



# FEMORS NewsGram

## Vol. 3, No. 1

### Fall 2004



### Commander's Message

What a way to kick off Year 3, multiple hurricanes as a first test!

For all the preparatory work we have been doing, the ultimate test was to rise to the call when the time came. As each hurricane approached, the State Emergency Operations Center (SEOC) called to put FEMORS on Alert Status. In every case the notice to members for creating a Ready List produced more than enough volunteers, in many cases even when the members were dealing with their own damaged homes.

That's dedication – setting aside personal needs in the face of being called upon to help families of disaster victims.

You impressed a lot of folks at the State level and you are the key reason FEMORS ultimately succeeded in its efforts to secure equipment funding.

Kudos to each of you for being there to show that we truly are a team to be counted on when the need arises.

In this issue we'll review many developments.

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Best wishes to all for a happy holiday season,

Larry R. Bedore

### YEAR TWO ACCOMPLISHMENTS

FEMORS had set ambitious goals for the second year and accomplished quite a lot, including a few unplanned special project requests from the Department of Health (DOH). In FY 03-04, FEMORS:

- 1) Identified Regional Go-Team Members
- 2) Expanded Recruitment Efforts to 319 members
- 3) Delivered Field Operations Guide (FOG) draft.
- 4) Delivered Informational Road Shows to 7 RDSTFs (400 attendees) and others,
- 5) Provided Training for Annual Session (150 attendees) and Family Assistance Center Team (42 attendees)
- 6) Managed DOH Special Projects
  - Assisted with Mass Fatalities Workshop at the 2004 Governor's Hurricane Conference
  - Facilitated Task Group - Mass Fatality Plan to CEMP
  - Developed and distributed Contaminated Human Remains Brochure under a HRSA grant
- 7) ALMOST received Funding for DPMU Basic Load
- 8) Readiness and Response for Hurricanes

### Membership

On the issue of membership, it is worth noting that 51 new members (16%) signed up following exposure at Hurricanes Charley and Ivan. The awareness of what FEMORS is and what it can do continues to spread. (See Membership Report on page 10)

### Informational Road Shows

Presentations made at the RDSTF, Medical Examiners Commission, and other meetings have paid dividends by increasing the number of contacts FEMORS now has throughout the state. It was especially helpful as educational sessions were set up to follow-up on the HRSA grant brochure: Handling of

Disaster Victim Human Remains. FEMORS had to host one session in each of the 7 regions and the coordination help from RDSTF members was instrumental in completing that task.

More importantly, though, FEMORS was invited to the Annual Domestic Security Funding Conference for FY 05-06 (more on that later).

### DOH Special Projects

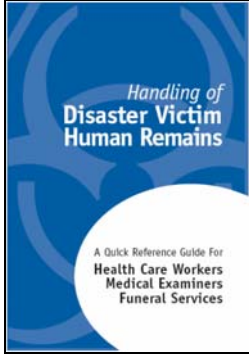
For the Mass Fatalities Workshop at the 2004 Governor's Hurricane Conference, FEMORS provided the following members who took part in presenting the materials:

- Paul Taylor,
- Norm Kassoff,
- Gary Daugherty,
- Rick Perry,
- Jeff Money, and
- Larry Bedore.

The second special project for DOH remains the Mass Fatality Plan draft (see Summer 2004 NewsGram). It was developed over many months with the input of a diverse group of subject matter experts including medical examiners and a number of FEMORS members. The draft was ready for presentation to the Medical Examiners Commission at their August meeting. Hurricanes, however, wreaked havoc on scheduling so delivery had to be delayed to the November 4<sup>th</sup> meeting. Its review by medical examiners is currently under way and will be completed by mid January.

It will then be incorporated into the state's Mass Casualty Plan through a vetting process that is rather complicated and involves the entire domestic security community. FEMORS will continue to facilitate the integration of these plans as they will eventually be added to the State's CEMP (Comprehensive Emergency Management Plan).

The final DOH special project involved producing a brochure for health care providers, medical examiners, and funeral service workers on how to manage contaminated human remains.



Its August distribution was followed by 7 educational presentations around the state starting October 4<sup>th</sup> and ending November 29<sup>th</sup>.



FEMORS presentation to RDSTF Region 2 on handling of contaminated human remains

This project was delivered on time and brought a welcome \$50,000 to FEMORS budget.

**EQUIPMENT – NEAR MISS**

On August 23<sup>rd</sup>, CDC approved a previously made request from DOH to apply a portion of unused funds from FY 03-04 (called "redirected" funds) to purchase equipment for FEMORS' portable morgue. The original list of items totaled about \$600,000 but CDC trimmed that amount to \$418,000 knocking out trailers, forklifts, and other big-ticket items.

Unfortunately, they also attached a deadline for spending the funds of August 30<sup>th</sup>! Anyone familiar with state laws regarding purchasing goods through government channels knows that those laws require that a bidding process be followed. With only 7 days available, those bid requirements made it technically impossible to secure the remaining big-ticket items like computers and X-ray machines. The result of a frantic few days of purchasing by a team at the DOH was that less than \$10,000 was spent on office equipment and supplies that could be obtained from existing state contracts. At least it was a start and FEMORS continued to try for the rest. (See ODP Funding Strategy Meeting on page 7).

**HURRICANE SEASON 2004**

FEMORS was placed on alert for all four storms and was activated for response to both Charley and Ivan. A PowerPoint presentation with a summary of storm activities is posted at the web site for all to review (under the Events tab).

Additionally, After-Action-Reports for each storm, as submitted to DOH on November 4<sup>th</sup> during a program status meeting, are also posted at the web site so all members can get a feel for what happened including lessons learned.

- 1) Charley - Alerted and Activated
  - 76 on Ready List (37 within 8 hours, 76 within 24 hours)
  - 37 Members Activated
  - 2 day deployment with 1 member remaining for 4 days to manage temporary holding site



Hurricane Charley: Refrigerated trailers were used as a temporary holding site for hurricane victims



Hurricane Charley: Team briefings were held as events unfolded

- 2) Frances - Alerted and Not Activated
  - 90 on Ready List
- 3) Ivan - Alerted and Activated
  - 101 on Ready List
  - 30 Members Activated
  - 6 day deployment



Hurricane Ivan: Daily briefings



Hurricane Ivan: Coordination between FEMORS and DMORT assessment team



- 4) Jeanne - Alerted and Not Activated
- 63 on Ready List
  - 2 Activated for Command Post Staging

In brief, Charley was FEMORS' first test and resulted in lessons learned that were applied for Frances, Ivan, and Jeanne with success. In particular, the use of a Go Team (for Ivan) to assess the situation proved to be much more efficient than starting with all members who were ready to roll (as for Charley).

In both Charley and Ivan, FEMORS was activated based on rumors of between 20 and 60 fatalities, without the input of the medical examiners involved! At least for Ivan, FEMORS was able to make phone contact with the medical examiner early on to verify that help was, indeed, needed.

Fortunately, in both cases the rumors proved to be false alarms. Nonetheless, FEMORS benefited greatly from the activations as actual experiences are always better than theoretical planning.

These four alerts demonstrated the utility of e-mail systems to alert members to determine availability for Ready Lists. Unfortunately, it also revealed some of the weaknesses of the system, particularly for those who do not have an opportunity to check e-mail often or when power has been knocked out.

Alerting members by e-mail, in itself, proved to be a labor-intensive task but it also proved useful in that actual phone calls could be made more efficiently without spending time contacting those who could not respond – another labor-intensive task.

Compounding the call-out task was the fact that cell phone service quickly becomes hit or miss as towers get knocked out and normal call volumes rise greatly following an event.

FEMORS will explore other mass notification systems that use a

combination of automated phone calls and notifications by beeper and e-mail. These systems are expensive, however, so it may be some time before sufficient funding is found to start and maintain it. For now FEMORS must rely on mass e-mail to alert and use follow-up phone calls for actual deployment orders.

#### **PAY AND REIMBURSEMENT**

For those who were activated, patience in waiting for travel reimbursement and compensation is appreciated.

As this was a first activation, it was also the first time DOH had to find a way to enter responders into the state's human resources system. There are several issues (some rather complicated) related to that process and Kelly House has been working diligently to meet every request made by DOH to get these issues resolved. It appears now that overtime will be provided to all members except doctors as state rules place doctors and attorneys into an "excluded" class for OPS.

#### **FEMORS & DMORT STRIKE TEAM COORDINATION**

FEMORS members who also happen to be members of DMORT Region IV learned of some rather unfortunate communications between Commander Bedore and Cotton Howell, Commander for DMORT Region IV in the hours and days leading up to Hurricane Ivan. There were some misunderstandings about how state and federal assets would coordinate if activated and how members should honor commitments to stand-by status for responses.

During Hurricane Ivan, driven by the rumors of massive deaths, DMORT dispatched an assessment team of 6 who arrived in Pensacola by Friday afternoon. Dr. Minyard was clearly in charge and had the benefit of having both FEMORS and DMORT assets at her disposal. The coordination of these assets was done very professionally and in the best interest of Dr. Minyard's needs. Commander Howell made it quite clear from the start that as a federal asset

DMORT was available to assist if needed to supplement any local or state asset.

With an early expectation of at least 60 victims and potentially over 300 family members arriving at the hospital, Dr. Minyard asked FEMORS to manage morgue operations and asked DMORT to manage all Family Assistance Operations.

The morgue facility was fully intact but on limited power for the first two days. So processing victims using existing equipment was a viable option as setting up a temporary morgue was not necessary. Three refrigerated trucks were used to hold human remains as the cooler in the hospital was capable of holding only about 20. FEMORS also had sufficient staff to manage the reefer temporary storage operations.

Early on, Jonathan Scott and Tammy Grosskopf quite effectively set up a Family Assistance Center in a wing of the hospital away from the morgue. They and a start up crew of FEMORS members began to receive reports of missing persons and perform the interviews. However, with potentially large numbers of family to interview (assuming the rumors were true) prudence dictated that DMORT, with its computer equipment cache and trained FAC staff, manage the FAC. FEMORS was willing and able to manage the operation for a day or so as DMORT mobilized its equipment and personnel.

As rumors evaporated the next day, so too did the need to continue the activation of the DMORT FAC team. Not only was that team placed on stand down, but FEMORS members who had been activated for phased-in build-up, and were already enroute to Pensacola, were also contacted for stand down.

The bottom line was that the coordination was done very well, even if not needed in the final analysis.

When all the storms were over, Commander Bedore paid a visit to Commander Howell in Rock Hill, South Carolina on November 12<sup>th</sup> to clarify some of the pre-storm readiness issues that caused concern for many members.

Both Commanders agreed that simple phone calls could have, and should have, been made to resolve certain issues before they escalated.

This was a productive meeting during which consensus was reached on how membership in FEMORS would affect a DMORT member's responsibility to serve on a Strike Team periodically.

The simple way to state the consensus is that FEMORS recognizes that DMORT members who have agreed to serve on a Strike Team (ready for deployment in 8 hours) should honor those commitments.

If a FEMORS member were not available for response when an Alert was issued, there would be no negative consequence resulting from that. This is true regardless of whether the reason for unavailability is due to DMORT status or any other obligations like family or employment commitments. After all, if a member responded while

a difficult family or employment issue was brewing, that member would bring those mental distractions along and would not be able to function at optimal performance.

DMORT's Strike Team program is ambitious (35 person) and difficult to maintain 24/7 but is being driven by FEMA guidelines that will eventually apply to all federal response teams. (Region IV happens to be the most advanced in developing its team.)

Commander Howell has a right to expect that members who agree to be on the strike team do so with the understanding that it is a significant commitment. If a situation arises that would preclude immediate response, a courtesy call to the discipline coordinator should be made so an alternate can be located, even if only for a few days.

FEMORS agrees totally!

They ultimately agreed to renew the funding but reduced the level to \$250,000 and balked at permitting any equipment issues, preferring to support only education and development programs.

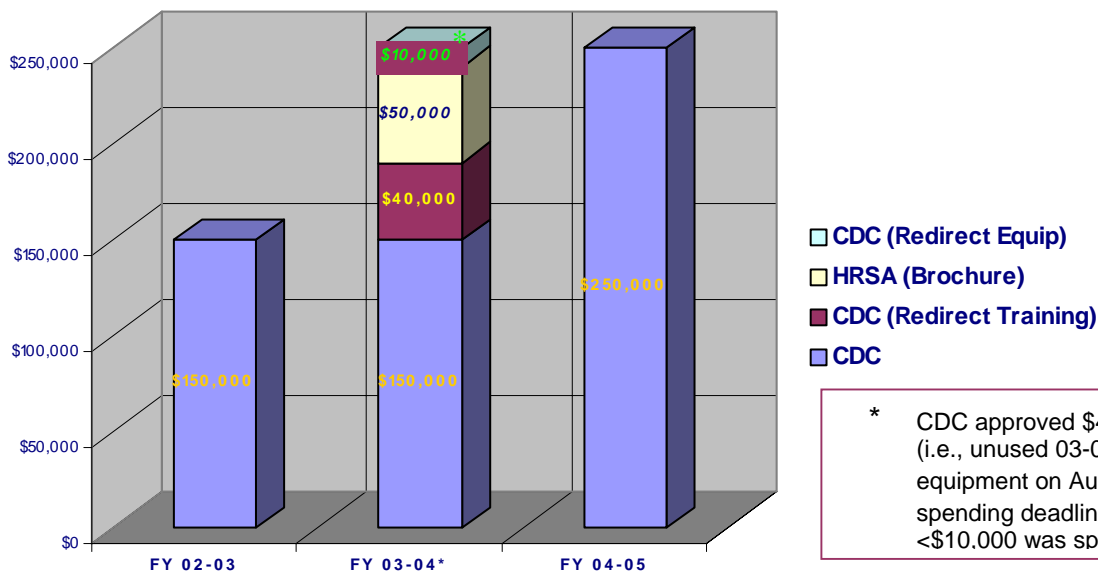
This amount, however, still provides sufficient funding for continuing operations, start-up of warehouse operations, and several training sessions.

CDC has not yet released the actual funding (bureaucracy being what it is!) so it is not yet possible to make hotel commitments to firm up the dates for training. As soon as those dates can be confirmed all members will be notified by e-mail.

The graph below shows FEMORS' funding history since it's beginning. The supplemental funding in FY 03-04 was essential to hosting the two training sessions.

Funding for FY 04-05 will ensure continuance of FEMORS' training focus and permit the start of warehouse operations to marshal the first load of equipment already purchased and to prepare for receiving the balance later.

**FUNDING STATUS**  
 FY 04-05 funding (started August 31<sup>st</sup>) had originally been proposed by DOH at \$300,000 under the CDC grant. However, CDC hesitated; revealing a perception that it felt as though 2 years of development was enough and that other funding sources should be located.



\* CDC approved \$418,000 redirected (i.e., unused 03-04) funds for equipment on August 23<sup>rd</sup> with a spending deadline of August 30<sup>th</sup>! <\$10.000 was spent.

**GOALS FOR YEAR 3 (FY 04-05)**

As FEMORS moved into its third year, it continued development of team response capabilities and partnerships with the rest of the disaster response community.

FEMORS' goals were to:

- Finalize Mass Fatality Plan to CEMP
- Rely on Go-Team Members to Provide Guidance
- Continue Recruitment Efforts
- Update Field Operations Guide (FOG) and continue NIMS Compliance
- Deliver Informational Road Shows to Medical Examiners, Local EOCs, RDSTFs, etc.
- Identify Long Term Funding Options
- Provide Annual and Specialized Training
- Secure Funding for Response Equipment

Go Team Guidance

On November 5 and 6, a meeting of the Go Team was held in Orlando to revisit program goals.



The team heard a presentation from Bob Jensen of Kenyon International about potential areas of mutual interest. As with DMORT, some FEMORS members are also members of Kenyon such as Norm Kassoff and Dr. Tony Falsetti (successfully hiding in the background in the photo!). Kenyon primarily handles international disasters but has also played some role in a number of US events.

Preliminary ideas were explored about the potential for sharing training resources. In particular, Kenyon possesses a portable morgue (smaller in scope than a DMORT DPMU) that might be available for joint training exercises. Much more coordination would be needed before anything firm is developed but discussions will likely continue.

Kenyon had offered the use of their portable morgue to FEMORS when Hurricane Charley struck in August.

Member Tom Ralph presented another option for a portable morgue. He identified the portable morgue currently stored at O'Hare Airport in Chicago. This was the original portable morgue developed by the National Foundation for Mortuary Care before DMORT officially organized in the early 1990's. It is currently owned and maintained by the Midwest Forensic & Mortuary Support Foundation (MF&MSF).

In both cases, cost of using a portable morgue is limited to a few staff to travel with the equipment, transportation costs, and replenishment of supplies used. If needed, it would be the State Emergency Operations Center that would enter the contract for use of such equipment.

Long hard discussions were held among the Go Team members about the true need for a full portable morgue. The Team generally reached consensus on the idea of trimming back the design of FEMORS portable morgue. The primary rationale for this was that of all the disasters that have occurred in the US over the past several years, those that required use of a truly portable morgue were few. In most cases, medical examiner facilities that are not damaged by an event can be adapted to process large numbers of victims.

The result of these discussions was a focus shift of FEMORS equipment caches to three main categories:

1. Command and Communications
2. Family Assistance
3. Morgue Station Instruments

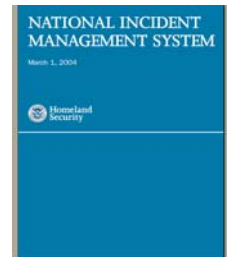
With the purchase of three towable trailers, FEMORS could marshal equipment into modular elements for layered response.

In the event a full portable morgue was needed, contracting with MF&MSF or Kenyon is possible and FEMORS could be partially operational long before the arrival of the portable morgue.

NIMS Updates

National Incident Management System, NIMS for short (see NewsGram Winter-Spring 2004), continues to be implemented in Florida.

There are two elements of NIMS with which members should become familiar: 1) Typing and 2) Certifying and Credentialing Personnel.



For those interested in reading more about NIMS, a good deal of information is available at <http://www.nimsonline.com/>.

NIMS Typing

The first is "Typing" of assets. Resource typing entails categorizing by capability the resources that incident managers commonly request, use, and deploy. Measurable standards for the capabilities and performance of resources serve as the basis for categories. Resource kinds may be divided into subcategories (types) to define more precisely the resource capabilities needed to meet specific requirements.

The first draft of FEMORS' typing scheme is presented starting on page 11. It is designed to recognize the flexibility needed to respond to a variety of events with an all hazards approach. Typing such as this provides those staffing Emergency Operations

Centers with a practical knowledge of what it means when FEMORS has been activated. Refinements will no doubt occur over time and will be incorporated as needed.

These components are not as discrete as they might appear at first glance. On a practical level, as disaster labor evolves from remains recovery, to morgue processing, to family interviews, to victim identification, to victim release, the duties and tasks performed by the responders may change as priorities shift and staffing needs allow. For one example, medical investigators or mortuary officers may start out recovering remains in the field, shift to the Family Assistance Center as families begin to appear, and later shift to the Identification Center after the site has been cleared. It would not be prudent to activate three separate teams when timely reassignment of human resources could accomplish the service more efficiently. Thus, the total number of people activated might be less than the sum of all the components as many members are cross-trained in multiple areas.

Under this typing schema, it appears FEMORS is currently at Type I level for the components of Go Team, Remains Recovery, Morgue Operations, Missing Persons Family Assistance, and Identification Center teams, but below Type II for equipment and supplies (to be remedied in FY 05-06).

#### NIMS Certifying and Credentialing Personnel

The second element of NIMS with which members should become familiar is in the area of Certifying and Credentialing Personnel. As spelled out in the NIMS document "Personnel certification entails authoritatively attesting that individuals meet professional standards for the training, experience, and performance required for key incident management functions. Credentialing involves providing documentation that can

authenticate and verify the certification and identity of designated incident managers and emergency responders."

What this all means is that there may come a time when the level of documentation FEMORS must provide for each member's knowledge, skills, and abilities will increase. This would include not only the member's participation in training programs but verification of licensure or other credentialing organization as well. FEMORS eventually may be required to use only "approved" training modules at some point and require certain levels of training for certain positions.

#### Long Term Funding

Grant-funded programs like FEMORS are not guaranteed to continue forever with reliance on grants alone to support them. For this reason, FEMORS needs to prepare for and seek out alternative funding sources to promote growth and continued operations into the future. Two such options are to: 1) locate sponsoring organizations, and 2) have management of the program made a part of an existing organization.

#### Long Term Funding Option – Official Sponsorship

Sponsorships could be developed, for example, with organizations that share a mutual interest in the FEMORS mission of using forensic or mortuary equipment to aid in disaster response. This may involve meeting with industry representatives to explore such issues as advertising (not to the level of NASCAR style jacket logos or patches, however!) and adding the sponsor's name to the web site and printed materials in exchange for certain levels of contribution. Perhaps even placing sponsors names on response trailers would be appropriate. Unfortunately, this is not a large attractive market for sponsors as association with the word "mortuary" may be too much to swallow for many. Nonetheless, exploration of the possibilities will be pursued during the year.

#### Long Term Funding Option – State Adoption

Another potential avenue for alternate funding could lie within the realm of merging FEMORS into an existing division of the DOH, at least for the management level responsibilities. The major difficulty with this option lies in the fact that DOH would have to get legislative approval to add the new unit and positions to their budget authorization – a daunting task at best. This idea was first mentioned to DOH during a status meeting held on November 4<sup>th</sup> in Tallahassee to plant the seed of thought. It is not being actively pursued at this time, however.

#### Long Term Funding Option – New Ideas

There might even be other opportunities not yet envisioned that any member could suggest. There are more than 300 great minds out there and it only takes the spark of an idea sometimes to ignite the flame to reveal new opportunities. If such an idea should occur to any of you, please feel free to share those thoughts with Dr. Goldberger or Commander Bedore by e-mail or by phone, anytime.

#### **TRAINING PROGRAMS 2005**

Three programs are being planned for 2005 and include:

- Odontology Training (January or February, 2005)
- Annual Training (March 2005)
- FAC Training (May 2005)

Odontology training will focus on use of the DEXIS digital dental x-ray system (obtained during Hurricane Ivan) and the WinID dental identification program used by DMORT. This training will be targeted to both odontologists and dental assistants.

The annual training session will attempt to incorporate more hands-on exercises but the details are still a work in progress. At the very least, exposure to a new database management system

will be offered. For the past six months, IR Team Leader Jonathan Scott has been revamping the old VIP program into a more powerful and useful program. The early beta version of FRED (Fatality Response Emergency Database) he demonstrated at the Go Team meeting in November was truly impressive.

Training for the Family Assistance Team will focus on using FRED to document the interviews with family members for missing persons and to expand the number of members on the team to provide greater depth.

All members will be advised as soon as dates and arrangements can be confirmed.

**MEMBERSHIP TRIMMING-WARNING!!**

Attendance at this year’s annual training will be critical for many members. Critical because any member who has not attended ANY training sessions since the program began will be placed into INACTIVE status.



**Danger!, Danger!, Will Robinson!**

There are several reasons for this. First, and foremost, members who have not attended any training may cause more difficulty than benefit if actually asked to deploy simply because they are not as prepared as they should be.

Second, members who have diligently attended training sessions have satisfied Section II-G (Training Requirements) of the Field Operations Guide. Those who have not satisfied the requirements should not be accorded the same level of

participation as those who have. That’s simply a fairness issue.

Third, with NIMS certification and credentialing on the horizon, the need to document active participation will become even more critical to justifying the classification assigned to each member.

Fourth, maintaining a membership database with over 300 members is difficult enough without carrying along those who are along merely for the ride - for using membership in FEMORS as a highlight on a resume (especially if no contribution to the team has been made).

For all of these reasons, the membership roster will be cleaned up following the Annual Training session this spring. Any member whose status is changed from Active to Inactive will be notified and asked to verify whether they wish to remain affiliated. Remember, Associate membership is available for those who wish to follow FEMORS progress but would be unable to respond as active participants due to primary employment duties.

*Please consider this fair warning that the FOG training requirement will be applied and enforced.*

**ODP FUNDING STRATEGY MEETING**

**The short version: FEMORS will be funded with \$350,000 for equipment starting Oct 1, 2005 through the Office of Domestic Preparedness (State Homeland Security Program-SHSP)**

The Domestic Security Funding Conference in Orlando concluded at noon Friday, December 3<sup>rd</sup>. At 11:33 am they voted to adopt the list of projects that made it through the vetting and priority ranking process (an incredibly pressure-filled process). FEMORS ranked #13 out of 27 projects funded. All 46 other projects failed to receive any funding!

To back up a bit: For the past two years, DOH has presented the FEMORS program at the Domestic Security Funding Conference in hopes of obtaining funding for the equipment portion of the program. Other issues out-ranked FEMORS as a priority and these efforts were unsuccessful.

On the afternoon of Monday, November 29<sup>th</sup>, Commander Bedore received a phone call and an invitation to attend the Funding Conference starting on Wednesday, December 1<sup>st</sup> and to present the FEMORS proposal. By Tuesday at noon, a proposal, using strictly enforced template guidelines, was submitted for inclusion in the potential projects to be considered.

The process started Wednesday afternoon. There are about a dozen committees covering law enforcement, health, fire, education, and many others. FEMORS’ presentation was made in the Community Health Committee (one of several Health committees) and was among 20 projects proposed. Of the 10 that survived this round, FEMORS was ranked #3.

Next, on Thursday all of the committees reconvened but this time in their RDSTF regional groups to blend all committee-approved projects into another prioritized ranking. It is not known how FEMORS fared in each region but in RDSTF Region 5, as an example, FEMORS came out #18 of the 112 total projects. Other regions had FEMORS ranked higher and lower. The 112 projects represented a total of \$176,500,000 in requests. FEMORS was just 0.19% of the total!

Next, the regional rankings all went to a select voting pool of 47 delegates representing all disciplines and regions. The top third of each delegate’s voting list was merged to produce a final ranked list of projects. The 112 projects were reduced to 73 and ranked for funding priority.

That's where FEMORS ended up as #13 out of 73, or 0.23% of the \$148,118,983 total requested.

The last step for Friday morning was supposed to be a simple process of taking the announced federal funding amount and distributing it straight down the list until all funds were spent. But that's where a lot of horse-trading came in, "Riding the Bull" as it came to be called.

For 2004, the level of funding was about \$72 million for Florida. Late Thursday night word came down from Washington that the 2005 amount was only \$44 million! If the list had been applied straight down as planned it would have covered only the first 7 projects. The horse-trading involved every discipline making difficult decisions on cutting back requests to make the pool of money go farther.

Commander Bedore took part in the Health committees caucus where, of the 25 health projects, 14 were chopped out entirely while most others were reduced in amount. FEMORS remained intact and stayed the #2 priority for Health overall with everyone realizing that this was the third year of trying (and being orphaned).

When the entire conference body reconvened, and all the bloodletting by every discipline was over, reductions in the first 7 high-dollar projects resulted in expanding funding down to #27 on the list. When FEMORS was discussed, Tom Belcoure (Gainesville, Health Department) pointed out it was a small amount compared to most others and that it was the ONLY statewide asset of this nature for Florida. Dave Halstead, the Conference Coordinator and microphone holder, agreed and said they had neglected this issue too many years. There was absolutely no objection or further discussion and they moved on to the next item.

FEMORS received 0.78% of the \$44 million! Never had something that sounded so insignificant felt so good!

All of this work was for funds that will only become available for FY 05-06 (starting in October). The actual project planning has been going on for more than a year, at least for FEMORS, as the lesson learned from last year's conference was that FEMORS failed to secure an invitation to speak in its own behalf. The valiant efforts of the DOH folk were not persuasive enough when other projects had greater priority back then.

All the road shows and meetings with various RDSTF committees apparently paid off as FEMORS received a lot of support among the roughly 300 attendees. Additionally, from now on FEMORS will be included in a number of ongoing committee workings, primarily dealing the Mass Casualty Plan.

This had been a whirlwind few days but FEMORS finally secured its equipment funding and now has the time to properly prepare for procurement and marshaling that equipment as the good steward it should be.

#### **WAREHOUSE PLANNING**

At the November 4<sup>th</sup> status meeting with DOH mentioned earlier, discussions took place about starting warehouse operations. DOH currently uses part of a large warehouse managed by the DMAT-6 team in Orlando to store many of its trailers and much of its other response equipment for health.

Following the Orlando funding strategy meeting, Commander Bedore met with Dave Freeman (DMAT warehouse in Orlando) and Ray Runo (DOH staff) and all agreed that once the FEMORS contract (FY 04-05) becomes active, all will move rapidly to set up a 6-month lease at the warehouse to prep it for receiving and working with both the current equipment and the new items due in 2005.

Next September, DOH plans to incorporate the cost of FEMORS' share of warehouse space (8,000 sq. ft.) into the DOH master lease. In that way FEMORS can probably keep the annual recurring expenses at \$250,000 for administration, training, and development.

#### **UNIFORMS WEB-STORE**

As many will remember, Phil and Virginia (Gini) of Global DocuGraphiX were on hand at last year's Annual Training to market the FEMORS uniform shirts, pants, patches and related items.

They also continue to maintain a web-store exclusively for FEMORS members. The link to the store is through the members' area of [www.FEMORS.org](http://www.FEMORS.org) so you will need your username and password to access it. When creating an account to order goods, members may use their existing username and password.

Unfortunately, there were some start-up difficulties and a number of orders were delayed for long periods of time. Hopefully, all of those problems will have soon been resolved and the web-store working like everyone would expect.

Throughout the state, Commander Bedore continues to receive compliments on how sharp the FEMORS teams looked at Charley and Ivan. The long sleeve shirt, in particular, is often sited as a smart move with the name across the back of the collar for easy team identification.

#### **Inventory Problem**

There are still 214 dress shirts (\$28) and 188 polo shirts (\$40) in inventory. With Annual Training approaching in less than 6 months, now would be a good time for members to order shirts to have them in time, with or without names monogrammed.

The reason for mentioning this is that as long as the original inventory remains so high, DocuGraphiX will not be able to add any new products to the line. In particular, a lighter weight summer uniform shirt and pants are on hold.

Following the experience of 90+ degree temperatures at the Hurricane Charley response, many members learned that dark blue shirts in hot sun are not comfortable, especially when they are cotton. The summer clothing being sought is made of 100% nylon (hiking/outdoor material) for quick drying and ventilation. Charley and Ivan also demonstrated the need for more than one shirt as the long 12-15 hour days left shirts less than fragrant for multiple day use and spares were needed.

All members are encouraged to obtain uniform shirts to help use up the inventory. Having uniform shirts will also be especially beneficial for the group photo at this year's training. Likewise, ID photos will be taken at all training sessions so ID cards can be issued with the new ID equipment FEMORS has obtained.

**COMMENTS/SUGGESTIONS**

Members can still reach FEMORS staff at the following numbers:

Larry Bedore  
727-560-3276 (Cell)  
161\*31212\*1 (NexTel Direct Connect)  
[Lbedore1@tampabay.rr.com](mailto:Lbedore1@tampabay.rr.com)

Kelly House  
352-265-0680, Ext. 72047  
[housekm@pathology.ufl.edu](mailto:housekm@pathology.ufl.edu)

Dr. Bruce Goldberger  
352-265-0680, Ext. 72001  
888-443-2911 (pager)  
[bruce-goldberger@ufl.edu](mailto:bruce-goldberger@ufl.edu)

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**MEMBERSHIP REPORT**

**FEMORS Membership Report Based on Preliminary Classification (as of December 5, 2004)**

Categories: Title		Total	Region					?	
			1	2	3	4			
<b>ADFI</b>	Administrative Officer (+1 as RGTL)	0						0%	
<b>ADSP</b>	Administrative Specialist (+5 as FACS)	7		2	2	3		2%	
<b>ANTF</b>	Anthropologist, Forensic (+1 as RGTL)	1	1					0%	
<b>ANTN</b>	Anthropologist, Non-Forensic (+1 as RGTL)	2	1	1				1%	
<b>AUTT</b>	Autopsy Technician	16	1	2	10	3		5%	
<b>CHAP</b>	Chaplin	2			1	1		1%	
<b>DENA</b>	Dental Assistant (+3 as FACS)	8	1		4	3		3%	
<b>DNAS</b>	DNA Specialist	10	1		7	2		3%	
<b>EVSP</b>	Evidence Specialist	30	6	1	10	13		9%	
<b>FACL</b>	Family Assistance Team Leader	1			1			0%	
<b>FACS</b>	FAC Specialist (see Note #1)	8		3	4	1		3%	
<b>FCMD</b>	FEMORS Commander	1			1			0%	
<b>FORS</b>	Forensic Specialist (+1 as RGTL)	21	6	3	9	3		7%	
<b>FPTS</b>	Fingerprint Specialist	15			6	9		5%	
<b>IRCS</b>	IR Computer Specialist (+1 as RGTL)	2			2			1%	
<b>IRDE</b>	IR Data Entry	0						0%	
<b>MEDI</b>	Medical Investigator (+3 as RGTL)	35	3	8	14	10		11%	
<b>MHLO</b>	Mental Health Officer (+1 as RGTL)	1			1			0%	
<b>MRTA</b>	Mortuary Assistant	26	1	5	13	7		8%	
<b>MRTO</b>	Mortuary Officer (+6 as RGTL) [1 Georgia]	80	6	7	27	39	1	25%	
<b>ODNF</b>	Odontologist, Forensic (2 serve as RGTL)	20		1	5	14		6%	
<b>ODNN</b>	Odontologist, Non-Forensic	1				1		0%	
<b>PATF</b>	Pathologist, Forensic (1 serves as RGTL)	9	1	3	1	4		3%	
<b>PATN</b>	Pathologist, Non-Forensic (1 resident)	3		3				1%	
<b>PHOT</b>	Photographer	2			1	1		1%	
<b>RGTL</b>	Regional Team Leader (Go Team)	15	1	5	4	5		5%	
<b>SAFO</b>	Safety Officer (+2 as RGTL)	3			2	1		1%	
Applicant and Provisional Members:		319	29	44	125	120	1	100%	
Associate Members		13							
Inactive Members		15							
<b>Total Membership</b>		<b>347</b>							

Note #1 - FACS Team includes members from several sections.

Resource: Florida Emergency Mortuary Operations Response System (FEMORS)						
Category: Health & Medical (ESF #8)						
Kind: Team						
Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I	Type II	Type III	Type IV	Other
<b>Go Team</b> (Assessment Advance) consists of 16 forensic specialists (NOTE 1)	Deployment Readiness, Staffing, Administrative Equipment Status, Training Status, Initiation of Human Remains Storage Capacity	Deploy to site within 8 hours with a core team to assess needs, begin storage of human remains, and initiate activation sequence of support teams as directed by medical examiner	Some mix of specialists less than Type I			
<b>Remains Recovery Team</b> consists of 14 additional personnel (NOTE 2)	Same as above with capacity to manage recovery of human remains at the site and establish a transportation staging and refrigerated storage compound	Deploy to site within 24 hrs. of notification; Provide management of on-site recovery of human remains at a rate of 20 victims per 12-hour shift	Some mix of specialists less than Type I			
<b>Morgue Operations Team</b> consists of 28 additional personnel (NOTE 3)	Same as above with capacity to establish morgue processing operations	Deploy to site within 24 hrs. of notification; Provide victim morgue operations to process 20 victims per 12-hour shift	Some mix of specialists less than Type I			
<b>Missing Persons Family Assistance Team</b> consists of 17 additional personnel (NOTE 4)	Same as above with capacity to establish a Family Assistance Center to manage influx of arriving victims' family members	Deploy to site within 24 hrs. of notification; Provide family assistance services to interview relatives of victims for purpose of identification of remains at a rate of 30 interviews per 12-hour shift	Some mix of specialists less than Type I			
<b>Identification Center Team</b> consists of 12 additional personnel	Same as above with capacity to establish an Identification Center to provide potential identification matches to the medical examiner	Deploy to site within 24 hrs. of notification; Provide procedures for positive identification process as directed by the medical examiner	Some mix of specialists less than Type I			
<b>Equipment and Supplies</b>	Logistics Status-Ready; Component-specific equipment caches properly managed, stored, and inventoried per FEMORS FOG requirements (NOTE 5)	Deploy to site within 24 hrs. of notification with equipment to support a functional medical examiner facility for 72 hours with any or all equipment necessary for component activated (NOTE 6)	Some mix of equipment less than Type I			
Comment: <b>Definition:</b> A Florida Emergency Mortuary Operations Response System Team is a volunteer group of medical and forensic personnel, who have formed a response team under the guidance of Florida Department of Health auspices to support a local medical examiner. It is a team whose personnel have specific training/skills in recovery of human remains, preservation of evidence, victim identification including forensic pathology, odontology, anthropology, and fingerprint methods, missing person family assistance interview techniques, medical records management, and mortuary services.						

**Typing****Resource: Florida Emergency Mortuary Operations Response System (FEMORS)****Category: Health & Medical (ESF #8)****Kind: Team****NOTES:**

**1:** Usually includes a sample mix of pathologists, odontologists, anthropologists, medical investigators, fingerprint specialists, technicians, photographers, dental assistants, radiologists, funeral directors, mental health professionals, medical records technicians, and other allied forensic and support personnel. FEMORS teams are mission tailored on an ad hoc basis by medical examiner needs, and usually deploy only with personnel and equipment specifically required for current mission. Medical examiner capabilities together with nature and magnitude of victim estimates guide activation of supplemental teams.

**2:** Usually includes a sample mix of odontologists, anthropologists, medical investigators, technicians, photographers, funeral directors, mental health professionals, and other allied forensic and support personnel to document staging and transfer of remains from site to morgue facility.

**3:** Usually includes a full mix of pathologists, odontologists, anthropologists, medical investigators, fingerprint specialists, technicians, photographers, dental assistants, radiologists, funeral directors, mental health professionals, medical records technicians, and other allied forensic and support personnel.

**4:** Usually 5-6 grieving family members show up for each victim reported. Family Assistance Center is located at a site remote from the morgue. FAC Specialists receive specialized training but may be specialists in other categories as well such as mortuary officer, dental assistant, administrative specialist, etc.

**5:** Component specific equipment modules are determined by medical examiner resource capabilities and requests for aid.

**6:** If medical examiner facility is non-functional, or a temporary morgue must be established, portable morgues (partition supplies, autopsy tables, x-ray machines, etc.) may be obtained within 48 hours from two independent sources on a contracted replenishment-of-supplies used basis.