



FEMORS NewsGram

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Spring 2003



DIRECTOR OF OPERATIONS **MESSAGE**

This is the first of your FEMORS NewsGrams. Regular updates will be communicated to members by means of NewsGrams on a quarterly basis, or sooner, if developments occur that warrant it.

There is a great deal of information to pass on to you and it has long been my philosophy that valuable people deserve to be kept abreast of valuable information that affects them. I will do my best to keep you informed of developments and future plans. After all, the better informed you remain, the better prepared you will be to serve FEMORS when the time comes.

Larry R. Bedore

FEMORS HISTORY

Year-One

Year-One officially began on July 1, 2002 with the creation of FEMORS, but unofficially, much earlier. Following the September 11, 2001 attacks, Florida took an early aggressive role in establishing Domestic Security Taskforces under FDLE while the Florida Department of Health's Office of Emergency Operations (DoH-OEO) revisited its measures to deal with bioterrorist (or natural) disasters involving mass fatalities.

Federal Homeland Security grant funds became available to DoH-OEO, through the Centers for Disease Control (CDC), focusing on bioterrorism preparedness. In addition to developing the public health aspects of smallpox and anthrax preparedness programs for hospitals and first responders, DoH-OEO recognized a need to prepare for mass fatalities in a more definitive manner.

Following the September 11th events, and again during early Spring of 2002, Dr. Ellery Gray of the DoH-OEO contacted the William R. Maples Center for Forensic Medicine at the University of Florida in Gainesville to explore mass fatality response issues. After consulting with a number of forensic and disaster experienced individuals who indicated a willingness to help, Drs. Bruce Goldberger and Tony Falsetti accepted the challenge and submitted a first year proposal on April 29th to establish a Florida mass casualty incident response team.

FEMORS' first year funding of \$150,000 was included in the DoH-OEO's grant request of \$40 million for Public Health Preparedness and Response for Bioterrorism. At its inception on July 1, 2002, Dr. Goldberger served as Program Director, Kelly House, MBA, served as Director of Education, and Ann Ross, PhD.,

Anthropology, served as Assistant Director of Education.

The goals of Year-One were to:

- Identify and assemble an advisory working group of individuals with experience in disasters and forensic fields;
- Establish a web site with public and members-only private areas;
- Identify and assemble a group of interested volunteers;
- Develop a response plan and training guide; and
- Provide an inaugural training session in the Spring of 2003.

Working Group

While the makeup of the original working group has changed from time-to-time, it is composed of specialists in Forensic Medicine, Odontology, Anthropology, DNA, Public Administration, FDLE, and Funeral Service sectors.

Its first meeting was held on August 21, 2002 in Gainesville where Dr. Gray and Dr. Goldberger explained the goals of the project. Those in attendance included

- Dr. Stephen Nelson, District Ten Medical Examiner and Chair of the

Medical Examiners
Commission

- Robin Sheppard, Bureau of Vital Statistics
- Dr. Joe Davis, Retired District Eleven Medical Examiner
- Dr. Valerie Rao, District Five Medical Examiner
- Larry Bedore, Director of Operations for District Five
- Paul Taylor, Funeral Director and national mass fatalities trainer
- Dr. Tony Falsetti, Maples Center Co-Director
- Ms. Kelly House, FEMORS Director of Education
- Dr. Ann Ross, FEMORS Assistant Director of Education
- Jim Hinson, Admin and Logistics Officer, DoH

Those present who were active members of the federal DMORT program included Mr. Bedore, Mr. Taylor, Dr. Falsetti, and Dr. Ross. All present offered advice on the many issues to be encountered and overcome in developing the program and topics to be considered for the first training session.

Over the course of the next 6 months, the Working Group met three more times to receive progress reports and to provide input on the written plan and training guide. During that time Ms. House and Dr. Ross completed the FEMORS Plan and Training Guide for the March 2003 Training Session to be held in Kissimmee.

The web-site was also initiated to provide a means by which interested individuals could apply for membership and register for training.

Year-Two Evolution

On Tuesday, March 11, 2003, approximately 2 weeks before the FEMORS Training Session was to take place, Dr. Gray and Mr. Bedore met during the NDMS Conference in Reno at which DMORT had set up its portable morgue for demonstration. Over a cup of coffee they discussed FEMORS and the next logical phase for Year-Two – establishment of a disaster portable morgue unit (DPMU) and full-time staffing to procure and maintain the extensive inventory required. Dr. Gray was, at that time, coordinating DoH-OEO's efforts to reprioritize certain portions of the CDC federal grant. Dr. Gray requested an overview from FEMORS on what it would take to institute a portable morgue component.

Mr. Bedore met with Dr. Goldberger and Ms. House on March 18th to review and finalize an overview that Mr. Bedore and Ms. House presented to DoH-OEO on March 21st in Tallahassee. The overview was based on an assumption that FEMORS would design its portable morgue on DMORT's model just in case it should ever be needed to augment the federal system if multiple disasters were to strike simultaneously. Dr. Gray and his key staff endorsed the concept and

asked that a full budgetary proposal be submitted by April 15th.

Mr. Bedore agreed to serve as the facilitator of this new effort leaving his current position with District Five to become a member of the FEMORS management team as a consultant until Year-Two funding could begin in July.

FEMORS Inaugural Spring Training Session

Less than one week after the Tallahassee meeting, March 27-28, 2003 witnessed the first FEMORS Training Session at the Radisson Hotel in Kissimmee. Attendees and speakers totaled 127, 113 of who were present for the inaugural group photo (below).



National and State level speakers addressed the steps involved in disaster declaration procedures required to activate federal and state response programs. Several FEMORS members addressed issues related to its mission and how the team-based FEMORS programs would operate in the event of activation. Attendees were also provided with the then latest, and evolving, developments on expectations for Year-Two.

CURRENT ACTIVITIES UNDER DEVELOPMENT

Membership Status

The current number of registered FEMORS members stands at 175 with new applications being

received weekly. FEMORS has divided the state into four regions in such a way that no Medical Examiner District is split.

The regional map is shown below with the number of regional members in parentheses.

FEMORS REGION 1

District One

- Escambia
- Okaloosa
- Santa Rosa
- Walton

District Two

- Franklin
- Gadsden
- Jefferson
- Leon
- Liberty
- Taylor
- Wakulla

District Fourteen

- Bay
- Calhoun
- Gulf
- Holmes
- Jackson
- Washington

FEMORS REGION 3

District Five

- Citrus
- Hernando
- Lake
- Marion
- Sumter

District Six

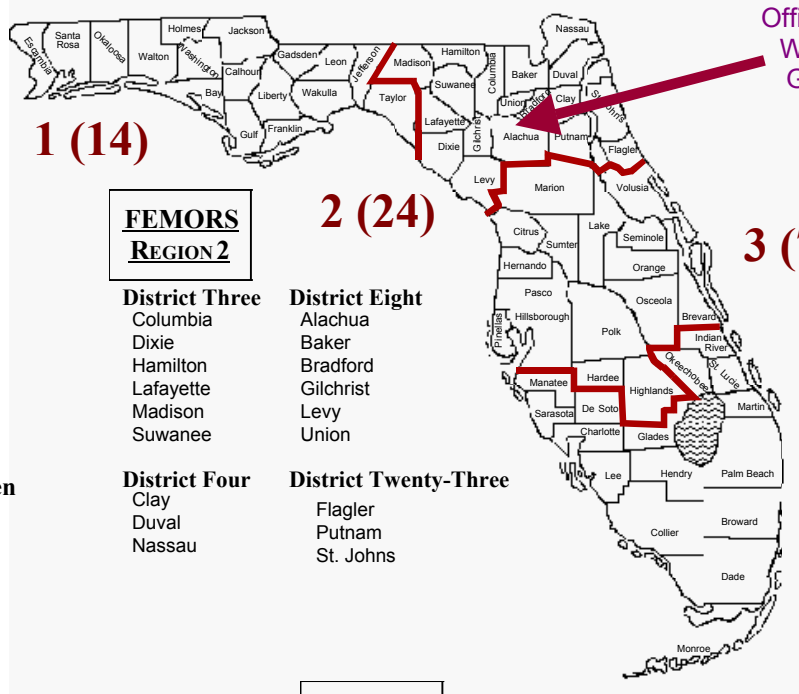
- Pasco
- Pinellas

District Seven

- Volusia

District Nine

- Orange
- Osceola



FEMORS REGION 2

District Three

- Columbia
- Dixie
- Hamilton
- Lafayette
- Madison
- Suwanee

District Four

- Clay
- Duval
- Nassau

District Eight

- Alachua
- Baker
- Bradford
- Gilchrist
- Levy
- Union

District Twenty-Three

- Flagler
- Putnam
- St. Johns

FEMORS REGION 4

District Eleven

- Dade

District Twelve

- De Soto
- Manatee
- Sarasota

District Fifteen

- Palm Beach

District Sixteen

- Monroe

District Seventeen

- Broward

District Nineteen

- Indian River
- Martin
- Okeechobee
- St. Lucie

District Twenty

- Collier

District Twenty-One

- Glades
- Hendry
- Lee

District Twenty-Two

- Charlotte

3**Member Classification Plan**

FEMORS is working with DoH-OEO to finalize procedures to classify each member so that appropriate pay plan rates can be assigned. DMORT uses the federal GS pay plan for classifying members according to their field of expertise. Whether DoH-OEO will adopt the federal plan or substitute a similar one based on Florida's classified service pay plan remains to be seen. Whatever the outcome, FEMORS members will be paid as temporary state employees upon activation. Even without completion of the DPMU, FEMORS may be called upon to render professional assistance at any time so resolving the pay plan issue is paramount and being actively pursued.

The FEMORS Classification Plan for the various positions and specialties will be distributed by e-mail as a separate document so each member can see how they will be classified. Please remember that the information provided upon registering through the web-site (www.FEMORS.org) will be the basis for initial classification. Every member is responsible for maintaining their profile with up to date information in the event of job, address, or contact information changes.

Operational Overview and Position Descriptions

Work is also underway to complete two sets of documents for distribution to members. The first is an Operational Overview

that lays out some of the practical, hands-on aspects of operating in a temporary morgue unit. The second is a total package of position descriptions for various functions ranging from team leader through morgue tracker. Both packages are intended to let members learn of the duties and expectations of the many tasks that must be accomplished for a successful mission.

OPS Application Package

A package is being assembled so that each member can complete the paperwork required for OPS (Other Personnel Services) state employment as a temporary worker. FEMORS desires to have every member pre-processed with this package to streamline the deployment issues when activation occurs. When the package is ready it will be mailed to each member with instructions on how to complete the forms and where to send them once completed.

DPMU Planning

With the assistance of Gary Moore, Assistant Director of the Office of Emergency Response at the NDMS headquarters in Rockville, MD, FEMORS was provided with the list of items currently being used in DMORT's DPMU set-up. This, together with the costs of an office and warehouse operation, served as the basis for developing the grant proposal for Year-Two.

Certain elements of the DPMU, however, will be different from the

DMORT model. For example, FEMORS will use digital systems for both Dental and Body X-Ray Sections instead of film processors. In addition to the speed advantages offered by digital, dark room and chemical storage and EPA disposal problems are eliminated.

Another significant change may be that FEMORS will purchase two flat bed trailers and just rent the tractor and driver when a need arises.

Work is progressing on obtaining updated pricing of the many hundreds of items in the DPMU and redesigning the computer systems to operate with wireless networking.

The DPMU Core Team is being finalized. These 8 individuals have agreed to sacrifice one weekend per month (except December and February) in order to learn every item in the cache, to organize the items by section, and to become the "experts" at loading, unloading, and running the equipment. Included in the cache are the computer networks for VIP, WinID, and the all new body digital x-ray processor.

YEAR-TWO PLANNING

As promised, FEMORS delivered its Year-Two proposal on April 15th with a request for almost \$1.9 million to institute a portable morgue program. (As of this writing, word has not been received on the progress of that proposal.)

Staffing

Dr. Goldberger continues in his role as Program Director to manage University of Florida's overall administration of the grant through the Maples Center.

Dr. Ross, who completed her missions of developing the Training Guide and Plan documents will be moving on with her new husband for an anthropology position in another state with the grateful appreciation of FEMORS.

Other management changes for Year-Two include full time positions for

- Larry Bedore, Director of Operations Analysis to handle:
 - Program development
 - Establishing operational procedures and a member handbook
 - Design and planning of the DPMU
 - Selection and training of the DPMU core team
- Kelly House, Director of Business and Financial Services to handle:
 - Budget coordination
 - Grant compliance monitoring
 - Training session planning

- Coordination of equipment purchasing
- Coordinator of Administrative Services (to be appointed) to handle:
 - Administrative support with equipment purchasing
 - Assist with training session planning
 - Maintenance of FEMORS membership database
 - Inventory control of DPMU and warehouse equipment

Development/Enhancement

Significant elements of the Year-Two proposal also include:

- Warehouse and office space lease and renovation in Gainesville for the DPMU
- Institution of a member identification card system
- Training sessions for:
 - Family Assistance Center core team with VIP database
 - DPMU core team
 - Dental Section training with new digital x-ray system and WinID database
 - Spring Training 2004 with practical exercises planned in the new DPMU set up in the warehouse
- Instructional outreach program to meet with the Emergency Operation Centers in every county and with the Medical Examiners covering those counties to explain FEMORS availability
- Continued recruitment and expansion of the FEMORS membership base

- Enhancement of the web site to provide for a member notification and feedback system in the event of activation
- Exploring joint disaster exercise training with other State organizations

Comments/Suggestions

Until the new office and warehouse become operational members can reach FEMORS staff at the following numbers:

- Larry Bedore
 - 727-560-3276 (Cell)
 - Lbedore1@tampabay.rr.com
- Kelly House (and Dr. Goldberger)
 - 352-265-0680, Ext 72047
 - housekm@pathology.ufl.edu