs.gov

99 High Street • 6th Floor • Boston, MA 02110

<http://www.fema.gov/>

US DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTACTS:

Gary J. Kleinman, EMT-P
 Region I Regional Emergency Coordinator
 (617) 777-6444
gary.kleinman@hhs.gov

Gregory T. Banner, MS, CEM
 Region I Regional Emergency Coordinator
 (617) 777-6404
gregory.banner@hhs.gov

Mark C. N. Libby, RN
 Region I Regional Emergency Coordinator
 (617) 777-6458
mark.libby@hhs.gov

JFK Federal Building, Room 2100 • 15 New Sudbury Street • Boston, MA 02203

US Department of Health and Human Services 24x7 Operations Center
hhs_soc@hhs.gov • (202) 619-7800 • <http://www.hhs.gov/disasters/>