

The CA-6 Chronicles

The latest news and information

from the California Bay Area Disaster Medical Assistance Team, DMAT CA-6

— Visit us at www.dmatca6.org —

Vol. 6, No. 2

February, 2006

Caregivers to the Nation...Building a bridge between hope and despair



Founded in 1997

Mark Your Calendars

- **11 Mar** – Warehouse workday, Menlo Park warehouse, 1000 – 1500 hrs. Clinician's Group meeting, Menlo Park warehouse, 0900 – 1500 hrs.
- **14 Mar** – Operations Section Meeting, 1830 hrs, Walnut Creek. See details in Section Updates below.
- **17 Apr** – Plans Section meeting, 1900 hrs, Oakland. See details in Section Updates below.
- **22-26 Apr** – NDMS Conference, Reno, NV. Details in the March newsletter.
- **29 Apr** – Rough & Ready load-out, Menlo Park & Moffett warehouses, 1000 – 1500 hrs.
- **04-07 May** – Rough & Ready '06, Moffett Field. Information to follow.
- **13 May** – Rough & Ready '06 unload & cleanup, Menlo Park & Moffett warehouses, 1000 – 1500 hrs.

Commander's Corner

By David Lipin, Commander

Hello everyone!

February has been a surprisingly busy month for the team's officers, with planning for the year, organizing our attendance at the upcoming NDMS Conference, and keeping up with NDMS as they start to kick back into gear and get caught up following last year's hurricane season. There are several new things to report:

Command Staff Changes

The Board has created a new command staff position called Executive Officer, and selected Steve La Plante to fill this role. Steve will now handle the growing personnel needs of the team, starting out focusing on interviewing our large backlog of new applicants, now that FEMA has begun processing applications again. Steve will also be handling the smoothing out of ruffled feathers and other such personnel matters that naturally come with collecting a bunch of Type A personalities together and making them sleep and eat together! Hopefully we won't keep him too busy!

Please also welcome two new Section Chiefs – Bill Bush and Kathy Burgardt.

Bill is stepping in as Logistics Section Chief, taking over for Steve. Bill has been one of our key logs guys for several years, and let's wish him well with that motley crew!

Kathy is stepping in as Plans Section Chief, taking the place of Ron Buckhout. Ron has been promoted at work, but as many of us know, a promotion usually doesn't make life easier! Ron will remain active with the team, but will need more time to dedicate to his new workload. To make time for her new role, Kathy has stepped down as Facilities Unit Leader, and hopes to gradually do the same with some of her other roles on the team as soon as replacements are found and up-to-speed.

Re-organization

You may remember some months back we discussed how we're re-organizing the team structure to

help us better meet our growing needs, involve more people with team operations, reduce the workload on the command staff, and distribute the "institutional knowledge" of the team.

Well, this effort is well underway. You'll see in the Section Updates article that the sections are actively recruiting team members for the newly organized Units under each Section. We're asking each team member to find at least one Unit to call home; you can certainly do more than one if you've got the time!

NDMS Conference '06

For those members attending the NDMS Conference this year, by now you should have registered for courses and been assigned a hotel room. If you're having difficulty with these, contact Bonnie Atencio asap.

NDMS Re-deploys to New Orleans

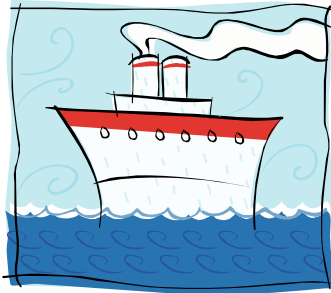
NDMS has deployed 2 DMATs and 2 IMSuRTs to New Orleans for a short mission to help hospitals overwhelmed with surge patients (probably a large number of residents finally returning home, just in time for Mardi Gras!).

The hospitals hope to develop staff and bed capacity solutions to this problem over the next week, limiting the teams to a 2-week deployment.

Physician Deployment Rotations

As a result of NDMS having extreme difficulty over the past few months in getting physicians to deploy for a full two weeks for a mission, they have instituted a policy change allowing physicians to deploy for 7 days instead of 14. The implementation details still have to be worked out, like whether

the deploying team must provide the follow-on physician, how an effective hand-off would occur (e.g., might need 8 days instead of 7, so there's a day of on-site overlap for mission continuity), etc. Anyway, this is good news for physicians, and for teams that struggle to deploy because they can't roster physicians!



Team Cruise?

By Bill Bush, Logistics Chief

Is anyone out there interested in taking a "long-weekend" cruise with the team, perhaps to Mexico and back? We're looking into group rates and dates for June. If so, send me e-mail: logistics@dmatca6.org.



Section Updates

By the DMAT CA-6 Section Chiefs

Administration/Finance Section (Bonnie Atencio)

For those who are not funded, and have not yet signed up for the NDMS Conference, information for the very limited, general public registration is now available at www.chepinc.org/conf/2006ndms.pdf.

Funded members are still responsible for registering themselves. as you need to pick your classes, etc. The website is the

same. I've sent e-mails to all funded members, so you should check your message from me for the code to enter when you register.

Have you updated your personal information on our website lately? If you've moved, or your cell phone, or e-mail address, etc., have changed we need to know about it. It's important for us to have this information so we can reach you when we deploy. You can access the update page in the Member's Area of the website.

Have you registered at FEMA's Employee Personal Page site? This site contains information about any pay that you receive. If you move, don't forget to let them know if your banking information has changed. You can access it at <http://www.nfc.usda.gov>. The bottom of the page has a green circle that connects you to the EPP page. They will send you a password about a week after you sign up, so it's prudent for you to do it before you need to make an urgent change. Then, each time you have changes in your life, you can change them on-line yourself.

You will still have to let me know, and change the information we need on the team website. This just eliminates a step or two.

You can always reach me for any questions at administration@dmatca6.org. I'll have a team phone number soon. Until then, please use e-mail.

Operations Section (Terry Holbrook)

How did this roll around so quickly???? There is really very little new to report to you, except the one huge thing....Annie Bush has agreed to be the new, wonderful, fabulous Deputy Ops Section Chief.... I'm so excited! I feel like I just got engaged!! I know she will do a wonderful job, and we are all thrilled that she is willing to do this. Thanks, Annie!

The team members who went to Haiti all returned safe and sound. More on that later.

Our next section meeting will be March 14th, 6:30 p.m. A potluck at my house as usual. Dave will be joining us this time, so bring your questions! Contact me if need more info: operations@dmatca6.org.

We'll have more to share with you in the next newsletter. Meanwhile, keep up all of the good work!!

Logistics Section (Bill Bush)

Hello, I'm Mr. Ed. No, wait...let's start again.

Greetings, pilgrims. I have been given the honor of assuming command of the Logistics Section of DMAT CA-6. I have some large shoes to fill in stepping in for my predecessor, mostly because he wears a size 12 shoe, and I'm only an 8½. But seriously folks...I hope to do the team proud.

This is going to be a very busy year for the Logistics Section. We are expecting a return of our cache from FEMA, which we will have to inventory and package. In addition, we're "hosting" Rough & Ready '06 at Moffett Field this year, and will probably be responsible for much of the logistical legwork needed to make that event come off.

There are eight Units within the Logistics Section, and if you'll turn your attention to the lovely Vanna, she'll show you who they are. Oh, right, this is print media....sorry.

They are the Communications Unit (Darrell Lee – Lead), Uniform Unit (Chris Burgardt – Lead), Personal Gear Unit (Catrina Christian – Lead), Cache/Supply Unit (Kevin Sankey – Lead), Equipment Unit (Brandon Bond – Lead), Fleet Unit (JJ Becker – Lead), Facilities/Mobilization Unit (Kathy Burgardt – Lead), and Transportation Unit (John McPartland – Lead). These folks have stepped up to head these various sections that basically make the team function. They can use

your help in many ways, and they have ways to make you talk. Oops! Did I say that out loud?

There's a lot to do within the Logistics Section, and the aforementioned Unit Leaders all have goals and objectives for their sections they want to accomplish. If one of these Units strikes your fancy, give them a tap on the shoulder and let them know you want to help. Or, we'll see your fancy at the Team Meeting and corral/brand you there as a "loggie."

'Till next time, bye bye, and buy Bonds...

Plans Section (Kathy Burgardt)

We're looking for talented, enthusiastic members – and that means YOU. Here are some of the things we do in Plans.

Notification Unit: This is your opportunity to tell all team members where to go! Well, at least you'll get to help establish and maintain calldown procedures. Brandon Bond and Aileen Hayes head up this vital unit.

Mobilization Unit: This is your opportunity to ensure that the next time we activate, the mobilization procedures will be better than ever! Help yourself and your team by designing procedures, training and organizing the team, and helping out on mobilization (even if you're not deploying!). Kathy Burgardt, DeAnn McAllan and Patrick Champeau look forward to your assistance.

Intelligence Unit: What a deal! Ron Buckhout, Lynn Fox and all the knowledge in the world! These guys use all sorts of exciting means to gather intelligence that will affect team deployments.

Policy & Procedure Unit: This is your opportunity to find out what DMAT policies and procedures actually are – and, to help publish a document for all to read! In addition, you will have the opportunity to work with Annie Bustin.

Liaison Unit: This group oversees team agreements and MOUs with Bay Area entities such as CHP, Kaiser, and SamTrans. Their job is to ensure that other sections have made the necessary contacts. Stasha Wyskiel provides her highly organized expertise to this unit.

Join Plans and learn the latest technology. Some of our meetings will be held via telephone conference calls. You can attend a Plans meeting from the comfort of your own home with your favorite beverage. No driving! No dressing up! Great for our far flung members! However, the next meeting is April 17, 1900 hrs, in Oakland, not online. Contact me at plans@dmatca6.org for directions.



Meeting One of Our Own: Brian Blaisch

Edited by Mary Clare Bennett, Public Information Officer

Name: Brian Blaisch, MD

Team Position: Deputy Team Leader and Medical Director / Chief Medical Officer

Member Since: 1998

Brian and his wife Brenda are parents to three. They have 3 ½ year old Jackson, 25 year old Jibril Jackson in his 3rd year of law school at Stanford, and Ashley Jackson who is 22 and pre-med. Brenda's maiden name is Jackson (hence their last name). Brian says, "We named our 3 ½ year old son Jackson Blaisch so that we could use both names without him having a horrendously long last name." Recently back from deployment to Hurricane Katrina, Brian recounts that Brenda, an African American, is from Carville, a small town in

Louisiana just outside of Baton Rouge. "That made Hurricane Katrina a little more personal for us," he says.

Brian, a pediatrician by training and profession, is a Fellow of The American Academy of Pediatrics. He has been on the team since 1997. Brian's interest in DMAT followed an interest in Wilderness Medicine, and the practice of medicine in an austere environment. Brian recalls, "My interest began as a young physician when I sought to better prepare myself for wilderness and adventure travel. As these interests blossomed, increasingly I began to lecture on various topics, as well as to create some of my own medical kits, manuals, and presentations. Subsequently, I joined DMAT CA-6. In that capacity, I have been deployed with the team to the World Trade Center Disaster and to Hurricane Katrina." Recently Brian has taken an increasing role in leadership on the team as Chief Medical Officer, Medical Director, and Deputy Team Commander. He is a regular participant in DMAT exercises, as well as State, County, and local hospital disaster drills. Brian thoughtfully reflects that his solo practice in Inner-City Oakland makes deployments "a bit tricky".

Brian is fluent in Spanish. He has traveled throughout Latin America and has had a strong commitment to work in the Hispanic community throughout his medical career. He also has a special focus on helping kids with learning and behavior problems, such as ADHD. Brian recalls, "Starting with my pediatric psychiatry rotation in medical school, I have had a strong interest in this area and have taken multiple courses. At Kaiser Permanente Hayward, I developed and coordinated a multi-departmental program to evaluate, educate and treat children and families affected by ADHD and other learning or behavior problems. There is a paucity of services and providers available to indigent children with

such behavioral and mental health concerns. In fulfilling my commitment to this group, I have had to bridge the gap between Pediatrics, Psychiatry, and Psychology.” Brian has developed a sizeable specialty practice, both as a primary provider in his own office, as well as a consultant in San Francisco and Contra Costa Counties.

As an Expert Medical Reviewer for the Medical Board of California, and as a member of the Contra Costa Health Plan Credentials Committee, Brian is also particularly attuned to issues of quality, as well as the maintenance of, or deviation from, the standard of care in medicine. He uses that expertise, along with his broad clinical experience, to provide medical liaison, second opinions, and medical-legal review privately, either pro bono or on a fee-for-service basis.

Brian, also active in adolescent medicine, initially pursued this interest as a Kaiser Hayward Adolescent Clinic staff member. As a community physician and behavioral pediatrician, Brian says he has found that a large number of his patients are ‘at-risk teens’ who have increased both his awareness and abilities in this arena. This interest has led Brian to work in such programs as the San Francisco County Youth Guidance Center (Juvenile Hall) Medical Clinic, with the San Francisco Special Programs for Youth Second Chance Laser Tattoo Removal Program, as well as in the medical clinic at Contra Costa County Juvenile Hall.

Brian’s many interests include music, all genres, and martial arts. He has been practicing the art of Kuk Sool Won for 15 years and is now a 3rd degree black belt. He is also a space program fanatic and watches a lot of the NASA channel. “The space program provided the initial spark of interest that launched me into the sciences as a

serious student” says Brian, “and despite my professional focus on community medicine, I have maintained a long-standing interest in space medicine. Additionally, I am a founding member of the Challenger Center, an organization created following the Challenger shuttle disaster in 1986 to promote interest in science and the space program for school aged children.”

In Brian’s role as team physician and medical consultant for The World Kuk Sool Won Association, he has provided medical coverage at numerous martial arts tournaments. He has developed his own system of keeping track of injuries sustained in training and competition, which includes unique medical record forms and photographic documentation. Brian recounts, “By focusing my efforts on prevention, proper training, and education, both the number and severity of injuries sustained in competition and practice in this organization has dramatically declined”. Because of Brian’s interests in martial arts, sports medicine, and wellness, he completed a certificate program in Shi’atsu Acupressure (CST 3/97), which is a therapeutic treatment modality that utilizes acupressure points and traditional Chinese Medicine theory. Following a trip in 1996 to Dharamsala, India, to visit the Tibetan Community in exile, he also pursued studies in Tibetan Medicine theory. More recently, Brian has discovered the practice of Vipassana meditation and has attended silent meditation retreats at Spirit Rock Meditation Center.

Brian continues to be a generous lecturer and training consultant for many organizations including our own DMAT team training. His team training classes have focused on understanding the basic concepts in trauma care with a special emphasis on adapting to the field environment. They include: *Spinal Trauma: Assessment, Triage, Treatment, and Transport*

in the Field; Triage & Treatment in the Wildland Fire Environment; Travel Medicine & the Wilderness Mindset; and Trauma in the Field Setting.

When asked if he had any personal thoughts about DMAT CA-6 or words of wisdom he would like to share, Brian responded: “I am happy and proud to have been a member of CA-6 since the early days of its current incarnation. Our team has blossomed to become one of the gems of NDMS. What I find so special about DMAT in general, and our team specifically, is the people. We work together in a way that is different and refreshing compared to our real world jobs. Most of us are both capable and willing to fill larger roles than our day jobs permit. And, although the hierarchy of responsibility is extremely important to our ability to function, somehow the power play and obnoxious attitudes that crop up in the medical world are generally left behind when we practice and deploy. And whether during a Logs Day or a difficult deployment, the support and camaraderie of our group is amazing. But I guess I’m preaching to the choir. We get it; it’s just hard explaining it to everyone else. As a final thought, let me say that despite our individual and collective qualities, abilities and commitment, this is clearly a difficult time full of uncertainty and change for DMAT. However, we have an excellent group at the helm and everyone on the Team both has something to offer and is needed to help us through. Like I said before, even if they don’t understand what we’re doing and why we are here, WE do!”

The Katrina Cough

By Matt Kapko, News Editor, JEMS.com, January 26, 2006

More than a thousand Americans died, entire towns were destroyed and it could be years before America’s most unique city, New

Orleans, fully recovers from Hurricane Katrina.

The troubles caused by the hurricane and subsequent flooding extend beyond the immediate devastation, however. Molds, dust and other contaminants are contributing to an ailment that has been informally dubbed “The Katrina Cough.”

While the city has begun to recover from the initial devastation of Katrina, countless first responders, residents and clean-up and construction crews are beginning to suffer from the mysterious respiratory-related illness, the severity of which is not yet known.

Molds are growing in waterlogged homes and areas where water has sat still for months; dusts and debris are churning up with the demolition and reconstruction of buildings; and residual biological contaminants from sewage infiltration may still be present in low-lying areas.

These conditions — combined with a lack of proper personal protective equipment (PPE) — are beginning to cause respiratory-related ailments, much like what was experienced following the World Trade Center’s collapse on Sept. 11, 2001.

“It’s almost as if the two are working together to create a more serious hazard,” said Jeff Stull, president of International Personnel Protection, Inc., which advises the industry on the evaluation, selection and use of protective equipment and clothing. Stull, who has a professional background in PPE and has studied the respiratory-related hazards of Hurricane Katrina and other large-scale disasters, says Katrina presented unique risks to the first responders on the ground.

“Obviously you have a whole lot of water damage and sewage and other atypical contaminants present as a consequence of the flooding itself,” he said of the post-Katrina

conditions, “So that makes it a whole lot more difficult.”

“At the onset of an emergency situation, there may also be urgency in providing help where workers forego use of PPE for expediency. Under these conditions, workers can be the most susceptible for exposure to hazards as they may be at their peak severity,” Stull wrote in an e-mail to FireRescue1.

Despite the clearly hazardous nature of their surroundings, Stull said too many in the Gulf Coast are ignoring the potential health risks associated with their environment.

“No one’s thinking of this situation as having any kind of respiratory hazards,” he said. “Here you have a whole city that’s become that kind of environment now, so the effects on those in the region have been further intensified.”

As cleanup efforts continue and many residents begin to move back into the affected areas, the problem may be exacerbated. With the movement and flow of residents, construction crews and emergency personnel, much of the dust and debris people come in contact with gets stuck to clothes and is unintentionally carried home or to their next destination. “The perimeter of these places expands,” Stull said.

It’s still too early to tell how widespread the effects of the Katrina Cough are. While residents are the most at risk of contracting the mystery illness due to their sustained exposure, Stull said, emergency workers were probably more exposed to the airborne particles and contaminants during the early clean-up stages, when conditions were at their worst.

“Another problem facing workers at disaster operations is the fact that the distribution and availability of PPE is often unplanned and inconsistent. PPE items may be provided, but in the wrong sizes and not appropriately fit to the individual. For example, if only

one size of respirator is provided, certain individuals may have exposure to airborne contaminants because the respirators do not fit properly to their faces,” Stull wrote in an e-mail.

For the most part, the symptoms of the ailment are just beginning to come to the surface. “I think they’re starting to show up now for people who have been exposed since the summer,” he said. “It’s been collectively called ‘the Katrina Cough’, but nobody really knows what these ailments are — just that they’re respiratory related.”

Some are referring to the illness as reactive airways dysfunction syndrome (RADS), which is a pneumonia-like condition that’s created by airborne particles, Stull said.

Following the collapse of the World Trade Center, RADS and hypersensitivity pneumonitis were diagnosed as the leading causes of what some dubbed “The WTC Cough.” Nearly 300 New York firefighters are currently on leave due to asthma, sinus infections, chronic cough and other respiratory ailments, Stull said.

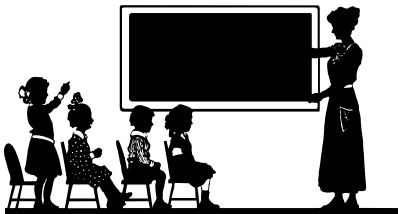
Two New York EMTs and a detective have died in the past seven months from ailments associated with their work at Ground Zero in the aftermath of the World Trade Center’s collapse. EMT Timothy Keller died in June at 41 years of age and 31-year-old EMT Felix Hernandez died in October.

A former New York City police detective, James Zadroga, died in early January at the age of 34 from a respiratory disease related to his cleanup efforts at ground zero, according to union officials. Zadroga had developed black lung disease and mercury poisoning as a result of working at ground zero, Michael Palladino, president of the Detectives’ Endowment Association told The Associated Press.

“Though the circumstances are greatly different in the two disasters, certainly the similarity of respiratory problems between the two events bears consideration for the effectiveness of PPE use,” he said.

“They should be wearing some form of respiratory protection. They should be considering at least a National Institute for Occupational Safety and Health (NIOSH) certified N95 particulate respirator,” he said.

The Centers for Disease Control and Prevention and NIOSH have created a useful PPE guide for workers responding in Hurricane Katrina flood zones, which can be accessed online at <http://www.cdc.gov/niosh/topics/flood/pe-workers.html>.



Training News

By Sam Bradley, Training Officer

NDMS Online Training Status

EMI, the new home of the NDMS Online Training, hopes to be back up and running in March. Stay tuned, and cross your fingers!



Safety Corner

Disaster Synonymy

By Walt Sanders, Safety Officer

“Disaster is etymologically a mishap due to a baleful stellar aspect,” wrote William Whitney in

1875. Right on: *astrum* is Latin for “star,” and the stars were believed to foretell destiny, fortune, fate or hap (meaning “luck”). In “Hamlet,” Shakespeare’s Horatio bewailed “Stars with trains of fire and dews of blood, Disasters in the sun ...”

In current usage, disaster is the general term for “everything going wrong.” Because of its frequent, loose, inclusive use – from a specific ruination, failure or misfortune to an exaggerated “that outfit is a disaster” and as in attributive noun in disaster area or disaster movie – the word is losing some of its fearsomeness. We are not discussing mere fiascos, debacles or misfortunes; in the synonymy of disaster, there are the three c’s: catastrophe, calamity and cataclysm.

Catastrophe is a Latin and Greek word for “overthrowing or overturning; a sudden ending.” In ancient theater, a play began with a *protasis*, or introduction, and ended with a *catastrophe*, or conclusion driven by some irresistible cause; in French, that finish was the “denouement.” That was Shakespeare’s meaning in King Lear, when the bastard Edmund says of his brother “pat, he comes, like the catastrophe of the old comedy.” (When the Bard turned bawd, however, he played on the second syllable: “Away you scullion ... I’ll tickle your catastrophe.” In the same irreverent spirit, a mock-furious Jimmy Durante would say “It’s a catastrastroke!” – a creative meld of catastrophe and thunderstroke, “a clap of thunder accompanied by a streak of lightning.”)

Over the centuries, the sudden ending evolved into some horrendous finality: Charles Darwin, in his 1859 *Origin of Species*, derided “the old notion of all the inhabitants of the earth having been swept away by catastrophes.” He was dismissing the “theory of cataclysms” or “doctrine of violent upheavals” that

held that population was recreated after all life was periodically destroyed.

Calamity, from the Latin for “damage,” now means an event causing distress in multitudes feeling grievous personal loss. Merriam-Webster’s invaluable 1984 Dictionary of Synonyms gives this example: “the rout at Bull Run was a disaster for the North, but the assassination of President Lincoln was a calamity.” The heavy word was lightened up by a frontier prostitute, sharpshooter and heroine of Deadwood, S.D., who famously warned, “If you scorn Martha Jane Cannary, you court calamity.”

Cataclysm is the Greek word for “deluge; to wash over, as a wave,” especially directed at the Flood in which the biblical Noah survived. In 1637, the playwright Thomas Heywood called it “the first Universal Cataclisme.” Though it is used about other natural and political upheavals, its central semantic element is watery doom. That makes cataclysm, in my book, the most apt name for the tsunami of 2004.

[With a little help from William Saffire!] *Stay safe, avoid personal disasters(!), Walt.*

Lethal Injection





California Bay Area Disaster Medical Assistance Team

c/o Emergency Medical Services
1340 Arnold Drive, Suite 126
Martinez, CA 94553

2006 Regular Member Annual Dues Statement

Covers Period from January 1, 2006 through December 31, 2006

Name: _____ Email: _____

Regular Member Dues if paid by January 1, 2006 = \$25.00	\$25.00
Late fee if paid between January 1 and January 31, 2006 = add \$5.00	\$ _____
Late fee if paid between February 1 and February 28, 2006 = add \$10.00	\$ _____
Late fee if paid after February 28, 2006 = add \$15.00	\$ _____
If dues in arrears for 2004-2005 = add prior dues plus \$15.00	\$ _____
<i>Tax-deductible Voluntary Donation to DMAT CA-6 (not required)</i>	\$ _____
TOTAL AMOUNT ENCLOSED:	\$ _____

- Updated professional license is attached.
- Address has changed - I need a Record of Home Address form.

New Address: _____

Members will receive the California Bay Area Disaster Medical Assistance Team monthly newsletter and receipt of email related to disaster medicine, field deployments and other activities of the team. Email addresses and all other member information are kept confidential. No mailing lists are ever sold to third parties. Information may be shared with NDMS and the State of California EMS Authority as needed for documentation of certification, licensure, and ability to be deployed. Information related to a job may be released to the State Compensation Insurance Fund for calculating Worker's Compensation Insurance rates.

Dues are not required for participation and membership in the federal entity DHS/FEMA/NDMS/DMAT CA-6. Dues are required for participation and membership in the non-profit entity California Bay Area Disaster Medical Assistance Team and its non-federal activities.

Payment may be made by check or money order, US funds only. We cannot accept credit cards for payment. Checks should be made out to 'DMAT CA-6' and mailed to the DMAT office address listed above. There has been no increase in dues for the current year. Late fees are added for those paying dues late to encourage members to pay at the beginning of the year and to save the additional effort and cost of mailing further reminders.

The California Bay Area Disaster Medical Assistance Team is a 501(c)3 corporation, and is registered in the State of California as a non-profit public benefit corporation. Donations are deductible to the fullest extent of the law. Donations over \$100.00 will be acknowledged by a receipt. All other donations will be acknowledged by receipt if requested. Copies of the Financial Statement for the latest filed year are available upon request.