

**UNITED STATES AND
ISRAELI HOMELAND SECURITY:**

**A COMPARATIVE ANALYSIS OF
EMERGENCY PREPAREDNESS EFFORTS**

by

Consuella B. Pockett

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Preparedness Efforts**

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Disclaimer

The views expressed in this publication are those of the author and do not reflect the official policy or position of the U.S. Government, Department of Defense, or the USAF Counterproliferation Center.

The Author

Lt Col Consuella B. Pockett is currently the Chief Nurse, David Grant Medical Center, Travis Air Force Base, California. She began her military career in 1986, as a Clinical Nurse, Obstetrical Unit, at USAF Hospital Tinker. In May 1991, she moved to Hansom Air Force Base, Massachusetts, as Charge Nurse, Primary Care Clinic. In May 1993, she moved to Yokota Air Base, Japan, and ultimately became the Chief, Aeromedical Evacuation Aircrew Member, Operations Group Standardization and Evaluation, 374 Operations Group. In February 1998, she moved to Scott Air Force Base, Illinois, to work for the Director of Operations on the Air Mobility Command Staff as the Command Flight Nurse Examiner and Deputy Chief, Standardization/Evaluation Branch. In April 2001, she moved to Cannon Air Force Base as the Chief Nurse and ultimately became the Commander, 27 Medical Operations Squadron and Deputy Commander, 27 Medical Group. Lt Col Pockett received her Bachelor of Science Degree in Nursing from Fairleigh Dickinson University, Rutherford, New Jersey, in 1978, and is a registered nurse in the state of Florida. She received her Master of Arts Degree in Management from Webster University, St. Louis, Missouri, in 1999. She graduated from the Air War College, Maxwell Air Force Base, Alabama, in May, 2005 with a Masters of Strategic Studies.

United States and Israeli Homeland Security: A Comparative Analysis of Emergency Preparedness Efforts

Consuella B. Pockett

I. Introduction

This paper will provide a comparative analysis of the United States (U.S.) Department of Homeland Security's Emergency Preparedness and Response directorate and the Israel Defense Forces' Home Front Command. It will focus on the preparedness aspect of homeland security and will address similarities and differences of both organizations, recent initiatives within each organization, and collaborative efforts between the United States and Israel in support of homeland security. It will illustrate that both organizations have made great strides in their homeland security efforts but there is still much that needs to be done.

The U.S. Department of Homeland Security was established on January 23, 2003, in response to the September 11, 2001, terrorist attacks against the World Trade Center and the Pentagon. The Emergency Preparedness and Response Directorate of the U.S. Department of Homeland Security is built upon the long and solid track record of the Federal Emergency Management Agency (FEMA). It oversees the federal government's national response and recovery strategy and ensures our nation is prepared for natural disasters and terrorist attacks.¹ Israel does not have a Department of Homeland Security. Israel established its Home Front Command, an entity of the Israel Defense Force (IDF), in February 1992, largely as a result of events of the 1991 Gulf War.² The Home Front Command falls under the minister of defense within the IDF.

The main difference between our U.S. Department of Homeland Security and the Israeli Home Front Command is in the matter of responsibility.³ In the United States, peacetime events are controlled by the governor of each state. The governor may ask for federal assistance

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and the president may authorize the deployment of military forces but the governor will never give up control of the situation. In Israel, peacetime events are handled by the first responders, the police, fire department, and medics. During times of war, events are always handled by the Home Front Command. In the event of an unconventional attack, the Home Front Command will immediately take control of the situation and will initiate the build-up and training of forces and the “common language” of the first responders.⁴

There are certainly lessons the United States can learn from Israel’s 35-year battle against terrorism. We must not forget, however, that Israel is a small country approximately the size of our state of New Jersey. Therefore, many of Israel’s security initiatives are simply not practical or feasible for implementation within the United States of America. Furthermore, the Home Front Command is a well-established organization that has been in existence for nearly 12 years while the U.S. Department of Homeland Security is a relatively new organization that was formally established less than one year ago. The fact that the Home Front Command is a much more established organization than the U.S. Department of Homeland Security explains the vast progress it has made in its emergency response and preparedness efforts.

II. The U.S. Department of Homeland Security

Every day Homeland Security works to deliver on our mission to better prevent, prepare and respond to a terrorist attack. We pursued that mission not merely by setting up one authority for 22 different agencies, but by setting goals and meeting them, and we are, and we will.

–Secretary Tom Ridge
Remarks to the American Enterprise Institute
September 2, 2003

President Bush established the Office of Homeland Security within the Executive Office of the President by executive order on October 8, 2001. The Office of Homeland Security, headed by former Pennsylvania Governor Tom Ridge, published the National Strategy for Homeland Security in July 2002 to mobilize and organize our nation to secure the United States homeland from terrorist attacks.⁵ The three objectives outlined in the National Strategy for Homeland Security are: 1) prevent terrorist attacks within the United States, 2) reduce America's vulnerability to terrorism, and 3) minimize the damage and recover from attacks that do occur.⁶ President Bush proposed establishment of the Department of Homeland Security on June 6, 2002. The Senate confirmed Tom Ridge as the secretary of the new Department of Homeland Security on January 8, 2003. The executive order establishing the Department of Homeland Security was signed on January 23, 2003.

The Department of Homeland Security was established primarily to unify the huge national network of organizations and institutions involved in efforts to secure our nation. The Department developed its own strategic plan, *Securing Our Homeland – U.S. Department of Homeland Security Strategic Plan 2004*, to provide guidance to its 180,000 assigned personnel. The vision for the Department reads: "Preserving our freedoms, protecting America . . . we secure our homeland."⁷ The Department's mission states: "We will lead the unified national effort to secure America. We will prevent and deter terrorist attacks and protect against and respond to threats and hazards to the nation. We will ensure safe and secure

borders, welcome lawful immigrants and visitors, and promote the free-flow of commerce.”⁸ The Department’s strategic goals are: awareness, prevention, protection, response, recovery, service, and organizational excellence.⁹ Strategic Goal 4, Response, best addresses the preparedness aspect of the U.S. Department of Homeland Security. This goal is to “Lead, manage and coordinate the national response to acts of terrorism, natural disasters, or other emergencies.”¹⁰ There are three objectives under the strategic response goal (1) “Reduce the loss of life and property by strengthening nationwide response readiness,” (2) “Provide scalable and robust all-hazard response capability,” and (3) “Provide search and rescue services to people and property in distress.”¹¹

The U.S. Department of Homeland Security consists of five major directorates: Border and Transportation Security, Emergency Preparedness and Response, Science and Technology, Information Analysis and Infrastructure Protection, and Management. The Border and Transportation Security directorate consolidates major security and transportation operations, the Emergency Preparedness and Response directorate oversees domestic disaster preparedness training and coordinates government disaster response, the Science and Technology directorate utilizes science and technology advantages to secure the homeland, the Information Analysis and Infrastructure Protection directorate analyzes intelligence involving threats to homeland security and evaluates vulnerabilities in the nation’s infrastructure, and the Management directorate is responsible for budget, management, and personnel issues within the Department.¹²

Secretary Ridge spoke at the Miami-Dade Office of Emergency Management on July 30, 2004, after several days of training exercises. In his speech, he explained that the National Response Plan was developed by the U.S. Department of Homeland Security to integrate all federal response capabilities under “a single ‘all hazards’ system for prevention, preparedness, response and recovery.”¹³ Secretary Ridge said:

Before September 11th, every state, every city, and even individual response teams had their own procedures for emergency incidents...For the first time, the National Response plan provides a comprehensive roadmap for everyone to follow...As part of this plan we also introduced

the National Incident Management System so that those individuals involved in emergency response understand what their role is – and has the tools they need to be effective...It's the Nation's first-ever standardized approach to incident management and response and it unifies federal, state, and local lines of government into one coordinated effort. This integrated system makes America safer – across our entire nation and throughout every neighborhood – by establishing a uniform set of processes, protocols, and procedures that all emergency responders – at every level of government - will use to conduct response actions...Now everyone shows up on game day with the same playbook. They will have the same preparation, the same goals and expectations, and – most importantly – they will be speaking the same language.^{14,15}

The U.S. Department of Homeland Security Public Website

The public website for the U.S. Department of Homeland Security identifies three key steps individuals and families should take in preparation for unexpected emergencies. These key steps are (1) Assemble an Emergency Kit, (2) Make a Family Communication Plan, and (3) Learn More About Readiness.¹⁶ The website advises that we should be able to survive comfortably on our own for at least three days because we may need to stay in our homes for that long in the event of a chemical, biological, or radiological attack. The emergency kit should include a change of clothes, sleeping bag, and food and water. The site states that each person should have three gallons of water per day and recommends canned and dried foods. Additional instructions under the *Assemble an Emergency Kit* section state: “Our advice is to start now by gathering basic emergency supplies – a flashlight, a battery powered radio, extra batteries, a first-aid kit, prescription medicines, and toilet articles. Duct tape and heavy-duty plastic garbage bags can be used to seal windows and doors. Make sure all household members know where the kit is kept. You should also consider bringing a disaster supply kit to work or leaving one in your car.”¹⁷

Instructions provided under the *Family Communication Plan* section include making sure everyone knows contact numbers and recommends calling an out-of-state friend or relative, keeping a list of emergency numbers near the phone, and selecting a “safe room,” preferably an interior room above ground with few windows and doors, where everyone can gather.¹⁸

Instructions given under the *Learning More About Readiness* section address the fact that people will be calmer in the aftermath of a terrorist attack if they know what to expect. It advises that local authorities will broadcast information as quickly as possible. Finally, it suggests taking classes in first aid and Cardiopulmonary Resuscitation (CPR), reviewing insurance policies, making accommodations for elderly and special needs family members and neighbors, and arrangements for pets not allowed in public shelters. “All Americans should begin a process of learning about potential threats so they are better prepared to react during an attack.”¹⁹

The U.S. Department of Homeland Security public website also contains a link to “Frequently Asked Questions About Citizen Preparedness.”²⁰ This site recommends against purchasing gas masks for family members citing legitimate safety concerns due to improper use of masks and hoods as well as a false sense of security as to their effectiveness. It also answers questions related to “safe rooms” and addresses the rationale behind using duct tape and plastic sheeting to create an airlock to reduce the infiltration of chemical agents.²¹

U.S. Northern Command

U.S. Northern Command, a joint command, was established on October 1, 2002, to ensure the military defense of the United States and to coordinate Total Force efforts. U.S. Northern Command announced full operational capability on September 11, 2003, less than one year after being established. U.S. Northern Command is the focal point for coordinating and providing military assistance to civilian first responders. It ensures our national security against domestic threats and helps respond to natural and man-made disasters. U.S. Northern Command is responsible for the defense of the continental United States, Alaska, Puerto Rico, the U.S. Virgin Islands, the Gulf of Mexico, and the Pacific and Atlantic Oceans within 500 miles of the United States. Canada and

Mexico are also included in U.S. Northern Command's area of responsibility because their close cooperation and coordination is critical to the defense of North America.²² "The establishment of the United States Northern Command (NORTHCOM) strengthened the capabilities of the nation to respond to terrorism. The command solidifies the Department of Defense (DoD) role in homeland defense and provides information to federal, state, and local authorities."²³

Homeland *defense* is defined as protection of U.S. territory, sovereignty, the domestic population and our critical infrastructure. U.S. Northern Command provides homeland defense and is only one piece of the national homeland security effort. Homeland *security* is defined as a national effort that includes individuals and organizations working together to prevent terrorist attacks within the United States, reduce our vulnerability to terrorism, and, if terrorist attacks should occur again, to minimize the damage and recover from them. U.S. Northern Command's job is to safeguard and defend America and American interests within its area of responsibility.²⁴

When a disaster occurs, the first responders are normally the local agencies: the police, fire, and emergency medical services (EMS). Local agencies will request state-level assistance if the disaster exceeds their ability to contain or manage it. The state may seek federal assistance if the crisis is large enough. The lead federal agency may request assistance from the president or secretary of defense if the emergency exceeds the lead agent's capability to manage it. DoD will evaluate the request and may task U.S. Northern Command with providing support to the lead federal agency, usually FEMA or the Federal Bureau of Investigation (FBI).²⁵

The responsibility for protecting citizens from disasters and for helping them to recover when a disaster strikes is shared by local and state governments. "The Robert T. Stafford *Disaster Relief and Emergency Assistance Act*, Public Law 93-288, as amended (the Stafford Act) was enacted to support state and local governments and their citizens when disasters overwhelm them. This law establishes a process for requesting and obtaining a Presidential disaster declaration, defines the type and scope of the assistance available under the Stafford Act, and sets the conditions for obtaining that assistance."²⁶ A preliminary damage assessment (PDA) is conducted by local, state, and federal officials when

the governor of the affected state, through the regional FEMA office, requests a presidential declaration that a disaster or emergency exists. The PDA provides an estimate of the extent of the disaster and the impact on individuals and public facilities. The information gathered during the PDA is included in the governor's request. The governor must annotate, in his request, that the state's emergency plan has been executed, the response is beyond local and state capabilities, and that Stafford Act assistance is required. Federal assistance will be activated if the president declares the existence of a disaster or emergency.²⁷ There are three categories of federal assistance available under a disaster declaration: individual assistance, public assistance, and hazard mitigation assistance.

One of U.S. Northern Command's primary missions is to provide military assistance to civil authorities involved in disaster response and recovery operations, control of civil disturbances, and law enforcement activities. The provision of military forces is subject to the controls of the Posse Comitatus Act.²⁸ Normally, military forces must be requested by local, state, or federal agencies and approved by the president or secretary of defense. U.S. Northern Command only provides assistance after it is tasked by DoD. Normally, military support to civil authorities is provided only after the resources available to local, state, and federal agencies have been exhausted or are inadequate or unavailable.²⁹ Once activated by the president or the secretary of defense, U.S. Northern Command will most likely be in a supporting role to the U.S. Department of Homeland Security which is the lead federal agency.

General Blum's Concept of Operations

The current "draft" U.S. Northern Command 2002 provides for state to regional response capability by the National Guard and specifically identifies the National Guard Chemical, Biological, Radiological, and Nuclear (CBRNE) Enhanced Response Force Package (NG CERFP) concept of operations. The NG CERFP concept was created by Lt Gen H. Steven Blum, chief of the National Guard Bureau and former chief of staff, U.S. Northern Command. His plan is to put one NG CERFP in each state. The first 12 teams have been in place since August 1, 2004, and have supported the G8 Annual Summit, the Democratic National Convention and the Republican National Convention. Ten of the first 12

teams are staffed by Air National Guard medics. It is anticipated that all state teams will be staffed by Air National Guard medics with shortfalls coming from Army National Guard medics. This will present a significant challenge since Army forward operations leave very little Army National Guard medics to support the Homeland. Traditionally, the Air National Guard medics are the first of the Air Force Medical Service medics to be tasked by DoD when required to support federal, state, or local agencies during Homeland Security events.³⁰

General Blum selected the Air Force's Expeditionary Medical Support (EMEDS) concept of operations as the foundation for the medical element of the NG CERFP. The "full-spectrum" capability of EMEDS meets the disaster response, weapons of mass destruction (WMD) event, and consequence management aspect of the NG CERFP and U.S. Northern Command "draft" Annex Q. The National Guard Bureau purchased 12 Small Portable Expeditionary Aeromedical Rapid Response equipment sets and placed them in each of the first 12 states. In addition, the National Guard Bureau purchased an EMEDS + 25 package, scheduled for delivery in December 2004, to be placed in Kansas as a "reach-back" for all states. A "Letter of Intent" is being prepared by the U.S. Northern Command Surgeon General requesting resourcing of Air National Guard medical assets as part of the NG CERFP.³¹

The Strategic National Stockpile Program

Congress charged the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) with the establishment of the National Pharmaceutical Stockpile (NPS) in 1999.³² The Homeland Security Act of 2002 tasked the U.S. Department of Homeland Security with establishing the goals and performance requirements of the NPS program. The U.S. Department of Homeland Security was also tasked with managing the actual deployment of NPS assets. The NPS became the Strategic National Stockpile (SNS) on March 1, 2003, and is now managed jointly by the U.S. Department of Homeland Security and the HHS.

"The SNS is a national repository of antibiotics, chemical antidotes, IV administration, airway maintenance supplies, and medical/surgical items."³³ The SNS has 12-hour Push Packages positioned in strategically

located warehouses ready for deployment to designated sites within 12 hours of the federal decision to deploy SNS assets. These 12-hour Push Packages are configured for immediate loading onto trucks or aircraft for the most rapid transport. The U.S. Department of Homeland Security will transfer authority for the SNS supplies to the state or local authorities once they arrive at the designated receiving and storage sites. State and local authorities are then responsible for the breakdown and distribution of the 12-hour Push Packages.

The affected state's governor's office must directly request the deployment of SNS assets from the CDC or the U.S. Department of Homeland Security who will evaluate the request and determine the course of action. The SNS program is included in a nationwide preparedness training and education program for state and local health care providers, first responders, and governments. Training alerts state and local response officials to the issues they must plan for in order to receive, secure and distribute SNS assets.³⁴ The NPS program was activated in response to the September 11, 2001, terrorist attacks when New York City officials requested large amounts of medical material and logistic support.³⁵

President Bush signed the Project BioShield legislation on July 21, 2004. This legislation authorizes \$5.6 billion over 10 years to stockpile vaccines and drugs to counter anthrax, smallpox, and other biological terror agents.³⁶ Bush said, "The Department of Health and Human Services has already taken steps to purchase 75 million doses of an improved anthrax vaccine for the Strategic National Stockpile. Under Project BioShield, HHS is moving forward with plans to require a safer second-generation smallpox vaccine, an antidote to botulism toxin, and better treatments for exposure to chemical and biological weapons."³⁷ The president said that funding for the SNS has increased by a factor of five since 2001 and that funding for biodefense research has increased by a factor of 30. The U.S. Government has also procured enough smallpox vaccine to vaccinate every American if necessary.³⁸

The National Disaster Medical System (NDMS)

The NDMS is a section within the U.S. Department of Homeland Security, FEMA, Response Division, Operations Branch. It manages and coordinates the federal medical response to major emergencies and

federally declared disasters including: natural disasters, technological disasters, major transportation accidents, and acts of terrorism including WMD events. NDMS is the lead federal agency for medical response under the National Response Plan and works closely with the HHS, DoD, and the Department of Veterans Affairs (VA).³⁹

There are three distinct but very inter-related components of the NDMS. The first component is medical response to a disaster area and includes medical teams, medical supplies, and equipment. The second component is patient movement from the disaster site to unaffected areas of the nation. The final component is definitive medical care at participating hospitals in unaffected areas of the nation.⁴⁰

The NDMS, a federally coordinated system, augments the nation's medical response capability. It was established as a single integrated national medical response capability to assist state and local authorities when dealing with the medical effects of major peacetime disasters. It also supports the military and VA medical systems in caring for casualties evacuated back to the United States from overseas armed conventional conflicts.⁴¹

Disaster Medical Assistance Teams (DMATS)

Disaster Medical Assistance Teams have been established within the NDMS under Emergency Support Function #8.⁴² Disaster Medical Assistance Teams are further divided into four specialty teams: the National Nurse Response Team (NNRT), the National Pharmacy Response Team (NPRT), the Disaster Mortuary Operational Response Team (DMORT), and the Veterinary Medical Assistance Team (VMAT). The Federal Coordinating Centers (FCCs) are also a vital component of the NDMS.

The FCCs have three main functions. First, they recruit hospitals and maintain local non-federal hospital participation in the NDMS. Next, they organize exercise development and emergency plans with participating hospitals and other local authorities. The purpose of this function is to develop patient reception, transportation, and communication plans. Finally, they coordinate the reception and distribution of patients evacuated to the area during actual system activation.⁴³

Accredited hospitals, typically with over 100 beds and located in large metropolitan areas across the United States, are encouraged to participate in a voluntary agreement with the NDMS. These hospitals agree to commit a percentage of their acute care beds, when available, to NDMS patients. Hospitals may provide more or less beds than the number in the agreement once system activation occurs. Hospitals who admit NDMS patients are guaranteed federal reimbursement.⁴⁴

NDMS patients will be stabilized for transport at the disaster site. Normally, these patients will be evacuated by the DoD's Aeromedical Evacuation System, coordinated by the Global Patient Movement Requirements Center (GPMRC) at Scott Air Force Base, Illinois, and regulated to one of the FCC areas. In the event of a federally declared natural or technological disaster, the GPMRC will be tasked to deploy the Immediate Response Assessment Team (IRAT) as well as other portions of the federal response system to determine the need for patient evacuation. If it is determined there is a need for patient evacuation, mission tasking orders will be issued to DoD.

Activation of FCCs will begin with instructions, issued by the GPMRC, for the reporting of available beds. At the same time, patient information will be gathered at the disaster site and forwarded to the GPMRC. The GPMRC will determine which FCCs receive patients based on patient needs, bed availability, and transportation availability. The GPMRC coordinates with the IRAT at the disaster site to guarantee smooth patient evacuation procedures. Patients will be met by local medical teams at the airport of the NDMS reception area, triaged, and transported by participating hospitals using locally available air or ground transport.⁴⁵

Disaster Medical Assistance Teams are volunteer teams designed to provide emergency medical care during a disaster or other event. The Disaster Medical Assistance Team is composed of professional and paraprofessional medical personnel who are supported by a cadre of logistical and administrative staff. Each Disaster Medical Assistance Team has a sponsor which can be any organization that is willing and able to support the development of the DMAT. The sponsoring organization manages the team, arranges training, and coordinates team dispatch. The Disaster Medical Assistance Team may have more than one sponsor. Each sponsor signs a Memorandum of Understanding with the United

States Public Health Service.⁴⁶ If deployed, individuals on the Disaster Medical Assistance Teams will be “federalized.” Federalized team members will be paid as federal employees on a civil service scale, reimbursed for travel and per diem expenses, have recognition of professional licensure outside the state where they are licensed, and protected under the Federal Tort Claims Act for liability under their normal scope of practice.⁴⁷

NNRTs may be used in any scenario requiring hundreds of nurses to assist in WMD events, chemoprophylaxis, or mass vaccination programs. NNRTs are directed by the NDMS system in conjunction with a Regional Team Leader in each of the 10 standard Federal Regions. Each NNRT is composed of approximately 200 civilian nurses. NNRT members are required to: maintain appropriate certifications and licensure within their discipline, stay current in treatment recommendations for diseases compatible with WMD, complete web-based training courses in disaster response, humanitarian relief, bioterrorism, and other relevant training, participate in regular training exercises, and be available to deploy when needed.⁴⁸

NPRTs, located in each of the 10 U.S. Department of Homeland Security regions, will be used to assist in chemoprophylaxis or vaccination programs requiring hundreds of thousands of pharmacists, pharmacy technicians, and students of pharmacy. NPRTs are sponsored by the “Working Group” of the Joint Commission of Pharmacist Practitioners in an undertaking with the U.S. Department of Homeland Security.⁴⁹

DMORTs provide victim identification and mortuary services. DMORT members, all private citizens with a particular field of expertise, are activated in the event of a disaster. DMORT members include funeral directors, medical examiners, coroners, pathologists, forensic anthropologists, medical records technicians, transcribers, finger print specialists, forensic odontologists, dental assistants, x-ray technicians, mental health specialists, computer professionals, administrative support staff, and security and investigative personnel. DMORTs are responsible for establishing temporary morgue facilities, victim identification, forensic dental pathology, forensic anthropology methods, and processing, preparation and disposition of remains. Once activated, DMORT members work under the direction of local authorities, providing technical assistance and personnel to help recover, identify and process deceased

victims. The FEMA Response Division of the U.S. Department of Homeland Security maintains two Disaster Portable Morgue Units (DPMUs) in support of the DMORT program. The DPMUs are maintained at FEMA Logistics Centers in Rockville, Maryland, and San Jose, California. Each DPMU includes a self-contained morgue with designated workstations and prepackaged equipment and supplies.⁵⁰

VMATs provide assistance in assessing the extent of disruption and need for veterinary services following major disasters or emergencies. All VMAT members are private citizens with one of the following specialties: clinical veterinarians, veterinary pathologists, veterinary technicians, microbiologists, virologists, epidemiologists, toxicologists, and various support personnel. The VMATS are responsible for assessing the medical needs of animals, medical treatment and stabilization of animals, animal disease surveillance, zoonotic disease surveillance and public health assessments, technical assistance to verify food and water quality, hazard mitigation, animal decontamination, and biological and chemical terrorism surveillance.⁵¹

The NDMS has established a self-paced Response Team Training Program designed to standardize the training received by all members. The goals of this training program are to: 1) provide all team members with the appropriate orientation and training for optimal in-field performance, 2) allow team members the opportunity to receive training as their schedule allows from any computer with Internet access, 3) provide training in a standardized learning environment, and 4) present NDMS response team members with the most current and accurate information available.⁵² Each session of the training program has established requirements and performance measurements. Members who complete the end of session examination with a passing score will receive certification in that particular training session. The Office of Emergency Response awards Continuing Education Units, in a wide range of medical specialties, to NDMS members who successfully complete the training program.⁵³

The Citizen Corps Program

The Citizen Corps was established by the White House in 2002 as part of the USA Freedom Corps. On October 1, 2003, the Citizen Corps

Program was transferred to the Office of Domestic Preparedness as part of the Fiscal Year (FY) 2004 Homeland Security Appropriations Act.⁵⁴ The Citizen Corps home page on the Web reads: “Citizen Corps asks you to embrace the personal responsibility to be prepared; to get training in first aid and emergency skills; and to volunteer to support local emergency responders, disaster relief, and community safety.”⁵⁵ The home page provides links to local Citizen Corps Councils, the USA Freedom Corps, the U.S. Department of Homeland Security, the Office for Domestic Preparedness, FEMA, and other resources. The Citizen Corps “was created to help coordinate volunteer activities that will make our communities safer, stronger, and better prepared to respond to any emergency situation. It provides opportunities for people to participate in a range of measures to make their families, their homes, and their communities safer from the threats of crime, terrorism, and disasters of all kinds.”⁵⁶ There are currently more than 1,200 Citizen Corps Councils nationwide which serve approximately fifty percent of the population of the United States.⁵⁷

The Citizen Corps Program offers numerous publications with information on how citizens can be better prepared for potential threats. These publications can either be downloaded from the Citizen Corps website or ordered by calling the toll-free number to the FEMA Distribution Center. *Are You Ready? A Guide to Citizen Preparedness*, a Citizen Corps publication, “is a 100-page publication that provides a step-by-step outline on how to prepare a disaster supply kit, emergency planning for people with disabilities, how to locate and evacuate to a shelter, and even contingency planning for family pets. Natural hazards and man-made threats from hazardous materials and terrorism are also treated in detail with specific preparedness and response information for each hazard.”⁵⁸

FEMA’s Community and Family Preparedness Program and the American Red Cross Community Disaster Education Program are nationwide efforts to help people prepare for all types of disasters. FEMA and The American Red Cross have co-produced two pamphlets; *Your Family Disaster Supplies Kit* and the *Emergency Preparedness Checklist*. Both pamphlets offer information to help prepare for hurricanes, earthquakes, tornadoes, winter storms, flash floods, fires, and hazardous materials spills. These pamphlets can be obtained by calling the toll-free

number to the FEMA Distribution Center, the local chapter of the American Red Cross, or from the FEMA or American Red Cross websites.

The Metropolitan Medical Response System (MMRS)

The Metropolitan Medical Response System program began in 1996 and officially became a part of the U.S. Department of Homeland Security on March 1, 2003. The program was established to develop or enhance existing emergency preparedness systems and effectively respond to a public health crisis. The primary focus of the program is on WMD events. It allows local law enforcement, HAZMAT, fire, EMS, hospital, public health, and other first responders to respond more effectively within the first 48 hours of an event.⁵⁹

III. Recent Developments in the U.S. Department of Homeland Security

Homeland security must be a priority in every city, every neighborhood, and every house across America.

–Mr. Tom Ridge
Secretary, U.S. Department
of Homeland Security

RapidCom 9/30

RapidCom 9/30, a program that will allow first responders in 10 high-threat urban areas to communicate with each other in the event of a large emergency, is a recent example of how the U.S. Department of Homeland Security works with state and local governments and public safety officials to make America safer. President Bush formally announced the program on July 22, 2004. This program guaranteed incident-level, interoperable emergency communications capability in New York, Chicago, Washington, D.C., Los Angeles, San Francisco, Philadelphia, Houston, Jersey City, Miami, and Boston by September 30, 2004. First responders from various disciplines and regional jurisdictions are able to communicate using existing equipment that is rendered interoperable by a patch-driven device that connects different models of equipment that would otherwise be incompatible.

The RapidCom 9/30 program specifies equipment needs and integrates each community's key factors of frequency of use, standard operating procedures, regional governance, training, and exercise into a solution for interoperability. RapidCom 9/30 supplies the 10 high-threat urban areas with the help they need to make the equipment work. This includes technical assistance, development of standard operating procedures, equipment training, help with test and exercise planning, and instituting a regional governance structure. The RapidCom 9/30 program is a model for incident-level interoperability in other urban areas and for the long-term goal of full interoperability.⁶⁰

National Incident Management System (NIMS)

U.S. Department of Homeland Security Secretary Tom Ridge announced approval of the NIMS on March 1, 2004. NIMS, the nation's first standardized management plan, created a unified structure for federal, state, and local governments to use when responding to incidents.⁶¹ Secretary Ridge said, "NIMS gives all of our Nation's responders the same framework for incident management and fully puts into practice the concept of, 'One mission, one team, one fight'...This unique system provides all of our nation's first responders and authorities with the same foundation for incident management, in terrorist attacks, natural disasters, and other emergencies."⁶² By identifying and integrating core elements and best practices, NIMS bolsters America's response capabilities. NIMS employs common doctrine, terminology, concepts, principles, and processes ensuring consistent and seamless response execution during incidents. It improves teamwork and assignments, allowing all responders to focus on the actual response rather than on organizing the response.

There are five key elements of NIMS: Incident Command System (ICS), Preparedness, Communications and Information Management, Joint Information System (JIS), and NIMS Integration Center (NIC). ICS is a standardized incident management organization with five functional areas: command, operations, planning, logistics, and finance administration. Universally incorporated into NIMS is the concept of unified command which provides for and assures joint decisions on objectives, strategies, plans, priorities, and public communications. The preparedness function of NIMS recognizes that responder readiness to manage and conduct incident actions is enhanced considerably when professionals have worked together before an incident occurs. The NIMS defines advance preparedness measures such as planning, training, exercises, qualification and certification, equipment acquisition and certification, and publication management. It also incorporates public education, enforcement of building standards and codes, and preventive measures to minimize the loss of life or property. Because standardized communications are critical in the event of an incident, NIMS stipulates interoperable communications systems for incident and information management.

JIS gives the public timely and accurate information and unified public messages. By utilizing Joint Information Centers, JIS ensures that

federal, state, tribal, and local levels of government are releasing the same information in the event of an incident.

The NIC provides strategic direction and oversight to the NIMS. It assesses proposals for changes to the NIMS, captures and evaluates lessons learned, and employs best practices. NIC also creates and oversees the implementation of national standards for NIMS education and training, first responder communications and equipment, and qualification and credentialing of incident management and responder personnel. The U.S. Department of Homeland Security trained more than 200,000 emergency responders in classes from awareness and prevention to chemical HAZMAT techniques training in an 18-month period from late 2003 to early 2005 alone. NIMS will continue to supply the nation's doctrinal guidance for incident management for acts of terrorism, natural disasters, and other emergencies.⁶³

The National Response Plan

The Initial National Response Plan (INRP) was deployed nationwide in October 2003 as the first step in aligning incident management response and actions among all federal, state, tribal, local, and private communities. A final National Response Plan is currently under development and will eventually replace the INRP. The Catastrophic Incident Response Strategy will become a component of the National Response Plan. This strategy will create a coordinated design to hasten the delivery of the resources and capabilities state and local authorities need in the event of a catastrophic incident with large numbers of casualties.⁶⁴

The Ready Campaign

The Ready Campaign, a national public service advertising campaign geared to educating and empowering American citizens to prepare for and respond to potential terrorist threats and other emergencies, was introduced by the Department of Homeland Security in February 2003. The Listo Campaign, the Spanish-language version of the Ready Campaign, was launched in December 2003.⁶⁵

NDMS Section Updates

The Department of Homeland Security's NDMS Section now manages an Operations Support Center. The center can be accessed by emergency managers and team leaders around the clock. Standardized Patient Treatment Forms have been developed for use by NDMS Section teams. These forms have been printed and will soon be distributed. The NDMS Section is in the process of updating its training policy to identify levels of courses and procedures necessary for compliance with new regulatory guidance.⁶⁶

Homeland Security Programs

In 2003, the Department of Homeland Security instituted courses at the Noble Training Center in Alabama, a former Army hospital converted to a training center. Training at the Noble Center focuses on mass casualty preparedness.⁶⁷

The U.S. Department of Homeland Security recently adopted its first standards regarding personal protective equipment to protect emergency personnel against the harmful effects of chemical, biological, radiological, and nuclear events. These standards are intended to provide first responders with the best protective gear available today and will assist state and local officials in the procurement process.

The U.S. Department of Homeland Security has streamlined its grant process by eliminating multiple applications and consolidating administrative procedures. The amount of time required to obtain necessary funding is significantly reduced by this new process. Five separate programs were incorporated into two consolidated grant programs in FY 2004. The department distributed \$180 million in Emergency Management Performance Grants in FY 2004 allowing state and local governments to hire personnel and focus on an all-hazards approach to emergency management. These grants represent a 9 percent increase over 2003 and a 54 percent increase over FY 2002 and earlier.⁶⁸ Two billion dollars will be distributed to over 20,000 local fire departments through the Assistance to Fire Fighters Grant Program by the end of FY 2004 and another \$750 million will be awarded to fire departments across the United States to help meet their preparedness needs.⁶⁹

The National Exercise Program has been identified as a primary initiative under Homeland Security Presidential Directive 8 and initiated by the department. It establishes the framework for exercise scheduling, design and evaluation. Exercises are intended to test the response capabilities of federal, state, local, and tribal agencies. Efforts are also made to include private sector and international participation. The Top Officials (TOPOFF) National Exercise Series is the cornerstone of the National Exercise Program. TOPOFF is a biennial program that consists of a functional exercise the first year and a full-scale exercise the following year with a series of seminars to provide continuity.⁷⁰

IV. The Home Front Command

There was a serious lack of systematic preparation of the Israeli citizenry when 39 Iraqi El-Hussein SCUD missiles were launched against Israeli cities. Seventy-four Israelis died and an additional 228 individuals were wounded during the SCUD attacks during the 1991 Gulf War.⁷¹ In addition, structural damages included destruction of 28 buildings and damage to 4,100 buildings. The Home Front Command, an entity of the IDF, was established in February 1992 in response to problems that emerged during the 1991 Gulf War and the constant terrorist attacks within Israel. It replaced the Civil Guard, formed after the 1973 war, which was incapable of coping with the 1991 attacks on the Israeli Homefront.⁷² The Home Front Command was created to (1) free the regional commands to deal with the front line, (2) improve cooperation with emergency services (police, EMS, and fire), government ministries and local authorities, and (3) to unite responsibility with the authorities.⁷³ Threats to the Israeli home front include ballistic missile attacks, mass disasters (Israel is in a major earthquake region), air attacks, and terrorist actions.

The responsibility for security, border patrol and overall defense falls under the IDF. The Home Front Command, headquartered in the Ramla area, is responsible for protecting the civilian population.⁷⁴ It has authority over the majority of Israel's rear area civil, police, and medical services during national emergencies.⁷⁵ The Home Front Command is in charge of preparing for chemical attacks and will respond to such attacks during times of emergency when the responsibility for national security has been transferred from the local police to the IDF. The Home Front Command always stands ready to take over responsibility in the event of an attack.⁷⁶ The commander of the Home Front Command is notified of and coordinates the response to all incidents within the country.

The vision of the Home Front Command is to be the "National leader of civil protection for lives saving, worthy of population trust and a knowledge center in different subjects in Israel and abroad."⁷⁷ The three tasks of the Home Front Command are (1) the responsibility for civil defense, (2) Chief Home Front Officer and (3) territorial command.⁷⁸ The Home Front Command doctrines developed to date include bioterrorism,

chemical terrorism, earthquakes, conventional events, and unconventional events.⁷⁹ The goals of the Home Front Command are to (1) define the civilian defense concept, (2) steer, direct and prepare the civilian population for a state of emergency, (3) direct and guide all civilian systems, auxiliary organizations, the Israeli police and the military systems, (4) prepare the home front for a state of emergency, according to the Civil Defense Law, (5) serve as the primary professional authority in the IDF for civil defense, and (6) serve as a territorial command in its area.⁸⁰ The responsibilities of the Home Front Command are to (1) command and coordinate all forces involved in the incident, in order to optimize the national response, (2) develop a combined doctrine for all the forces involved in the incident, (3) carry out combined training at all levels of command, (4) inform and instruct the civilian population in personal and collective protection issues, (5) plan and deploy warning systems, and (6) to be in continuous readiness to help police forces during terrorist incidents.⁸¹

The Home Front Command is divided into six national districts: North, South, Central, Dan, Haifa, and Jerusalem.⁸² Each district has an active duty staff commanded by an officer with the rank of colonel.⁸³ These six districts are further divided into 27 sub-districts and then into battalions. There are six types of battalions within the Home Front Command: Rescue, National Rescue, Salvage, Nuclear/Biological/Chemical, Light Infantry, and Military Police battalions.⁸⁴ All battalions are composed of reserve forces.⁸⁵ In addition, there are five other types of units available to help protect the Israeli home front: observation companies, medical units, fire brigade units (these are combined military and civilian units), warning and alarm systems, and information, instruction and civilian care departments.⁸⁶

The Home Front Command is a very complicated organization which encompasses nine government ministries and seven civil organizations. “There is tight and continuous cooperation between the Home Front Command and emergency organizations (police, fire department, EMS, Emergency Economy Organization, and the authorities), both on theoretical matters (doctrine) and on practical matters (exercises).”⁸⁷ The police are responsible for the initial management of an event until the Home Front Command takes on further command.⁸⁸ The key elements of

success of the Home Front Command revolve around simplicity, drilling, and lessons learned.⁸⁹

Israel uses active and passive forms of response to protect itself. Active response is provided by the Air Force, the Arrow system and the Patriot, and the IDF. Passive response, provided by the Home Front Command, includes the siren system, search and rescue forces, protective kits, medical response teams, and protected spaces.⁹⁰ The Home Front Command is responsible for the overall readiness of Israel's home front during a state of emergency and is prepared to deal with threats. The Home Front Command engages in the following activities on a routine basis:

- Promoting an operational doctrine for dealing with conventional and non-conventional threats (chemical or biological);
- Preparing and drilling search and rescue forces, the fire brigade, medical teams, security forces, and units specializing in defense against non-conventional warfare;
- Setting up and maintaining a network of sirens throughout the country;
- Deciding on instructions for protection;
- Distributing protective kits to the civilian population and updating them when required;
- Joint exercises with emergency organizations and local authorities; and
- Training the civilian population and publishing instructions on behavior during an emergency.⁹¹

The Home Front Command published a very comprehensive 52-page brochure titled, *In the event of a genuine alert, Information on Civil Defense for the Family*, in January 2003. The foreword, signed by Major-General Yosef Mishlev, commanding general of the Home Front Command, states, "This brochure is intended to help you and your family prepare for a state of emergency and make it easier to deal with possible events."⁹² The brochure, distributed to every home in Israel, describes both conventional and non-conventional threats.⁹³ The brochure outlines

precise “instructions for action during an attack on the home front”⁹⁴ including procedures to be taken during an attack, how to cope with a state of emergency, a review of the civilian protection package, installation of ventilation and filter systems, preparation of the standard protected space, use of the protective kit, procedures for accessing the health system, and general first aid instructions.

The Protected Space

“The Doctrine for the Protection of the Civilian Population in Israel, as formulated by the Ministry of Defense, is based on the concept of the Protected Space.”⁹⁵ The protected space is designed to provide protection to its occupants against conventional and non-conventional attacks for several hours. By law, every new building or addition to an existing building, since 1992 has been constructed with an Apartment Protected Space (APS) or a Floor Protected Space (FPS).⁹⁶ There has been a 2 percent increase per year in the number of safe rooms since 1992. Shelters can be found in private joined buildings, private houses, and dual-purpose public buildings.

“Protected spaces must be built according to engineering specifications given in the Regulations.”⁹⁷ The ventilation and filtering system, known as collective protection, allows people to remain in the protected spaces for an unlimited period of time without needing to wear gas masks.⁹⁸ Examples of protective space characteristics include concrete envelopes, stable concrete towers, blast doors and windows, sealed envelopes, air filtering systems, internal finishing layers, and communication means.⁹⁹ On March 17, 2003, the Home Front Command announced that the public must obtain the necessary materials and complete preparations for their sealed rooms. The required materials are identified, in various languages, in the booklet distributed by the Home Front Command as well as on their website.¹⁰⁰

Protective Kits

The Home Front Command has 42 protective kit distribution centers throughout the country.¹⁰¹ These centers are capable of handling 3,000

people each day. The protective kits contain an appropriately sized and age-specific gas mask with filter, one atropine injector, and an instruction manual.¹⁰² The Home Front Command advises that the protective kits should not be opened until they have issued a specific broadcast telling the Israeli public to do so.¹⁰³ “The Home Front Command periodically invites the public to refresh and replenish the kits, and adapts them to the specific needs of each individual.”¹⁰⁴ Professor Efraim Inbar, head of the BESA Center for Strategic Studies at Bar-Ilan University, says, “Having a protection kit has come to be regarded here as an ‘inalienable right.’ It ranks alongside the right to vote as a mark of Israeli citizenship.”¹⁰⁵

Major General Gabi Ophir, former head of the Home Front Command, was quoted as saying that roughly 60 percent of the Israeli population had up-to-date protective equipment in 2001.¹⁰⁶ He went on to say that the Home Front Command “has a huge reserve force that can be mobilized to close any gap very quickly, if the situation requires it.”¹⁰⁷ Israel has a population of 6.2 million.¹⁰⁸ If 60 percent is still a good figure for the percentage of the Israeli population with up-to-date protective equipment, then 3.72 million Israeli citizens are protected. In 2001, it cost the Israeli government \$8.50 per person to distribute and maintain gas masks.¹⁰⁹ David Klein, an expert on strategic planning who conducted a study on civil defense for the Jaffee Institute of Strategic Studies at Tel Aviv University, claims, “Israel is, in effect, spending \$50 million for each casualty prevented in a nonconventional weapons attack.”¹¹⁰

The Home Front Command provides life support services and population defense systems. In the event of an attack, the Home Front Command is responsible for the evacuation of injured and deceased persons. They also coordinate evacuation of the population as needed. If chemical or biological agents are involved in an attack, the Home Front Command will handle the decontamination procedures.

The Emergency Economic System was established to balance the needs of governmental agencies and the local authorities against the needs of the Israeli army which is supplied by the local economy during war. It supports the Prime Minister’s office during emergencies and sets priorities during war or natural disasters. In times of war, it provides essential public services to the population of Israel and is responsible for providing the three strategic reserves of the country: food, fuel, and medicine. Because Israel is a small country with limited manpower and resources,

IDF reserves and transportation vehicles are taken from the civilian sector. The Emergency Economic System supports the Home Front Command by supplying information about the area where the attack occurred, the population of the area, and the existing infrastructure of the area.¹¹¹

The IDF Medical Corps

The mission of the IDF Medical Corps is (1) “To provide the best medical care in times of war, security operations and in routine, day-to-day life,” (2) “To maintain responsibility for military infirmaries throughout Israel, and in times of war, for Homefront Command hospitals and field hospitals,” and (3) “To maintain, improve and promote all health services in the IDF.”¹¹² The Home Front Command’s Medical Department is “Responsible for conducting drills for preparing hospitals for dealing with mass casualty events: conventional and non-conventional; writing the doctrine for the HFC medical units, train and activate them in case of need.”¹¹³ The Medical Department also operates a “command and control room 24 hours a day in order to direct evacuation of injured to hospitals during mass disasters and terror attacks.”¹¹⁴ The Medical Corps is intimately involved in all response stages in the event of an attack on the home front. The Medical Company consists of six medical platoons with one medical platoon assigned to each rescue company and the remainder of the medical platoons at the medical unit stations.¹¹⁵

According to the Armed Forces Medical Intelligence Center (AFMIC), the Home Front Command has, in addition to the atropine auto-injectors included in the protective kits, pyridostigmine bromide tablets available for the civilian population.¹¹⁶ AFMIC also asserts that the Home Front Command stockpiles and can readily distribute broad-spectrum antibiotics.¹¹⁷ In times of emergency, high school students will be recruited to assist the IDF Home Front Command and rescue forces. The role of the students will be to assist in the distribution of medications, render assistance to the population in shelters and assist in the hospitals.¹¹⁸

V. Israeli Homeland Security Initiatives

Our ability to protect the Israeli public via air defense and Home Front readiness is exceptional. The Home Front Command and the IDF have set up an information center for queries. The fear of the unknown is what frightens the public. I recommend that people contact their local authorities, who are well prepared and organized, with all their relevant questions.

–Brigadier General Ruth Yaron, IDF Spokesperson
Voice of Israel Radio Interview, December 2, 2003

The Israeli government has developed a highly-trained and multi-layered response infrastructure to protect its citizens from the daily terrorist threat. The military, security, and intelligence forces provide the outer layer of protection through offensive operations against terrorist activities. Defensive measures are deployed at the inner layer of response in an effort to disrupt and thwart attempts by terrorist groups to carry out operations against Israeli targets.¹¹⁹ Disaster rescue teams, including special security elements, police crowd control and forensic units, bomb dispersal experts, “body handlers” and paramedics, who usually arrive only minutes after an attack, are responsible for responding to terrorist attacks. Israel’s civil defense doctrine is “based on a series of concentric circles of increasing protection, with the individual citizen at the center.”¹²⁰ Security is created by a series of early warning systems that alerts the public, provides information, protective kits, procedures for establishing protected spaces, deploying search and rescue teams, and medical response teams to safeguard the population under attack.

The Home Front Command has trained IDF soldiers who can teach the Israeli public how to prepare for possible threats. These IDF soldiers visit schools throughout the country, explaining threats and putting things into perspective for the school children. The Home Front Command also holds seminars for the teachers to better prepare them to answer the children’s questions. Similarly, the Israeli media is responsible for explaining situations to the general public.¹²¹

International Disaster Site Management Course

Israel's International Disaster Site Management Course identifies five stages of response to attacks upon the home front. These stages are (1) Stage A – Preparations, (2) Stage B – Preliminary Response, (3) Stage C – Initial Response, (4) Stage D – Completing Response and (5) Stage E – Restoration.¹²²

The tasks of the Preparation stage are: preparing shelters and civilian protective measures for possible attack, recruiting forces, refreshing equipment, training operating forces, updating doctrine, and deployment as planned. This stage ends upon the declaration of “Chemical Terror Attack.”¹²³

The Preliminary Response stage covers the first hour after an attack occurs. During this stage, all tasks are performed simultaneously. Tasks include: activation of the siren and population self defense, departure of preliminary forces to the attack site, police control of the attack site, provision of first aid and medical treatment to the injured, evacuation of the injured, identification of chemical agents, and site evaluation status.¹²⁴

The Initial Response stage encompasses the first few hours after an attack. Critical activities during this stage include: provision of guidance to the population, arrival of rescue forces, continuation of medical treatment and evacuation of injured, deployment of medical treatment stations in the “cold area,” scanning the “inner range” and rescuing trapped persons, reception and direction of additional rescue forces, and organizing the site for rescue tasks.¹²⁵

The Completing Response stage continues until the site is considered “clean.” Critical tasks for this stage include: completion of rescue tasks, expanding medical treatments, opening blocked routes, clearing the “inner range” of debris and building waste, civil guidance to the population, area security, site decontamination, and identification of the deceased.¹²⁶

Restoration, the final stage, continues until the area is returned to “routine” operations. During this stage, the area is secured, assets are stored, dangerous buildings are demolished, wreckage is cleared, damaged buildings are repaired, identification and burial of the deceased is completed, and accommodations and public services are arranged for the population. Finally, responsibility is returned to the local authorities

before declaring the event “Endex.” The event is then analyzed for “lessons learned.”¹²⁷

Israeli Security Advances

Israel released a new and advanced security system in January 2004, jointly developed by the Transportation Ministry and the Israel Military Industries, aimed at stopping suicide bombers boarding public buses. The new system gives the bus driver control over the front door barrier which contains electronic explosive detectors, and allows him to prevent anyone suspicious from boarding the bus by hitting a red button that will automatically close the turnstile. A device on the bus will sound an immediate warning if explosives are detected on a suicide bomber. To prevent bombers from sneaking on board, electronic gates are installed at the rear door of buses. In addition, the front of buses will be armor-plated below the windshield to lessen the impact of shrapnel from a bomb that is detonated outside the bus. Five buses were outfitted with the new technology in the pilot study. Israel plans to eventually market the technology worldwide.¹²⁸

John R. Lott, Jr., in his article *Israeli Homeland Security Tips*, writes, “We could learn something about responding to terrorism from Israel, and encourage more ordinary, responsible citizens to carry guns.”¹²⁹ Israel has found that allowing law-abiding, trained citizens to carry concealed handguns has helped prevent terrorist attacks. Israelis recognize that due to the large volume of vulnerable targets, the police just cannot be there every time terrorists attack. The Israeli national police chief will urge all citizens with concealed-handgun permits to ensure they carry their firearms at all times during waves of terror attacks. Israel has 21 million permits for concealed handguns while the United States only has 3.5 million like permits. In the U.S., law-abiding citizens above a certain age are allowed to obtain permits for a fee in 33 states with “right to carry” laws. Roughly half of these states also require training in gun use as a prerequisite to obtaining a gun permit. Mr. Lott’s study of attacks within the U.S. from 1977 to 1999 identified an 80 percent decrease in injuries and death from multiple victim shootings after states passed “right to carry” laws.¹³⁰

RAFAEL, the Israeli Armament Development Authority, until recently, was primarily known for the military systems it developed, mainly missiles.¹³¹ In the past two years, however, it has begun to direct its focus towards Homeland Security.¹³² RAFAEL has concentrated its efforts on several of the topics President Bush listed as focus areas for the U.S. war on terrorism following the September 11, 2001, attacks on the World Trade Center and the Pentagon. RAFAEL, as a leading research and development authority in the Israeli Ministry of Defense, is engaged in the fields of border defense, defense of public transport on land, sea and air, combating domestic crime and terrorism, protection of sensitive facilities such as energy installations and military bases, and preparedness for a state of emergency and national disasters.¹³³ A growing interest in Homeland Security has resulted in minor restructuring at RAFAEL where the Systems Division has begun to promote Homeland Security.

An example of RAFAEL's efforts in the area of Homeland Security is Gamma 2000, a project designed to protect the northern border of Israel against intruders.¹³⁴ This project is a system of sensors capable of identifying an intruder and providing an automatic warning. According to Colonel Mena, coordinator for all Homeland Security issues at RAFAEL, "These systems can actually create a virtual fence."¹³⁵

VI. United States and Israeli Collaborative Efforts

We will speak up for our principles and we will stand up for our friends in the world. And one of our most important friends is the State of Israel.

–President George W. Bush
May 3, 2001

Major General Yair Naveh's Visit

The Commander of the Israeli Home Front Command, Major General Yair Naveh, and his wife visited the North American Aerospace Defense Command (NORAD)/U.S. Northern Command Headquarters at Peterson AFB, Colorado, on August 10 – 12, 2004. This was a reciprocal visit associated with the visit General Eberhart, former commander, NORAD and U.S. Northern Command, made to Israel in January 2004. Major General Naveh offered insight into operational issues regarding homeland security during his visit. He visited the Domestic Warning Center and the Cheyenne Mountain Operations Center, received briefings on the Standing Joint Forces Headquarters-North and NORAD/U.S. Northern Command Bi-Command, attended the DP 04 Exercise Formal After Action Review, and had office calls with General Eberhart and Canadian Forces Liaison Officer to U.S. Northern Command, Rear Admiral Fraser.

During the NORAD/U.S. Northern Command briefing, examples of United States support of Israel were cited as; “Support and cooperation during Operation IRAQI FREEDOM, continued partnership in the war on terrorism, and exercise opportunities with our Services.”¹³⁶ At the conclusion of his visit, Major General Naveh invited U.S. Northern Command to send students to a one-week International Disaster Site Management Course in Israel the week of November 6 – 12, 2004. The course goals were:

1. providing knowledge in handling and managing both conventional and non-conventional events,
2. exchange of knowledge between rescue forces around the world, and

3. promoting the cooperation between Home Front Command and foreign organizations dealing with mass disasters.¹³⁷

He also invited U.S. Northern Command to send observers to future Home Front Command exercises. Since Major General Naveh's visit, two U.S. Northern Command members have traveled to Israel to attend courses offered by the Home Front Command. Major Bruce Stillman attended the Home Front Command Company Commander's Course and Major Jeff Riddleburger attended the Home Front Command Battalion Commander's Course.

Corporate Collaborations

There are numerous examples of Israeli companies uniting with their counterparts in the United States. Immediately following the September 11, 2001, terrorist attacks, Boston's Logan Airport hired Israeli aviation expert Rafi Ron as a consultant to adapt the Israeli airport security model to the airport environment of the United States. In another example, Rontal, an Israeli company with leading edge technologies in homeland security, has joined with Ozonelink, a British and American company that specializes in marketing homeland security products and technology. Rontal, with the support of the Transportation Security Administration, is marketing its SimGuard simulation platform in the Norfolk seaport. SimGuard provides "real-time, real-world 3-D integrated pictures of any site's infrastructure, threats and events."¹³⁸ Additionally, Northrop Grumman Corporation has been working with Israeli counterparts on efforts to better coordinate emergency response efforts within the United States.¹³⁹

Raytheon Company, in collaboration with Israel Aircraft Industries' Elta Systems, is pursuing the U.S. Department of Homeland Security's program to outfit commercial aircraft with missile protection systems.¹⁴⁰ The project, named "SafeFlight," is a low cost remedy that combines Raytheon's countermeasure dispensing system with Elta's missile approach warning system. SafeFlight is designed to detect incoming missiles and quickly divert them from the targeted aircraft. Pat Hurley, vice president and general manager of Raytheon's Electronic Warfare Systems, says, "We look forward to playing a key role in the defense of our homeland, and we're especially proud to do it with a world-renowned

and respected company such as Elta.”¹⁴¹ SafeFlight will allow Raytheon to apply its proven military technology to the commercial airline industry.

Anti-Terrorism Security Training

An eight-member delegation from the State of Maryland’s Homeland Security Department, funded by the U.S. Department of Homeland Security, visited Israel in July 2004 to study Israel’s anti-terrorism strategies. The visit followed a November 2003 meeting where Israeli Prime Minister Ariel Sharon and Maryland Governor Robert Ehrlich vowed to trade “best practices” in homeland security and to develop economic ties.¹⁴² The delegation toured the Ben Gurion Airport, the port of Ashod, a commuter rail line and rail station, and a hospital for mass casualties. Delegation members were most impressed with the “circles of security,” a series of checkpoints both inside and outside facilities, where personnel screen entrants with increasing levels of security, and by the Israeli citizens’ acceptance of the strict security conditions.¹⁴³

The *Washington Post* reported that the Washington, D.C., police department has engaged in extensive training with Israeli counterterrorism experts and bomb technicians. U.S. Capitol Police Chief, Terrence W. Gainer, traveled to Israel in December 2002 along with D.C. Police Chief, Charles H. Ramsey, fellow police chiefs and FBI officials, for training in the prevention of and response to suicide bombings. Gainer has begun training his police force in Israeli counterterrorism techniques and the head of the Israeli bomb squad has traveled to Washington twice to meet with Gainer and other police officers.¹⁴⁴

Thirty-three North American law enforcement officials participated in a four-day trip to Israel in January 2003 to attend a seminar on “Law Enforcement in the Era of Global Terror.” Workshops included identifying terrorist cells, enlisting police support for the fight against terrorism, and coping with the aftermath of a terrorist attack. Boston Police Commissioner Paul E. Evans, who attended the workshops, said, “We went to the country that’s been dealing with the issue for the past 30 years. The police are the front line in the battle against terrorism. We were there to learn from them – their response, their efforts to deter it. They touched all the bases.”¹⁴⁵

Security Solutions International (SSI) of Miami takes homeland security seriously. Using the expertise of one of Israel's leading training institutes, the Israel College of Security, SSI aspires to add to the U.S. Homeland Security effort. An Israeli counterterrorism expert is scheduled to speak at a one-day Homeland Security Seminar hosted by SSI and sponsored by the Greater Fort Lauderdale Chamber of Commerce. SSI is also involved in maritime security, corporate fixed wing security, and is the only company in the country to offer a course on the role of helicopter pilots in Homeland Security. SSI President, Henry Morgenstern, who lived in Israel for 20 years and developed top-level defense connections, says, "We are focusing at first on making South Florida as safe as possible through increased preparedness for this threat but eventually we will be training throughout the entire country."¹⁴⁶

H.R. 3871, the United States-Israel Homeland Security Foundation Act

H.R. 3871 was introduced on March 2, 2004, by Representatives Jim Turner (D-Tex.) and Curt Weldon (R-Pa.). The bill "would set aside \$25 million for research and development of new homeland security technologies conducted jointly by American and Israeli companies."¹⁴⁷ Weldon said, "If we expect to win the war on terrorism, we have to cooperate with our friends and allies, and I can think of no better partner than Israel. The Israelis are experts in preventing and responding to terrorism, and I am confident that by working together, this proactive legislation will foster the kind of research and development that will propel private industries to develop the technology that will help protect us from terrorism."¹⁴⁸

The bill recommends that the grants be managed by officials from the Homeland Security Advanced Research Projects Agency (HSARP). It further proposes that the grants be matched by Israel and suggests an advisory board consisting of public and private sector representatives. Board members would include HSARP's director, the U.S. Department of Homeland Security's director on international affairs, and applicable officials from the Israeli government.¹⁴⁹ H.R. 3871 has been referred to the House Select Committee on Homeland Security Subcommittee on Cybersecurity, Science, and Research and Development.¹⁵⁰

VII. Conclusion

The United States, as well as the entire international community, can learn much from Israel's efforts in the homeland security arena. Coordinated teamwork between government agencies, the military, and emergency responders is imperative. Peacetime training with all emergency response entities will go a long way towards smoother operations during actual incidents. To date, despite the best of intentions, the United States has not been very successful in conducting coordinated peacetime training efforts. It seems there is always some "real world" event that prevents the emergency responders from following through with plans to conduct mass casualty training scenarios. We must make training a top priority. Hopefully, the preparedness function of the NIMS will help in this endeavor.

Israel does an excellent job of teaching its civilian population how to be self sufficient in the event of an incident. Again, there is much we can learn in this arena. The 52-page brochure distributed by the Home Front Command is very explicit in its content, providing a step-by-step format to follow in the event of an incident. The U.S. Department of Homeland Security's public website contains good information. This, however, begs the questions: "Who knows the public website exists?" and "How do we reach those Americans without access to the Internet?" A recent survey by Mediamark Research Inc. found that 63 percent of the American adult population are regular Internet users.¹⁵¹ Prior to the deployment of the NIMS on March 1, 2004, the United States had no provision for a unified program, comparable to that of Israel, for training our civilian population. And, I speculate that it will still be years before education for the general public will be widely available. We are, however, beginning to make progress.

Although I agree with the majority of Israeli initiatives in the arena of homeland security, it simply is not realistic for the U.S. to adopt all of the measures Israel has already put into place. We must remember that there is a huge difference between Israel and the U.S. in terms of the sizes of our two countries and their corresponding populations. In addition, there is a cultural difference between our two countries in terms of our sentiments regarding the terrorist threat. In comparison to Israel, we have

far less of a threat in the U.S. on a day-to-day basis. Unlike Israel, we do not have to contend with the fear of frequent car and truck bombings. Yes, the events of September 11, 2001, certainly got the attention of every U.S. citizen but we must not forget that we have been very fortunate that we have not had another event on U.S. soil since then.

Arguably, it is not realistic, due to logistics, population size, cost constraints, and threat level, to equip our 293 million plus Americans with personal gas masks and atropine injectors. Using the 2001 Israeli rate of \$8.50 per person for a personal kit, it would cost the U.S. Department of Homeland Security \$2.5 billion to initially provide each member of our population with a personal gas mask and atropine injector. Not to mention the required exchanges due to mask degradation and changes in mask size related to age. In addition to the cost factor, we have already established that the U.S. Department of Homeland Security recommends against purchasing gas masks for the American public because of legitimate safety concerns as well as a false sense of security as to their effectiveness.

Neither is it realistic, due to most of the same reasons cited above against purchasing gas masks and atropine injectors: the size of our country and population, the logistics of such an undertaking, cost constraints and threat level, to build protected spaces in each of our private and public buildings. The U.S. Department of Homeland Security's public website offers sufficient guidance regarding selection of "safe rooms" within our homes and public buildings and shelters.

Similarly, although Mr. Lott makes some interesting points about the success Israel has experienced by allowing law-abiding and trained citizens to carry concealed handguns, I do not believe this is a viable option for the U.S. which has a poor track record with gun control laws. Perhaps an option could be to restrict this initiative to the urban high-threat areas but those are already the areas with the biggest problems related to gun control.

We can, and must, however, train our population in basic self-aid procedures. I firmly believe that every U.S. citizen should be required to take classes in first aid and CPR. We can also provide classes on procedures to be followed in the event of an incident. But, in my opinion, we will have a tough time getting people to attend these classes voluntarily. Hopefully, the preparedness function of the NIMS will continue to make progress in this arena and will be influential in ensuring

a means for educating the general public regarding self-sufficiency and preparedness.

I am a keen proponent of General Blum's NG CERFP concept of operations. If adopted, the "draft" U.S. Northern Command 2002 would bring the U.S. more in line with the command and control exercised by the Israeli Home Front Command in the event of catastrophic incidents. This would significantly decrease the amount of "red tape" involved in obtaining presidential approval for tasking DoD in support of civil authorities during disasters. I recognize that the NG CERFP concept of operations would put a further strain on our Army National Guard medics but believe this concept is worth pursuing. The United States Air Force has very competent and well-trained medics who could be tasked to augment the Army and Air National Guard medics.

Finally, I feel very strongly that the U.S. must continue to pursue collaborative efforts with Israel. We have learned much from Israel's long battle against terrorism and have benefited greatly from the training opportunities extended to us by Israel. I agree with Representative Curt Warden's sentiments regarding U.S. cooperation with Israel and believe H.R. 3871, if passed, would go a long way towards better protecting both the U.S. and Israel against terrorism. The U.S. Department of Homeland Security has made great strides in improving our emergency preparedness and response efforts over the past three years. But, there is still much to be done and we can not do it alone.

Americans, in general, are very complacent. We have not been subjected to terrorist acts to the same extent as have the Israelis. September 11, 2001, was a wake-up call for America but it is already beginning to fade from our consciousness. We simply cannot afford to forget.

*The battle is now joined on many fronts. We will not waiver;
we will not tire; we will not falter; and we will not fail.*

President George W. Bush
Presidential Address to the Nation
October 7, 2001

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Barry R. Schneider, Director
USAF Counterproliferation Center
325 Chennault Circle
Maxwell AFB AL 36112-6427

Email: Barry.Schneider@maxwell.af.mil

Jo Ann Eddy, Associate Editor
The Counterproliferation Papers

Email: JoAnn.Eddy@maxwell.af.mil

(334) 953-7538 (DSN 493-7538)

