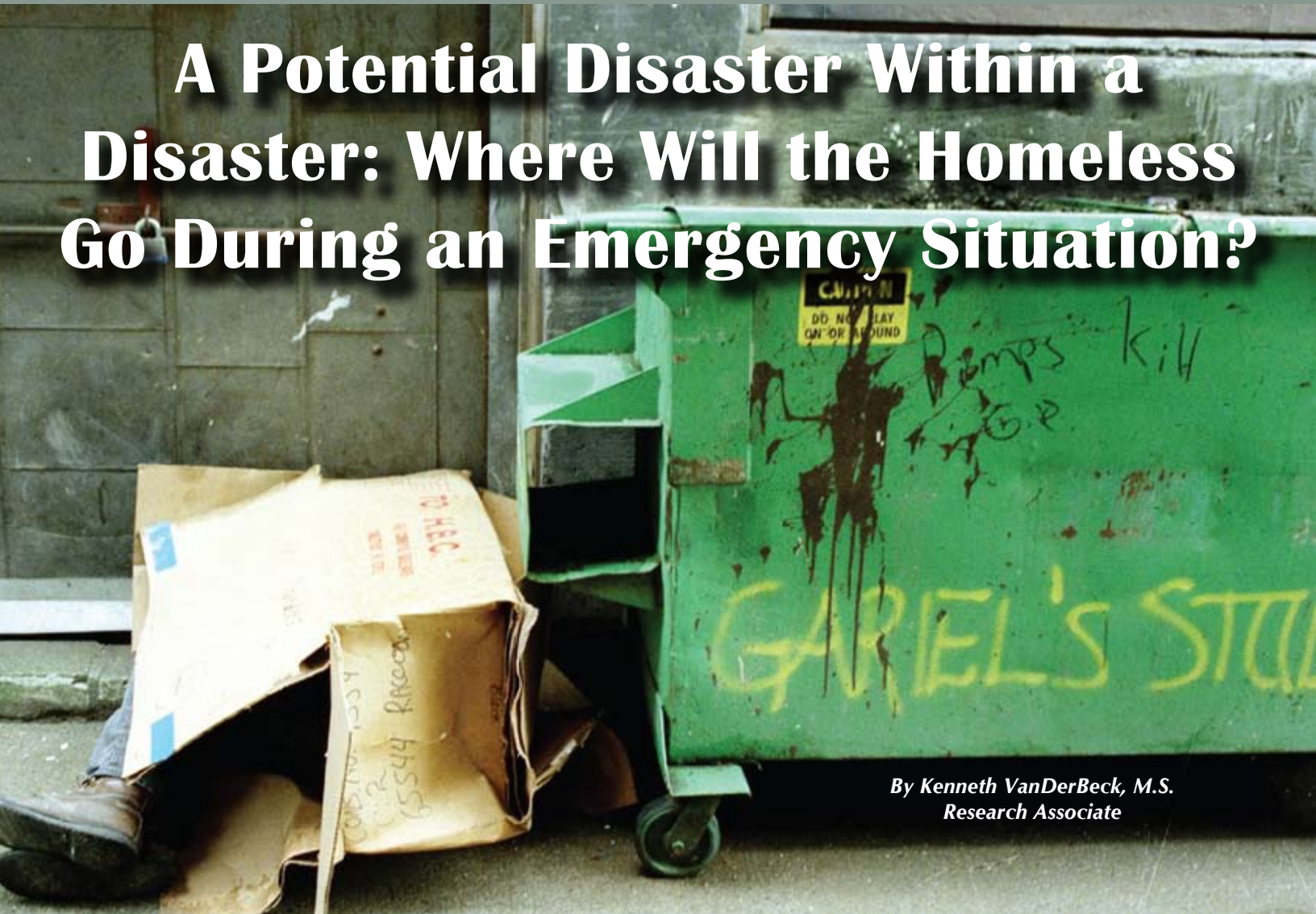




A Potential Disaster Within a Disaster: Where Will the Homeless Go During an Emergency Situation?



By *Kenneth VanDerBeek, M.S.*
Research Associate

Despite living in a nation where there is continuous economic growth, housing for the poor is at an all-time low, and homelessness remains pervasive throughout the United States. In urban, suburban, and rural communities, a growing number of homeless people live on the fringes of society: in cars, under expressways, and in alleys and doorways. Although the homeless are at increased risk of becoming victims of violence, infectious disease, post-traumatic stress disorder, and a range of negative health consequences, homelessness is rarely viewed as a public health issue.

The National Mental Health Information Center defines a homeless individual as a person who lacks housing, including persons who live in transitional housing, spend most nights in

a supervised public or private facility providing temporary living quarters, and “live on the street.”

Demographics

According to the 2005 *Annual Report of Homeless Conditions in Florida*, approximately 83,391 Floridians were homeless on any given night in 2005. In addition, there are over 228 shelters in Florida that have over 8,500 emergency beds, 11,000 transitional housing beds, and a capacity to house about one-quarter of homeless Floridians for a temporary period of time. However, permanent housing opportunities for the homeless are scarce. As a result, 26 percent of homeless individuals stayed homeless for over one year.

(continued on page 8)

CBAP CHRONICLE EDITORIAL STAFF

Managing Editor/Graphic Designer
Scott Colton, B.A.

Editor
Cecilia Rokusek, Ed.D., R.D.

Contributing Writer
Kenneth VanDerBeek, M.S.



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NSU-COM Center for Bioterrorism
and All-Hazards Preparedness
3434 South University Drive
Fort Lauderdale, FL 33328-2018
(954) 262-1688 or (954) 262-1850
<http://www.nova.edu/allhazards>

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Campus Safety and Security: A Call to Action for Higher Education



On April 16, 2007, a troubled student at Virginia Polytechnic Institute and State University went on a shooting rampage on campus that left 32 people and the shooter dead. As we mourn the victims of the deadliest school shooting in U.S. history more than a year later, there are many challenges that still need to be addressed. Lessons learned from this unfortunate event have served to provide

the basis for best practices, comprehensive planning, and ongoing evaluation and training at campuses and school environments throughout the United States. Training in this area is an ongoing challenge given the multitude of natural and manmade disasters that can seriously impact campuses.

Many crimes that occur on college and university campuses are related to poor communication and a lack of information sharing and collaboration. This information exchange may occur among mental health and health professionals, educators, and law enforcement, especially when a student is determined to be at risk. Coordination among professionals comes with comprehensive training and appropriate response.

Emergency notification plans are now being developed, modified, and practiced at many universities and colleges around the country. In April 2007, Florida's governor, Charlie Crist, signed an executive order establishing the Gubernatorial Task Force for University Safety. From this, a report was created with over 60 recommendations for campus safety and security for Florida's institutions of higher education.

Crimes on campus are often handled internally and may not be brought to the attention of local law enforcement and judicial systems. This approach is changing as campus administrators are developing policies that will better integrate campus security with the legal resources of the surrounding community.

Ensuring campus safety is a collaborative, sustainable, and community-wide effort that incorporates a comprehensive all-hazards approach, encompassing natural and manmade disasters. Institutions may want to have an interdisciplinary incident response team that meets regularly to share ideas and concerns and to review incidents on campus and at other colleges and universities. Intervention practices such as student mental health programs or networks that offer onsite counseling can help identify students who may be at risk of self-injury or injury to others.

In order to measure the effectiveness of comprehensive planning, colleges and universities can conduct scheduled emergency exercises. These may involve campus faculty and staff, students, and community partners. Examples may include scenarios, tabletop exercises, drills, simulations, or full-scale exercises. Ultimately, it is critical to fill any gaps in disaster planning as soon as they can be identified.

Beyond human resources, building infrastructure and technology can go a long way in safeguarding campuses. Monitoring of shuttle and escort services, lighting of walkways and roads, and emergency phone systems are just a few examples of how to adequately ensure security on campus. The use of technology is also helpful via card-access systems, cell-phone text messaging, and email or online notification.

Growing Need for All-Hazards Preparedness



Cecilia Rokusek, Ed.D., R.D.
CBAP Project Manager

The need for all-hazards preparedness is only growing. I thought I was saying this too much, but I am convinced that it is truer now than ever before.

For the last month, I have decided to write down all of the emergencies that are happening in our world. They are a daily occurrence, and the scale of the disasters goes from small to large on a weekly basis. When I started recording these events, I thought there would be some “free” days, but it’s been quite the contrary.

In the last month alone, our world has experienced a moderate earthquake in the Midwest, a major one in China, a cyclone in Myanmar, blizzards and cold weather in the Midwest, a deadly terrorist bombing in India, over 25 tornadoes throughout the Midwest and Southeast United States, massive wildfires in California and Florida, and a quarantined passenger train in Ontario because of an expected and yet unknown female death in Ontario, Canada.

As a result of these daily disasters, thousands of people have lost their lives, their property, and their livelihoods. So what is going on as we head into a hurricane season that is expected to be an active one in Florida? Is our world really changing? One can theorize and postulate numerous perspectives on this question.

The reality is that we now know more about all-hazards events and how to deal with them than we did 25 years ago. We have more tools and communication methods than we did then too, BUT we as a world society are NOT prepared. In a December 2007 Robert Wood Johnson-funded study, it was reported that even though “significant progress has been made in our nation’s preparedness to respond to public health emergencies, gaps in critical areas threaten our overall readiness.”

The final report noted that continuing trends of annual cuts in federal funding for state and local preparedness activities threaten the nation’s safety. These cuts may seem penny-wise now, but could prove pound-foolish in the not-so-distant future. The report also found that improvements in state preparedness are encouraging, but the job of preparing the United States for major health emergencies has some way to go yet.

Areas of concern that I noted in the report include the following:

■ Twenty-one states do not provide sufficient legal protection from liability for health care volunteers that respond to a call for assistance in an emergency. Lack of such protections has been identified as a key impediment

to recruiting sufficient volunteers to respond in a major health emergency.

■ Fifty-four percent of Americans believe that the United States is not as safe now as it was prior to September 11, 2001.

■ Almost 60 percent of Americans do not think their communities would be prepared to respond to a natural disaster.

■ Seven states have made no purchases toward their share of the stockpile of antivirals for pandemic influenza. Since containment of a pandemic must be a national priority, any differences in capacity on a state-by-state basis place the entire nation at risk.

As project manager for the CBAP, I have the pleasure and honor to work with some of the finest professionals in the all-hazards preparedness field. I hear from them on a daily basis that their work is growing and expanding, but with the constant fear of federal cuts, they are understandably worried that the work and progress made to date will suffer and put our country and world at even greater risk. We see the need for ongoing student and professional training and exercises. We also recognize the immediate and ongoing need for public preparedness. We are not there, and we cannot stop what we are doing.

I hope that each of you will help do your part to assure ongoing state and federal funding so that America and the world can be prepared for any disaster, and that our “Culture of Preparedness” will be a way of thinking in our everyday lives for everyone.

Enjoy a safe and happy summer.

CBAP Mission Statement

The CBAP is dedicated to the interdisciplinary education and training of professionals, health care workers, community groups, and executives at the local, state, and national levels. The center is dedicated to

- prevent, protect, respond, prepare for, and recover from hazardous events
- emphasize vulnerable, underserved, hard-to-reach, and disadvantaged populations
- serve as a resource center in all-hazards preparedness
- perform research related to response, mitigation, and recovery

CBAP Chronicle is a quarterly publication that highlights the resources, services, and relevant information on current topics available on all-hazards preparedness in the United States for interested health care professionals and those involved in the health and safety of their communities, state, and nation.

FDA Releases Tamiflu Announcement



In March 2008, the Food and Drug Administration (FDA) released the following announcement regarding the antiviral agent Tamiflu (oseltamivir phosphate):

Roche and the FDA informed health care professionals of neuropsychiatric events associated with the use of Tamiflu in patients with influenza. The label has been revised as follows: "Influenza can be associated with a variety of neurologic and behavioral symptoms, which can include events such as hallucinations, delirium, and abnormal behavior, in some cases resulting in fatal outcomes. These events may occur in the

setting of encephalitis or encephalopathy but can occur without obvious severe disease."

There have been post-marketing reports (mostly from Japan) of delirium and abnormal behavior leading to injury—and in some cases resulting in fatal outcomes—in patients with influenza who were receiving Tamiflu. Because these events were reported voluntarily during clinical practice, estimates of frequency cannot be made, but they appear to be uncommon based on Tamiflu usage data. These events were reported primarily among pediatric patients and often had an abrupt onset and rapid resolution. The contribution of Tamiflu to these events has not been established. Patients with influenza should be closely monitored for signs of abnormal behavior. If neuropsychiatric symptoms occur, the risks and benefits of continuing treatment should be evaluated for each patient.

Intermediate Awareness Course Now Available Online



The CBAP is proud to reveal that the Basic Awareness Course has been a resounding success. As a result, we invite you to step it up a notch, test your knowledge, and register for the Intermediate Course online. Web site registration is the same, and you can use your existing password if you have registered before. In addition, CE/CME credits continue to be provided

at no charge for over 35 disciplines, including paramedics, social service, respiratory therapy, and many others.

The course is designed for the first responder. Areas such as emergency management, security, chemical, biological, radiation, nuclear, and explosives (CBRNE) are covered in depth with emphasis on signs and symptoms, treatment, isolation precautions, and decontamination. Our research assistants have spent long hours discovering current Web links, protocols, and updated information to share with those interested in emergency preparedness. Please visit our Web site at www.nova.edu/allhazards and register.

CBAP Premieres Advanced Course: Response to Biological and Radiological Terrorism



On March 31-April 1, 2008, the CBAP premiered its new Advanced Course to over 50 health and law enforcement professionals from Florida, Washington, D.C., and other

areas in the United States. On day one of the course, the relationship of ecology, epidemiology, and clinical manifestations to preparation and response in dealing with viral hemorrhagic fever, smallpox, plague, anthrax, botulism, and tularemia was presented. Day two examined the relationship of the expected results of various forms of radiological terrorism to the establishment of infrastructures for response and mitigation when confronting nuclear and radiation incidents.

Each day provided participants with an opportunity to participate in Casualty Objective Structured Clinical Examinations (COSCEs), which provide for an efficient and standardized way to assess individuals and their skill levels in an emergency situation. COSCEs are an innovative and low-cost method to conduct exercises and small-scale drills using patient actors/actresses. Joel Spalter, M.D., medical officer for Florida-5 DMAT, served as course instructor and was assisted by CBAP staffer Debbie Hauss, R.N.

The training provided in this intensive two-day program is intended for physicians, nurses, and other health professionals involved in emergency response. It is also intended for first responders and leaders in HAZMAT, DMAT, and CERT. For additional information about the Advanced Course, please contact the center at (954) 262-1850. Continuing education (CE) and continuing medical education (CME) credits for several health professions disciplines are available for the two-day course.

Public Health Emergencies Refresher Course

Thanks to support received by the Florida Department of Health, the Center for Bioterrorism and All-Hazards Preparedness is conducting a four-hour CE/CME refresher course focused on updating and enhancing key skills that will enable health care professionals in a public health emergency to assess and provide basic care relative to the health and medical challenges of individuals who have chronic illnesses. These skills are critical, especially when surge capacity is challenged and there is a paucity of qualified practicing health care professionals.

For many professionals, assessment, patient-care management, and provision of care skills may be outdated and underutilized because they may not have been engaged in providing clinical services for some time. This program will target the needed skills these health care professionals require to be able to work with individuals who have chronic illnesses both during and immediately following a public health disaster. Objectives for the program, which is entitled A Refresher Course for Public Health Emergencies: Assessment, Management, and Care of Individuals with Chronic Diseases for Emergency Sheltering in Times of Need, include the following:

- review common chronic health disorders
- offer ongoing training to enable health professionals to properly evaluate, assess, and provide basic care relative to chronic medical conditions
- further expand and assist in asset-typing of individuals called upon during emergency response efforts

The course will be offered on six dates at the following locations in South Florida:

June 19: Nova Southeastern University, Hull Auditorium (1:00 to 5:00 p.m.)

June 24: Nova Southeastern University, Hull Auditorium (1:00 to 5:00 p.m.)

June 26: MRC and Miami-Dade DOH (1:00 to 5:00 p.m.)

July 11: Monroe County

July 18: Charlotte County Health Department Auditorium (1:00 to 5:00 p.m.)

July 25: West Palm Beach (1:00 to 5:00 p.m.)

CBAP Staff Present at ASPR Conference

Leonard Levy, D.P.M., M.P.H., CBAP director, James Howell, M.D., M.P.H., principal investigator for the National Education Strategy Grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR), Dr. Cecilia Rokusek, and Sally Bragg, M.S.N., R.N., CBAP assISTANT project manager, attended the national ASPR conference in Rockville, Maryland, on April 15-17, 2008. Dr. Rokusek was a member of the national planning committee for this conference and chaired one of the final plenary sessions on "The Future of Preparedness Planning: Competency, Standardization, Credentials, and Certification." The three-day conference highlighted the 19 continuing education and curriculum development grants that have been providing education and continuing education around the country during the past five years. The CBAP team made seven presentations, which are listed below:

- *"All-Hazards Preparedness – Integration into the Curriculum for Medicine, Pharmacy, Optometry, Dental Medicine, Nursing, Physician Assistant, Occupational Therapy, and Podiatry"* – Drs. Levy and Rokusek
- *"Implementation of a Statewide School Nurse Training Program in All-Hazards Preparedness"* – Sally Bragg
- *"Preparing Our Nation's Most Vulnerable Populations"* – Drs. Rokusek and Jessica De Leon
- *"Four Tabletop Exercise Scenarios for School Health Providers"* – Sally Bragg
- *"Preparing a National Template for All-Hazards Training"* – Dr. Howell
- *"Increasing the Safety of Special Needs Children in Disasters: Designing an Educational Program for Parents of Preschool Children with Autism"* – Drs. Levy, Rokusek, and Marisa Braun
- *"Credentialing and Certification for All-Hazards Preparedness"* – Dr. Levy

Copies of these presentations are available on request from the center.

Campus Safety and Training Seminar Provides Essential Information



In the wake of the catastrophic campus shootings that occurred at Virginia Tech last year, college and university administrators across the country have been asking themselves questions such as: “Are we safer today?” “Can it happen again?”

If the February 2008 shootings at Northern Illinois University – where the gunmen killed six students and injured over a dozen others – are any indication, the answer is yes, it can indeed happen again. As to whether educational institutions are safer, the answer depends on how prepared individual colleges and universities are.

To address these crucial issues, the Center for Bioterrorism and All-Hazards Preparedness coordinated a two-day symposium on April 25-26 entitled *Campus Safety and Security: A Call to Action for Higher Education* at the university’s Health Professions Division campus in Davie, Florida. Over 50 individuals from across the country attended the conference, which was geared toward college and university administrators but also tailored for school administrators from the pre-K through high school level, campus safety officers, law enforcement officials, and others involved in campus safety.

Conference attendees were able to participate in a mix of seminars and tabletop scenario activities that provided them with the requisite information to return to their respective institutions and implement vital campus safety and security measures.

“This symposium was important not only because of the campus emergencies this past year at Virginia Tech and North Illinois, but also because it provided

an interdisciplinary forum for college and university administrators and security officials to come together with community health officials, emergency responders, and law enforcement personnel to learn, plan, and practice together,” said Cecilia Rokusek, Ed.D., R.D., who serves as CBAP project manager.

Day one of the symposium provided an opportunity for participants to learn from and interact with officials from the field, while day two targeted specific skills. As the participants were attending a lecture, a “created” emergency occurred. With assistance from the South Carolina AHEC and national ASPR training center, a



Speakers at the CBAP campus safety training and security seminar included (from left) Dr. Ronald Stephens, Dr. Cecilia Rokusek, Dr. Leonard Levy, Scott Friedman, Tess Kruger, and Dr. Scott Poland.

mock explosion transpired. Using life-sized blowup mannequins, the symposium participants responded to the explosion and provided triage and care.

"This conference served as an important opportunity for college and university staff, faculty, administration, and security personnel to reflect on safety and security measures and make improvements wherever applicable," Dr. Rokusek explained. "Those who attended the symposium were provided exceptional insight into current knowledge and practice on campus safety and security as well as future steps."

Topics and Speakers

"Psychosocial Applications"

Presented by *Scott Poland, Ed.D.*, an associate professor at NSU's Center for Psychological Studies who is a national expert on school violence

"The State Response to Governor's Safety and Governor's Campus Safety Plan"

Presented by *Jennifer Bencie Fairburn, M.D., M.S.A.*, who serves as director of the Florida Department of Health's Division of Emergency Medical Operations

"The Role of Law Enforcement"

Presented by *Ian Moffitt* from the Miami-Dade School Police Department and *Scott Friedman* from the Florida Department of Law Enforcement

"The Role of Response Management"

Presented by *Tess Kruger, J.D.*, who serves as vice president of university affairs at Winona University in Minnesota

"Intervention Strategies: Best Practices"

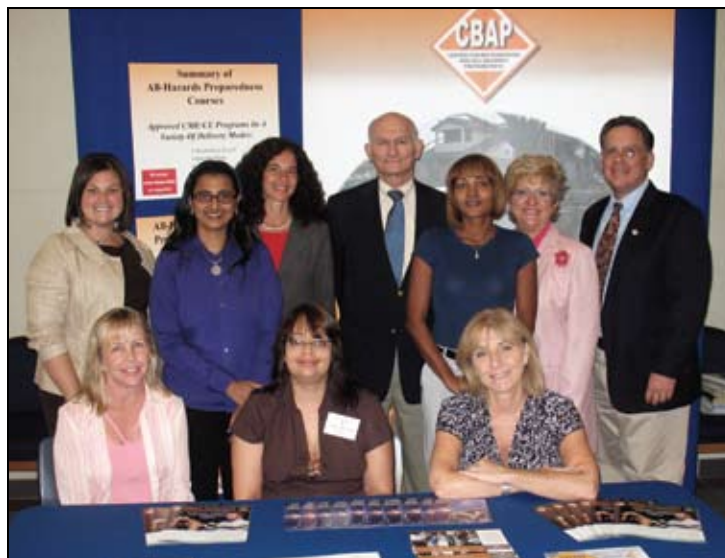
Presented by *Ronald Stephens, Ed.D.*, executive director of the National School Safety Center

"The Role of Campus Administration"

Presented by *James Howell, M.D., M.P.H.*, CBAP project director, and *Leonard Levy, D.P.M., M.P.H.*, CBAP director

"Overview of All-Hazards in Campus Safety and Security"

Presented by *Cecilia Rokusek, Ed.D., R.D.*, CBAP project manager



Faculty and staff members who contributed to the symposium's success are (front row from left): Amy Heemsoth, CBAP administrative program manager; Shilpa Sarang, CBAP research associate; Marisa Braun, M.D., M.S., CBAP research associate; Dr. Leonard Levy, CBAP director; Lynn Carnegie-Vogl, CBAP administrative assistant; Dr. Cecilia Rokusek, CBAP project manager; and John Pellosie, D.O., M.P.H., assistant professor of preventive medicine and public health. Pictured (bottom row from left) are: Debra Hauss, all-hazards grant coordinator, Broward Community College (CBAP); Jessica De Leon, Ph.D., CBAP research associate; and Sally Bragg, M.S.N., R.N., CBAP assistant project manager.

Upcoming Training Sessions

June 2008

June 3: Broward Community College (Davie)
Basic Awareness Course

June 6-7: Nova Southeastern University (Davie)
Geriatric Education Symposium

June 9: Broward County Sheriff's Office
Basic Awareness for Law Enforcement

June 12-14: Florida Association of Community Health Centers (Bonaventure)

June 25: Broward Community College (Davie)
Intermediate Awareness

June 25: Broward County Sheriff's Office
Basic Awareness for Law Enforcement

June 26: Kentucky Osteopathic Medical Association

June 29: Massachusetts Osteopathic Society

July 2008

July 10: Broward County Sheriff's Office
Basic Awareness for Law Enforcement

July 17: Broward County Sheriff's Office
Intermediate Awareness for Law Enforcement

July 24-27: American Podiatric Medical Association
(Honolulu, Hawaii)



The homeless consist of a varied group of individuals. About 60 percent are single adults, while 40 percent are families. Moreover, the most rapidly growing group of homeless is families. Furthermore, 26 percent of homeless people have both mental illness and substance abuse problems. Little is known about what happens to them after a disaster strikes, although some researchers have found that familiar places (doorways, traditional shelters) are often ruined or permanently altered, further displacing the homeless. After housing stock is depleted by disaster, the homeless get pushed further back in the line for a place to live. In addition, although some homeless persons may find temporary shelter in disaster facilities, they typically go back to the streets when they close.

How Does a Disaster Impact a Homeless Individual’s Health?

It may be anticipated that homeless people are at greater risk of becoming sick during a disaster for a variety of reasons:

- Homeless people live in more crowded conditions.

- Homeless people suffer from a variety of chronic and acute conditions that may affect their immune system response.
- They also suffer from addiction and mental illness in rates disparate from the general population and may have problems following advice.
- They may not seek care (and isolation) until they are very sick.
- Social distancing will be difficult to achieve.

Impact on Emotional and Mental Health

Physical illness is not the only effect of a large-scale health emergency. The psychological impact on the public will likely be significant. Homeless people enduring mental illnesses may lose continuity of care for an undetermined period of time. Subsequently, they may run out of medications. They may also miss the comfort of regular contact with case managers, counselors and friends, or family members who may be sick. Homeless people will also deeply feel the loss of any friends or caregivers who may die in the pandemic.

Staff members will be under much additional stress. They will be worried about their clients, about decisions they must make for and about clients, and about the efficacy of the system and their role in it. They will be concerned about their own health, the health and safety of their families, and their finances.

When Homeless Service Agencies Become Overwhelmed and Face Possible Closure

What can you do to prevent your agency from becoming overwhelmed? Most important, homeless service and housing agencies can develop a service or business continuity plan. That process will trigger many actions that will help your agency continue its services for as long—and as safely—as possible. For example, individual agencies could consider expanding





volunteer pools and adjusting volunteer roles and responsibilities as necessary. Cross-training of staff members so they can play different roles or work at different sites is also important to consider. Agencies could develop manuals on their procedures to ensure quick integration of volunteers or other staff who may not typically work in a given job. Furthermore, a major event such as the potential closing of a large homeless shelter should be communicated to the emergency management system in your community.

Some Ideas to Consider

- What options might we as a community want to explore for creating a mobile team of additional staff that could provide supplemental support if smaller agencies require extra staff?
- How might we plan for existing health care providers for the homeless to play roles in supporting sites other than the ones they normally work at?
- How might we pool resources across agencies? (e.g., food preparation staff could be consolidated at one agency's kitchen to prepare food for a number of smaller sites.)

Lessons Learned

“In terms of its health impact, homelessness can be viewed as an environmental stressor comparable to other trauma, including refugee experiences, natural disasters, and criminal victimizations. Clearly, homelessness is not good for your

health.” — *Michaeline Bresnehan, Ph.D.*

As a result, it's easy to see how a homeless individual will feel added stress during a disaster and will need additional support from a variety of community resources.

Agencies that provide services to the homeless are very diverse. Congregate shelters, apartment-style shelters, voucher programs, and low-income housing programs all have very different ways of providing clients with a place to stay. Programs that offer homeless people other services include hygiene centers, employment agencies, drop-in centers, mental health programs, and meal programs. They all provide services to a wide variety of clients and operate under different organizational and funding structures.

If you are homeless, follow these steps to prepare for and respond to a hurricane.

START NOW!

Plan: Become familiar with the evacuation plan in your area and other hurricane preparedness resources.

Plan: Determine if you will go to a regular hurricane shelter or use a different predetermined resource.

Plan: Identify your closest shelter and transport sites and determine how and when you will get there. A limited number of transport sites are typically set up to serve only homeless citizens.

Special Needs: If you have special medical needs or have a mobility impairment/disability (for example, use of a wheelchair) and require special assistance or shelter, you must typically register those requirements with the shelter you plan to attend.

BEFORE THE STORM (12 to 48 hours prior)

Notification: Watch/listen to local media for updates on the storm. Also, watch for notices posted at food centers, emergency shelters, and drop-in shelters.

Notification: As soon as notice is given that shelters are open, proceed immediately to a shelter or transport site designated for homeless citizens. **DO NOT WAIT!** Transports will stop running several hours before the storm hits.

Personal Belongings: You may be asked to leave excess personal belongings at the transport site. You should make other arrangements to store your belongings if you are able to do so. You should bring a change of clothes and any personal hygiene and special food items you will need.

ADDITIONAL HOMELESS RESOURCES

ORGANIZATIONS

Florida Coalition for the Homeless

FAQs - retrieved March 7, 2006

www.flacoalitionhomeless.com/faqs.htm

Florida Department of Children and Families

Office on Homelessness (2006)

www.dcf.state.fl.us/homelessness

American Red Cross

Topics covered include “Dealing with the Elderly and Disasters” and “Masters of Disasters Curriculum for Children.”

www.redcross.org (accessed August 3, 2001)

Center for Health, Environment, and Justice

www.chej.org (accessed August 3, 2001)

Center for Third World Organizing

www.ctwo.org (accessed August 3, 2001)

Environmental Justice Resource Center

Clark Atlanta University

www.ejrc.cau.edu (accessed August 3, 2001)

Federal Emergency Management Agency

FEMA for Kids has excellent resources in English and Spanish, with stories for all children, including Native Americans.

www.fema.gov/kids/ (accessed August 3, 2001)

Gender and Disaster Network

Use this network to find experts on women’s issues around the world.

www.anglia.ac.uk/geography/gdn

(accessed August 3, 2001)



Homeless Shelter Directory

www.homelessshelterdirectory.org

National Voluntary Organizations Active in Disaster

At www.nvoad.org/aboutnv.htm, you will find a network of voluntary organizations, many of them faith-based.

Prepare Now

This site is an excellent source for information on vulnerable populations and disasters.

www.preparenow.org (accessed August 3, 2001)

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Family Readiness Kit (<http://www.aap.org/family/frk/frkit.htm>).



Medical Reserve Corps Core Competency Training Now Available



The CBAP, in collaboration with the Medical Reserve Corps (MRC) county units from Miami-Dade, Broward, and Palm Beach, is pleased to announce an online and DVD video-training program to meet the core competencies as established by the U.S. surgeon general. This four-hour training program addresses each of the core competency areas in six modules:

- Personal Preparedness and Safety
- Psychological First Aide
- Dealing with Vulnerable Populations
- NIMS and ICS
- MRC Roles and Responsibilities
- Points of Dispensation (PODS)

For information on this training program, please call the CBAP at (954) 262-1850 or email bragg@nova.edu. Participants can receive approved continuing education units for this program.



Center for Bioterrorism and All-Hazards Preparedness
College of Osteopathic Medicine
3434 South University Drive
Fort Lauderdale, FL 33328-2018
(954) 262-1688 or (954) 262-1850
www.nova.edu/allhazards

