# PUBLIC HEALTH EMERGENCY PREPAREDNESS

A Practical Approach for the Real World

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Printed in the United States of America 22 21 20 19 18 10 9 8 7 6 5 4 3 2 1 To Joia, You are the reason I live, breathe, and soar. My hope is that for you, I am a living example of what can be if you just believe.

Grab hold of your dreams, Little One, and soar!

To David, whose support and love have been the constant in all our years together.





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### **Preface**

hen we set out to write this text, our goal was very simple. We wanted to capture the experiences we have had in the field and with curriculum development in public health emergency preparedness. As public health practitioners and leaders, we know the importance of building relationships, thinking about the context of different situations, and employing strategy and a systems approach to managing complex problems. As developers of curriculum, we appreciate the challenge of synthesizing a wealth of material to stimulate learning and provoke reflection about emergency preparedness. Drawing on our experiences of practicing public health emergency preparedness and developing graduate-level certificate courses, we hope with this text to present ideas and concepts that you can translate into practice. When it comes to implementing strategies and solutions during emergencies and disasters, your practice is what is going to get you to the other side of the disaster, hopefully in a way in which illness and injury resulting from the disaster are minimized. That is the reason this text focuses on practical applications.

This text is organized into five parts. Part I, the introduction, includes the first chapter that defines public health emergency preparedness and invites readers to consider the role of public health in prevention, preparedness, response, and recovery. Chapter 2 addresses the legal issues in public health emergency preparedness. Knowledge of statutory and legal powers is invaluable for leaders charged with building and maintaining relationships, planning response actions, and seeing those actions through. It is the legal framework that guides preparedness and response strategies and tactics; understanding the legal powers afforded to the three levels of government is necessary to fully grasp when and where these legal powers will impact planning and response.

Part II of the text shifts to specific hazards and threats. Chapter 3 focuses on chemical, biological, radiological, nuclear, and explosives threats, also known as CBRNE. These threats, most commonly associated with terrorism, primarily represent high-impact, but low-probability events. Nonetheless, effective preparedness and response capability for these threats are critical. The anthrax attacks of 2001, the Boston Marathon bombing, and transportation system attacks across the globe are all stark reminders of the degree of devastation imparted among communities and economies when these malicious acts occur. Chapter 4 covers natural disasters, from hurricanes to earthquakes to floods, as well as unintentional emergencies. Each disaster requires emphasis on particular aspects of the recovery, with related environmental and infrastructure implications. Train derailments and foodborne outbreaks also entail particular responses. With an all-hazards approach to preparedness planning, jurisdictions should have key relationships in place and access to resources to facilitate ethical and coordinated responses. In all instances, mental

health considerations for first responders and residents alike are important to ensure that people can restore their lives as quickly as possible. Chapter 5 is concerned with pandemic influenza. In the United States, large numbers of people succumb to seasonal flu each year. The potential for the introduction of new, novel strains of flu into our society poses specific risks that must be carefully planned for and mitigated. In this chapter, we aim to help practitioners understand how flu viruses reach pandemic level and the extreme societal impacts that pandemics can have. Chapter 6 concludes this part of the text with a discussion of emerging and reemerging infectious diseases and surveillance. The ease of global travel increases the likelihood that viruses and diseases once associated with remote, exotic locations can now be introduced in the United States. As we saw with the Ebola and Zika outbreaks in 2014 and 2015, respectively, emerging and reemerging infectious diseases can quickly overwhelm our emergency response and healthcare systems. Our unfamiliarity with these threats and limited understanding of the science behind them force us to quickly shift course to build specific capacity that stresses both our systems and economies (e.g., Ebola treatment centers).

Part III of the text turns attention to the preparedness cycle. In Chapter 7, readers learn about hazard assessment and planning, and Chapter 8 discusses training, exercising, and evaluation. What is so important about this part of the text is the presentation of the framework that is at the heart of preparedness work. There is a wealth of federal resources on these topics, from Federal Emergency Management Agency online courses to the materials from the Homeland Security Exercise and Evaluation Program (HSEEP).

In Part IV, incident management is presented beginning with multiagency coordination in Chapter 9. It is often stated that "an emergency is not the time to distribute business cards." Relationship building and understanding of partners are critical during emergency response and having those relationships in place contributes to effective incident management when it matters most. Chapter 10 discusses the psychosocial impacts of disasters, underscoring the importance of mental health resources as part of response and recovery efforts. Chapter 11 is about crisis and emergency risk communication. Communication is often the single failure point in many disaster responses. Our goal in this chapter is to give the reader an understanding of the basic strategies associated with crisis and risk communication, as well as how communication with the public is vital to the success of both the emergency response and the community's ability to quickly recover. Medical countermeasures are the topic in Chapter 12. Much planning goes into communities' creation of points of dispensing, with the attendant issues related to the logistics of meeting the needs of many people in a short time frame, an undertaking that is outside of the realm of expertise of public health. Part IV concludes with Chapter 13, which focuses on medical surge. In emergency situations, healthcare facilities need to be able to adequately provide medical evaluation and care. This chapter discusses the challenges faced by public health and the healthcare system to develop and maintain the capability to provide medical care during and after emergencies and disasters.

Finally, Chapter 14 in Part V, the conclusion, offers some thoughts on leadership. Specifically, meta-leadership is offered as a framework for approaching preparedness planning, response, and recovery. As threats become increasingly more severe and impactful, we will constantly be challenged with the need to employ

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more creative mechanisms for mitigating their effects. Leaders need to plan, be flexible, and remain calm in the face of disaster. We use this chapter to help practitioners understand the important role of leadership in emergency response and what distinguishes leaders from managers, and the visioning work that must take place to become a "prepared leader."

There is much to learn about this ever-changing field. As the recovery continues from Hurricanes Harvey, Irma, and Maria, we are struck by the staggering amount of work to be done to clean up and restore lives in devastated communities across eastern Texas, Florida, Puerto Rico, and the Virgin Islands. At the same time, there are countless stories of resilience in the face of extreme rain, flooding, and winds. Public and private entities are working together to bring in needed supplies, begin rebuilding, and restore services. Ever present are the social, economic, and political factors that both shape our response and influence our perceptions of responses at the local, state, and federal levels. Analysis of and reflection on each event are important to ensure that critical decisions that protect marginalized communities, restore essential services, and support our fellow citizens, especially the most vulnerable among us, can be made the next time.

We hope that we have provided you with simple, yet thought-provoking approaches to the various challenges you will face as a practitioner in this field. We encourage you to use it to expand your knowledge, challenge your thinking, and act creatively and with compassion in your approach to emergencies and disaster response.



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Dr. McKinney also wishes to thank Virginia Papke, the BEST research assistant there is! Finally, Dr. McKinney wishes to acknowledge her time spent at the Chicago Department of Public Health, where she worked for nearly 14 years developing her knowledge and expertise in public health emergency preparedness and response. To Dr. Terry Mason, thank you for believing that I could lead such a large and complex operation and for demanding that I do so.

Dr. Papke would like to acknowledge Suzet for inviting her to join her as coauthor. We began our collaboration developing the curriculum for a graduate preparedness certificate and continued our dialogue about public health emergency preparedness in this book. It has been a stimulating and rewarding experience!

Dr. Papke also thanks her daughter, Virginia Papke, whose research and technical support were critical to the success of this book. She was always willing to jump into whatever task we had, no matter how picky or wide open.

Dr. Papke thanks her colleagues on the sixth floor in the UIC MidAmerica Center for Public Health Practice for introducing her to the world of public health emergency preparedness and for providing her with a wonderfully supportive work environment.



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### **About the Authors**



**Dr. Suzet M. McKinney** currently serves as Chief Executive Officer/Executive Director of the Illinois Medical District. The Illinois Medical District (IMD), a 24/7/365 environment that includes 560 acres of hospitals, medical research facilities, labs, a biotech business incubator, universities, raw land development areas, and more than 40 healthcare-related facilities, is one of the largest urban medical districts in the United States. Dr. McKinney is the former Deputy Commissioner of the Bureau of Public Health Preparedness and Emergency Response at the Chicago Department of Public Health, where she oversaw the emergency preparedness efforts for the department and coordinated those efforts within the larger spectrum of

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Dr. McKinney has earned a reputation as an experienced, knowledgeable public health official with exceptional communication skills. She has served as an on-camera media expert on emergency issues including biological and chemical threats, natural disasters, pandemic influenza, and climate-related emergencies. A sought-after expert in her field, she has also provided support to the U.S. Department of Defense's Defense Threat Reduction Agency, offering subject matter expertise in biological terrorism preparedness to international partners.

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