JOURNAL OF

Civil DEFENSE™

VOLUME 39, ISSUE 1 SPRING 2006

CHEMICAL, BIOLOGICAL & PANDEMIC THREATS

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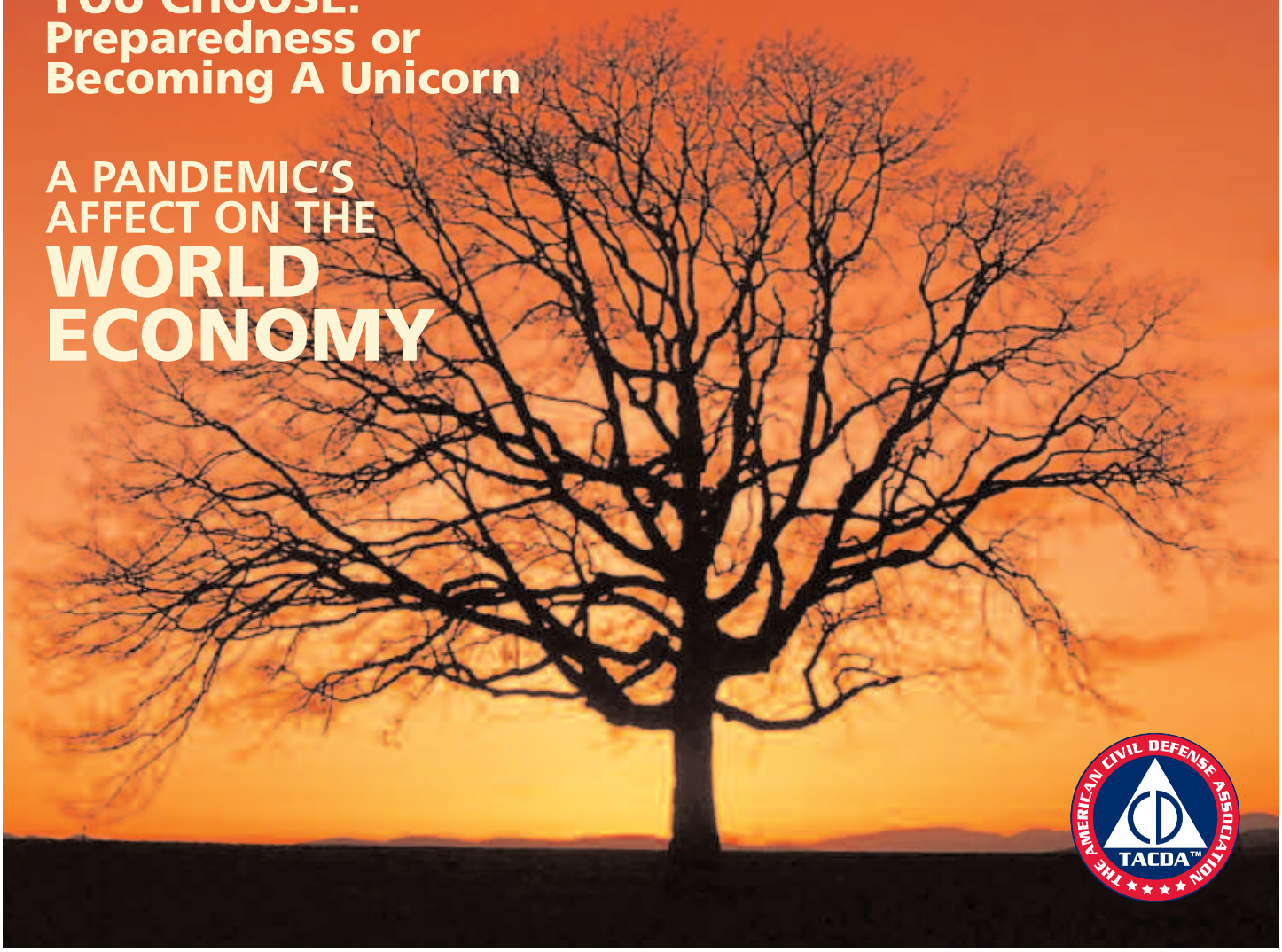

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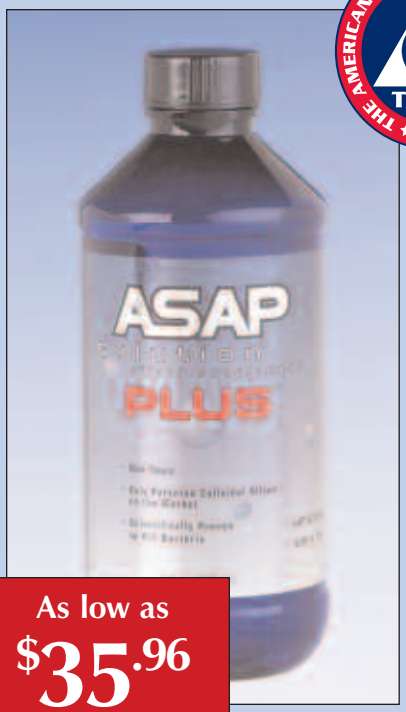

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IN THIS ISSUE

OUR MISSION

The mission of The American Civil Defense Association (TACDA) is to effectively provide information, tools and resources that empower American citizens with a comprehensive understanding of reasonable preparedness strategies and techniques, in turn, promoting a self-reliant, pro-active approach to protecting themselves, their families and their communities in the event of nuclear, biological, chemical or other man-made and natural disasters.

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Make the Risk of a Localized Terrorist Attack a Prime Consideration

This issue of the *Journal of Civil Defense* includes a number of articles on pandemics and biowarfare. We encourage you to do a personal risk assessment of these threats, and prepare accordingly.

Risk is a factor of both probability and consequence. We limit our risk by either decreasing the probability of the event, or mitigating the consequences.

Chemical or biological agents dispersed by terrorists would most likely take place in densely populated areas, such as subways or coliseums. There would be little, if any, warning of such an attack. We can reduce our risk by limiting our exposure to these areas; thereby, decreasing the probability of harm.

The probability of a local chemical attack against our homes is extremely low. Terrorists want large numbers of fatalities for their efforts. They know that sunlight and wind dilute, disperse and destroy these agents; and they would, most likely, not use them in this way. If your home is near a highway or rail system, your risk increases for exposure to chemical spills. Safe rooms must be built well ahead of the exposure to be effective.

A ballistic missile warhead carrying bioweapons (BW) poses risk to all areas. We don't know the probability of this event, but the consequence is so great that it may justify the expense and effort of preparing a proper "safe-room" and shelter. We should seek protection in our safe-rooms or shelters during escalating crises.

Many authorities believe a bioweapon attack via a ballistic missile would likely occur in the days following a nuclear attack. The area of exposure to bioweapons from a missile would be much larger than the area exposed to the blast effects from a nuclear weapon. Limit your risk by staying sheltered for at least one month following a nuclear exchange.

Botulism or Cholera could purposefully be introduced into our water supplies. Word would spread quickly and the causalities would be limited to those infected during the first few days. We could further limit our risk by always "drinking yesterday's water." During times of concern, gather water daily. Do not drink that water for one full day. If there have been no reports of wide spread sickness, drink yesterday's water and draw today's water for tomorrow's consumption. During actual crises, drinking water should be boiled, or filtered with a good grade water filter.

Pandemics can occur from natural causes as well as from bio-terrorism. Smallpox is extremely contagious and travels through the air. Virus particles become airborne when the host coughs, or even talks. There is good evidence that the virus can even spread from the host's cigarette smoke. The typical incubation period is ten days, and on the average, each infected person will infect between ten and twenty people. The disease then spreads exponentially. It is very unlikely, however, that the virus could penetrate the walls of your homes. Self-quarantine will limit the exposure (risk) to near zero. Take notice of reports of strange illnesses. The first case of smallpox *anyplace* in the country would justify "self quarantine."

The spread of smallpox would continue until the population density had decreased to a point that the plague could no longer sustain itself. A year's supply of food and other necessities would allow you to self-quarantine during a pandemic.

Anthrax is not contagious, and would not result in a pandemic. However, when symptoms of Anthrax occur, the likelihood of death is almost a certainty. Herculean efforts using intravenous antibiotics may save a few, but in widespread outbreaks, there would not be enough antibiotics or hospital rooms available to treat the sick and dying. Doxycycline acts as a prophylaxis (preventive treatment) against the Anthrax bacteria, *if taken before symptoms occur*. These antibiotics should be taken only if there is reason to believe there has been exposure to the bacteria. This same prophylaxis may also work against Cholera and Bubonic plague. Please see page 14 the article entitled, "Doxycycline as a Prophylaxis." The risk becomes minimal if there is mitigation of the threat.

Virus particles become airborne when the host coughs, or even talks. There is good evidence that the virus can even spread from the host's cigarette smoke.

Dispersion of biowarfare agents by missiles will penetrate all but the finest NBC (nuclear biological chemical) shelters. The probability of full-scale biological attack, without an accompanying nuclear war, is near zero. The probability of a localized terrorist biological attack, however, is huge. The consequences would be devastating. The risk, therefore, must be of prime consideration.

We hope this issue will be helpful to you. We look forward to your comments and suggestions.

Best Regards,

Sharon B. Packer, TACDA President
sharon@tacda.org

Remember, if you are prepared, you have no need to fear.

ANTHRAX Q&A

By Kevin G. Briggs

Due to recent concerns and the growing interest in biological/chemical warfare preparedness and mitigation, we have excerpted the following from an article in a previous issue of the *Journal of Civil Defense*, written by Kevin Briggs, a former president of The American Civil Defense Association.

Q. How big a problem is anthrax?
A. Anthrax weapons can be produced that can have the same killing capability as nuclear weapons for a fraction of the cost and expertise. For example, the Oak Ridge National Laboratory did a comparison of costs of various threats and came up with the following:

Weapon Lethality Versus Cost
from the late Dr. Conrad Chester, Oak Ridge National Laboratory

Weapons compared to cost for killing most people within a square-mile area:

- Conventional cluster bomb weapons: up to millions of dollars
- Neutron bomb: roughly $2 million
- One ton of GB nerve agent: up to $100,000
- One kilogram of anthrax (2.2 lb): less than $50

Q. Some experts say anthrax is difficult to disperse through air and sunlight. Is this true?
A. Presumably the terrorists would be trained on what the best weather conditions are for dispersing anthrax spores and how to effectively produce an aerosol laden with anthrax spores. According to experts, this would typically be done at night or on an overcast day with a gentle breeze so that the sun would not kill off the spores before they are inhaled. Terrorists can certainly wait for the right weather conditions to exist. According to studies performed by the Oak Ridge Labs and the U.S. Congressional Office of Technology Assessment, a well-executed attack could kill thousands to many millions of people. The Defense Department has formally stated that a large portion of a city could be killed in a well-executed anthrax attack.

Q. What should be done at the governmental level?
A. Educate the public on the threat and how to counter it. This should include candid (but sanitized) information on any known attempted threats that have occurred in the past. The public deserves to know what is fact and what is fiction.

Public education should include how to prepare in advance to limit your exposure during any future bio-warfare attack, as well as instructing medical personnel on how to treat this disease (see the USPDI website for some practical recommendations).

Encourage Congress to increase the vaccine production capabilities in the U.S. Learn more about the Russian and other strains of anthrax and develop new vaccines and antibiotics as required.

Continue research on rapid detection devices for anthrax and other biological weapons and distribute these for real-time, 24-hour monitoring of major urban areas.

Increase the quantity of stockpiled antibiotics as well as the number of dispersal locations to respond to anthrax and other bio-warfare attacks. Hours of delay in receiving antibiotics can translate to thousands or millions of additional deaths. Antibiotic stockpiles should be readily available to the medical community without having to wait 12 or more hours. Low-cost disposable respirator masks and latex gloves should also be stockpiled, as the current supplies (especially of respirators) could be quickly depleted and lead to many unnecessary deaths and prolonged social disruption.

Train and immunize emergency services personnel on how to identify/treat/ triage bio-warfare victims and how to limit the further spread of anthrax and other biological agents.

Upgrade intelligence, customs and law enforcement capabilities to thwart potential biological terrorists without infringing on citizens' rights.

Q. What can the average American do to be prepared?
A. Here are some practical steps to consider:

There is an extremely low risk of biological attack if you live far outside a major urban area. Hence, if you live tens of miles outside a major city, you probably do not need to do much to be prepared other than have food, water, power, and medical supplies, etc., stored up in case of long infrastructure outages due to biological attacks. Some low-cost medical supplies, such as disposable HEPA or N95 respirators and some latex gloves, would be needed if a highly infectious bio-warfare agent were used.

Monitor the radio or TV and seek medical advice immediately.

If you really believe you've been exposed, you need to seek professional advice and antibiotic treatments immediately. If you wait until clear symptoms appear (normally one to six days after exposure), in the case of anthrax, it will probably be too late to save yourself. Be careful not to overreact to false warnings or rumors of attacks.

Dead animals or people who have died from anthrax should not be cut into but buried quickly and deeply. Those treating suspected anthrax patients should wash their hands frequently and take preventive antibiotics (though sick human to well human transmission is unlikely).

There are a lot of issues surrounding the effectiveness of the vaccination program. One argument is that if an attack occurs with a genetically engineered special strain of anthrax (as with the Russian versions), the vaccine will not help much. The counter argument is that in many scenarios, especially one with a less sophisticated adversary, the vaccine may prove helpful in reducing your risk.

DEAR READER,

Scientists around the world are concerned that the 'Bird Flu,' an infection in birds caused by an influenza virus, will "make the jump" to humans and, in turn, create a world-wide pandemic.

For this issue's theme, we have chosen the topics of Biological, Chemical and Pandemic Threats and Solutions. Given the significance of these particular threats and their potential to cause wide-scale disruptions to our every-day lives, we feel compelled to provide you with some basic information about these threats and to give some practical ways that you can prepare yourself, your family and your community to survive a major pandemic or biological or chemical attack or incident.

One major misconception that is made by so many people is that "there is no practical way for my family and I to survive a wide-scale biological/chemical attack or pandemic." However, be reassured that this misconception is terribly mis-stated and incorrect. Given some basic preparedness solutions, and by using just a bit of good-old common sense, we can greatly and significantly increase our chances of surviving a major disaster in the U.S. and reduce the negative impact such an occurrence would have on our lives.

As your *tour guide* for this issue, I would like to first direct your attention to the ***Glossary*** located on page 13. You will find a summarized list of the most important-to-know terms found in this issue, along with their definitions. If you read through this section first, it will help you better understand the informative articles and solutions found throughout the publication.

In ***Practical Personal Preparedness***, Barbara Salsbury presents some very helpful hints, tips and solutions that will show you how you can turn your home into a safe haven for you and your family in the event of a biological or chemical attack or the outbreak of a national or global pandemic. Be sure to check out all of the practical tidbits of wisdom in this column.

Speaking of wisdom, don't overlook the special ***Q&A on Anthrax*** by Kevin Briggs, former President of The American Civil Defense Association (TACDA). Given the substantial threats and consequences posed by a biological terrorist attack using weaponized Anthrax, this article will give you the basic knowledge that you need to help you in your preparedness efforts against biological terrorism.

We have also provided an additional resource that will give you an introduction to certain types of antibiotics that may be used to protect against Anthrax. Although this article is just a bit technical in nature, it provides some good information about these drugs and provides an unbiased analysis of their potential effectiveness, drawbacks and side effects.

In her ***President's Letter***, Sharon Packer makes the following statement: *"Risk is a factor of both probability and consequence. We limit our risk by either decreasing the probability of the event, or mitigating the consequences."* Sharon gives some practical advice on how to determine risk and consequence and to make appropriate preparations for several different threats; a very helpful and informative article indeed.

Sharon also brings us a wonderful resource that explains the concepts behind creating a safe room in your home or place of business, a perfect companion to our Practical Personal Preparedness column, mentioned earlier. And for those of us who own or plan to own an all-purpose shelter, she gives some very insightful information about how to incorporate a safe entry-point into your shelter through the use of an air lock.

One of the most talked about potential threats today is that of a global Bird Flu pandemic. Scientists around the world are concerned that the Bird Flu, an infection in birds caused by an influenza virus, will "make the jump" to humans and, in turn, create a world-wide pandemic. When this occurs, it will most likely impact our entire society and economy tremendously. Provided is a summary of the likely effects that a pandemic will have on our economic system, which directly relates to how we live our lives every day. Be sure to check out this informative article and to closely evaluate your own preparedness status.

Also, don't forget to spend some time on pages 6, 7 and 8. We have reprinted a list of 15 out of 30 preparedness tips, published by the Department of Homeland Security, that will help you pull everything together and to give guidance on completing an emergency preparedness and response plan. The balance of these tips will be published in the next issue.

Finally, a look at the **"RADIO"™ Active** column will give you a brief rundown on what we are planning for amateur (HAM) operators. Do not miss this article.

Coming in the summer issue, we will be discussing topics related to communications before, during and after a major disaster. If you have any article content that you would like to contribute for this issue, please feel free to submit an electronic version to jcd@tacda.org, no later than April 14, 2006. We will be looking forward to hearing from you soon. Until then, take care and stay safe.

Alex Coleman
JCD Editor
alex@tacda.org

What Would You Pack In Your EMERGENCY SUITCASE?

Have you ever gone on a vacation, to summer camp, or spent the weekend at a friend's house? Do you remember what you had to do before you could go?

You had to pack your suitcase with all of the things that you would need while you were gone on your trip.

Well, preparing for an emergency is a lot like getting ready to go on a vacation or trip with your family. It is very important to pack an emergency suitcase, just in case you and your family have to leave your home in a hurry because of a bad storm or some other emergency.

Sometimes, during an emergency, you may have to leave your home quickly, and may not have time to look for all of the things you will need while you're gone. That is why it is very important to keep all of these things in an emergency suitcase, so that you can "Grab It And Go."

Another name for your emergency suitcase is an "emergency kit." Your family should have an emergency kit that has all of the things that you might need in an emergency. Just think about all of the stuff that you and your family use every day. Visit with your family and discuss how many days you may be away and make a list of the things that you agree are important enough to take with you in your emergency kit.

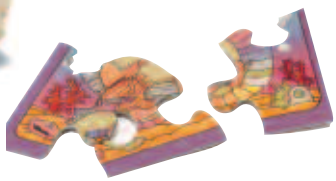
Remember that you can't take everything with you in an emergency, so you should pick only the things that you will need the most to go into your kit. A backpack can be great for carrying these important items.

Here are some ideas for you:

You will need food to eat and water to drink. If you bring canned goods, make sure you bring a manual can opener. You may also need a blanket if it is cold. You will need a flashlight and a light stick. You should also pack a small radio so that you can listen to news about the emergency and know when it is safe to go back home. Oh, and do not forget extra batteries for your flashlight and radio. And what about a first aid kit, just in case you accidentally cut your finger. You should also pack a game or your favorite stuffed animal or small toy so that you can have something fun to play with on your trip.

What else would you pack?

Here is a fun game for you to play. Look at the pictures and circle all of the things that you might pack in your emergency kit. Put an X through the things that you would not take with you in an emergency. ●



Here are **15** tips to help you and your family become better prepared for an emergency.

Tips for EMERGENCY PREPAREDNESS

PART 1 OF 2

Preparedness Tip #1
Take a moment to imagine that there is an emergency, like a fire in your home, and you need to leave quickly. What are the best escape routes from your home? Find at least two ways out of each room. Now, write it down — you've got the beginning of a plan.

Preparedness Tip #2
Pick a place to meet after a disaster. Designate two meeting places. Choose one right outside your home, in case of a sudden household emergency, such as a fire. The second place you choose needs to be outside your neighborhood, in the event that it is not safe to stay near or return to your home.

Preparedness Tip #3
Choose an emergency contact person outside your area because it may be easier to call long distance than locally after a local/regional disaster. Take a minute now to call or e-mail an out-of-town friend or family member to ask him or her to be your family's designated contact in the event of an emergency. Be sure to share the contact's phone number with everyone in the family. During an emergency, you

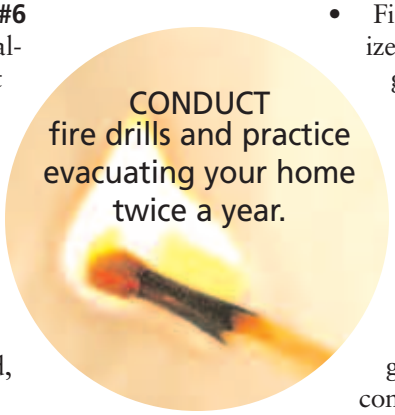
Continues next page

can call your contact who can share with other family members where you are; how you are doing; and how to get in contact with you.

Preparedness Tip #4
Complete an emergency contact card and make copies for each member of your family to carry with them. Be sure to include an out-of-town contact on your contact card. It may be easier to reach someone out of town if local phone lines are out of service or overloaded. You should also have at least one traditionally wired landline phone, as cordless or cellular phones may not work in an emergency.

Preparedness Tip #5
Dogs may be man's best friend, but due to health regulations, most emergency shelters cannot house animals. Find out in advance how to care for your pets and working animals when disaster strikes. Pets should not be left behind, but could be taken to a veterinary office, family member's home or animal shelter during an emergency. Also be sure to store extra food and water for pets.

Preparedness Tip #6
Go through your calendar now, and put a reminder on it — every six months — to review your plan, update numbers, and check supplies to be sure nothing has expired, spoiled, or changed. Also remember to practice your tornado, fire escape or other disaster plans.



Preparedness Tip #7
Check your child's school web site or call the school office to request a copy of the school's emergency plan. Keep a copy at home and work or other places where you spend a lot of your time and make sure the school's plan is incorporated into your family's emergency plan. Also, learn about the disaster plans at your workplace or other places where you and your family spend time.

Preparedness Tip #8
Teach your children how and when to call 9-1-1 or your local Emergency Medical Services number for help. Post these and other emergency telephone numbers by telephones.

Preparedness Tip #9
Practice. Conduct fire drills and practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on a map in case main roads are blocked or grid locked. Practice earthquake and tornado drills at home, school and work. Commit a weekend to update telephone numbers, emergency supplies and review your plan with everyone.

Preparedness Tip #10
A community working together during an emergency makes sense.

- Talk to your neighbors about how you can work together during an emergency.
- Find out if anyone has specialized equipment like a power generator, or expertise such as medical knowledge, that might help in a crisis.
- Decide who will check on elderly or disabled neighbors.
- Make back-up plans for children in case you can't get home in an emergency. Sharing plans and communicating in advance is a good strategy

Preparedness Tip #11
What if disaster strikes while you're at work? Do you know the emergency preparedness plan for your workplace? While many companies have been more alert and pro-active in preparing for disasters of all types since the September 11, 2001 attacks, a national survey indicates that many employees still don't know what their workplace plan is for major or minor disasters. If you don't know yours, make a point to ask. Know multiple ways to exit your building, participate in workplace evacuation drills, and consider keeping some emergency supplies at the office.

BUILD an emergency supply kit to take with you in an evacuation with enough supplies to meet the needs of your family for at least three days.

Preparedness Tip #12
You should keep enough supplies in your home to meet the needs of you and your family for at least three days. Build an emergency supply kit to take with you in an evacuation. The basics to stock in your portable kit include: water, food, battery-powered radio and flashlight with extra batteries, first aid supplies, change of clothing, blanket or sleeping bag, wrench or pliers, whistle, dust mask, plastic sheeting and duct tape, trash bags, map, a manual can opener for canned food and special items for infants, elderly, the sick or people with disabilities. Keep these items in an easy to carry container such as a covered trash container, a large backpack, or a duffel bag.

Preparedness Tip #13
Preparing for emergencies needn't be expensive if you're thinking ahead and buying small quantities at a time. Make a list of some foods that:

- Have a long shelf-life and will not spoil (non-perishable).
- You and your family like.
- Do not require cooking.
- Can be easily stored.

Continues next page

- Have a low salt content as salty foods will make you more thirsty.

Keep the list in your purse or wallet and pick up a few items each time you're shopping and/or see a sale until you have built up a well-stocked supply that can sustain each member of your family for at least three days following an emergency.

Preparedness Tip #14
Take a minute to check your family's first aid kit, and note any depleted items — then, add them to your shopping list. Don't have a first aid kit? Add that to the list or build a kit yourself. Just add the following items to your shopping list and assemble a first aid kit. Consider creating a kit for each vehicle as well:

First Aid Kits
Assemble a first aid kit for your home and one for each car.

- (20) adhesive bandages, various sizes
- (1) 5" x 9" sterile dressing
- (1) conforming roller gauze bandage
- (2) triangular bandages
- (2) 3 x 3 sterile gauze pads
- (2) 4 x 4 sterile gauze pads
- (1) roll 3" cohesive bandage
- (2) germicidal hand wipes or waterless alcohol-based hand sanitizer
- (6) antiseptic wipes
- (2) pair large medical grade non-latex gloves
- Adhesive tape, 2" width
- Anti-bacterial ointment
- Cold pack
- Scissors (small, personal)
- Tweezers
- CPR breathing barrier, such as a face shield
- First Aid Manual

Non-Prescription and Prescription Drugs

- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Antacid (for stomach upset)
- Syrup of Ipecac (use to induce vomiting if advised by the Poison Control Center)
- Laxative
- Activated charcoal (use if advised by the Poison Control Center)
- Prescription drugs, as recommended by your physician, and copies of the prescriptions in case they need to be replaced

Preparedness Tip #15
Keep at least a three-day supply of water per person. Store a minimum of one gallon of water per person per day (two quarts for drinking, two quarts for food preparation and sanitation). Store water in plastic containers such as soft drink bottles. Avoid using containers that will decompose or break, such as milk cartons or glass bottles. A normally active person needs to drink at least two quarts of water each day. Hot environments and strenuous activity can double that amount. Children, nursing mothers, and people who are sick will also need more. ●

Coming in our summer issue, look for your next 15 preparedness tips.

THE NEWS STAND

ABC News Obtains 12 Hours of Recordings of SADDAM HUSSEIN MEETING WITH TOP AIDES

By Brian Ross and Rhonda Schwartz

[***Editor's Note:*** *The following news item is being reprinted in an effort to remind each of us of the importance of personal preparedness. It is intended to keep us in touch with the reality that there are other countries that want to cause harm to America, and American citizens, and that it is up to each one of us as individuals to take the responsibility to prepare ourselves and our families for the possible threats that exist from such countries. The story mentions several methods that terrorists may try to utilize in order to inflict as much damage and panic as possible, and it is our job to understand the threats that exist, as well as the preparedness solutions that are available.*]

Feb. 15, 2006 – ABC News has obtained 12 hours of tape recordings of Saddam Hussein meeting with top aides during the 1990s, tapes apparently recorded in Baghdad's version of the Oval Office.

ABC News obtained the tapes from Bill Tierney, a former member of a United Nations inspection team who translated them for the FBI. Tierney said the U.S. government is wrong to keep these tapes and others secret from the public. "Because of my experience being in the inspections and being in the military, I knew the significance of these tapes when I heard them," says Tierney. U.S. officials have confirmed the tapes are authentic, and that they are among hundreds of hours of tapes Saddam recorded in his palace office.

One of the most dramatic moments in the 12 hours of recordings comes when Saddam predicts – during a meeting in the mid-1990s – a terrorist attack on the United States. "Terrorism is coming. I told the Americans a long time before Aug. 2 and told the British as well ... that in the future there will be terrorism with weapons of mass destruction." Saddam goes on to say such attacks would be difficult to stop. "In the future, what would prevent a booby-trapped car causing a nuclear explosion in Washington or a germ or a chemical one?" But he adds that Iraq would never do such a thing. "This is coming, this story is coming but not from Iraq."

"Terrorism is coming. I told the Americans a long time before August 2 and told the British as well ... that in the future there will be terrorism with weapons of mass destruction."

Also at the meeting was Iraq's Deputy Prime Minister Tariq Aziz, who said Iraq was being wrongly accused of terrorism. "Sir, the biological is very easy to make. It's so simple that any biologist can make a bottle of germs and drop it into a water tower and kill 100,000. This is not done by a state. No need to accuse a state. An individual can do it."

The tapes also reveal Iraq's persistent efforts to hide information about weapons of mass destruction programs from U.N. inspectors well into the 1990's. In one pivotal tape-recorded meeting, which occurred in late April or May of 1995, Saddam and his senior aides discuss the fact that U.N. inspectors had uncovered evidence of Iraq's biological weapons program – a program whose existence Iraq had previously denied.

"The tapes also reveal Iraq's persistent efforts to hide information about weapons of mass destruction programs from U.N. inspectors well into the 1990's."

At one point Hussein Kamel, Saddam's son-in-law and the man who was in charge of Iraq's weapons of mass destruction efforts can be heard on the tapes, speaking openly about hiding information from the U.N.

"We did not reveal all that we have," Kamel says in the meeting. "Not the type of weapons, not the volume of the materials we imported, not the volume of the production we told them about, not the volume of use. None of this was correct."

Shortly after this meeting, in August 1995, Hussein Kamel defected to Jordan, and Iraq was forced to admit that it had concealed its biological weapons program. (Kamel returned to Iraq in February 1996 and was killed in a firefight with Iraqi security forces.)

A spokeswoman for John Negroponte, director of national intelligence, said information contained in the transcriptions of the tapes was already known to intelligence officials.

"Intelligence community analysts from the CIA, and the DIA reviewed the translations and found that, while fascinating, from a historical perspective the tapes do not reveal anything that changes their post-war analysis of Iraq's weapons programs nor do they change the findings contained in the comprehensive Iraq Survey group report," she said in a statement.

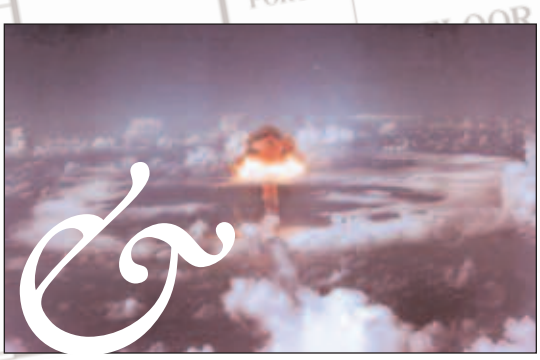
"The tapes mostly date from early to mid-1990s and cover such topics as relations with the United Nations, efforts to rebuild industries from Gulf war damage and the pre 9/11 situation in Afghanistan."

Rep. Pete Hockstra, R-Mich., chairman of the House Intelligence Committee, says the tapes are authentic and show that "Saddam had a fixation on weapons of mass destruction and he had a fixation on hiding what he was doing from the U.N. inspectors." Hockstra says there are more than 35,000 boxes of such tapes and documents that the U.S. government has not analyzed nor made public that should also be translated and studied on an urgent basis.

Charles Duelfer, who led the official U.S. search for weapons of mass destruction after the war, says the tapes show extensive deception but don't prove that weapons were still hidden in Iraq at the time of the U.S.-led war in 2003. "What they do is support the conclusion in the report, which we made in the last couple of years, that the regime had the intention of building and rebuilding weapons of mass destruction, when circumstances permitted."

Tierney, who provided ABC News with the tapes, plans to make the 12 hours of recordings public at a non-governmental meeting – called Intelligence Summit 2006 – this weekend in Arlington, Va. John Loftus, a former federal prosecutor, runs the meeting. "We think this is a tape that is unclassified and available to the public," says Loftus "[I] just want to have it translated and let the tape speak for itself." ●

(*ABC News' Hoda Osman and Avni Patel contributed to this report.*)



AIRLOCKS & SAFEROOMS

By Sharon B. Packer, Nuclear Engineer

AIRLOCKS

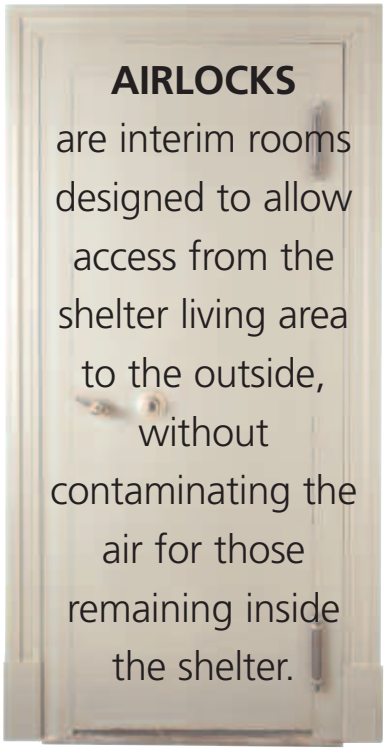
Officials at the highest levels of the federal government have warned us that we are at high risk of a bio-terrorist attack from Al-Qaeda or other terrorist organizations.

In this issue of our journal I would like to investigate the concept of shelter "airlocks." Airlocks are interim rooms designed to allow access from the shelter living area to the outside, without contaminating the air for those remaining inside the shelter. All public shelters in Switzerland incorporate airlocks into their shelters. The airlock should be small, having a maximum area of 54 square feet, to assure the proper purging of the air.

Continues next page

The shelters and airlocks are always kept at a slightly positive pressure. This assures that no unfiltered air from the outside will "leak" into the rooms. All air vents should be fitted with either blast or pressure valves. Air vents installed on walls to the outside must be fitted with blast valves, to protect the occupants from contaminated air and hot gasses from explosions. The vent from the shelter room exhausting to the air lock must also be fitted with a blast valve. This insures that contaminated air that has not yet been purged from the airlock will not enter the shelter room. Interior rooms of the shelter will not receive blast and may be fitted with pressure valves.

Airlocks should have two gas-tight doors, which are never to be opened at the same time. This assures protection of the interior shelter room from radiation, blast pressure and war gasses. People entering the air lock from the outside must close the outside door and stay in a closed down condition until the air of the air lock has been purged. They must also wait for the air pressure to reach a positive state equal to that in the shelter room. At that time, it is safe to open the door from the airlock to the shelter room and enter to the inside.



The air lock, in small shelters, can also act as the decontamination room. The decontamination room serves as a cleaning and dressing room for people contaminated by poison gas or radioactive dust. The decontamination room should be used to store protective clothing, which must be worn at all times by persons leaving the shelter. In larger shelters, the decontamination room should have a shower and toilet area built into the room. For shelters housing more than 100 persons, the decontamination room should be a separate room, having direct access to the airlock.

The airlock and decontamination rooms should be constructed of the same thicknesses of concrete and same protection levels as are prescribed for the shelter room.

Filtered air from the shelter room should be exhausted into the air lock. The air from the airlock should be exhausted to the outside or into the basement of the building. This allows for a continual movement of filtered air throughout the shelter, airlock and/or decontamination room. Each room has the same volume of air entering as it does exhausting.

People often use a concrete airlock to gain access to their underground steel shelters. The air lock is placed at the basement level. The steel shelter is placed ten feet away from the house, and eight to ten feet below the air lock, depending on the diameter of the steel shelter. Entrance is gained to the airlock from a gas-tight concrete door in the basement wall. A steel door on the floor of the air lock leads to a seven foot stepladder, accessing a ten-foot long horizontal tunnel leading to the steel shelter at the lower level. For maximum blast and radiation protection, these access tunnels should be no more than 48-inches in diameter. The steel shelter should also have a small diameter exit to the outside.

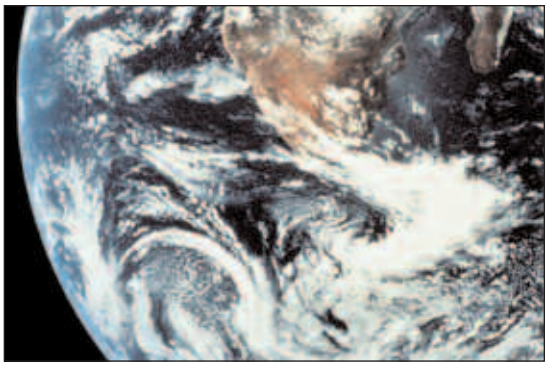
SAFE ROOMS

Safe rooms should be built to the same standard as air locks. After completing your risk assessment, if you find that security from home invasion and chemical/biological terrorist attack is your main concern, you may wish to build the safe room without the attached blast proof shelter room. You may wish to replace the eight-inch thick concrete door with a gas tight steel door. Either should lock securely from the inside. Common safe doors do not normally have gas-tight gaskets. Safe doors could also warp under blast conditions, and block your entrance back into the home. We highly recommend that any room built to protect personnel, have both an entrance and an exit to the outside. All safe rooms must have a ventilation system and gas filter, with manual function capability.

There are creative ways to hide the door to your "safe room" and/or "air lock." Hiding this door is as important as securing the door.

Recently, officials from FEMA published instructions for preparing a "safe room," in which they recommend plastic, secured with duct tape should be used to seal a room from all outside air. Please review the dangers of CO_2 poisoning, from previous journal entries. Every person must have 88 cubic feet of free air space to survive five hours in a sealed-down condition. Consider volume for food, water and other supplies when calculating your free air space. Occupants will be forced out of the room (or die) when CO_2 levels reach 3%.

There are creative ways to hide the door to your "safe room" and/or "air lock." Hiding this door is as important as securing the door. ●



A PANDEMIC'S AFFECT ON THE WORLD ECONOMY

THREAT ANALYSIS RESOURCE

The following are excerpts from Special Report: Don't Fear FEAR or Panic PANIC, an economist's view of pandemic flu by Dr. Sherry Cooper, with comments by Dr. Michael Osterholm.

Once a pandemic virus emerges, it is too late to begin planning or to begin collaboration (with other countries). There will be only a 20-to-30 day window between emergence and pandemic. The WHO suggests that the virus would travel the globe in 3-to-4 months, but with today's air travel, it could occur much faster.

The authors of this article raise the question about economic fallout of a worldwide pandemic.

Supply chains are broken. People everywhere are frightened. Every business is in emergency mode.

Financial markets are destabilized and some might not even function for, hopefully, ONLY a brief period.

Gold prices will jump as investors seek a financial haven.

Central banks will add liquidity but that only helps if bond markets are functioning.

Banks are making loans, and people are there to apply for these loans. Clearly, the overall functioning of the global economy will be attenuated for some period of time depending on the severity of the pandemic.

Businesses would be confronted with, say 25% absenteeism, maybe more, as many workers take ill, stay home to take care of children or family members or refuse to go to work, especially in heavily populated office towers.

Shortages Emerge Everywhere. At the first sign of a pandemic, there would be a run on indispensable items such as food, water, and power (fuel).

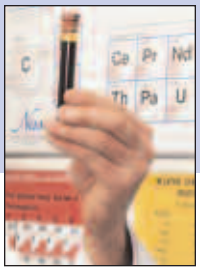
People would also attempt to stock up on essential medications and medical products such as insulin, heart drugs, and many other prescription drugs, home- use dialysis machines, respirators, masks, anti-bacterial hand soap and so many more. There is already a shortage of some key antibiotics, pediatric supplies *and other medical essentials*.

Corpse management would be a huge issue, a glimpse of which we saw in New Orleans.

The casket manufacturing industry has virtually no spare capacity. Refrigerated trucks would be used as temporary morgues for the dead, which would exacerbate the delivery and storage of food products like, meat, fish and eggs.

There is no surge capacity in most hospitals around the world. Other facilities, from gymnasiums to warehouses to hotels to sports stadiums would have to be quickly refitted and provided with staffing (which may also be in short supply).

[***Editor's Note:*** *This is a recap of a 26 page report. The middle of a full-blown incident of this type is not the time that you want to be out shopping for necessities to sustain your family. Take a look at this issue's centerfold to learn about preparing in advance.*] ●



GLOSSARY

1. PANDEMIC
Epidemic over a wide geographic area and affecting a large proportion of the population, as in pandemic influenza.

2. AIR LOCK
An airtight chamber, usually located between two regions of unequal pressure, in which air pressure can be regulated, also a bubble or pocket of air or vapor, as in a pipe, that stops the normal flow of fluid through the conducting part.

3. SAFEROOM
A reinforced room: a room in a building reinforced against intruders, attack, or severe weather.

4. ANTHRAX
A serious bacterial infection caused by Bacillus anthracis that occurs primarily in animals. Cattle, sheep, horses, mules, and some wild animals are highly susceptible. Humans and swine are generally quite resistant to anthrax. Humans become infected when the spores of B. anthracis enter the body by contact with animals infected with B. anthracis or from contact with contaminated animal products, insect bites, ingestion, or inhalation. Aerosolized ("weaponized") spores of B. anthracis can potentially be used (misused) for biological warfare and bioterrorism. Cutaneous anthrax is the most common form of the disease and is characterized by the development of a localized skin lesion with a centralized scab surrounded by marked edema (swelling). Inhalation anthrax (woolsorters' disease) typically involves hemorrhagic mediastinitis (bleeding into the mid-chest), rapidly progressive systemic (bodywide) infection, and carries a very high mortality rate. Gastrointestinal anthrax is much rarer but is also associated with a high mortality rate.

5. SMALLPOX
Also known as variola, a highly contagious and frequently fatal viral disease characterized by a biphasic fever and a distinctive skin rash that left pock marks in its wake. Because of its high case-fatality rates and transmissibility, smallpox now represents a serious bioterrorist threat. The disease is caused by the variola virus. The incubation period is about 12 days (range: seven to 17 days) following exposure. Initial symptoms include high fever, fatigue, and head and back aches. A characteristic rash, most prominent on the face, arms, and legs, follows in two-three days. The rash starts with flat red lesions that evolve at the same rate. Lesions become pus-filled and begin to crust early in the second week. Scabs develop and then separate and fall off after about three-four weeks.

6. BIRD FLU
Bird Flu, as the name implies, is an infection in birds caused by an influenza virus. (The Bird Flu is also referred to as Avian Flu.) Influenza viruses that infect birds often do not cause illness in birds. Since the viruses are highly contagious, danger to humans arises when domesticated birds (for example chickens, ducks, and turkeys) become infected. While bird flu usually poses no threat to humans, instances of transmission of bird flu to humans have been reported since 1997, and over 100 people have been infected in the current outbreak that began in Southeast Asia in mid-2003.

7. DECONTAMINATION
To make safe by eliminating poisonous or otherwise harmful substances, such as noxious chemicals or radioactive material.

8. CHEMICAL TERRORISM
Terrorism using the chemical agents of chemical warfare; can undermine the personal security of citizens; a good agent for chemical terrorism should be colorless and odorless and inexpensive and readily available and not detectable until symptoms are experienced. These chemical agents are poisonous gases, liquids or solids that have toxic effects on people, animals or plants. Most chemical agents are capable of causing serious injuries or death. The severity of injuries depends on the type and amount of the chemical agent used, and the duration of exposure.

9. BIOLOGICAL TERRORISM
The planned, unlawful use or threat of use, of biological weapons made from living organisms with the intent of causing death or disease in humans, animals, or plants. The goal of bioterrorism is usually to create fear and/or intimidate governments or societies for gaining political, religious, or ideological goals.

10. SHELTER IN PLACE
To take cover in a building, due to the severe air conditions outside. Go to a room that has the fewest doors, windows and openings to the rest of the house with a water source. ●

DOXYCYCLINE AS A PROPHYLAXIS FOR

ANTHRAX

A Report from Medical Corps
By Ralph C. Fenwick M.C.

For Medical Corps' complete report on this subject, go to www.medicalcorps.org

Disclaimer: *The treatment and dosages recommended for adults and children in this report must be checked and cleared by your own physician.*

In medical language, a prophylaxis is a preventative or a shield against a disease. The following is a study, by Dr. Arthur Friedlander, on the use of antibiotics as an aid to totally preventing any and all symptoms of these air-delivered organisms.

We now have indications that a prophylaxis against Anthrax, Cholera and Bubonic Plague will work using the Tetracyclines. In point of fact, experimental treatment data indicates that daily doses of simple antibiotics – even taken 24 hours after exposure – will shield a human from contracting Anthrax. Not only do the antibiotics protect against Anthrax, but existing data strongly suggests that the same prophylaxis will work against Cholera and Plague. The report in its entirety:

Post-exposure Prophylaxis against Experimental Inhalation Anthrax (*Journal of Infect Dis* 1993;167:1239-42) Conducted by Dr. Arthur M. Friedlander, US Army Medical Research Institute of Infectious Diseases, Bacteriology Division, Fort Detrick, Frederick, Maryland.

Rhesus monkeys (6 groups of 10 each, total: 60) were exposed to Heads-only challenge of air-delivered Anthrax spores. Beginning one day after exposure, each of the six groups being tested was given the below treatment, with results as follows:

Continues next page

Treatment-Anthrax Deaths:
Control group (untreated), 9 out of 10 died;
Vaccine alone, 8 out of 10 died;
Penicillin, 3 out of 10 died;
Ciprofloxacin (Cipro), 1 out of 9 died;
Doxycycline, 1 out of 10 died;
Doxycycline + Vaccine, 0 out of 9 died.

Note: The antibiotics worked surprisingly well even when treatment was started a day after exposure. The vaccine, however, was a dismal failure when given a day after exposure. Without the prophylaxis, the chances of contracting the disease, after being exposed to Inhalation Anthrax, was almost a certainty.

The study was done on monkeys. While the Rhesus monkey responds to diseases and medications quite like humans, they are still animals. Human dosages will be different and the outcome may be better, or not as successful.

DOXYCYCLINE: ADULTS:
Adult DOSAGES: Doxycycline (Vibramycin) pills or capsules. **Prophylaxis Only**
Note: Adult weight is anyone weighing over 100 pounds. (PDR)

Minimum adult dosage for Doxycycline = 100mg every 8 hours (TID/q8h) x 60 days. This is a total of 300mg per day.

Maximum adult dosage for Doxycycline = 200mg every 12 hours (BID/q12h) x 60 days. This is a total of 400mg per day.

Note: When our survival depends upon antibiotics we tend to think that if so much is supposed to work then two or three times as much will be even better. *Not so*!

Note: Antibiotics are alien to the human body and in prescribed dosages are only mildly poisonous. Taken in extreme doses/dosages they will damage your body or quite likely kill you. Especially if there is no invading organism!

Note: While a daily dose total of 300mg to 400mg per day x 60 days of Doxycycline can be considered quite high for the treatment of certain infections, these doses and dosages are to prevent the disease from germinating even though the disease-causing organism is already present in the body.

Note: The reader will notice that the prophylaxis study done by Dr. Friedlander only ran for a 30-day course. Under the Discussion section of the study the reader will see that some of the Rhesus monkeys died of Anthrax when residual spores in the lungs germinated 42 to 58 days after completion of antibiotic course.

Note: The study suggests that a course longer than 30 days of antibiotic therapy would have resulted in no deaths.

Note: Tetracyclines are Bacteriostatic in action. These Bacteriostatic antibiotics interfere with the protein synthesis of the target disease. This is rather like weakening the infecting organism by starvation.

Antibiotics are alien to the human body and in prescribed dosages are only mildly poisonous. Taken in extreme doses/dosages they will damage your body or quite likely kill you.

DOXYCYCLINE CHILDREN:
Children DOSAGES: Doxycycline (Vibramycin)
Prophylaxis Only DOSAGE BY BODY-WEIGHT
For children below 100 pounds, a daily recommended dose equaling 2mg per 1 pound of body-weight should be divided into two equal doses and given 12 hours apart. For instance, a 60 lb. child would receive 120 mg in two 60mg doses. However, Doxycycline tablets or capsules only come in 50mg and 100mg sizes. Considering the nature of Anthrax, it would probably be better to give the 60 lb. child a 50mg tablet in the morning then 25mg (1/2 of a 50mg tablet) 8 hours later. Take the last 50mg dose in another 8 hours for a daily total of 125mg of Doxycycline. That would be a dosage total of 50mg–25mg–50mg.

Note: A dose rate of q8h (every 8 hours) keeps the blood level of Doxycycline more constant within an adult or child's system.

Note: Each child will require *seperate* Doxycycline dosage computations using the formula 2mg per pound body weight. Then you will have to divide the dose into at least two or three equal parts and space evenly over one 24 hour day.

OTHER WAYS TO CALCULATE DOSAGES:
Clark's Rule For Pediatric Dosages:
Since milligrams per pound of body-weight vary with the drug being used, it might be easier to use Clark's Rule if you know the child's weight.

Divide the child's weight by 150 lbs. then multiply that number by the *adult* daily dose total. The answer equals the child's total daily dose. For instance, a dosage for a 50 pound child is computed thusly: 50/150 = 0.333 Now multiply that by the minimum daily dose for an adult and you get: 0.333 X 300mg = 99.999mg or: 100mg for a daily dose total. The minimum dosage for that child will be: 50 mg every 12 hours (q12h) x 60 days Total daily dose = 100mg.

Continues next page

ANTHRAX

Continued from page 14

DOSAGE BY AGE CALCULATION:
Here is a problem: You are in a survival situation and you want to weigh your child on a bathroom scale. You suddenly remember that you don't have a bathroom scale. What do you do? In medicine there are two choices for dose calculation (Young's Rule and Cowling's Rule).

Young's Rule:
Divide the age of the child by his age + 12. For instance, the calculations for a three year old child would be three divided by 3+12 (15) or 3/15. Thus, the appropriate dose for a three year old child would be 1/5th of the adult dose.

Cowling's Rule:
Divide the number of the *next* birthday by 24. For example: a five year old child's dose would compute: six divided by 24 which equals 6/24 or 1/4 (one fourth) the adult dose/dosage. **Contact your physician to see which of these rules would be most be appropriate for children within your family*

WARNINGS:
Doxycycline is of the Tetracycline class of antibiotics and all Tetracyclines have a warning that they will cause yellowing and possibly destruction of the teeth in unborn babies, infants and children to the age of eight years (source-PDR). These conditions have also been observed into the young adult years (Source–empirical data). *However,* Doxycycline is the *only* Tetracycline class antibiotic which can be taken with milk. Data suggests that this is because there is little calcium binding between Doxy and milk. This study suggests that there is less yellowing of teeth in children who are taking Doxycycline. (This seems due to less calcium binding as well as organic reasons.) *Therefore*, it is highly recommended that children and/or adults take Doxycycline instead of Tetracycline.

All Tetracyclines kill the normal/ essential bacteria responsible for a healthy body. Among other things, this can cause ulcers of the mouth, fungal infections and diarrhea.

If an allergy to any of the Tetracyclines develops or exists, discontinue and switch to a Penicillin class antibiotic.

Never use Penicillin and Tetracycline together. They tend to cancel each other out. Sunburn–Tetracyclines can make human skin extremely susceptible to sunburn.

If Tetracyclines are several years past their safety date they can poison you! As with all medication warnings, they must be weighed against the nature of the disease. Pulmonary Anthrax will kill you. Yellow teeth won't, and diarrhea can be dealt with.

WARNING–READ CAREFULLY:
Tetracycline (Achromycin V) or Oxytetracycline (Terramycin) were not used in the Prophylaxis study done by Dr. Friedlander. Conclusions that Tetracycline can be used as a prophylaxis were drawn from PDR dosages and the fact that Tetracycline is used to treat Cutaneous Anthrax (on the skin) before it enters the body's system. In addition, according to the 16th edition of the Merck Manual, Tetracycline can also be used as a prophylaxis against Cholera and Bubonic Plague. The Tetracycline class drug-of-choice is DOXYCYCLINE!

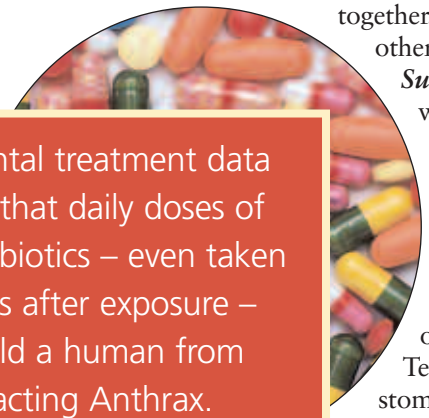
There were no Anthrax studies done on humans.

WARNINGS:
Tetracycline class antibiotic will cause irreversible yellowing or graying of the teeth in unborn babies, infants and children to the age of 8+ years (source–PDR). Tetracycline is not recommended for lactating mothers.

All Tetracyclines kill the normal/ essential bacteria responsible for a healthy body.

If an allergy to any of the Tetracyclines develops or exists, discontinue and switch to Penicillin.

Never use Penicillin and Tetracycline together. They tend to cancel each other out.



Experimental treatment data indicates that daily doses of simple antibiotics – even taken 24 hours after exposure – will shield a human from contracting Anthrax.

Sunburn–All Tetracyclines will make human skin extremely susceptible to sunlight.

Tetracycline and milk should not be taken together or within two (2) hours before or after meals or milk. Milk and Tetracycline combine in the stomach and pass out of the body without the Tetracycline being used.

Remember: Pulmonary Anthrax will kill you and if the Tetracycline or Oxytetracycline combines with the milk then the patient will most likely contract Anthrax if it is present.

Tetracyclines (all) have been shown to cause the bones of unborn babies to malform. The good news is: *most* of the time the bones return to normal after the medication is stopped.

Remember: A baby in the womb is extremely susceptible to chemicals and drugs

The treatment and dosages recommended for adults and children in this report must be checked and cleared by your own physician. ●

For the remainder of this report, go to http://www.medicalcorps.org.

You Choose: Preparedness or to

BECOME A UNICORN

By Barbara Salsbury

How many of you think you may be related to the unicorn? Or have you considered that you might even be a unicorn?

WERE THE UNICORNS FORGOTTEN? OR ...

A few years ago there was a popular song sung by the Nitty Gritty Dirt Band. It was about Noah, the building of a large ark, and the gathering of the animals. The star of this particular song was the unicorn, which was a particular favorite of the Lord. Noah was reminded repeatedly, "don't you forget my unicorn." Perhaps you remember? "There were green alligators and long necked geese, some humpty backed camels and chimpanzees; some cats and rats and "ely-phants" but sure as you're born, don't you forget my unicorns." Noah completed the ark and started calling the animals, but the unicorns paid no attention because they were laughing and playing games. Soon it started to rain, yet the unicorns continued to kick and splash, caught up in playing silly games. "As the rain came down and floated them away, … the unicorns looked up from the rocks and they cried "… and that's why you'll never see a unicorn to this very day."

ARE THERE UNICORNS IN YOUR PUDDLES?

Even today the rains come down and the waters rise. Already as the first years of the new millennium have passed, many people have looked frantically for their "Ark." Torrential rains and floods have ravaged parts of the U.S and other countries. In some of the

Continues next page

puddles that remain, if you look closely, there will be "unicorns" splashing and saying that there is still time to "play games."

Weather's Visual Aids

The weather on a national and international basis continues to provide visual aids for the Preparedness Classroom. We are through the hurricane season this year and the winter season, with severe intensity, has already blanketed much of the world. Earthquakes of extremely high magnitudes continue to jolt the world. Some, appearing in places where faults were previously unknown.

Consider Your Situation and a Homework Assignment

It's time that you seriously consider a sense of urgency as it applies to your individual situation. Should you think such recommendations are "scare tactics," a homework assignment may convince you otherwise. For the next three days see how many unicorns you can find. Should you find one to ten, it's an indication that you still have time to play. If your search reveals less than one, then it should be proof that in your part of the world it's time to take action!

Attitude?

What and who is influencing your attitude? When it comes to a theme such as this issue's of biological threats and pandemics sometimes it would seem to be better to be a unicorn. But surely there are some things that you can do to make it better should that kind of event come your way. Especially if you have a family that includes small children, there have got to be things that can be done, by starting immediately. One of the things that all of us need to do is to understand what "Sheltering-in-Place" means. There are so many rumors flying out there; so many "The End of The World Is Coming" kind of fear tactics that need to be evaluated. Some fear is good if it motivates you into doing something positive and possible. Fear that resonates, "run, run the sky is falling," won't help at all.

Another Homework Assignment

That means I have another homework assignment for you, in addition to looking for the unicorns. I would ask you to look at your home, whether it be an apartment, a mobile home, a cottage or a condo. Read the rest of this article and the other articles in this issue with the circumstances of your home in mind. Write in the margins, or get a notebook with paper and a pencil to jot down the positive ideas that you can apply immediately and those that you may have to work on for a while to accomplish.

What Does/Can Sheltering in Place Mean to You?

A shelter is any place or structure that gives protection. While a tent, a cave, a lean-to, or a bomb shelter all qualify as shelters, the only shelter that really matters for our purposes in this article is your home.

Your home can be a safeguard to prevent harm, as well as a defense after a crisis. In some cases, shelter is the difference between safety and injury, and even between life and death. The preparedness purpose of shelter is to put as much protection as possible between you and the adverse conditions raging outside. Usually, staying safely indoors may be all the shelter you need. The part of the country you live in and the kinds of storm patterns you have to deal with indicate the lengths you need to go to provide adequate shelter. And, unfortunately, because of the threatening conditions in the world, all of us need to provide some protection against terrorism, no matter where we live.

Sheltering in Place

"Sheltering in Place" can be a proper first response to a biological or chemical attack, which would be, in all probability, instigated by terrorists or war. A toxic spill from a train accident could also cause the same kind of situation. In such a circumstance, you will either be directed by the Emergency Alert System (through the media) to evacuate, or you will be directed to take shelter immediately and provide as much protection for yourself and your family as possible.

It may take longer to secure your room than it would to evacuate. Choose your options carefully. The main security measure you must take is to avoid breathing in the contaminated air. If you are told to evacuate, take your 72-hour kit with you in your car. Turn off all heating and air conditioning vents. Do not travel down wind of the disaster site. If possible, travel away from the disaster and perpendicular to the wind.You may wish to purchase Tyvek coveralls (sold at all industrial supply stores) and a gas mask for this purpose. You can suit up more quickly than you can secure a room.

If you have been instructed to stay at home, retreat to a room as far from outside air as possible and seal yourself into it by covering window and door openings, air ducts, and heater vents with plastic sheeting. Seal all the edges securely with tape. Turn off all heating and air conditioning before entering the room. Your Shelter-In-Place room should be on an upper floor (or as high as possible) because biological or chemical agents are heavier than air and will settle to the lowest point. It doesn't have to be a particularly small room, nor a room standing empty for that purpose only. For example, my designated shelter-in-place room is a large bedroom with an adjoining bathroom. There is only one window in the bedroom and a small window in the bathroom. Since it is at the end of a hallway, if the time comes, I will only need to seal off those two windows and the doorway into the bedroom to secure my area. I will still have access to bathroom facilities. The bedroom has a television in it, in case there is still power, which is as likely as not.

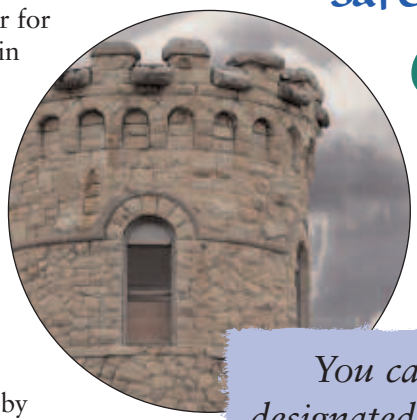
Most biological or chemical attacks could cause great destruction of human lives, but not necessarily great physical destruction of buildings and services, etc.

With a Shelter-In-Place room, you should stock the room with supplies. Your supply kit should include an adequate supply of light foods or snack foods and water for everyone that will be in the shelter, a battery-powered radio, first-aid kit, flashlight, cell phone if possible (grab it on the way in), some small games or other morale boosters, and any specific personal needs you may have (for example, baby needs, or medications, etc.) Of Course, in order to remain sane and with positive attitude abilities there must be adequate supplies of chocolate. Priorities are in order here: gummy bears for the kids, chocolate for the Moms and Dads. The crucial point is to make sure the supplies are immediately replaced when the crisis passes, especially if it is the storm season. You never know how soon you'll need a shelter room again.

A kit vs. a list?

You may want to keep a supply kit in the room on a regular basis, or it may be just as effective for you to tape a list of instructions and needed supplies on the back of the door of the designated room. With a list as your guide, it would only take a few moments to gather them and secure your area. Sheltering in Place usually only lasts for several critical hours, not weeks. You require 88 cubic feet per person (about 11 sq. feet of floor space) of free air space to keep your CO_2 levels below the critical 3% level for a period of four hours. If you have adequate room, you don't need to worry that you are effectively sealing yourself into an airless box and that you'll suffocate before it's safe to come out. To assure your ability to stay for longer periods, you should purchase a ventilator/gas filter for the room. This should be installed well before any event. Make sure the ventilator has both electric and manual function, as you may loose power to your home.

Safe Haven



Once again here is the practical side of a terrifying situation. No matter how severe the tumult going on outside your home, you can turn your designated place of shelter into a safe haven. Begin by discussing with your family the what's, why's, and how's of a sheltering-in-place situation: what could possibly go wrong, why you are getting prepared now, how you are going about it, and how that will provide the needed security. Then when the crisis comes, speak in comforting words. Reassure your family that all will be fine, and that you have prepared for this situation and it is under control, as much as is possible. Your comforting tone and encouraging attitude will set frightened minds at rest. You have it within you to create a safe haven in the midst of chaos.

You can turn your designated place of shelter into a safe haven.

The preparedness purpose of a shelter is to put as much protection as possible between you and the adverse conditions raging outside.

Your Shelter-In-Place room should be on an upper floor or as high as possible because biological or chemical agents are heavier than air and will settle to the lowest point.

Adapted from the new book ***Preparedness Principles, Helping You Help Yourself Be Prepared****, Salsbury, Barbara; release date, Spring 2006.* ●

SPOTLIGHT

In this issue's Spotlight, we would like to introduce you to one of our senior members of the TACDA Board of Directors, Dr. Gerald L. Looney.

Dr. Gerald L. Looney is a native of Bluefield, West Virginia and a graduate of the Johns Hopkins School of Medicine and the Harvard School of Public Health. He has recently retired as medical director of the Boeing Company Military Transport Division (C-17 Program in Long Beach, CA) and Associate Clinical Professor of Medicine/Occupational Health at the University of California, Irvine (UCI) College of Medicine.

Previously, he held medical faculty appointments at Harvard, Boston University, University of Arizona, and the University of Southern California. The Cuban Missile Crisis occurred during Dr. Looney's senior year of medical school, so before graduation he was convinced of the need for civil defense and his conviction has been reconfirmed many times, the latest confirmation occurring on Sept. 11, 2001.

His entire professional career has supported civilian protection and public preparedness. He helped found the new medical specialty of Emergency Medicine and served on the faculty of the nation's first academic Department of Emergency Medicine. With five other physician members of TACDA, he founded the medical organization, Doctors for Disaster Preparedness (DDP). He has been a member of TACDA for nearly three decades and a contributor to the *Journal of Civil Defense* and numerous medical journals.

On behalf of TACDA, our members, and Board of Directors, we would like to say "Thank you Dr. Looney for all of your years of loyal service to TACDA and its mission." ●

The New HAM ADVISOR

by Mike Davis, n4foz
Jacksonville, Florida

This artile has been written to help you with your selection of a radio, antenna and power supply, and to guide you with the requirements for installation and proper operating procedures.

RADIOS

Choosing your Radio

There are many good ham radios from which to choose. New hams would be well advised to choose from a time-proven name brand such as Alinco, Icom, Kenwood or Yaesu. A hand-held transceiver (HT) is very convenient for use during field operations. They are inexpensive and lightweight. For vehicle use of an HT, we recommend that a 1/4th or 5/8ths wave magnetic antenna be mounted to the outside of the vehicle. The HT radios are normally in the frequency range of two-meter or two-meter/440 and operate in the very high frequency (VHF) range. The drawbacks to these radios are that they have limited power output, and the batteries must be recharged on a regular basis.

High Frequency Radios

If your intention is to use the radio during a nuclear event, choose a high frequency (HF) radio in the 40- to 80-meter range. HF radios do not require relay stations (repeaters) for their use. The electro magnetic pulse (EMP) associated with high-attitude nuclear weapons would leave most all relay stations non-functional. Radios not in use should be stored in Faraday cages (areas completely surrounded by metal) to protect them from the EMP. Metal garbage cans, ammo cans, and old microwave ovens make good faraday cages. You may wish to purchase an inexpensive CB for "line-of-site" communications after a nuclear event. CBs will function much the same as a two-meter HT or mobile, and are much less expensive.

HF radios and antennas are quite expensive if purchased new, but they are the only dependable source of communications over long distances after a nuclear event. HF radios are very powerful and can be powered by either A/C or D/C power sources.

Very High Frequency Radios

Radios in the very high frequency (VHF) range require the use of relay stations. HF radios function in the two-meter range. They are relatively inexpensive and are an excellent choice for new Hams. VHF radios become "line-of-site" only, if the relay stations become non-functional.

Mobile Radios

Mobile HF radios can be permanently mounted in a vehicle for use on a daily basis. The mobile HF radio receives its power from the car battery. The cables from the radio should run directly to the battery for best performance. Other advantages are that the hand microphone is easy to use and the mobile radios have much more power than HT radios. "Noise" from the vehicle electronics sometimes becomes a problem, but can be resolved with a commercially made filter.

Base Stations

Base stations offer the convenience of both A/C and D/C 12-volt back-up power. Many new Hams choose to use a two-meter VHF mobile radio for their home-based station. The 12- volt backup battery is essential for emergency use. For two-meter radios, a 12-20 amp filtered supply should do very well. HF radios may require a larger power supply.

Summary

A five-watt VHF hand-held radio is a good starter radio for Hams on the "go" and on a budget. If you wish to operate from your home most of the time, a two-meter VHF mobile used as a base is a good inexpensive choice. If you are planning to use your radio after a nuclear event, consider purchasing an HF radio for your Base Station and keep it in a Faraday cage when not in use. ●

NOTICE OF NOMINATIONS FOR TACDA BOARD OF DIRECTORS

The nominating committee is now accepting nominations for the nine allotted members of the TACDA board. All nominations should be received by the office no later than June 9, 2006. Please send us the name of the person you wish to nominate, their biography (background, education, career information, etc.), and their signature of consent to:

TACDA Nominating Committee
11576 S. State St, Suite 502
Draper, UT 84020-7111

Dr. Mary Pernicone has recently replaced Frank Williams on the board. Frank has been a board member for many years and has requested a leave of absence due to illness. We will miss him and wish him well. He will serve on our advisory committee until further notice. Currently have nine additional board members, listed in order of length of time served on the board:

Gerald Looney, MD in Emergency Medicine; former Medical Director of Boeing Company Military Transport Division; Associate Clinical Professor of Medicine, University of Irvine (UCI) College of Medicine.
Bronius Cikotas, consultant to Congress and White House on terrorism and EMP; consultant on EMP and infrastructures for the US EMP commission.
Sharon Packer, MS Nuclear Engineering; President ANDAIR USA; Vice President of Utah Shelter Systems which manufactures all-hazard shelters.
Art Robinson, Doctorate in Chemistry; Director, Oregon Institute of Medicine.
Kay Goss, Doctoral studies at West Virginia University in Public Administration and at American University in American History.
Gary Sandquist, Doctorate in Nuclear Engineering; former Director of Nuclear Engineering Program, University of Utah.
Jay Whimpey, MS Chemical Engineering; Professional Engineer 1995, water purification and hazardous waste disposal specialist at Thiokol.
William D. Perkins, Director on TACDA Board; President of Perkins & Oglesby, Inc.; medical software developer; sold and maintained radiological equipment.
Mary Pernicone, MD, specialist in breast cancer surgery and emergency medicine, former director of comprehensive breast care center. ●

Notice Of Annual BOARD MEETING

The Annual Board Meeting for The American Civil Defense Association (TACDA) will be held on July 14, 2006, in Salt Lake City, Utah. All TACDA members are invited to attend. The exact time and place will be posted in the next issue of the Journal. Dinner will be served after the meeting. The estimated cost of the dinner is $15.00. Dinner reservations must be made at least 14 days prior to that evening.

Friday afternoon at 1:00 pm, TACDA members are invited to tour an existing, functioning NBC shelter. The membership meeting will be held Friday evening at 5:00 pm.

Jay Whimpey, Secretary/Treasurer will present a report on our current financial status. Sharon Packer, President, will give a review of the 14 Chapter lessons and a synopsis of TACDA events, as well as challenges and accomplishments during the past year. Bron Cikotas, Vice President, will report on our mission statement, goals, and future projects.

The nominating committee will then present the nominees for board membership. All current TACDA members are eligible to vote by ballot for acceptance or rejection of each individual nominee. Each Board member will serve for a period of one year and may be reinstated yearly by vote of the membership at large.

At 7:00 pm, members are invited to join the Board members for dinner and socializing. ●

Evacuate with Confidence

PLAN ... NOT PANIC The Manual For 72-Hour Survival & Emergency Evacuation

It only takes once for an evacuation situation to quickly disrupt your entire life, as many have discovered in the recent rash of hurricanes, world-shaking earthquakes and mega-disasters that have been sweeping the world.

PLAN ... NOT PANIC - The Manual For 72-Hour Survival & Emergency Evacuation

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$9.29

PERSONAL EVACUATION KIT I

The Personal Evacuation Kit I (PEK1) is designed to assist persons evacuating a building in the event of a disaster or emergency situation, and offers the following features:

- High Visibility Pack which can be attached to each employee's desk and easily located during an emergency.
- Contains essential emergency items for an evacuation.
- Can be easily carried by the attached shoulder strap.
- Can be customized for schools and dormitories as well as hospitals and hotels. Designed for individual use.

The Personal Evacuation Kit I includes:

- Disposable NIOSH*-approved N100 particulate respirator (proven 99.97% effective)
- Heavy Duty Aluminum Flashlight
- Chemical Light Stick 12 hours of continuous glow
- High Intensity Whistle Loudest Whistle Manufactured
- 2 Packages of Purified Drinking Water 4.225 oz per package
- Thermal blanket retains 90% of body heat
- 33 Piece First Aid Kit

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