



The University of Maryland  
Center for Health & Homeland Security

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**CHHS Celebrates 10th Anniversary**



*Longest-serving CHHS employees Heather Shaivitz, Xani Podolny and Jeanne Stringer helped Founder and Director Michael Greenberger celebrate the Center's 10th Anniversary in May.*

CHHS Founder and Director Michael Greenberger told a room full of Center staff members and other dignitaries at the May 16th anniversary reception at the University of Maryland Francis King Carey School of Law about CHHS' first employee: Michael Greenberger. "It was just me and a computer and a desk," he said, referring to when the Center officially opened on May 15th, 2002. Now the Center consistently employs more than 60 professionals working across the region on some of the most complex and important public health and security issues facing the U.S. and the world.

Since the beginning, CHHS has enjoyed a wonderful partnership with the University of Maryland, Baltimore. University President Dr. Jay Perma echoed that sentiment during his remarks at the celebration. Perma called CHHS one of the "crown jewels" of the campus. He also thanked past and present Center staff members for their role in keeping citizens safe and for helping to maintain the solid reputation of the university.

## CHHS Staff



### Pictured (left to right)

**Front Row:** Nishamarie Sherry JD, Adrian Wilairat JD, Xani Podolny JD, Michael Greenberger JD, Heather Shaivitz JD, Earl Stoddard III PhD, Elizabeth Webster JD, Christopher Webster JD

**Second Row:** Mike Vesely JD, Megan Timmins JD, Vernon Herron MS, Trudy Henson JD, Amy Major JD, Blake Carroll, Jeanne Stringer, Lauren Miller

**Third Row:** Jess Hurst JD, Laura Hoch MPIA, Robin Clark JD, Veronica Washington, Mehrab Karim MS MBA, Aatmaja Desai MUP, Dan Goodman JD

**Fourth Row:** Cody Estep, Ulka Ghanta JD, Angelique So JD, Czarina Biton MPH, Brittany Tang-Sundquist, Cezar Lopez JD, Eric Oddo MPA

**Fifth Row:** R. Sabra Jafarzadeh JD, Lisa Connor MA, Keti Shea JD, Orit Zeevi-Bell JD, Karla Schaffer JD, Mat Swinburne JD, Ray Shin JD MED MPP, Peter Suh JD MST, George Waddington PhD JD

**Sixth Row:** Shevez Streat, Mike Ulrich JD, David Mandell JD, Markus Rauschecker JD, George Lettis, Peter Fox JD, Ellen Cornelius JD, Michael Stallings JD

**Not pictured:** Avery Blank JD, Matilda Channel-Ward MBA, Kelley Coyner JD, Christina Crue MS MEP CEM, Preeti Emrick JD, Amanda Faul MPH, Kasia Fertala JD, JoAnne Knapp MA, Clark Lee JD, Rebecca Mansbach JD, Patrick Rose PhD, Lori Stone JD, Greg Sunshine JD, Max Tondro PhD JD

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CHHS news electronically.

## A Brave New World: Emergency Management Training Meets “Avatar”

The CHHS Exercise and Training Program is excited about a project that may soon change the way the world trains for emergency response. This spring, we began working with the National Library of Medicine to develop a virtual training software program that’s very similar to playing a video game (pictured far right). The game trains hospital staff on the Hospital Incident Command System (HICS) by creating a virtual environment using the online platform Second Life. The program mimics a real-world incident and allows users to control avatars that represent key positions within HICS. Trainees have the ability to role play HICS positions during a simulated disaster, giving them the chance to



*CHHS Exercise and Training Program staff members Brittany Tang-Sundquist, left, Patrick Rose, center, and Christina Crue, right, facilitate a Second Life Project training session at Suburban Hospital in Bethesda.*



*This is a snapshot of the virtual emergency management training program CHHS is helping the National Library of Medicine develop.*

practice roles and responsibilities in the command center.

CHHS is helping to design and assess the effectiveness of a virtual training environment and how it might be an additional tool in the repertoire of training methods for hospital staff to maintain and expand

their HICS proficiencies. With Phase I of this project completed successfully, and with a great amount of positive feedback from participants at Suburban Hospital, Phase II will focus on developing an autonomous program where staff can independently log on and complete the Second Life HICS training.

### U.S. State Department Partnership Update



*CHHS Exercise and Training Program Manager Christina Crue leads a Senior Crisis Management seminar during a recent trip to Tanzania.*

One of CHHS’ most successful partnerships over the last two years has been the cooperative agreement with the U.S. Department of State’s Office of Anti-Terrorism Assistance (ATA). Our staff members have conducted a series of Senior Crisis Management (SCM) seminars aimed at training foreign government leaders on key principles in comprehensive crisis management such as mitigation, planning, response, and recovery efforts. CHHS has trained foreign delegations from Jordan, Uganda, Egypt, Colombia, Iraq (Kurdish region), Tunisia, Pakistan, Turkey, Cyprus, Brazil, and Tanzania. In the coming months, CHHS will train delegations from Iraq, Burundi, and the Philippines. Each SCM seminar is customized to the unique needs and capabilities of the delegation’s country. These efforts are helping to enhance capabilities worldwide to prepare for, respond to, and recover from all types of disasters.

## CHHS Conducts Major Disaster Drills for First Responders, Health Care Facilities

CHHS continues to support first responders by conducting full-scale exercises. In 2012, CHHS conducted seven such exercises involving federal, state, and local first responders joining forces with medical personnel and hospital workers.

In April, CHHS assisted hospitals in the National Capital Region in a full-scale exercise with the Department of Defense. The exercise, called Sisyphus, simulated a mass casualty incident caused by a mid-air collision at Joint Base Andrews. In May, CHHS coordinated a joint National Disaster Medical System exercise for Baltimore area hospitals.

Finally, over the last several months, CHHS teamed up with the Maryland Department of Health and Mental Hygiene (DHMH) to conduct evacuation-based exercises of their health facilities. One of the DHMH facilities, Springfield Hospital Center in Sykesville, Maryland, used a tornado scenario during its full-scale exercise and it proved to be beneficial this June when a series of tornadoes touched down in the area. The hospital prepared its staff and residents when one of those twisters came close to hitting the hospital. Paula Langmead, CEO of Springfield Hospital, told CHHS “there was a level of confidence that we all felt [in responding to the tornado] as a result of your work with our facility.”



*CHHS Policy Analyst Mehrab Karim worked as a controller at Suburban Hospital in Bethesda, Md. during the Sisyphus Field Training Exercise in April.*

### U.S. Military Honors CHHS

Congratulations to CHHS Associate Director Megan Timmins, Exercise and Training Program Manager Christina Crue, and Senior Law and Policy Analyst Ulka Ghanta. Each of them received a Certificate of Commendation from U.S. Navy Vice Admiral John M. Mateczun, Commander of Joint Task Force CapMed, for their work on Capital Shield 2012. The October 2011 full-scale terrorism drill in the National Capital Region simulated a series of explosions and subsequent injuries across Maryland, the District of Columbia, and Virginia.

## COOP Summit Helps D.C. Government Agencies Fulfill Mayor Gray's Preparedness Goals



*CHHS' Eric Oddo leads a group discussion during the District of Columbia COOP Summit in January.*

On January 13th, CHHS teamed up with the District of Columbia's Homeland Security and Emergency Management Agency to host the District's first Continuity of Operations (COOP) Planning Summit. A COOP plan is designed to ensure that a government agency can continue its most essential functions following a man-made or naturally occurring emergency.

D.C. Mayor Vincent Gray wants every cabinet-level agency to have a COOP plan. This summit was intended to jumpstart the process for completing plans for all of the agencies. More than 100 participants, including D.C. Police Chief Cathy Lanier, gathered at the Department of Employment Services building in Northeast D.C. to get an overview of what a COOP plan should include.

Following opening remarks by Deputy Mayor Paul Quander, CHHS staff members Eric Oddo and Markus Rauschecker led presentations and exercises meant to educate agency leaders on COOP and to help them improve current plans or formulate one for the first time.

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## Planning for the Worst Makes for the Best Prepared School Districts

CHHS is extending its emergency planning expertise to public schools; we have recently worked with the Howard County Public School System and the District of Columbia Public School System (DCPS). In both cases, CHHS analysts developed Continuity of Operations (COOP) plans that would be used to ensure essential functions within the school system could stay operational in the event of a disaster. For Howard County, CHHS interviewed personnel from more than 30 of the school system's departments to ascertain essential functions and identify how those functions could be maintained after an incident. The resulting COOP plan was then tested through a tabletop exercise in January with participation from personnel representing nearly all of the departments.



*CHHS Senior Law and Policy Analyst Orit Zeevi-Bell, right, leads a group of Howard County Public Schools employees through a disaster scenario during a tabletop exercise.*

The tabletop exercise presented a hypothetical emergency scenario that forced the closure of the school system's central offices, and the participants discussed how they would implement the COOP plan so that each school could maintain its essential functions.

On May 4, CHHS organized and conducted a similar group exercise for the District of Columbia Public School System. The disaster scenario involved an earthquake that caused damage to DCPS' administrative building, requiring temporary relocation to an alternate facility. Having exercised the plan, DCPS is now better prepared to deal with relocation if necessary.



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## Making Progress Towards Disaster Preparedness Equality for People with Functional Needs

CHHS is working on a new functional needs project with the Baltimore Urban Area Work Group (BUAWG) Functional Needs and Citizen Involvement Subcommittee. Once again, Senior Policy Analyst JoAnne Knapp and Law and Policy Analyst Elizabeth Webster are spearheading this effort, which focuses on taking the next steps towards achieving inclusive emergency preparedness for people with functional needs. People with functional needs are individuals who may need additional assistance during an emergency or disaster in order to maintain their independence, and may include people with disabilities, people with temporary needs due to an injury, individuals with chronic medical conditions, older adults, children, those who have limited English proficiency or are non-English speaking, people who are homeless, or people who lack access to transportation.

A key goal of the new project is to ensure the accessibility of emergency communication systems and general population shelters, potentially through the use of Functional Assessment Service Teams (FAST). FAST uses trained volunteers to assess the functional needs of people



*CHHS' Christina Crue and JoAnne Knapp oversee a tabletop exercise focused exclusively on helping people with functional needs during an emergency in the greater Baltimore region.*

arriving at shelters to determine what medical or consumable equipment or supplies are needed, and to procure those resources to allow victims to remain at the general population shelter. Additionally, later this fall, CHHS will offer training seminars for both shelter providers and people with functional needs to help them improve their emergency preparedness.

At the end of 2011, CHHS successfully concluded its first functional needs project with the

BUAWG Functional Needs and Citizen Involvement Subcommittee. The goals of this first project included assessing what functional needs support services exist before, during, and after a disaster in the Baltimore region, as well as developing solutions for filling identified gaps. In February, Elizabeth Webster traveled to Anaheim, California to present CHHS' process for accomplishing those goals at the 2012 Public Health Preparedness Summit.

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[www.mdchhs.com](http://www.mdchhs.com).**

## Medical Students Get a Crash Course in Public Health

CHHS recently embarked on an exciting partnership with the University of Maryland School of Medicine. Through the Area Health Education Program, 4th-year medical students and residents work side by side with CHHS public health experts to understand the link between public health and medical training. Every month, one to two students and residents learn how to interpret cutting edge scientific and health studies to provide guidance for bridging the gap between science and policy issues.

Students and residents discover how new legislative directives impact medical care for community members. They also conduct research and write about a range of topics for publications. Participants in the program also work with CHHS clients on various projects that involve real-world public health issues. The



*Maria Churaman, left, and Katie Duncan, right, were two of the first UMMC medical students to take advantage of a new partnership with CHHS that allows them to get hands-on experience from public health experts like CHHS Policy Analyst Patrick Rose.*

goal is for the students and residents to learn how state and local public health agencies and hospitals integrate into the community, and how creating standard operating procedures

and emergency plans enable public health agencies to efficiently support and prioritize services during an emergency response.

## MARCE Conference Focuses on Biopreparedness and Budget Challenges Since 9/11

On January 9, 2012, CHHS teamed up with the Middle Atlantic Regional Center of Excellence for Biodefense and Emerging Infectious Diseases (MARCE) to host the annual Public Health Emergency Preparedness Conference in Ellicott City, MD. The conference brought together diverse stakeholders in the public health preparedness enterprise to discuss cross-cutting issues that have a wide impact. This year, in the wake of the

10-year anniversary of the 2001 anthrax attacks, the conference focused on taking stock of progress in preparedness over the last decade and assessing best practices that can be applied to improving efforts in the future, particularly in light of increasingly sparse budgets and a shrinking public health workforce.

Attendees included state and local health departments throughout the region, federal partners from the Centers for Disease Control

(CDC) and Biomedical Advanced Research and Development Authority (BARDA), academic researchers, first responders, public health laboratory professionals, military representatives, and private business authorities. While the attendees unanimously lamented the continuing budgetary reductions in local budgets, state allocations, and federal grants, the conference was a tremendous success in terms of shared experiences and frank, open discussions.



## Spreading the Word about CHHS in Annapolis

CHHS joined University of Maryland, Baltimore President Jay Perman and students and staff at the Francis King Carey School of Law for a day-long trip to Annapolis to meet face-to-face with state lawmakers. Law School Dean Phoebe Haddon led a cavalry of about 30 students, staff, and alumni around the State Capitol complex on January 20 for pre-planned meet and greets and to observe a work session in the Senate.

CHHS Law and Policy Analysts and Carey Law grads David Bohannon, Elizabeth Webster, and Chris Webster joined the group for the day to forge relationships with legislators and inform them of CHHS' important work in communities across Maryland.



*CHHS' Elizabeth Webster, left, meets with Maryland Delegate Aruna Miller of Montgomery County during Annapolis Advocacy Day in January.*

## Law Enforcement Radio 10-Code System is Over and Out

Maryland State Police (MSP) and the Maryland Transportation Authority (MDTA) Police have changed the way their agencies communicate over the emergency radio system. CHHS was at the forefront of this transition as we collaborated with the agencies to help them move away from the 10-code system and implement the Common Language Protocol (CLP), where public safety officials and officers use plain English instead of numeric codes.

Historically, 10-codes were employed to describe common phrases used by law enforcement. The codes were intended to shorten voice communication on the radio, but police departments, even those in neighboring districts, have developed varying codes to describe the same scenario or incident. Thus, the CLP is expected to improve communication and reduce

confusion, especially during multi-jurisdictional incidents or any time different agencies are required to communicate on the radio.

For example, under the new system, instead of saying "10-46" to describe a broken down vehicle on the road or "10-16" to refer to a fight happening in a home, a trooper will say, "disabled vehicle" or "a domestic incident."

## CHHS Teams Up with Regional Hospitals, Health Groups to Strengthen Emergency Plans



*Training exercises at hospitals, like this one conducted by CHHS at Suburban Hospital in 2011, help hospital officials and staff prepare for an unusual surge of patients when a disaster occurs.*

Preparing hospitals and other healthcare facilities for a variety of disasters has been one of CHHS' hallmarks for many years. This year, we've dedicated more of our expertise to hospital preparedness than ever before.

In cooperation with the Region III Health and Medical Task Force, CHHS is conducting two projects that will enhance hospital preparedness and response within Central Maryland. For the first project, we are creating an inventory of regionally-acquired medical supplies and equipment and identifying the individuals and entities responsible for tracking, maintaining, and restocking these supplies during both emergency and non-emergency periods. We are also creating procedures for requesting and deploying these resources.

The second project builds upon our work completed for the Task Force last summer, which included a legal handbook of relevant laws and proceedings related to the operation of an Alternate Care Site (ACS) during an emergency. In this phase of our work, we are identifying issues regarding ACS operation and drafting a legislative proposal to help streamline the facility licensure process during a declared state of emergency.

The Health and Medical Task Force in Maryland's Region V (Calvert, Charles, St. Mary's, Prince George's and Montgomery counties) is using grant funding through the Hospital Preparedness Program (HPP) to broaden and strengthen its healthcare coalition

in emergency preparedness. To this end, CHHS is working with the Task Force to identify clinics, nursing homes and assisted living facilities, Federally Qualified Health Centers (FQHCs), and similar non-traditional partners. Once partners are identified, they will be invited to participate in a one-day conference and survey to assess their individual preparedness efforts. CHHS will summarize the conference and survey findings for the Task Force.

CHHS is also helping Carroll and Montgomery counties update and maintain their plans that ensure a sufficient supply of medicine is available to the public if an emergency causes critical shortages. It is part of the federally-mandated Strategic National Stockpile (SNS) program overseen by the Centers for Disease Control and Prevention (CDC). When requested by a state, SNS assets are intended to supplement and replace stocks normally held by healthcare facilities and support expanded dispensing capabilities. Part of the SNS program is the Cities Readiness Initiative (CRI), which is designed to enhance the ability of the largest metropolitan areas in the U.S. to respond quickly to a public health crisis or bioterrorism attack by stockpiling and disseminating important medications. CHHS is assisting Carroll and Montgomery counties in developing their CRI plans by incorporating new technology and public/private partnerships.

## Analysts to Adjuncts: CHHS Staff Bring Expertise to Carey Law School

CHHS staff members have spent the past decade educating first responders and emergency managers across the globe on how to keep citizens safe during catastrophes. Now, some of our senior law and policy analysts have brought that expertise into the classroom. This past spring semester, the University of Maryland Francis King Carey School of Law featured two new courses focusing on cybersecurity and public health law. Associate Director Adrian Wilairat and Senior Law and Policy Analyst Ellen Cornelius Ericson taught “Law and Policy of Cybersecurity.” This 3-credit seminar (with a 2-credit option) explores the legal, regulatory, and policy framework of cybersecurity, cyber terrorism, cyber warfare, and cyber crime. Specifically, the course examines the laws and policies designed to mitigate cyber threats, address cyber privacy concerns, criminalize cyber offenses, and govern cyber warfare.

Associate Director Amy Major and former Senior Law and Policy Analyst Anthony Villa taught a course originally developed and taught by CHHS Founder and Director Michael Greenberger called “Law and Policy of Emergency Public Health Response.” The course curriculum consists of the federal, state, and local laws that give authority to each respective level of government to



*CHHS Senior Law and Policy Analyst Ellen Cornelius Ericson and Associate Director Adrian Wilairat lead students through the “Law and Policy of Cybersecurity” course at the University of Maryland Francis King Carey School of Law.*

respond to public health emergencies. Specifically, the course covers a number of issues related to public health emergency response within the framework of analyzing the government’s potentially extraordinary powers for emergency public health response, and how those powers can be balanced with the individual liberty and property rights that are guaranteed by the Constitution.

During the summer session, Senior Law and Policy Analyst Trudy Henson taught “Homeland Security and the Law of Counterterrorism,” another course originated by Greenberger, who still teaches it in the spring and fall semesters. The course focuses on case law, legislation, policy, and presidential directives with regard to homeland security, including treatment of prisoners, laws of war, intelligence collection and electronic surveillance, and prosecuting terrorists.

### **Greenberger is “Influential,” Rose is a “Leader”**

*The Daily Record*, a Maryland legal and business publication, released its 2012 list of “Influential Marylanders.” CHHS Founder and Director Michael Greenberger, also a professor at the University of Maryland Francis King Carey School of Law, is one of the honorees. *The Daily Record* describes the list as honoring those who have shown leadership and made impacts in their field or industry. CHHS also congratulates Policy Analyst Patrick Rose on being named an Emerging Leader in The University of Pittsburgh Medical Center’s (UPMC) Emerging Leaders in Biosecurity Initiative. The Initiative “was created to identify and support the next generation of leaders in this exciting, challenging, and multidisciplinary field.” Rose is working with other leaders in the field to advance public awareness and shape public policy as biosecurity becomes more important in our lives and communities. The Fellows will participate in a variety of workshops, symposiums, and seminars both in person and over the web to network and share ideas and information.

## “How We Think”: CHHS Analysts Offer Their Take on Newsworthy Topics

### Pres. Obama and His Plan for High-Risk Medical Research

This winter, biomedical researchers at the University of Wisconsin and in the Netherlands attempted to publish what amounted to a new recipe for a type of avian flu virus that could easily infect humans (Science Magazine). The NIH-funded research was meant to enhance vaccine and countermeasure development against the mutated strain, if or when the virus naturally mutated and went airborne. The researchers' data sparked a debate about the potential health and medical benefits of such research versus its potential risks: an accidental or malicious release of the virus onto an unsuspecting population. Furthermore, the risks of this NIH-funded research went unnoticed by the federal government until the journal requested guidance on the publication of the research and the methodology used to alter the virus, highlighting another concern: without proper oversight, biomedical research on highly pathogenic agents represents a clear and present danger to homeland security, public health, and the global community.

In March, the Obama administration issued its first formal response in the form of a new policy governing the oversight of life science dual use research of concern (DURC). The policy calls for and outlines a systematic review of all federally-

funded academic research programs. Granting agencies must identify projects that use a particularly nefarious subset of biological agents regulated by the U.S.

If a project uses one of the select agents, the agencies must then categorize the type of experiment. Experiments that attempt to enhance the pathogen's harmful consequences, change the host range, alter its susceptibility to vaccines, confer an ability to evade detection, or improve infectivity are flagged as DURCs. That research is then individually assessed to ascertain its risks and potential benefits. Agencies work with researchers to incorporate identified risks into a risk mitigation plan meant to improve the experiment's security and scientific safety, monitor or modify communication of the research findings, and improve cooperation between researchers and the funding federal agency. Researchers who fail to comply with the risk mitigation plan risk losing their federal funding.

The policy is a firm step in the right direction. It recognizes the value of basic and applied biomedical research, while ensuring that research occurs in a safe and responsible way, respectful of national security concerns and the public welfare. By reviewing current

and future research, granting agencies will be better able to assess security risks, inform homeland security and public safety counterparts about

potential threats, and define appropriate future priority biodefense funding.

However, the new policy lacks measures in one area: ensuring cooperation and information sharing with the municipal, local, and state authorities that are responsible for

their communities' safety. Should an accident occur in a DURC laboratory, local and state responders are the first line of protection. Unfortunately, with little or no communication about potential biological research risks, first responders and medical workers are at a significant disadvantage. Sharing the precise location, agents, and nature of experiments could present a further security risk, and is unnecessary for a safe and effective level of community preparedness. Rather, if local and state responders are simply made aware of the types of agents being used in their jurisdictions, they could ensure appropriate use of personal protective equipment, the ability to identify unusual symptoms associated with these rare agents, and the stockpiling of local medical countermeasures necessary to combat the pathogens.



By Dr. Earl Stoddard III

## In The News

CHHS staff regularly appear in the media to offer expertise and perspective on a wide range of events and issues worldwide. The following excerpts highlight some of CHHS' appearances to date in 2012:

### Police Need Warrant For GPS Use During Suspect Searches



January 23 was a busy day for Senior Policy Analyst Vernon Herron. His past experience as a Maryland State Trooper came in handy when *The New*

*York Times*, *The Wall Street Journal*, WBAL-TV, and WUSA-TV called for his perspective on the ruling the U.S. Supreme Court had just handed down regarding police officers' use of GPS devices to track suspects. Based on the 4th Amendment's ban on unreasonable searches, the high Court unanimously said officers need a warrant in order to use a GPS device on a suspect's vehicle to track his or her movements. For years, Herron told reporters, tracking suspects using similar technology was a common and effective practice in law enforcement. Herron believes the ruling could hinder some investigations by requiring another step in the process. At the same time, Herron suggests all police officers should get a warrant before using similar technology to avoid future lawsuits.

### U.S. Supreme Court Upholds Health Care Reform Law



CHHS Founder and Director Michael Greenberger provided several media

outlets extensive analysis of the Patient Protection and Affordable Care Act during oral arguments and when the ruling was made public. Greenberger, who has argued cases before the Supreme Court and taught constitutional and public health law classes, appeared live several times on WTOP Radio in Washington, D.C. and NPR affiliate WYPR in Baltimore to discuss the legal ins and outs and the public health impacts of the landmark case.

### Money: The Biggest Public Health Threat?

The 2012 MARCE Conference, organized by CHHS, focused on taking stock of progress in public health preparedness and the ability to effectively respond to an infectious disease outbreak or a biological or chemical attack. CHHS Public Health Program Manager Dr. Earl Stoddard went live on WBAL Radio to discuss the budgetary problems governments and research entities face in their quest to be as equipped as possible to combat future incidents and protect the public.



WBAL-TV reporter Kai Reed interviews CHHS Founder and Director Michael Greenberger about the Majid Khan terror case.

### Maryland at the Center of Major Terrorism Cases

CHHS Founder and Director Michael Greenberger and former Senior Law and Policy Analyst Anthony Villa appeared in *The Chicago Tribune*, *The Baltimore Sun*, WBAL-TV, and WJZ-TV examining the impact of the guilty plea by Majid Khan. The former Baltimore County resident admitted his role in bombings and plotting other potential attacks with al-Qaeda leaders, namely 9/11 mastermind Khalid Sheikh Mohammed. Greenberger and Villa pointed out Khan's willingness to cooperate with the U.S. on future terror cases could expedite prosecutions and provide unprecedented access to, or knowledge of, the terror group.

Weeks later, Al-Qaeda released a video of a Maryland man the terror group kidnapped in Pakistan. Warren Weinstein was a U.S. aid worker when he was captured late last year. Appearing on WBAL-TV, Greenberger suggested Al Qaeda was using the video as a negotiating tool to force President Obama to stop U.S. drone strikes.

## CHHS Staff Additions

CHHS continues to grow. For biographies of the following new members of our staff, please visit the “Who We Are” section of our website, [www.mdchhs.com](http://www.mdchhs.com).



**Avery Blank, JD**  
*Law and Policy Analyst*



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**Veronica Washington**  
*Coordinator*

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## Give to CHHS

You can support our ongoing work by contributing to the **Center for Health and Homeland Security**. Our staff has grown to more than 60 experts and professionals, many of whom present at conferences, speak at symposiums, and offer commentary in the media – all outside the scope of their normal duties. Your contribution mirrors our dedication, and your generosity will open doors to exciting new projects and provide the essential resources we need to effectively work side-by-side with emergency officials to ensure the safety of every citizen.

There are three ways to make a gift to CHHS:

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- (2) Phone, by calling Jeanne Stringer at (410) 706-0585
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