

Every Disaster Has Public Health Consequences: Plan for Them

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If you have been in the emergency management field for very long, you have been to a number of conferences and heard many of our peers give presentations at them. I am always hoping to hear at least one good nugget of information to use or one good thought to take away. Even better is when a speaker gives me a “light bulb moment,” causing me to stop and wonder, “Why haven’t I been thinking about things that way?”

Ed Gabriel, CEM, principal deputy assistant secretary for preparedness and response at the U.S. Department of Health & Human Services, gave me one of those light bulb moments recently. During a presentation, he said that we all need to recognize that “every disaster is a public health disaster in some way.”

It’s obvious, right? When I heard that statement, though, the light bulb came on over my head for three reasons:

- First, we don’t always think about public health implications, at least in a holistic way, as one of the first priorities on our list of needs to plan against.

- Second, coordination and teamwork between emergency managers and public health officials on preparedness activities should be strengthened in almost every jurisdiction and at every level of government.

- Finally, since planning for the whole community and involving the whole community in planning is in the forefront now, a fresh look may be called for in regard to how we prepare our communities, including preparing communities to help

themselves. Let’s consider each of these thoughts.

Examine Potential Health Needs in Your Community

A corollary thought to “all disasters are local” is that “all disasters are personal.” Individuals are affected by them. However, not everyone will be affected in the same way, meaning there are a whole range of potential health needs to consider within the community.

As one of the first responder groups on the scene, emergency medical services (EMS) is always considered in planning for response. Hospitals probably run a close second. But how often do we, as emergency managers, engage our mental health providers in planning, training and exercise? Have you as an emergency manager considered the laboratory capacity to do medical or environmental testing that might be required in response to various hazards in your plans?

It is hard to imagine a disaster of any magnitude where the health of the public would not be impacted in some way. For that reason, planning for the health of individuals affected by disasters should always be foremost in our minds as emergency managers.

Coordination Between EM and Public Health Is Crucial

While emergency managers and public health officials do work together, more closely in some jurisdictions than others, there is more that can be done to tighten the level of coordination and teamwork. There are some inherent

disconnects in priorities between the two sets of officials due to the fact that they are primarily funded via different grant programs. Each grant program has its own grant guidance laying out priorities for grantees, which means that each is developing projects to improve preparedness within their jurisdiction.

Both professions are seeking to reduce risk to the population, but opportunities to maximize benefits and efficiencies are being lost if they are not working together at a strategic level to develop a common set of priorities for their jurisdiction and coordinating at the operational level to design and execute preparedness initiatives.

Plan for and with the Whole Community

There are so many aspects to planning for and with the whole community. In the context of considering public health consequences, we first need to understand them in some detail. The public health consequences you are planning against are more than just the projected numbers of dead and injured or the buildings destroyed or damaged. To have a good handle on the resources that might be needed, we have to understand and identify those parts of the population that are particularly vulnerable to certain hazards.

Once that is done, we need to know spatially where they are located in the community and what their needs might be. That information then can be used to develop

[continued on page 22](#)

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[continued from page 21](#)

scenarios, yielding such details as:

- the numbers and types of hospital beds that are needed;
- the numbers of certain types of medical equipment (such as respirators) that might be needed;
- potential personal protective equipment needs; and
- the decontamination capacity required.

In other words, we can build detailed capability requirements into our planning. Planning to provide such capabilities is part of what we can do as emergency managers.

Perhaps just as significant is public outreach and education geared toward improving the

preparedness and capability of the whole community. Certainly, the Ebola events in the United States drove home the need for public health, emergency management, and elected officials to work together to provide consistent, coordinated information to the public in response to an outbreak.

That same sort of partnership on public outreach and education can help prepare the members of your community to better help themselves. Specific thought should be given to different access and functional needs populations in this regard.

Conclusion

Every disaster has public health consequences. Having that in the front of our minds as emergency managers can help us be more effective in our jobs and achieve better outcomes for the public. ▲

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