

## **UOAA Update – Special Advocacy Issue**

### **concerning recent news stories about air travel security**

**23 November 2010**

On November 5, 2010, UOAA Advocacy Chair Linda Aukett attended the 9th annual conference presented by the Office of Civil Rights and Liberties of the Office of the Special Counselor, within the Transportation Security Administration. This conference is held to provide information and develop relationships with various organizations that serve members of the traveling public who have health concerns that pose special factors related to security screening.

During that event, UOAA received assurance that all Transportation Security Officers (TSOs) in the US have been trained to be sensitive to the privacy concerns of travelers who have an ostomy, and to understand what an ostomy is. Some of the information presented had been developed in coordination with the Cleveland Clinic and the UOAA. As much as we would like to believe that is true, it is apparent that this is not the case.

#### **Recent news about a traveler with an ostomy**

Within 2 days of that meeting, a man passing through security at the Detroit airport was subjected to the more-intensive pat-down procedure that had been implemented by the TSA just days earlier. In the process, the wafer of his urostomy prosthetic device was dislodged, causing his pouch to drain urine into his clothing. This sort of thing is one of the worst nightmares of every person with an ostomy. A TSA apology is not enough.

#### **What has happened since then**

The man lodged a complaint with the TSA, and also took his story to the news media. It was publicized by MSNBC on Saturday, November 20, and has been carried in a number of newspapers, on blogs, on Facebook, and in many other places in the 2-3 days since then. Since this happened during the peak pre-holiday travel period – and at a time when air travelers who have no medical conditions are voicing their discontent with the more aggressive pat-downs -- the story has gained much more attention than it might have otherwise. It has been said that even negative stories provide valuable publicity, and we can hope that there is a silver lining in this case.

If you have not seen the article, you can read the most complete version in the Detroit Free Press here:

<http://www.freep.com/article/201011201935/NEWS06/101120044>

#### **What UOAA is doing**

The man who underwent this screening, with such a disastrous outcome, is part of an organization called the Bladder Cancer Advocacy Network (BCAN). When Linda Aukett learned of the incident, she consulted with BCAN's Founder and their Executive Director to offer UOAA's support and assistance. BCAN is presently drafting a letter to the TSA, and UOAA will be reviewing it to assess whether we can co-sign that letter, or perhaps write our own. We will also solicit other signers, such as the Oley Foundation, the WOCN, the Digestive Disease National Coalition, and more.

Meanwhile, you might want to raise your own voice to educate your Congressional delegation (your Congressman and the two US Senators from your state) about your concerns that the TSA – in particular the TSOs in Detroit - do not appear to be abiding by their own promise of sensitivity to travelers' needs and conditions. Let them know if you have experienced similar embarrassment while being screened for air travel. They cannot change the system if they do not hear about how it has gone wrong.

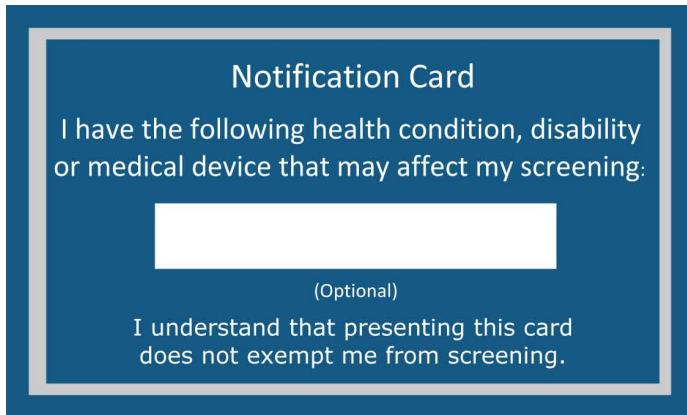
And please share those stories with UOAA as well, at: [advocacy@uoaa.org](mailto:advocacy@uoaa.org) . Please know that we are doing all we can to convince the TSA to treat travelers who have an ostomy with the utmost respect and sensitivity. At the moment it seems like pushing a boulder uphill, in light of the recent breeches in the safety net that is supposed to identify and negate threats to our security. We will keep pushing.

#### **Traveler's Card**

As the holiday travel season gets underway, you may wish to share the attached "traveler's information card" with your members. This was developed by the TSA to give all persons with a health condition the opportunity to advise the TSO of their health situation without having to disclose their situation verbally where others might overhear. We have been told that all the TSO's will recognize it ... and very limited personal experience bears this out. One has to wonder if this is going to be true 100% of the time, however.

The card can be printed front and back, or printed and folded, and perhaps laminated if desired – after filling some words in the blank space provided.

PLEASE understand that this card will NOT excuse any traveler from being screened using whatever technology is in use at the particular airport.



### A word about new screening equipment

By the end of 2010, the TSA hopes to have 500 "Advanced Imaging" scanners in airports across the US, and hopes to double that number by the end of 2011. Some of these are so-called "backscatter" scanners and others are "millimeter wave" scanners. These are designed to identify non-metallic material underneath clothing, and most are being used as first-line scanners (earlier they had been only secondary, if someone set off the metal detector). Many people have concerns about the use of this "advanced imaging technology" or AIT, whether they have an ostomy or not.

### It is important to understand your rights:

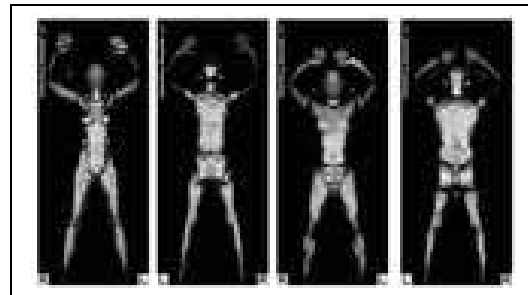
1. You do NOT have to go through the scanner if you don't want to, but if you elect not to, you will be patted down. That will be done by a person of the same gender as you.  
-- If you go through the scanner and they note something under your clothing – which is very likely – they will need to ask what it is and will need to carry out a pat-down.
2. You have the right to ask that the pat-down be carried out in a private place. If you ask for such a private pat-down, there will be TWO TSOs in the room with you. It may seem intimidating, but it is for your protection as much as theirs.  
-- Please do not feel they are picking on you because of the pouch – all they know is that there is something there and they have to find out what it is. It could be a wadded handkerchief in a pocket, papers, a bandaged wound, or something more dangerous – but they have to find out. You can use this as a teaching opportunity, and overcome any embarrassment you might feel by showing pride in your status as a survivor against great odds.

### Here are images from the two types of AIT scanners:

"Back-Scatter" – a mostly white image  
Front and back view only.



"Millimeter Wave" – a more realistic image, 270 degrees.  
Will show shadows under clothing, areas to be checked



TSA says they are working to change this so it is less revealing – a sort of stick figure that would indicate only the areas of concern that need to be checked.