



Voice OF V

The official voice of Region V



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LEARNING MORE ABOUT OUR TEAM MEMBERS

JOHN M. WILLIAMS, DDS



Dr. John M. Williams is a licensed General Dentist and Forensic Odontologist. He has practiced dentistry in North Minneapolis, Minnesota for the past 26 years, serving a diverse population. Dr. Williams is on staff at North Memorial Hospital in Minneapolis and is also a Deputy Medical Examiner for the Hennepin County Medical Examiners Office.

Dr. Williams was raised in Toledo, Ohio. He attended Libbey High School, where he was involved in football, basketball, track, and baseball. John attended the University of Minnesota on a football scholarship and was awarded All-American Honors in his senior year for his athletic abilities. John graduated from the University of Minnesota with a Bachelors of Science Degree in Education. He continued with his studies and earned a Doctorate of Dental Surgery from the University of Maryland School of Dentistry. He also completed post-graduate work in the Martin Luther King Hospital Oral Surgery and Pedodontic Programs, which are affiliated with the University of California in Los Angeles. In 1999, John completed a Forensic Dentistry Fellowship at the University of Texas Health Science Center, in association with the San Antonio Dental School.

Dr. Williams is extremely active within his profession. He is a member of the American Society of Forensic Odontology, as well as a Fellow in the American Academy of Forensic Sciences. John has served on the Board of Governors for The American Society of Forensic Odontology and was voted President Elect on February 2006. Dr. Williams is also a member of the American Dental Association, Minnesota Dental Association, Minneapolis District Dental Society, National Dental Association (past delegate), North Memorial Hospital Dental Unit Study Club, and the Public Health Advisory Committee for the Minneapolis Department of Health and Family Support. He chaired The Metro Minority Health Assessment for Minneapolis and St. Paul for year 2000 and the North Minneapolis Health Advisory Committee from 2000 to 2003.

Dr. Williams is deeply committed to his community; he has worked with numerous youth and community organizations. John is a member of the University of Minnesota Men's Athletic Advisory Board; he served six years as a member on the University's Assembly of Intercollegiate Academics and Athletics Committee and participated on several search committees for significant Athletic Department positions. John's community service accolades include: former guest columnist for a community newspaper, past Program Chair and Board Member for the Community Action Agency of Minneapolis, several officer-ranked positions on the Minneapolis Urban League, and Board Member of the Urban League for six years. Dr. Williams served as President of the North Side Athletic Association, which benefits more than 4,000 children in North Minneapolis. He is past President of the West Broadway Business Association (member since 1984) and currently presides on the Board of Directors. In 1992, the Minneapolis City Council selected Dr. Williams as their Volunteer of the Year. John is a member of the Health Advisory Board for *Insight Newspaper*. He served as Chair at his Church Board of Directors for nine years. Dr. Williams leads a Prison Ministry Team and has been active with the ministry for the past twenty-two years.

The December 17, 2005 issue of the *Minneapolis Star Tribune* featured an article about the humanitarian efforts of Dr. Williams and a close business associate: they are partnering to convert an abandoned North Minneapolis building into a food cooperative, in collaboration with a neighboring church and the University of Minnesota.

Dr. Williams is a Board Member of the Children Dental Services of Minneapolis. He co-founded PANDA (Prevent Abuse and Neglect through Dental Awareness) in Minnesota. John also published a newsletter called "*Pieces*," which focused on Human Abuses from 1996 thru 2003. Dr. Williams currently serves on the Metropolitan Airport Commission, as he has for the past five years, after being appointed by the Governor of Minnesota.

John joined DMORT Region V in 1996. He provided his skills as a Forensic Odontologist at the World Trade Center Tragedy in New York, from September 11-26, 2001. John is also a member of the Minnesota Disaster Dental Identification Team.

Dr. Williams is retired from the National Football League after playing for twelve years. In 1968, he was the first draft choice of the Baltimore Colts, where he played for four years. Afterward, he joined the Los Angeles Rams and played for an additional eight years. Throughout his football career, John received a number of awards including his participation in three Super Bowl Championship games and ultimately playing on the winning team in the 1971 Super Bowl.

John Williams resides in Minneapolis with his wife - Barbara Butts Williams, Ph.D. – and he is the father of three sons. As a private pilot, John enjoys taking to the skies. He also likes to spend his leisure time on fishing or watching movies.

The Region V team definitely considers Dr. John Williams one of its “**Most Valuable Players!**”

VIP UPDATES

DON BLOOM

Deputy Commander Family Assistance Core Team

There has been much written and debated about the VIP program and its performance during the past deployment. Much of the discussion has been based on what the VIP program is perceived to do. I am writing this article in hopes of clarifying any misconceptions regarding VIP – the program’s current functions, as well as the future direction of its development.

The most positive aspect in all of the debate is the realization that the collection of victim ante mortem data is paramount in the positive identification process. In the absence of ante mortem medical records, much of the information used to make positive identifications during Katrina were made from the provided VIP information. As with every deployment, we learn from our experiences, and Hurricane Katrina was no different.

VIP VERSION 8

At the beginning of the Katrina deployment, we deployed **Filmmaker Pro 8** (VIP was derived from this database). This was an entirely new product with many new features, previously unavailable for our use. Due to requests from the State of Louisiana, it became apparent that we would need to move to **FMP 8** – this could provide them with the data that they were requesting. Re-writing the VIP program, while learning all of the new features, is something I would not like to repeat during a deployment. Future changes and updates need to be planned for and implemented in a non-deployment setting.

That being said, I had some excellent support people from the State, and the transition went better than expected. **VIP Version 8** is a much more robust product that can better meet the needs of a DMORT deployment. The relational table structure will allow for unlimited field choices, along with faster searches and finds. With the help of several of our DMORT dentists, we were able to add work lists to the ANTE MORTEM dental section, thus allowing the DMORT dental team to accomplish their goals faster and with less duplication.

DNA is going to play a major role in all future disasters, and we are building an entire section to support them.

SOME OF THE KEY FEATURES OF VIP-8

- 1) VIP information can now be easily viewed in Adobe PDF files with the new PDF Maker
- 2) Excel files of all VIP data with one click for data analysts in-house or for export to various agencies
- 3) Performs e-mail merge to send data on the fly
- 4) Controls access with greatly expanded access privileges
- 5) Deploys VIP to multiple sites with web publish of the 8 page Interview Form
- 6) Manages VIP information by giving instant access to all details, exploiting the Fast Match feature that lets users quickly search data without the time-consuming burden of typing
- 7) Easy integration of all Digital media, enabling Investigators to look at all AM/PM records including Digital media
- 8) Faster comparisons of Clothing and Jewelry inventory between the AM/PM screens

FEATURES ADDED AS A RESULT OF OUR DEPLOYMENT

- 1) Next of Kin lists tied to victim
- 2) DNA work lists for tracking DNA workflow
- 3) Dental work lists to enable AM Dental Teams to acquire records, track workflow, and better integrate with the PM dental team
- 4) Expanded search and find criteria
- 5) Call logs added to record multiple contacts with families
- 6) Release work lists to allow those working in release to better track workflow, keep updated with family contacts, and communicate with the morgue operations
- 7) Expanded use of a relational design, thus eliminating limitations in types of data collected

One of the concerns expressed was in regards to data protection. I have included information regarding how password management and record audits are handled.

Authentication

The password management in VIP is flexible and relatively easy to use. It is familiar to users and will give them a sense of individual accountability, since they cannot be wrongly blamed for actions taken by the use of a password that “everybody” knows. All users now have their own user name and password.

The IR Manager will appreciate that actions of the application can be tied to specific individuals. Such accountability will allow administrators to identify which users need additional training. If an attack does happen, the individual account identification may provide clues for an investigation.

Auditing

The VIP database and the Web Publishing feature of VIP both produce audit trails that are stored as ASCII text files. As required by most organizations, all valid and invalid password attempts are audited. This allows an organization to detect password-guessing attacks. Audit trail information can also be used for non-attack problems. The information can help locate mistakes made by authorized users and identify users who should receive additional training

The security features in the VIP program are intended to meet the security requirements that support a DMORT mission: authentication, access control, auditing, file security, and communication security. The security features in VIP are more comprehensive and yet generally easy to understand, setup, and maintain.

Summary

Every deployment has presented DMORT with job duties and responsibilities that are sometimes out of our scope. The DMORT “we can do that” attitude encourages us to “roll up our sleeves” and help as needed. VIP has been asked to perform in ways that it was not designed to do. Again, we do what it takes to accommodate any need. For a specific deployment, this is sometimes perceived as product inadequacy. This was the case in Louisiana, when VIP was used to track missing persons. Since we were not aware of any other options, we did what we could with what was available to us at the time.

Currently, there are several agencies that are attempting to write a program, which can either replace or compete with the VIP Program. HHS has currently hired a company that has sub-contracted this process to a second vendor at a substantial cost: the specifications for the work, along with the actual work, are being done without any input from anyone in DMORT. Every deployment presents specific needs that could never be completely anticipated; however, I believe that the people of the DMORT system have the experience and should drive any future development.

The VIP program and the Filemaker platform have consistently provided data, resulting in consistent success rates of 85-95% identifications (including Louisiana). All of this was developed at no cost to the Federal Government. We have recently received a commitment from NDMS to appropriately fund further development of the VIP Program. This will be done within the DMORT system, with input from all Forensic disciplines. I assure you that VIP will be ready for the next event.

REGION V ANNUAL TRAINING

June 2-4, 2006

Argonne National Laboratory

Argonne, Illinois

Over ninety team members and guests attended the Region V Annual Training Session at Argonne National Laboratory in Argonne, Illinois on June 2-4, 2006. The consensus by the majority of the participants was that the lecture facility, lodging, accommodations, and food were all excellent. The following were key agencies at this training: DMORT V, DMORT VI, Emergency Coordinator FEMA Regions 5 and 6, DMORT-WMD, DMORT-DPMU, FAC Team, NDMS, FEMA, and Metropolitan Police of the United Kingdom. These groups provided a comprehensive and informative training for the team.

Opening Remarks

Region V Command Staff

Brad Targhetta (Region V Deputy Commander) reviewed the recent changes in DMORT Staff. Because the DPMU, FAC, and WMD specialty teams are now all “stand alone teams,” members of DMORT Region V can no longer maintain dual membership.

Appreciation plaques were presented to Mike Gedert and Bob “Bubba” Stevens for their roles in creating the Region V Team and for their contributions to DMORT itself.

Hurricane Deployments

Chuck Smith, Region VI Deputy Commander

Amy Taylor, Emergency Coordinator FEMA Region 6

Amy Taylor defined the Emergency Coordinator’s Role, and how they can help DMORT in a deployment. She emphasized the importance of knowing your region’s Emergency Coordinators. She introduced Region V’s Emergency Coordinators: Carl Adrianopoli and Janet Odom.

Amy described how Incident Action Planning (IAP) is utilized. IAP is part of the Incident Command System (ICS) – a document to guide planning in order to meet the objectives of a mission.

Since the hurricanes in 2005, a TF (Task Force) has been created to support the DMORT mission at the JFO (Joint Field Operations), Ops Section Chief, and FCO (Field Coordinating Officer) level. Members of the TF include: ESF-3 NSA CE, ESF-4 Forest Service, ESF-8 HHS, ESF-13 Security, ESF-15 Public Affairs, Congressional Affairs, DOD (Department of Defense), and DOT (Department of Transportation). The utilized IAP will need to define the objectives of the mission. The TF must be flexible in order to

support the mission. The TF will consist of a well-trained group of people who can maintain critical roles during the mission. Operational control must remain with subject matter experts.

Chuck Smith discussed the DMORT East and West Katrina Operations. These were two different operations with unparalleled circumstances. Chuck gave an operational overview of the West Katrina Operation. He included timelines and problems with the State, due to the State's lack of a disaster plan.

The following were some of the statistics from the operation: 910 storm victims were processed; 85% of the victims were identified without DNA; 612 caskets were processed; 612 disinterred remains were recasketed and returned to the parishes; 66 victims remain unidentified; 13,000 Victim Identification Profiles (VIP) were completed.

Administrative Issues

Speaker: Sue Atwood, Region V Administrative Officer

Sue reviewed a number of DMORT policies and procedures; including National Travel, lodging, rental cars, per diems, phone cards, and vouchering for reimbursement. She also distributed an extremely helpful packet of information to assist team members before, during, and after a deployment.

Sue stressed that team members need to make sure she has ALL of their current information on file, such as e-mail addresses, home addresses, phone numbers, licensure, direct deposit forms, and other information that could influence deployment status.

Sue introduced Dr. Jim Adams, who will be taking over Bob "Bubba" Stevens' duties as our local proprietor of DMART. She reminded everyone to be courteous to him, as he is doing a favor for all of us by accepting these duties.



Dr. Jim Adams, our new DMART Proprietor

DMORT-WMD

Speaker: Steve Tinder, DMORT-WMD Deputy Commander

DMORT-WMD (Weapons of Mass Destruction) recently became a “stand alone team” within the FEMA/NDMS system and is managed under a different response program.

The mission of DMORT-WMD was defined: this team decontaminates human remains to make them safe from a chemical, biological, or radiological incident. DMORT-WMD will certify to the best of their ability that remains are clean before sending them to a morgue in a clean “reefer,” for ultimate return to the families.

DMORT-WMD assists the local agency with educating the Medical Examiner/Coroner, workers, mortuary staff and other involved people if requested to do so.

Steve presented an overview of their operations:

- Red Zone – Remains are brought from the incident site. Body numbers are assigned, personal effects and clothing are removed, and photographs are taken.
- Yellow Zone - Remains undergo a full body examination, including notating significant features. Gross decontamination takes place by thorough scrubbing with an appropriate cleaner. A solution of Sodium Hypochlorite and Soapy Water are the best cleaning agents.
- Part Yellow and Part Green Zone – Chemical Agent Monitor (CAM) is used to determine if the Yellow Zone performed their job completely. The body is returned to the Yellow Zone if the CAM detects any remaining contaminants.
- Green Zone – Remains are placed in a clean “reefer.”

DMORT-WMD conducts significant research at the Forensic Anthropology Center at the University of Tennessee-Knoxville. They are currently researching the “Verichip” System – a method of numbering remains via an inserted scanning chip.

Field Recovery

*Speakers: Dave Hunt, Region V Deputy Commander
Shawn Wilson, Region V Member*

Dave Hunt and Shawn Wilson gave a comprehensive presentation regarding their personal experiences on the strike teams while on deployment in Louisiana following Hurricanes Katrina and Rita. The challenges, team structure, logistics, operations,

communications, and the overall working conditions were reviewed. Missions that were ventured by the strike teams included: the Superdome, Cameron Parish, and St. Bernard Parish.

Family Assistance Core Team (FACT)

Speaker: Todd Grisier, FAC Member

FACT is now a “stand alone team.” The team’s mission is to aid in body identification, through accurate ante mortem information received and to support and aid the Incident Commander.

There will be future changes within FACT. As a new core team, no funds have been allocated for team training expenses. Family Assistance leadership is examining the designation of five individuals from each DMORT region to be cross-trained in FACT; however, these members will retain their status on their regional team.

Following Hurricane Katrina, Todd described how the mission in Baton Rouge changed from body identification to body identification and locating displaced persons. The government decided to rename the FAC in Baton Rouge to the “Find Family National Call Center.” Early on, an overload of calls to the “866” Hotline put a strain on the nine-member FAC team. Soon, volunteers from the State Funeral Directors Association, National Funeral Directors Association, Kenyon International, and Westoff assisted the FACT on callbacks, so that serious work and input of information could be efficiently accomplished. Operations in Baton Rouge have now been turned over to a private entity and will cease by August 14, 2006.

Todd explained that the FACT was in charge of the entire center. They operated with a fully functional Information Resource (IR) that communicated with the IR at the morgue. He also mentioned the updates on VIP to Filemaker Pro 8.0: it is user friendly, requires very little training, and allows photographs and illustrations to be inserted or accessed easily. From this mission, a Family Assistance Procedure and Policy Manual was developed. This document is very comprehensive, incident-specific, and may be used as a prototype for future deployments.

DMORT-DPMU

*Speakers: Mike Gedert, DMORT-DPMU Member
Bob “Bubba” Stevens, DMORT-DPMU Member*

The DPMU (Disaster Portable Morgue Unit) is now a “stand alone team.” Shannon Dotson – the DPMU Commander – will be building the team to forty members, with representation from all ten regions. Prospective members will need to go through their

Regional Commanders before committing to this team. There will be a new Central DPMU by the end of the year.

The DPMU works under FEMA logistic protocols. There will be individual accountability for equipment issued at a deployment, including phones, cars, radios, and morgue section equipment. Purchases will also need to be justified and submitted through proper channels, not by individual members; therefore, understanding the NIMS (National Incident Management System) chain of command is crucial to all team members.

There is a new Equipment Request Process: the Morgue Operations Person submits an *Equipment Request* to their Section Leader; the Section Leader completes the *DPMU Supply Request Form* and submits it to the Morgue Operations Chief; the Morgue Operations Chief must sign and submit the request to the DPMU Log Chief – ALL issued equipment will require a *Hand Receipt*. If equipment is damaged or missing, there are specific forms for reporting purposes, which need to be completed immediately. Members will be held financially responsible for equipment that has been signed-out but not returned.

Overall, the DMORT-DPMU is restructuring toward a better system. As always, their mission is to support DMORT during a mission.

CISM – Incident Stress Management

Speaker: James Offrink, Region V Member



Incident Stress can be a silent enemy, having adverse effects on a unit's mission and performances. The focus of Incident Stress Control is to maintain the readiness and optimal capabilities of the unit's most valuable resource – its members. Incident Stress is a normal reaction to unusual or traumatic events.

Stress responses in normal situations differ from those associated with a deployment. Physical and mood changes can occur with altered levels of epinephrine, adrenaline, and norepinephrine. Long-term stresses can cumulatively result in permanent changes of neurons, the limbic system, and even DNA.

Jim described factors that can contribute to Incident Stress and the signs and symptoms of Incident Stress. He also distributed a handy guide with tips on post-deployment behavior for the team member and reunions with a spouse, children, and co-workers.

He concluded the presentation with his personal experiences during his deployment in Mississippi at Hurricane Katrina East.

Minnesota Mass Fatality Drill

Speaker: Mitchel Morey, M.D., Region V Member

The Hennepin County Medical Examiner's Office in Minneapolis, Minnesota recently participated in a mock mass disaster drill. An interagency collaboration of state and local authorities contributed to this comprehensive exercise.

The drill was designed to be as realistic as possible, involving mass casualties, a FAC section, and utilization of the Minnesota DPMU. Temporary morgue setup with designated stations (Personal Effects, Anthropology, Dental, Radiology, etc.) and a demonstration of equipment contributed to the all-round training of all participants. *After-Action Reports* pertaining to this exercise will follow.

Other Region V members who helped in the organization of this drill were Dr. Andrew Baker and Shawn Wilson.

London Bombings

Speaker: Detective Inspector Gary Locker, Metropolitan Police, United Kingdom

Gary Locker explained the United Kingdom's hierarchy of organization, while responding to a disaster. Identification Commission Structure and Identification Commission Issues are major components. Their equivalent to DMORT is the Disaster Victim Identification (DVI) Team, composed of the Casualty Bureau, Family Liaison, Victim Recovery, and Mortuary sections.

The details of the four separate bomb events on July 7, 2005 were described. Coroners from the cities of London, Westminster, and North London responded to this disaster, which resulted in 57 fatalities and 700 injuries. Bomb scene management system, explosive safety, environmental and structural safety, evidence collection, body recovery, central intelligence, morgue design, contamination control, and ways to assure continuity were reviewed in this session.

Sexual Harassment

James Montgomery, FEMA

Following the Hurricane Katrina deployment, FEMA received over thirty sexual harassment complaints. These complaints are taken very seriously by FEMA: this prompted the agency to conduct a mandatory sexual harassment presentation to all team members.

Mr. Montgomery discussed Equal Employment Opportunity, aspects of discrimination, and what constitutes sexual harassment. A sexual harassment video was shown, and a quiz was given to the group about significant points from the lecture.

MST 101

Millard "Buddy" Bell, NDMS Program Manager

Mr. Bell addressed questions and concerns by members, regarding the potential future of DMORT in relation to the NDMS system. Codes of conduct when on deployment, including dress code, were also mentioned.

FEMA Region V

Carl Adrianopoli, Emergency Coordinator FEMA Region 5

Mr. Adrianopoli reviewed the lessons learned from a recent *After Action Report for a Local, State, and Federal Response*:

- States and local areas with the most highly organized and realistic plans receive a quicker and more effective response from FEMA.
- Communication failures will derail the best plans; equipment and networks must be tested, exercised, and revised of redundant systems.
- When political leadership (at any level) is not skilled in emergency management, it retreats to enforcing all rules, for that is all that it knows and controls – this creates “bottlenecks” everywhere.
- FEMA must pre-position water, ice, MRE’s (Meals-Ready-to-Eat), and medical assets when disasters are imminent.
- Pre-positioned assets require available and suitable transportation and security.
- A lack of security can derail the best plans.
- State and local emergency management plans are basic to successful responses
- FEMA quotes: “Plans are nothing, planning is everything.”



*Mike Gedert, Todd Grisier, and Bob “Bubba” Stevens
share their last moments of camaraderie with the Region V team*