Crisis - Mass Displacement, Casualties and Mortalities

"Forewarned, forearmed;
to be prepared is half the victory."
Miguel de Cervantes Saavedra

We humans just hate thinking about death, yet alone our own mortality. However, during a crisis that contains mass casualties and mortalities - this is *exactly* what we need to do; and we are better off doing this *before a crisis* hits, rather than during.

A disaster occurs somewhere in the world almost daily; to most people, these types of disasters are considered unusual events. A group of disasters, including the September 11th terrorist attacks; the Indian Ocean tsunami; Hurricane Katrina; the 2010 Haitian earthquake and the March 2011 earthquake, tsunami, and disaster at the Fukushima Daiichi nuclear power plant in Japan; *should* have focused people's attention on this topic and ALL of its related aspects.

In the United States, large multiple-casualty events are exceptionally rare by world standards. *Only 10 disasters in US history have resulted in more than 1000 fatalities.* The vast majority of major events have resulted in fewer than 40 fatalities.

According to data from the Centers for Disease Control and Prevention

Motor Vehicle accidents in 2002 caused **44,065** deaths

September 11th attacks in 2001caused **2,819** deaths

At the same time the dramatic nature of disasters with a relatively large death toll and psychological impact, of even a short time period, can overwhelm unprepared governments, safety, fire, rescue, law enforcement, spiritual, health and response systems - *even here in the U.S*.

Despite the increase in general awareness with recent events, the relative infrequency of major catastrophes affecting defined populations, leads to a degree of complacency and underestimation of the impact of such an event. The result of complacency is a relative reluctance to devote the necessary resources for adequate disaster preparedness, higher risks and hazards to survivors and unfortunately, an increase in the sensationalized manipulations of control freaks or power and fear mongers.

No one really wants to dwell on the worst case scenario or contemplate mass causalities, yet alone the monies to do so. Add this to the human characteristic of '*needing*' to put the '*cause*' of all our woes onto someone's shoulders …. And it results in people becoming alarmed over government preparations for large scope crises, when this is actually a good thing. Yet for some reason there are too many people out there who are going into 'alarm mode' without thinking. We should *NOT automatically condemn* each and every move our government makes - we need to do some Reality Checks here. **This does NOT mean we don't need to 'keep tabs' on what our government is doing, as we undoubtedly should!**

In any large scope of involvement crisis where huge numbers of people are displaced and or there is a high death toll, there are inherent health, safety and moral issues that occur, along with the necessity to life *needs* of each survivor.

When a disaster strikes, the general population *expects* public service agencies and other branches of the local, state, or federal government to *rapidly mobilize* to help the injured and the community in general. Preservation of life and health are of paramount importance to those individuals injured in

the disasters, status reports and other 'news' are also important. On top of this we survivors seek and in some cases, downright demand, a 'return to civilization' as quickly as possible.

As an example let's take an earthquake with a resulting Tsunami, where at minimum, thousands are killed – both human and animal fatalities. All walks of life are affected; rich, poor, the good, the bad and the ugly, not to mention the criminals.

If we have no place to go, no food, water or shelter, no medical care and the like, readily provided for us; you can bet your last dollar we will scream bloody murder!

If we round up all the dead animals and burn them or put them in a mass grave, no one will say a thing about it, other than to comment on the stink. If we were to do the same to humans – we would, again, *be screaming bloody murder* – as we should.

A mass grave

Yet decomposing life, particularly animal life, including us humans, holds dangers to the living; from all the microbes, insect and other animal life that will aid in the decomposition of the dead entities. Many of the resulting activities that occur when any life decomposes are hazardous to us humans and some can even kill. Thankfully *most are NOT of the communicable epidemic or plague type*.

We humans also want closure and to 'know' what happened to our loved ones and pets. So any government needs to have procedures to indentify the deceased, notify us survivors and take into consideration our cultural and spiritual preferences too. If a government fails in this we will again *scream at the top of our lungs*.

Now if we can't pile all the bodies and mass burry or burn them, how do we protect ourselves from the potential diseases of decomposing mortalities or get closure and spiritual aspects taken care of?

Body bags and unfortunately government bureaucracy, that's how. The body bag buys time to identify and notify relatives as well as protect our health.

What this means is that a government is NOT being tyrannical in stocking body bags or refugee camp supplies. The act alone is NOT, in and of itself, irresponsible.

Now add in that this same earthquake and tsunami also causes a displacement of large numbers of people and animals (including wildlife). All of a sudden where they were living is no longer available. These displaced entities need someplace to go. They need food, water, medical care and a place to live, as well as sanitation facilities. They are all basically refugees.

So a government that has 'civilian refugee camp' locations and supplies, selected and stocked *before* a crisis is being responsible. Again this act in and of itself is NOT tyrannical.

With all these humans and animals displaced, including criminals; there is the issue of general social safety from the now running loose murderers and rapists, etc. So a government that has a procedure in place, *before the crisis*, to re-capture and contain these 'lower life forms' is important to the displaced population as a whole.

This means that yet again, a government planning, training and setting up process and procedures for this post-crisis necessity is NOT *necessarily* being tyrannical; rather it is again being responsible.

US Long Term Hurricane Refugee Camp

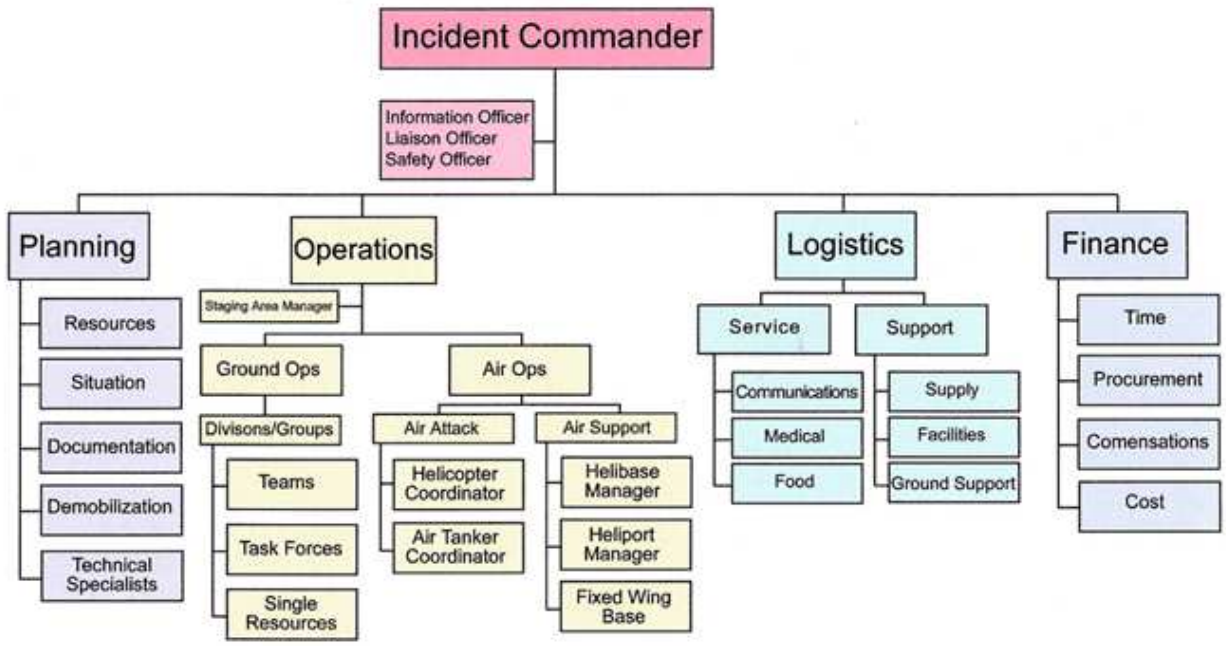
On top of all of this going on after a crisis, we humans need our spiritual well being addressed too and this will not be easy or quick.

In a large scope event such as an earthquake/ Tsunami or war, with a large area and population affected – this takes tons of pre-planning and finances to pull off. If a government is too remise in this we humans will scream, rant, rave, petition and rally against the irresponsible government – as we should.

Since each crisis is unique and complex and each aspect is inter-related with thousands of variables, where often the larger 'parent' crisis contains smaller, mini-crises. These large events are so complex that there are a great number of research documents on the issues of dealing with a large scope crisis and its effects on the survivors and society as a whole. Entire companies, departments (government and public) and college degree programs, work this problem (for a living) all around the globe.

"No matter who gets elected, Government always gets in."
A Murphy Political Law

A basic *Emergency Incident Command* structure consists of many aspects from health and safety to spiritual. Here is an example:



Now the dilemma: How can *any* government accomplish all of this *without* pre-planning, pre-allocated monies, stockpiling and some sort of process, procedure, rules, regulations or laws – all *prior* to any such crisis? As far as I can tell there is no other way.

What this means to us is that we *cannot* be hypocritical by screaming tyranny at every little thing. Instead we need to keep a watchful eye on our government while allowing it to do its job. Look for loop-holes, circular references and 'riders' on innocuous bills that would change all this pre-crisis planning, etc into something far worse. We have to put each and every move our government makes into perspective and NOT take anyone else's word on what it is doing.

"All living souls welcome whatever they are ready to cope with; all else they ignore, or pronounce to be monstrous and wrong, or deny to be possible."
George Santayana

To help with our perspective on things - here are the leading causes of death in our world today:

In an article by 24/7 Wall St. on January 18, 2012 it stated:

"Last week, the Centers for Disease Control and Prevention (CDC) released its estimated causes of death for 2010. The 10 leading causes of death in the U.S. accounted for 75% of the nearly 2.5 million deaths in 2010. Overall costs for the

top 10 causes of death topped $1.1 trillion in 2007, the last fully reported year for all causes. 24/7 Wall St. reviewed the causes to determine how much they cost and to reflect how efficiently they are being treated.

The overall cost for the top 10 causes of death, which includes direct medical care and the indirect loss of productivity, is far greater when the lost wages of family members are taken into account. Since 2000, the overall cost of the top 10 causes of death has increased by an estimated 35%. During this same time, the death rate from these diseases and injuries has decreased by 13.5%.

In some of the areas, spending to treat the disease has been very efficient. For example, the costs attributable to heart disease and stroke (two closely related diseases) have declined both due to decreasing deaths and improvements in the efficiency of care.

In other areas, however, costs have gone up disproportionately compared to the decreases in death rate. For example, while the cost to treat diabetes has risen by 30%, the death rate dropped by only 11%. Of course, when taking lives saved into account, it is tough to decide how much is too much to spend.

Finally, some areas continue to increase in both cost and rate of death. Alzheimer's disease deaths have increased by more than 50% over the past decade, and total costs have more than doubled. This is likely a function of an aging population and very limited success in treatment. …"

These are the 10 leading causes of death and what they cost the American economy.

1. Heart Disease
   No. of deaths: 595,444
   Change since 2000: 25% decrease in death rate
   Total cost: $190 billion

2. Cancer
   No. of deaths: 573,855
   Change since 2000: 7.5% decrease in death rate
   Total cost: $227 billion

3. Chronic Lung Disease (Chronic Lower Respiratory Diseases)
   No. of deaths: 137,789
   Change since 2000: <1% increase in death rate
   Total cost: $65 billion

4. Strokes
   No. of deaths: 129,180

Change since 2000: 31% decrease in death rate
Total cost: $34 billion

5. Accidents
No. of deaths: 118,043
Change since 2000: 7.6% increase in death rate
Total cost: $308 billion

6. Alzheimer's Disease
No. of deaths: 83,308
Change since 2000: 50% increase in death rate
Total cost: $70 billion

7. Diabetes Mellitus
No. of deaths: 68,905
Change since 2000: 11% decrease in death rate
Total cost: $112 billion

8. Renal Disease
No. of deaths: 50,472
Change since 2000: 21% increase in death rate
Total cost: $61 billion

9. Pneumonia and the Flu
No. of deaths: 50,003
Change since 2000: 32% decrease in death rate
Total cost: $40 billion

10. Suicide
No. of deaths: 37,793
Change since 2000: 15% increase in death rate
Total cost: $36 billion

"Another way to lose control is to ignore something when you should address it."
Jim Evans

CDC 2009 Number of deaths for leading causes of death

- Heart disease: 599,413
- Cancer: 567,628
- Chronic lower respiratory diseases: 137,353
- Stroke (cerebrovascular diseases): 128,842
- Accidents (unintentional injuries): 118,021
- Alzheimer's disease: 79,003
- Diabetes: 68,705
- Influenza and Pneumonia: 53,692
- Nephritis, nephrotic syndrome, and nephrosis: 48,935
- Intentional self-harm (suicide): 36,909

10 Leading Causes of Death in the U.S., 2004

Leading causes of death differ somewhat by age, sex, and race. In 2004, as in previous years, accidents were the leading cause of death for those under 34 years, while in older age groups, chronic diseases such as cancer and heart disease were the leading causes. The top two causes for males and females—heart disease and cancer—are exactly the same. However, suicide ranked 8th for males but was not ranked among the ten leading causes for females.

Rank[1]	Causes of death	All persons	Causes of death	Male	Causes of death	Female
	All causes	**2,397,615**	**All causes**	**1,181,668**	**All causes**	**1,215,947**

1.	Diseases of heart	652,486	Diseases of heart	321,973	Diseases of heart	330,513
2.	Malignant neoplasms (cancer)	553,888	Malignant neoplasms (cancer)	286,830	Malignant neoplasms (cancer)	267,058
3.	Cerebrovascular diseases	150,074	Unintentional injuries	72,050	Cerebrovascular diseases	91,274
4.	Chronic lower respiratory diseases	121,987	Cerebrovascular diseases	58,800	Chronic lower respiratory diseases	63,341
5.	Unintentional injuries	112,012	Chronic lower respiratory diseases	58,646	Alzheimer's disease	46,991
6.	Diabetes mellitus	73,138	Diabetes mellitus	35,267	Unintentional injuries	39,962
7.	Alzheimer's disease	65,965	Influenza and pneumonia	26,861	Diabetes mellitus	37,871
8.	Influenza and pneumonia	59,664	Suicide	25,566	Influenza and pneumonia	32,803
9.	Nephritis, nephrotic syndrome, and nephrosis	42,480	Nephritis, nephrotic syndrome, and nephrosis	20,370	Nephritis, nephrotic syndrome, and nephrosis	22,110
10.	Septicemia	33,373	Alzheimer's disease	18,974	Septicemia	18,362

Source: U.S. National Center for Health Statistics, *Health, United States, 2007.*

"Most of us can read the writing on the wall; we just assume it's addressed to someone else."
Ivern Ball

Deaths by Major Causes, 1960–2009

(age-adjusted death rates per 100,000 population)

Year	Heart disease	Cancer	Cerebro-vascular diseases	Chronic lower respiratory diseases	Diabetes mellitus	Influenza and pneumonia	Chronic liver disease and cirrhosis	Accidents	Suicide	Homicide
1960	559.0	193.9	177.9	12.5	22.5	53.7	13.3	63.1	12.5	5.2
1961	545.3	193.4	173.1	12.6	22.1	43.4	13.3	60.6	12.2	5.2
1962	556.9	193.3	174.0	14.2	22.6	47.1	13.8	62.9	12.8	5.4
1963	563.4	194.7	173.9	16.5	23.1	55.6	14.0	64.0	13.0	5.4
1964	543.3	193.6	167.0	16.3	22.5	45.4	14.2	64.1	12.7	5.7
1965	542.5	195.6	166.4	18.3	22.9	46.8	14.9	65.8	13.0	6.1
1966	541.2	196.5	165.8	19.2	23.6	47.9	15.9	67.6	12.7	6.5
1967	524.7	197.3	159.3	19.2	23.4	42.2	16.3	66.2	12.5	7.5
1968	531.0	198.8	162.5	20.7	25.3	52.8	16.9	65.6	12.4	8.1
1969	516.8	198.5	155.4	20.9	25.1	47.9	17.1	64.9	12.7	8.3
1970	492.7	198.6	147.7	21.3	24.3	41.7	17.8	62.2	13.1	9.0
1971	492.9	199.3	147.6	21.8	23.9	38.4	17.8	60.3	13.1	9.8
1972	490.2	200.3	147.3	22.8	23.7	41.3	18.0	60.2	13.3	10.0
1973	482.0	200.0	145.2	23.6	23.0	41.2	18.1	59.3	13.1	10.2
1974	458.8	201.5	136.8	23.2	22.1	35.5	17.9	52.7	13.2	10.5
1975	431.2	200.1	123.5	23.7	20.3	34.9	16.7	50.8	13.6	10.2
1976	426.9	202.5	117.4	24.9	19.5	36.8	16.4	48.7	13.2	9.2
1977	413.7	203.5	110.4	24.7	18.2	31.0	15.8	48.8	13.7	9.2
1978	409.9	204.9	103.7	26.3	18.3	34.5	15.2	48.9	12.9	9.2

1979	401.6	204.0	97.1	25.5	17.5	26.1	14.8	46.5	12.6	9.9
1980	412.1	207.9	96.4	28.3	18.1	31.4	15.1	46.4	12.2	10.5
1981	397.0	206.4	89.5	29.0	17.6	30.0	14.2	43.4	12.3	10.1
1982	389.0	208.3	84.2	2.1	17.2	26.5	13.2	40.1	12.5	9.4
1983	388.9	209.1	81.2	31.6	17.6	29.8	12.8	39.1	12.4	8.4
1984	378.8	210.8	78.7	32.4	17.2	30.6	12.7	39.8	12.6	8.1
1985	375.0	211.3	76.6	34.5	17.4	34.5	12.3	38.5	12.5	8.0
1986	365.1	211.5	73.1	34.8	17.2	34.8	11.8	38.6	13.0	8.6
1987	355.9	211.7	71.6	35.0	17.4	33.8	11.7	38.2	12.8	8.3
1988	352.5	212.5	70.6	36.5	18.0	37.3	11.6	38.9	12.5	8.5
1989	332.0	214.2	66.9	36.6	20.5	35.9	11.6	37.7	12.3	8.8
1990	321.8	216.0	65.5	37.2	20.7	36.8	11.1	36.3	12.5	9.5
1991	313.8	215.8	63.2	38.0	20.7	34.9	10.7	34.9	12.3	10.1
1992	306.1	214.3	62.0	37.9	20.8	33.1	10.5	33.4	12.1	9.6
1993	309.9	214.6	63.1	40.9	22.0	35.2	10.3	34.5	12.2	9.8
1994	299.7	213.1	63.1	40.6	22.7	33.9	10.2	34.6	12.1	9.4
1995	296.3	211.7	63.9	40.5	23.4	33.8	10.0	34.9	12.0	8.6
1996	288.3	208.7	63.2	41.0	24.0	33.2	9.8	34.9	11.7	7.8
1997	280.4	205.7	61.8	41.5	24.0	33.6	9.6	34.8	11.4	7.3
1998	272.4	202.4	59.6	42.0	24.2	34.6	9.5	35.0	11.3	6.7
1999	267.8	202.7	61.8	45.8	25.2	23.6	9.7	35.9	10.7	6.2
2000	257.6	199.6	60.9	44.2	25.0	23.7	9.5	34.9	10.4	5.9

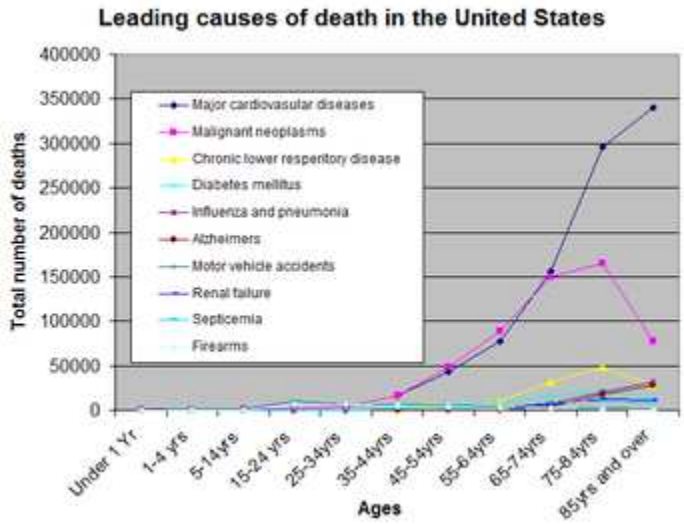
2001	247.8	196.0	57.9	43.7	25.3	22.0	9.5	35.7	10.7	7.1
2002	240.4	194.0	56.3	43.7	25.4	22.7	9.3	35.3	10.6	5.9
2003	232.3	190.1	53.5	43.3	25.3	22.0	9.3	37.3	10.8	6.0
2004	217.5	184.6	50.0	41.8	24.4	20.4	8.8	36.6	10.7	5.6
2005	220.0	188.7	48.4	37.8	25.3	21.3	9.3	39.7	11.0	5.6
2006	261.2	180.7	43.6	40.5	23.3	17.8	8.8	39.8	10.9	6.2
2007	190.7	177.5	41.6	41.2	22.4	16.3	8.9	37.8	10.8	5.8
2009[1]	179.8	173.6	38.9	42.2	20.9	16.2	9.2	37.0	11.7	5.5

1. Preliminary data.

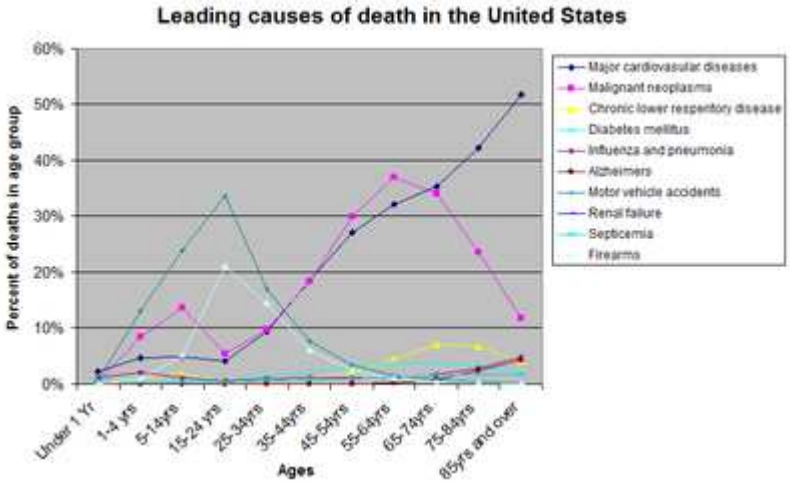
Source: U.S. National Center for Health Statistics, *National Vital Statistics Reports,* Vol. 59, No. 4, March 16, 2011.

"Government is like a baby. An alimentary canal with a big appetite at one end and no sense of responsibility at the other."
Ronald Reagan

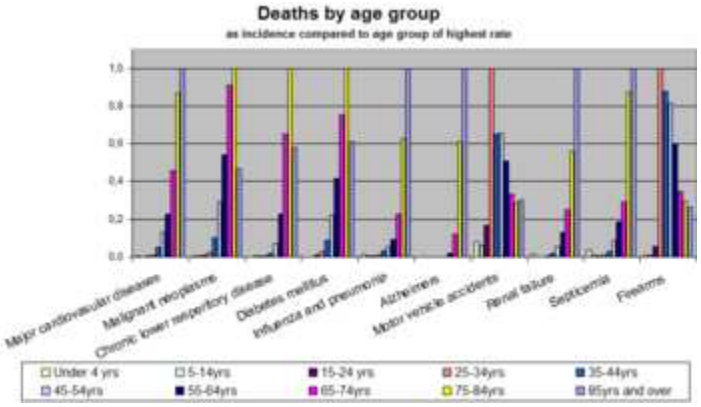
By age group



Leading causes of death in the United States by age group.[13]



Leading causes of death in the United States, as percentage of deaths in each age group.[13] Perinatal mortality (<1yrs of age) seldom falls in any of these causes.

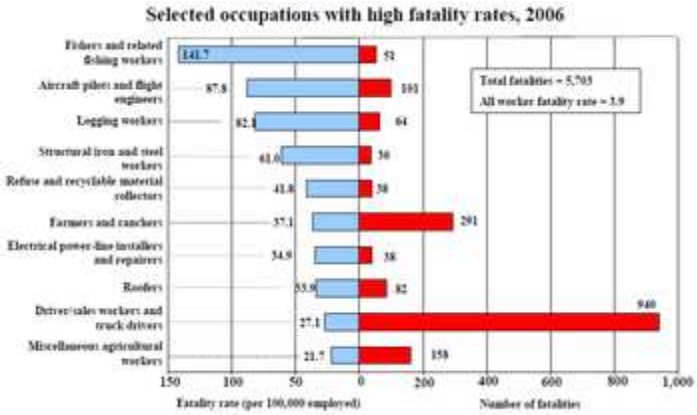


Death by age group as rate compared to the age group with highest rate.[13]

"A chief is a man who assumes responsibility. He says "I was beaten," he does not say "My men were beaten"."
Antoine de Saint-Exupery

By occupation

Number and rate of fatal occupational injuries, by industry sector, 2006 in the United States.[14]



Selected occupations with high fatality rates, 2006, in the United States.[14]

"Believe nothing, no matter where you read it, or who said it - even if I have said it - unless it agrees with your own reason and your own common sense."
Buddha

"Laws control the lesser man... Right conduct controls the greater one."
Mark Twain

Using preliminary data for 2009, the **U.S. National Center for Health Statistics, National Vital Statistics Reports**, stated in Vol. 59, No. 4, March 16, 2011:

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(age-adjusted death rates per 100,000 population)

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1983	388.9	209.1	81.2	31.6	17.6	29.8	12.8	39.1	12.4	8.4
1984	378.8	210.8	78.7	32.4	17.2	30.6	12.7	39.8	12.6	8.1
1985	375.0	211.3	76.6	34.5	17.4	34.5	12.3	38.5	12.5	8.0
1986	365.1	211.5	73.1	34.8	17.2	34.8	11.8	38.6	13.0	8.6
1987	355.9	211.7	71.6	35.0	17.4	33.8	11.7	38.2	12.8	8.3
1988	352.5	212.5	70.6	36.5	18.0	37.3	11.6	38.9	12.5	8.5
1989	332.0	214.2	66.9	36.6	20.5	35.9	11.6	37.7	12.3	8.8
1990	321.8	216.0	65.5	37.2	20.7	36.8	11.1	36.3	12.5	9.5
1991	313.8	215.8	63.2	38.0	20.7	34.9	10.7	34.9	12.3	10.1
1992	306.1	214.3	62.0	37.9	20.8	33.1	10.5	33.4	12.1	9.6
1993	309.9	214.6	63.1	40.9	22.0	35.2	10.3	34.5	12.2	9.8
1994	299.7	213.1	63.1	40.6	22.7	33.9	10.2	34.6	12.1	9.4
1995	296.3	211.7	63.9	40.5	23.4	33.8	10.0	34.9	12.0	8.6
1996	288.3	208.7	63.2	41.0	24.0	33.2	9.8	34.9	11.7	7.8
1997	280.4	205.7	61.8	41.5	24.0	33.6	9.6	34.8	11.4	7.3
1998	272.4	202.4	59.6	42.0	24.2	34.6	9.5	35.0	11.3	6.7
1999	267.8	202.7	61.8	45.8	25.2	23.6	9.7	35.9	10.7	6.2
2000	257.6	199.6	60.9	44.2	25.0	23.7	9.5	34.9	10.4	5.9

2001	247.8	196.0	57.9	43.7	25.3	22.0	9.5	35.7	10.7	7.1
2002	240.4	194.0	56.3	43.7	25.4	22.7	9.3	35.3	10.6	5.9
2003	232.3	190.1	53.5	43.3	25.3	22.0	9.3	37.3	10.8	6.0
2004	217.5	184.6	50.0	41.8	24.4	20.4	8.8	36.6	10.7	5.6
2005	220.0	188.7	48.4	37.8	25.3	21.3	9.3	39.7	11.0	5.6
2006	261.2	180.7	43.6	40.5	23.3	17.8	8.8	39.8	10.9	6.2
2007	190.7	177.5	41.6	41.2	22.4	16.3	8.9	37.8	10.8	5.8
2009[1]	179.8	173.6	38.9	42.2	20.9	16.2	9.2	37.0	11.7	5.5

"Most people do not really want freedom,
because freedom involves responsibility,
and most people are frightened of responsibility."
Sigmund Freud


According to Wikipedia: Causes of human deaths worldwide for the year 2002

Deaths per 100,000 per year[2]

Group[3]	Cause	Percent of deaths	All	Male	Female
–	All Causes	100.00	916.1	954.7	877.1
A	Cardiovascular diseases	29.34	268.8	259.3	278.4

Deaths per 100,000 per year[2]

Group[3]	Cause	Percent of deaths	All	Male	Female
B	Infectious and parasitic diseases	23.04	211.3	221.7	200.4
A.1	Ischemic heart disease	12.64	115.8	121.4	110.1
C	Malignant neoplasms (cancers)	12.49	114.4	126.9	101.7
A.2	Cerebrovascular disease (Stroke)	9.66	88.5	81.4	95.6
B.1	Respiratory infections	6.95	63.7	63.5	63.8
B.1.1	Lower respiratory tract infections	6.81	62.4	62.2	62.6
D	Respiratory diseases	6.49	59.5	61.1	57.9
E	Unintentional injuries	6.23	57.0	73.7	40.2
B.2	HIV/AIDS	4.87	44.6	46.2	43.0
D.1	Chronic obstructive pulmonary disease	4.82	44.1	45.1	43.1
–	Perinatal conditions	4.32	39.6	43.7	35.4
F	Digestive diseases	3.45	31.6	34.9	28.2
B.3	Diarrhea diseases	3.15	28.9	30.0	27.8
G	Intentional injuries (Suicide, Violence, War, etc.)	2.84	26.0	37.0	14.9
B.4	Tuberculosis	2.75	25.2	32.9	17.3
B.5	Malaria	2.23	20.4	19.4	21.5
C.1	Lung cancers	2.18	20.0	28.4	11.4
E.1	Road traffic accidents	2.09	19.1	27.8	10.4
B.6	Childhood diseases	1.97	18.1	18.0	18.2
H	Neuropsychiatric disorders	1.95	17.9	18.4	17.3

Deaths per 100,000 per year[2]

Group[3]	Cause	Percent of deaths	All	Male	Female
–	Diabetes mellitus	1.73	15.9	14.1	17.7
A.3	Hypertensive heart disease	1.60	14.6	13.4	15.9
G.1	Suicide	1.53	14.0	17.4	10.6
C.2	Stomach cancer	1.49	13.7	16.7	10.5
I	Diseases of the genitourinary system	1.49	13.6	14.1	13.1
F.1	Cirrhosis of the liver	1.38	12.6	16.1	9.1
I.1	Nephritis/nephropathy	1.19	10.9	11.0	10.7
C.3	Colorectal cancer	1.09	10.0	10.3	9.7
C.4	Liver cancer	1.08	9.9	13.6	6.2
B.6.1	Measles	1.07	9.8	9.8	9.9
G.2	Violence	0.98	9.0	14.2	3.7
–	Maternal conditions	0.89	8.2	0.0	16.5
–	Congenital abnormalities	0.86	7.9	8.1	7.7
J	Nutritional deficiencies	0.85	7.8	6.9	8.7
C.5	Breast cancer	0.84	7.7	0.1	15.3
C.6	Esophageal cancer	0.78	7.2	9.1	5.2
A.4	Inflammatory heart disease	0.71	6.5	6.7	6.2
H.1	Alzheimer's disease and other dementias	0.70	6.4	4.7	8.1
E.2	Falls	0.69	6.3	7.5	5.0
E.3	Drowning	0.67	6.1	8.4	3.9

Deaths per 100,000 per year[2]

Group[3]	Cause	Percent of deaths	All	Male	Female
E.4	Poisoning	0.61	5.6	7.2	4.0
C.7	Lymphomas, multiple myeloma	0.59	5.4	5.4	5.4
A.5	Rheumatic heart disease	0.57	5.3	4.4	6.1
C.8	Oral and oropharynx cancers	0.56	5.1	7.1	3.1
E.5	Fires	0.55	5.0	3.8	6.2
B.6.2	Pertussis	0.52	4.7	4.7	4.8
C.9	Prostate cancer	0.47	4.3	8.6	0.0
C.10	Leukemia	0.46	4.2	4.7	3.8
F.2	Peptic ulcer disease	0.46	4.2	5.0	3.5
J.1	Protein-energy malnutrition	0.46	4.2	4.2	4.2
–	Endocrine/nutritional disorders	0.43	3.9	3.4	4.4
D.2	Asthma	0.42	3.9	3.9	3.8
C.11	Cervical cancer	0.42	3.8	0.0	7.7
C.12	Pancreatic cancer	0.41	3.7	3.9	3.5
B.6.3	Tetanus	0.38	3.4	3.4	3.5
B.7	Sexually transmitted diseases excluding HIV/AIDS	0.32	2.9	2.9	2.9
C.13	Bladder cancer	0.31	2.9	4.0	1.7
B.8	Meningitis	0.30	2.8	2.9	2.7
G.3	War	0.30	2.8	5.0	0.5
B.7.1	Syphilis	0.28	2.5	2.7	2.3

Deaths per 100,000 per year[2]

Group[3]	Cause	Percent of deaths	All	Male	Female
–	Neoplasms other than malignant	0.26	2.4	2.4	2.4
J.2	Iron deficiency anemia	0.24	2.2	1.5	2.9
C.14	Ovarian cancer	0.24	2.2	0.0	4.4
B.9	Tropical diseases excluding malaria	0.23	2.1	2.5	1.6
H.2	Epilepsy	0.22	2.0	2.2	1.8
–	Musculoskeletal diseases	0.19	1.7	1.2	2.2
B.10	Hepatitis B	0.18	1.7	2.3	1.0
H.3	Parkinson's disease	0.17	1.6	1.6	1.6
H.4	Alcohol use disorders	0.16	1.5	2.5	0.4
H.5	Drug use disorders	0.15	1.4	2.2	0.5
B.1.2	Upper respiratory infections	0.13	1.2	1.2	1.2
C.15	Uterine cancer	0.12	1.1	0.0	2.3
–	Skin diseases	0.12	1.1	0.8	1.4
C.16	Melanoma and other skin cancers	0.12	1.1	1.1	1.0
B.11	Hepatitis C	0.09	0.9	1.1	0.6
B.9.1	Leishmaniasis	0.09	0.8	1.0	0.7
B.9.2	Trypanosomiasis	0.08	0.8	1.0	0.5
I.2	Benign prostatic hyperplasia	0.06	0.5	1.0	0.0


"Let us not seek the Republican answer or the Democratic answer, but the right answer. Let us not seek to fix the blame for the past. Let us accept our own responsibility for the future."
John F. Kennedy

Some research papers on this subject:

The Public Health Aspects of Complex Emergencies and Refugee Situations by MJ Toole and RJ Waldman of Australia states:

> "Populations affected by armed conflict have experienced severe public health consequences mediated by population displacement, food scarcity, and the collapse of basic health services, giving rise to the term complex humanitarian emergencies. These public health effects have been most severe in underdeveloped countries ... Refugees and internally displaced persons have experienced high mortality rates during the period immediately following their migration."
>
> "... The most common causes of death have been diarrheal diseases, measles, acute respiratory infections, and malaria. High prevalences of acute malnutrition have contributed to high case fatality rates. ... In conflict-affected European countries, ... war-related injuries have been the most common cause of death among civilian populations; however, increased incidence of communicable diseases, neonatal health problems, and nutritional deficiencies (especially among the elderly) have been documented. ..."
>
> " ... The most effective measures to prevent mortality and morbidity in complex emergencies include protection from violence; the provision of adequate food rations, clean water and sanitation; diarrheal disease control; measles immunization; maternal and child health care, including the case management of common endemic communicable diseases; and selective feeding programs, when indicated. ..."

"Give me four years to teach the children and the seed I have sown will never be uprooted."
Vladimir Ilyich Lenin

Communicable Diseases Following Natural Disasters as part of a Programme on Disease Control in Humanitarian Emergencies Communicable Diseases Cluster by WHO (World Health Organization) in 2006 has chapters in its report and training on:

1. Assessing the risk of communicable diseases
1.1 Epidemic and endemic diseases associated with natural disasters
1.2 Waterborne diseases
1.3 Communicable diseases associated with crowding
1.4 Vector-borne diseases
1.5 Other diseases associated with natural disasters
1.6 Disaster-related disruptions
2. Dead bodies and the risk of communicable diseases
3. Prevention of communicable diseases following natural disasters
3.1 Safe water, sanitation, site planning
3.2 Primary health-care services
3.3 Surveillance/early warning system
3.4 Immunization
3.5 Prevention of vector-borne diseases
4. Disaster preparedness plans and control of communicable disease

"You have no control over what the other guy does.
You only have control over what you do."
A J Kitt

In a course titled **Catastrophe Readiness and Response; Mass Relocation** given by Anthony Oliver-Smith, PhD in a FEMA training covers:

- Discuss characteristics and dynamics of mass relocation
- Identify the causes and major forms that catastrophe driven mass relocation may take in the near future.
- Identify and analyze key components of resettlement planning

"The purpose of this three hour session is to present an overview of the field of displacement and resettlement research, focusing on the development of conceptual approaches, policy positions and practice problems in the various forms of displacement and resettlement associated with catastrophic events. The range of forms that catastrophic forced displacement and resettlement are projected to take will be considered. Emphasis will be placed on developing an understanding of the factors that generate both the short and long-term risks and consequences in major dislocations, deriving understanding from data and perspectives from other forms of displacement and resettlement, including conflict and development caused relocations. The session will also identify and analyze the key components of resettlement planning as developed for infra-structural projects, assessing their utility for crafting appropriate standards and strategies for potential future mass relocation."

"Enlightened people seldom or never possess a sense of responsibility."
George Orwell

Refugee Health - An approach to emergency situations by Médecins Sans Frontières and MacMillan covers:

PART I: REFUGEE AND DISPLACED POPULATIONS
POLITICAL ASPECTS
SOCIO-CULTURAL ASPECTS
PART II: THE EMERGENCY PHASE: THE TEN TOP PRIORITIES
INTRODUCTION
1. INITIAL ASSESSMENT
2. MEASLES IMMUNIZATION
3. WATER AND SANITATION
4. FOOD AND NUTRITION
– Nutrient deficiencies
5. SHELTER AND SITE PLANNING
6. HEALTH CARE IN THE EMERGENCY PHASE
7. CONTROL OF COMMUNICABLE DISEASES AND EPIDEMICS
A - Control of diarrhoeal diseases
B - Measles control

"The American people should be made aware of the trend toward monopolization of the great public information vehicles (the media) and the concentration of more and more power over public opinion in fewer and fewer hands."

Spiro Agnew

In the Preface by Michael J Toole, Vice-President of MSF Australia stated:

"Since World War II, up to one hundred million civilians have been forced to flee persecution or the violence of war to seek refuge either in neighbouring countries or in different areas of their own country. During the past two decades, the number of persons meeting the international definition of a refugee has steadily increased from approximately 5 million in 1980 to a peak of more than 20 million in 1994; at least an equal number were displaced within their own country. The optimism that accompanied the end of the Cold War was short-lived as an 'epidemic' of civil conflicts erupted in several continents. In 1993 alone, 47 conflicts were active of which 43 were internal wars. Armed conflicts have increasingly affected civilian populations, resulting in high casualty rates, widespread human rights abuses, forced migration, famine, and in some countries the total collapse of governance.

"The one aim of these financiers is world control by the creation of inextinguishable debts."
Henry Ford

The public health consequences of armed conflict and population displacement have been well documented during the past 20 years. The major determinants of high death rates among affected populations and the major priorities for action have also been identified. The provision of adequate food, clean water, sanitation, and shelter have been demonstrated to be more effective interventions than most medical programmes. The focus of emergency health programmes has shifted to community based disease prevention, health promotion, nutritional rehabilitation, and epidemic preparedness, surveillance and control. Refugee health has developed into a specialized field of public health with its own particular technical policies, methods, and procedures.

The front-line field workers in emergency situations are usually volunteers working for a range of different international non-governmental organizations and local health professionals. They require knowledge and practical experience in a broad range of subjects, including food and nutrition, water and sanitation, public health surveillance, immunization, communicable disease control, epidemic management, and maternal and child health care. They should be able to conduct rapid needs assessments, establish public health programme priorities, work closely with affected communities, organize and manage health facilities and essential medical supplies, train local workers, coordinate with a complex array of relief organizations, monitor and evaluate the impact of their programmes, and efficiently manage scarce resources. In addition, they need to function effectively in a different cultural context and an often hostile and dangerous environment. Such skills are specific to emergencies and are not necessarily acquired in the average medical or nursing school.

When Médecins Sans Frontières published a manual 'Emergency care in catastrophic situations' in 1979, more than 75% of the contents were devoted to surgical and resuscitative procedures; the remainder covered epidemiology, nutrition, water & sanitation, and immunization. In subsequent years, technical manuals were published on a range of subjects covering diagnostic and treatment guidelines, nutrition, and environmental health. The comprehensive range of issues covered by 'Refugee Health' reflects the lessons learned in the past two decades and illustrates the major shift in thinking that has occurred not just within the international MSF movement but within the general relief community. This is not a text-book but a guide for the relief worker which firmly places operational priorities in the context of today's complex humanitarian emergencies. It is a timely contribution to improving the quality, effectiveness, and sustainability of international emergency response efforts."

"One of the sad signs of our times is that we have demonized those who produce, subsidized those who refuse to produce, and canonized those who complain."

Thomas Sowell

The Introduction went on to say:

"... The terms 'refugee' and 'internally displaced person' have wide implications for the people concerned, particularly regarding their rights to protection and assistance, which are embedded in international law. Refugees have crossed an international border; internally displaced persons have not. The United Nation's High Commissioner for Refugees (UNHCR) is mandated by the international community to protect and assist refugees only; due to considerations of state sovereignty, the internally displaced have not been included within UNHCR's mandate. Only on an ad hoc basis has UNHCR been involved in the protection and assistance of the internally displaced, i.e. at the request of the state concerned or of the Secretary General of the United Nations. However, both groups have been forced to leave their homes and undergo physical or mental trauma before their departure or during their flight. They are then often forced to settle in an unhealthy environment, where they are unlikely to be in a position to take responsibility for their own welfare. A humanitarian health agency will try to obtain access to both groups, wherever they are, and the references to 'refugees' in the book should therefore usually be taken to indicate both categories. ..."

"Public opinion... requires us to think other men's thoughts, to speak other men's words, to follow other men's habits."
Walter Bagehot, Biographical Studies, 1907

Management of Dead Bodies in Disaster Situations part of Disaster Manuals and Guidelines Series by PAHO (Pan American Health Organization) and WHO (World Health Organization)

Forward by Mirta Roses Periago, Director, Pan American Health Organization

" ... Death does not end human suffering, especially when death is sudden, as the result of a disaster. The death of a loved one leaves an indelible mark on the survivors, and unfortunately, because of the lack of information, the families of the deceased suffer additional harm because of the inadequate way that the bodies of the dead are handled. These secondary injuries are unacceptable, particularly if they are the consequence of direct authorization or action on the part of the authorities or those responsible for humanitarian assistance. ... The State has a critical role in standardizing and guiding the tasks of handling dead bodies (recovery, identification, transfer, and final disposal), ensuring that legal norms are followed, and guaranteeing that the dignity of the deceased and their families is respected in accordance with their cultural values and religious beliefs. ..."

"In the house of the wise are stores of choice food and oil, but a foolish man devours all he has."
Proverbs 21:20

The Introduction states:

"Major disasters occurring in this Region, regardless of their origin, have had one thing in common: an enormous number of fatalities. Hurricane Mitch in Central America, floods in Venezuela, the earthquake in El Salvador, hurricanes in the Caribbean, and disasters of human origin—such as the Mesa Redonda fire in Lima, wars, or aviation accidents, to name a few—have resulted in many deaths. Each disaster has yielded important evidence about handling bodies, particularly when the number of dead overwhelms the capacity of a country to effectively respond to an emergency.

Immediately following the onset of a disaster, it is essential for national, regional, or local authorities to concentrate their actions and resources on three basic activities: first, the rescue and treatment of survivors; second, the repair and maintenance of basic services; and, finally, the recovery and management of bodies. Controversy has always surrounded the handling of mass fatalities. ..."

"The management of dead bodies involves a series of activities that begins with the search for corpses, in situ identification of the body, transfer to the facility that serves as a morgue, delivery of the body to family members, and assistance from the State for final disposal of the body in accordance with the wishes of the family and the religious and cultural norms of the community. It requires the involvement of a diverse team of people, including rescue personnel, forensic medicine experts, prosecutors, police, administrative personnel, psychologists, support teams for the personnel who are directly handling the bodies, representatives from nongovernmental and international organizations, as well as community volunteers. The State must manage this activity with utmost conscientiousness and professionalism, covering all the aspects mentioned above. The health sector should take the leading role in addressing concerns about the supposed epidemiological risks posed by dead bodies, and by providing medical assistance to family members of the victims."

"Armaments, universal debt and planned obsolescence – those are the three pillars of Western prosperity."
Aldous Huxley

Disposal of Dead Bodies in Emergency Conditions by WHO (World Health Organization) South-East Asia Regional Office says:

"... if death is caused by trama, bodies are quite unlikely to cause outbreaks of communicatable diseases such as typhoid fever,cholera or plague, though they may transmit gastrenteritis or food poisoning syndrome to survivors if they contaminate streams, wells or other water sources. ... Diseases transmited by insects after feeding on decomposition microbes and or by other scavanger animals are of considerable concern ..."

"We are on the verge of a global transformation. All we need is the right major crisis and the nations will except the New World Order."
David Rockefeller

Epidemiology of Tropical Cyclones: The Dynamics of Disaster, Disease, and Development by James M. Shultz (Center for Disaster Epidemiology and Emergency Preparedness (DEEP Center), Department of Epidemiology and Public Health, University of Miami School of Medicine, Miami, FL), Jill Russell (Centers for Disease Control and Prevention, Atlanta, GA) and Zelde Espinel (Center for Disaster Epidemiology and Emergency Preparedness (DEEP Center), Department of Epidemiology and Public Health, University of Miami School of Medicine, Miami, FL) states:

> " ... Public health consequences associated with tropical cyclones include storm-related mortality, injury, infectious disease, psychosocial effects, displacement and homelessness, damage to the health-care infrastructure, disruption of public health services, transformation of ecosystems, social dislocation, loss of jobs and livelihood, and economic crisis. These outcomes disproportionately befall developing nations, and human factors strongly influence the observed disparities. ..."

"The great masses of the people...
will more easily fall victims to a big lie than to a small one."
Adolf Hitler, Mein Kampf, 1933

If you have gotten this far – I am Impressed and I can just hear people saying "*Big deal that's in third world countries or over there in Europe and Asia. This is the United States!*" Well don't get

too confident; remember Katrina or what about displacement because of a dam being built or a highway going through? And what about smaller crises like California earthquakes, flooding and wildfires?

"The Seven Deadly Social Sins: Politics without Principle; Wealth without Work; Commerce without Morality; Pleasure without Conscience; Education without Character; Science Without Humanity; Worship without Sacrifice"

Gandhi

Development-induced Displacement and Resettlement by Jason Stanley

"Development projects often involve the introduction of direct control by a developer over land previously occupied by another group. Natural resource extraction, urban renewal or development programs, industrial parks, and infrastructure projects (such as highways, bridges, irrigation canals, and dams) all require land, often in large quantity. One common consequence of such projects is the upheaval and displacement of communities.

While the literature on development-induced displacement and resettlement (DIDR) is clear in its focus on physical development projects that require land expropriation, these are not the only types of projects that can result in displacement. Conservation programs, such as wildlife re-introduction schemes and the creation of game parks and bio-diversity zones, also often oust communities. Issues surrounding conservation-induced displacement are dealt with in another FMO thematic research guide. Other types of policies can also induce migration. For example, a distributive policy decision that shifts jobs between two regions might cause some people to move in search of new employment. However, the literature on DIDR does not consider these types of policies. The focus is clearly on physical forms of development that require displacement by decree.

In much of the DIDR literature, scholars and activists consider development displacees to be those persons who are forced to move as a result of losing their homes to development projects. However, wider considerations of 'projectimpacted persons' have been advocated. Scudder (199619991996) suggests that our conception of project-impacted persons should include not only those directly displaced by loss of home, but also the host population that takes in displacees; all others who are neither directly displaced, nor hosts, yet who live in the vicinity of the project; and project immigrants. The latter group includes those tasked with planning, designing, and implementing the project, as well as those who later move to the region to take advantage of project-related opportunities – these, Scudder notes, are often beneficiaries of the project, whereas the two former

groups are often adversely affected by projects. Similarly, the World Commission on Dams (WCD) report refers not only to physical displacement, but also to livelihood displacement, which deprives people of their means of production and displaces them from their socio-cultural milieu. Mobile groups have been prone to this type of displacement as state and private-sector land demands have sometimes overlapped with the land claimed by these groups for grazing, hunting, migration, and other activities. This research guide is not meant to provide a comprehensive treatment of the topic of DIDR. Rather, it offers an overview of some of the most important issues in the area. ..."


Haiti

"Let our advance worrying become advance thinking and planning."

Winston Churchill

This 'guide' discusses topics such as:

Global overview: Asia and the Pacific, Africa, Latin America and the Caribbean, Europe, the United States, and Canada

Types of development projects causing displacement: Dams, Urban infrastructure and transportation, Natural resource extraction

The consequences of development-induced displacement: Theoretical models, Varying levels of risk for indigenous peoples, women, and other groups, Comparing the experiences of development displacees and refugees

Policies and international instruments relevant to DIDR: The development of policies, standards, and guidelines on involuntary resettlement, International instruments

"The problems we face will not be solved by the minds that created them"

Albert Einstein

The Dead From Japan Tsunami

Los Angeles County Mass Fatality Incident Management: Guidance for Hospitals and Other Healthcare Entities states:

> " ... A mass or multi-fatality incident (MFI) results in a surge of deaths above what is normally managed by normal medicolegal systems. In the event of a major disaster within Los Angeles County, it may be several days before the Department of Coroner, County Morgue, or private mortuaries can respond, process and recover decedents. The following guidelines have been developed to aid hospitals and other healthcare entities in their response to an MFI. ... The goal of these guidelines is to enhance the ability of Los Angeles County and its healthcare partners to respond to and manage a surge in the number of decedents as a result of any disaster, including an influenza pandemic. While the importance of religious, cultural and mental health considerations is recognized, it is not addressed here. These guidelines focus on decedent processing for medical and legal reasons. ... Victims of natural disasters, accidents, or WMD events usually die from trauma and are unlikely to have acute or 'epidemic-causing' infections. In the event of an intentional release of a biological agent or natural pandemic resulting in mass casualties, the risk is greater from live victims rather than the dead. The microorganisms responsible for these diseases have limited ability to survive in a body that is cooling after death. ..."

"It is dangerous to be right in matters on which the established authorities are wrong."
Voltaire

What is the point of all of this? Well – bottom line: I don't trust my government. I haven't since the late 1960's when I found out that shutting myself into my locker at school (in the 1950's) would NOT protect me from an A-bomb!

I also don't trust people who attempt to capitalize on other's fears and mistrust by spreading miss-information and sensationalized conjecture as fact. Neither do I trust people who fall prey to this type of manipulation.

"Choice of attention - to pay attention to this and ignore that –
is to the inner life what choice of action is to the outer.
In both cases, a man is responsible for his choice and must accept the consequences, whatever they may be."
W. H. Auden

Please remember what I said earlier: *Yes* we need to keep an eye out as to exactly what our government is up to – yet we must also let it do its job; so if a large crisis event should befall the United States, our government will be there to help us through it – quickly, efficiently and effectively.

"Eem lo akhshav, matay? If not now, when?"
Hillel

As a Prepper we need to consider injury, illness and death in our plans. Your *Important Documentation Book* should contain at least a 'letter' stating what is to be done with each member of your family in case of death and at best, a copy of any wills. For minor children be sure this book and

their go-bags contain a letter allowing treatment for a life threatening health event (crisis caused or not). Many Preppers have a 'permission to treat' letter for their pets and or livestock too.

"The truth of the matter is that you always know the right thing to do. The hard part is doing it."
Norman Schwartzkopf

Important Document Book Forms to Print & Complete

No one wants or plans to have to vacate their home.

To be prepared means that we will PLAN for the WORST and HOPE for the BEST.

It is far easier to have all your important paperwork in one place, ready to grab and go; than to bug-out without these important documents that will enable you to get life back a whole lot quicker.

Form Name / Description	Source (pick the 'style' you like, download & print)
How-to Prepare Your Emergency Documentation Binder/Book	**http://www.scribd.com/doc/50950919/Preparing-Your-Emergency-Documentation-Book-Binder**
Important Information Book-*Section Dividers*	**http://www.scribd.com/doc/60404015/Important-Information-Book-Section-Dividers-All** and http://www.scribd.com/doc/31181276/Documentation-Book-Organization-Binder-for-Home-Food-Preparedness-Information-25075850
Letter of Instruction for loved ones in case You die	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2036&catid=89
Medical Emergency Contact Forms – General and for Child(ren)	(General) http://www.agis.com/SqlFileResource.axd?id=33&resource=pdf Child(ren) permission (To Whom it May Concern) http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2012&catid=89
Things that Must Be Done in case a loved one dies	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2011&catid=89
Credit Cards	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2015&catid=89
Disaster Preparedness for *Horses*	http://www.accem.org/pdf/disasterhorsebrochure.pdf
Disaster Preparedness for *Livestock*	http://www.accem.org/pdf/disasterlivestockbro.pdf
Disaster Preparedness for *Pets*	http://www.accem.org/pdf/disasterpetbrochure.pdf
Emergency Communication Plan - Additional Family Members Information	http://www.ready.gov/america/_downloads/fep_download/FamEmePlan_AddFamMem.pdf
Emergency Communication Plan for Your Family	http://www.homesafetycouncil.org/AboutUs/Programs/pdfs/pr_freddie_p007.pdf
Emergency Contact and Medical Form	http://www.agis.com/SqlFileResource.axd?id=33&resource=pdf
Emergency Contact Card (ECC)	http://www.redcross.org/www-files/Documents/pdf/Preparedness/ECCard.pdf
Emergency Contact Cards (ECC)	http://www.pep.bc.ca/hazard_preparedness/Emergency_Contact_Card.pdf
Emergency Information Sheet (EIS)	http://www.scribd.com/doc/51411885/EIS-%E2%80%93-Emergency-Information-Sheet
Emergency Planning Workbook for *Horses* (Courtesy of EquineU.com) great record pages for your horse.	http://www.thehorse.com/pdf/emergency/emergency.pdf

• Emergency Planning Worksheet pg 2-3 • Additional Important Telephone Numbers pg 9 • Important Documents Checklist pg 9 • Emergency Contact/Plan Card (courtsey of Ready.gov) pg 11 • Equine Medical Emergency Contacts pg 12 • Equine First Aid Kit pg 13 • Equine Emergency Preparedness Checklist pg 14-15	
Emergency Reference Sheet (Household Emergency Information)	http://www.justincasearizona.com/resources/DHS00075%20RefSheet.pdf
Emergency Wallet Cards	http://www.texasprepares.org/English/wallet_cards.pdf
Estate Information Guide Form This holds the names/DOB/Place of Birth/SS/Date and Place of Marriage, Bank Accounts, Creditors, Utilities,Investment Accounts, Insurance and if you have certain Legal Documents; Who should be notified in case of Death or Emergency and the like.	http://www.codenameinsight.com/files/ESTATE%20INFORMATION%20GUIDE.pdf
Family Communication Card	http://www.bepreparedbeready.org/sites/cern/ht/a/GetDocumentAction/i/1235
Family Communications Plan & Emergency Contact Card	http://www.ready.gov/america/_downloads/family_communications_plan.pdf
Family Emergency Plan Cards	http://www.texasprepares.org/English/emergency_plan-cards.pdf
Family Emergency Plan Cards	http://www.nfpa.org/assets/files/PDF/Research/GR/hand/e/Family_Plan_Cards.pdf
Family Pet Disaster Plan	http://www.accem.org/pdf/petdisasterplan.pdf
Food Brought Into the retreat/shelter Can use this to keep track of your food storage too.	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2020&catid=89
Help – OK Signs	http://www.pep.bc.ca/hazard_preparedness/HELP-OK_sign.pdf
Home Emergency Preparedness Plan Workbook by Pandion LLC • Identification of Hazards pg 7 • Mitigating Risks - Hazard: Fire pg 9-10 • Mitigating Risks - Hazard: Personal Illness pg 11 • Mitigating Risks - Hazard: Household Chemical pg 12 • Mitigating Risks - Hazard: Blank pages to complete for any other hazard pg 13-17 • Emergency Support Functions / Annexes pg 20 • Emergency Plan Documentation pg 21 • Awareness and Planning - Government & Relief Agencies pg 22-24 • Awareness and Planning - Emergency Numbers (police, fire, etc) pg 25 • Communication Plan pg 26-27 • Transportation Plan pg 28-29 • Food and Shelter Plan pg 31-33 • Resource Plan (beyond food & shelter) pg 34-35 • Health and Medicine Plan pg 36-37 • Pets Plan pg 38-39	http://www.scribd.com/doc/30341023/Home-Emergency-Preparedness-Workbook-Pandion-LLC
Household Inventory - Detailed list of important and or valuable possessions. Include photos, receipts and the like if possible.	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2026&catid=89
Household Reference Sheet, Important Papers & Numbers Forms	http://www.theideadoor.com/index.php?option=com_content&view=article&id=979
Important Documents Checklist	http://www.theideadoor.com/Preparedness/BINDER%20%20RED%20DOC%20rev%201008.pdf
Important Papers	http://www.theideadoor.com/Document%20Organizer/IMPORTANT%20PAPERS%202.doc
Important Papers Quick Checklist	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2028&catid=89
Important Phone Numbers	http://www.theideadoor.com/index.php?option=com_jdownloads&

	Itemid=120&view=finish&cid=2019&catid=89
Individual *Pet* Record	http://www.accem.org/pdf/individuapetrecord.pdf
Insurance - Car/Vehicle	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2014&catid=89
Insurance - Group Life and Retirement Plan Policies	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2022&catid=89
Insurance - Health	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2024&catid=89
Insurance - Individual Life	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2030&catid=89
Insurance - Property	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2044&catid=89
Insurance Company Quick Directory Form	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2032&catid=89
Investments Form	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2033&catid=89
Keep It With You - *Personal Medical Information* Form (by CDC)	http://www.bt.cdc.gov/disasters/pdf/kiwy.pdf
List of Current Medications	http://www.agis.com/SqlFileResource.axd?id=36&resource=pdf
Location Directory - List the location of all important documents	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2038&catid=89
Medical History	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2040&catid=89
Pet And Disaster Safety Checklist	http://www.accem.org/pdf/petsafety.pdf
Pets and *Service Animals*	http://www.accem.org/pdf/petsafety.pdf
Pets Emergency ID Cards	http://www.2ndchance4pets.org/idcards.pdf
Phone Log Documentation Form For if you are in a shelter or for keeping track of which family and or important people you have contacted since the emergency.	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2042&catid=89
Real Estate Form	http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2010&catid=89
Registration and Identification Sheets - (CRI) Child and (ARI) Adult (These are for lost adults and or children or in the case of separation during evacuation. Always keep a current photo for each individual.)	**(CRI)** http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2017&catid=89 and **(ARI)** http://www.theideadoor.com/index.php?option=com_jdownloads&Itemid=120&view=finish&cid=2013&catid=89
Set of downloadable forms and checklists	http://www.theideadoor.com/index.php?option=com_content&view=article&id=980
The Following Have Evacuated Form Use only if you want everyone to know where y'all have gone. Otherwise make a simple letter sized sign that says "Evacuated" or "House Empty" to save the Search and Rescue people time. Of course an "X" painted on the door or front of the house seems to be rather universal too. Either way, be kind to S&R and leave some kind of notice that you are gone. This could help law enforcement too by alerting them that your vacated house is now occupied by someone else.	http://www.codenameinsight.com/files/Evac%20poster.pdf

"When making your choice in life, do not neglect to live."
Samuel Johnson

"Be Prepared ...
the meaning of the motto is that a scout must prepare himself by previous thinking out and practicing how to act on any accident or emergency so that he is never taken by surprise."
Sir Robert Baden-Powell
(British Army Officer, founder of the Boy Scouts, 1857-1941)

TNT