



Emergency Management and Response Information Sharing and Analysis Center (EMR-ISAC)

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NOTE: This INFOGRAM will be distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures. For further information, contact the Emergency Management and Response- Information Sharing and Analysis Center (EMR-ISAC) at (301) 447-1325 or by e-mail at emr-isac@fema.dhs.gov.

U.S. Terrorism Hot Spots

(Source: DHS)

The [National Consortium for the Study of Terrorism and Responses to Terrorism](#) (START) received a grant from the Department of Homeland Security (DHS) to advance understanding of the origins, dynamics, and social and psychological effects of terrorism. START researchers recently released the results of their study in a report titled [Hot Spots of Terrorism and Other Crimes in the United States, 1970 to 2008](#) (PDF, 988 Kb).

The report explains that large, urban areas such as Manhattan and Los Angeles have remained “hot spots” (i.e., “any county hit by terrorism more than 6 times from 1970 to 2008”) of terrorist activity during the past 40 years. Nearly a third of all terrorist attacks between 1970 and 2008 occurred in just five metropolitan counties. However, the researchers discovered that smaller, more rural counties (e.g., Maricopa County, Arizona) have emerged as “hot spots” because domestic terrorism there has increased.

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) noted in the report that 65 of the 3,143 counties in the United States were “hot spots” of terrorism. These locations “are dispersed throughout the country and include places as geographically diverse as the counties in Arizona, Massachusetts, Nebraska, and Texas.”

Emergency Services Sector leaders interested in more information about this study can examine the article at [Homeland Security NewsWire.com](#).

Hazards of Hoarding Households

(Source: Worcester Polytechnic Institute)

In a paper titled, “[An Analysis of Fire Incidents Involving Hoarding Households](#),” (PDF, 4 Mb) submitted to the faculty at Worcester Polytechnic Institute, the [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) learned that hoarding is the collection of and failure to discard large quantities of objects to the point where the storage of all the items causes impairment to basic daily living activities. “It is a growing problem among the aging populations of the United States and other nations.”

Hoarding poses many safety hazards as well as a number of health concerns. According to the study, the compulsive accumulation of possessions limits mobility within the household, frequently blocks egresses, impedes firefighter rescue of trapped occupants, and greatly increases the fuel load of the residence.

To address this growing problem, the authors of the paper recommend a concerted effort by the emergency services, local councils, community care workers, and related agencies to identify and engage hoarders. They particularly suggest active mitigation measures to reduce or eliminate the hazards by finding treatment for the hoarders and assistance with eliminating the rubbish, spoiled food, animals, and waste that violate local health and fire codes.

A recent example of this issue can be seen in the article: "[Firefighters: Hoarding to blame for Phoenix fire.](#)"

Natural Disaster Health Workforce

(Source: National Center for Disaster Medicine and Public Health)

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) was notified that the [National Center for Disaster Medicine and Public Health](#) (NCDMPH) released the [Report on the Domestic Natural Disaster Health Workforce](#) (PDF, 3.3 Mb). According to the NCDMPH, this document is a landscape analysis describing selected aspects of the health professions workforce who would respond to a catastrophic domestic natural disaster.

Specifically, the report analyzes the core federal departments supporting Emergency Support Function #8 (Public Health and Medical Services) by examining three key occupational sub-groups (emergency and critical care physicians, emergency and critical care nurses, and paramedics) at the national, state, and local levels. Furthermore, it offers 14 recommendations on a number of issues, such as double counting of responders, personnel asset visibility, readiness, and the deployment of sub-units.

The NCDMPH staff believe the report should spark discussion and potentially lead to improved competencies and standards for the nation's disaster education curricular that includes the Emergency Medical Services.

Handling Procedures for Digital Evidence

(Source: U.S. Fire Administration)

Another [Coffee Break Training](#) (PDF, 177 Kb) installment by the [U.S. Fire Administration](#) discusses the need for precautions when collecting digital evidence, because it may contain latent, trace, or biological evidence.

As a part of the Fire/Arson and Explosion Investigation Curriculum, this particular training reminds investigators that digital evidence (e.g., computers and electronic devices) is fragile and sensitive to extreme temperatures, humidity, physical shock, static electricity, and magnetic fields. For the consideration of practitioners, it provides numerous best practices when packaging digital evidence for transportation.

The [Emergency Management and Response—Information Sharing and Analysis Center](#) (EMR-ISAC) observed that upon completion of this training "the student shall be able to identify the proper handling procedures for digital evidence to avoid potential damage or destruction of critical data."

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For information specifically affecting the *private sector* critical infrastructure contact the National Infrastructure Coordinating Center by phone at 202-282-9201, or by email at nicc@dhs.gov.

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