EMR-ISAC
Emergency Management & Response-Information Sharing & Analysis Center

The InfoGram

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Highlights:

The U.S. Fire Administration maintains the **Emergency Management** and **Response – Information Sharing and Analysis Center (EMR-ISAC)**.

For information regarding the EMR-ISAC visit **www.usfa.dhs.gov/emr-isac** or contact the EMR-ISAC office at: **(301) 447-1325 and/or emr-isac@fema.dhs.gov**.

Violent Flash Mobs

Flash mobs that became popular thanks to quirky viral videos on sites like YouTube have taken a more aggressive turn in the past few years. Flash mobs are now also being used for violent purposes as groups of teens or young adults will "swarm" a store or public location to rob, vandalize, and on occasion attack people or fight.

Groups can range from as few as 20 to over a thousand and often are alerted to the time and place by social media or text messages. "Flash robs" of department or convenience stores can cause hundreds or thousands of dollars in loss of merchandise in minutes. From 2009-2011, Philadelphia had an increase of violent mobs and riots that caused the mayor to enact a curfew for parts of the city.

It is important to note that not all flash mobs are or should be considered violent, but any large group of people suddenly assembling in a public place such as a subway station can still be disruptive.

One thing law enforcement has in its favor is the likelihood that participants will post pictures or video of their involvement on social media sites like Twitter, Facebook, and YouTube, which can make identification of the perpetrators easier. After the 2011 riots in Vancouver, B.C., the Vancouver Police set up a website for the public to post and help identify pictures of the rioters, receiving over 3,500 tips including video, pictures, and links to Facebook comments and boasts about participation.

(Source: NPR)

Emergency Services Sector Summit 2012

The U.S. Department of Homeland Security's (DHS) Office of Infrastructure Protection would like to extend an invitation to the Emergency Services Sector (ESS) community to attend the 2012 Emergency Services Sector Security Summit in Denver, CO. The DHS Office of Infrastructure Protection is the Emergency Services Sector-Specific Agency (SSA), and is a member of the Emergency Services Sector Coordinating Council (SCC).

The Summit provides a forum for representatives from the ESS to exchange information and network with other first responder professionals, share best practices, learn about issues affecting the sector, and gain insight into the roles of Federal, State, and local agencies or departments involved in sector security.

The InfoGram is distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures.

The 2012 ESS Security Summit will include informational sessions on a variety of topics such as: pandemic preparedness; weapons of mass destruction incident response team capabilities; cybersecurity threats and initiatives; credentialing; sector interdependencies; and first responder grants.

Breakout sessions will allow attendees to better understand the security landscape through small group discussions and will provide networking opportunities with DHS officials, industry peers, and security experts in the field. The Summit is co-located with the 2012 Fire-Rescue International (FRI) Conference and there is no registration fee.

(Source: DHS Office of Infrastructure Protection)

Laboratory Response Network

The Centers for Disease Control and Prevention (CDC) established the Laboratory Response Network (LRN) in 1999 to respond to biological or chemical terrorism events and other public health emergencies. Since its inception, the LRN has been involved with the investigation of the 2001 anthrax attacks, H5N1 Avian Influenza outbreak, and the Severe Acute Respiratory Syndrome (SARS) epidemic in 2003.

Hospital-based labs make up the sentinel labs representing the "front lines" of detection and are responsible for referring suspicious samples to the next level within the LRN system. The reference labs perform tests to confirm the presence of a threat agent. The third level, national labs, has the ability to identify specific strains of certain agents and handle highly infectious agents.

The network of over 150 labs include Federal facilities run by the CDC, Department of Agriculture, the Food and Drug Administration, State and local public health labs, military labs, and veterinary and environmental labs. State lab directors can determine inclusion of public health and hospital labs based on set criteria.

(Source: CDC)

Domestic Terror Threat Congressional Report

The Congressional Research Service has published "The Domestic Terrorist Threat: Background and Issues for Congress" (PDF, 721.54 KB). The report summary emphasizes that while counterterrorism policies since the attacks on September 11, 2001, have been focused on jihadist terrorism, crimes committed by U.S.-based extremists "have killed American citizens and damaged property across the country."

The summary goes on to state that the Department of Justice and Federal Bureau of Investigation do not officially list domestic terrorist groups but instead define domestic "threats," i.e., anarchism, white supremacy, etc. The report discusses the increase in 2009-2010 of both hate groups and militia groups within the United States, and cites the economic slump as a possible reason for that increase.

While the report mainly addresses policy and what policy makers should consider in future debates, the information in the report and the resources sited are an excellent source of information for State and local jurisdictions to review.

(Source: Homeland Security Digital Library)

DHS and the FBI encourage recipients of this document to report information concerning suspicious or criminal activity to the local *FBI office* and also the *State or Major Urban Area Fusion Center*.

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