Wish me luck! I am asking for common sense on a national level to help us at the local level!

I recently wrote to several state and national entities to express my concerns regarding the training of local public health to be prepared for emergencies and disasters. I tried to explain that health agents are expert generalists. We face a variety of situations on a continual basis and those experiences and continued training for them strengthens our capability to respond as best we can when emergencies arise. While we aim to Promote, Prevent and Protect, those goals also strengthen our preparedness and response capabilities.

I requested of our Department of Public Health (DPH) and the Center for Disease Control and Prevention (CDC) a review of the definition of what is considered suitable or acceptable for public health emergency preparedness training funds.

It is my very strong opinion that a broader definition is needed to prepare local public health departments and sanitarians for the broad array of needs for response and recovery after a disaster. I do not know their definition, by the way; I only see what is allowed in the Emergency Preparedness track at conferences and what requests have been denied over the years. So, I conclude there is a definition somewhere or some sort of matrix for these determinations.

When these funds began, from CDC to DPH, it was in response to 9-11 and we learned about terrorist attacks. It appeared to me, though, that Boards of Health were simply useful to others because of the authority they have to enact regulations and to take quick action in emergencies. Initially, I was not convinced we were first responders.

The first decision our regional groups made was to use a large portion of the funds to pay consultants to work on plans for emergency dispensing sites. We did not have the time for them. We thought we did not have the expertise, either. As it turns out, boiler plate plans were used with the local details filled in. They were delivered to satisfy the deliverable. In time, we realized that we health agents, or most of us, did have the expertise on this task. Much of it is common sense.

A while later, (after the beginning of these emergency preparedness regions) I suggested that we should be devoting some time and money on preparing for natural disasters. I was told that did not fit the definition of a disaster and was not eligible for Emergency Preparedness (EP) funds.

Then Katrina hit.

As more natural disasters arrived, I was reminded of the importance of Registered Sanitarians in the response to and recovery of them. They go to these places of devastation to address concerns of safe water, safe temporary housing, safe, if make-shift sewage disposal, the risk of diseases from bacteria, fungi, parasites, and arboviruses, to name a few.

Health agents do have excellent online resources such as BU's Local Public Health Institute and the National Environmental Health Association (NEHA). While we are fortunate to have them, attending in-person classes is also important.

I once asked for $35 to attend training on responding to animal hoarding. I was told, "No that was not eligible either", even though numerous health risks exist in those situations and that it takes a huge and many-layered team to succeed and that it closely mirrors the circumstances after many disasters.

I was reminded of the Environmental Health Training in Emergency Response (EHTER) class I took at the Center for Domestic Preparedness. On day one we were asked if we were first responders. Many of us were health agents and we did not raise our hands. The firefighters and EMS raised their hands. After the week of training, we were again asked the same question. Everyone raised their hands.

When H1N1 hit, it did not come close to any exercise for an emergency dispensing site. At the time, and to this day, most exercises focus on the dispensing of pills to treat anthrax, as that is so much easier to practice instead of injections. Not only were injections required for H1N1 but it also focused on children first and booster shots were needed a month later. I designed the floor plans for those clinics. No books were opened, no plans consulted. My admin and I figured it out. As it turned out, I was capable of writing plans, work orders, and designing floor plans/work flow and new signage. I, and other health agents still use planning consultants for plan and exercise deliverables because we already have a full-time job.

While we do have to think on our feet when emergencies hit, training, of course, helps and training is needed for a wide variety of topics for real life events.

There are only a few annual conferences we rely on for most of that training. Two of them are those by the Massachusetts Health Officers Association (MHOA) and that by the Massachusetts Association of Health Boards (MAHB). Year after year, we are told that for Emergency Preparedness funds to be used, we must attend the Emergency Preparedness track. Year after year, we see presentations on Emergency Dispensing sites and Shelters. Health departments are missing out on all the other training that is, in fact, needed to respond to terrorist attacks, natural disasters and accident disasters, such as train derailments. Air, water, food and sewage disposal safety must also be addressed.

I was told at the recent MAHB conference that they stopped taking funds from DPH as it limited them too much and participation began to drop. That is a sad state of affairs. My department paid for three of us to attend that MAHB conference. At that conference I learned so much about topics such as gas leaks

and human trafficking and critical thinking skills for public health; all training that should qualify for EP funds.

I also recently attended the MHOA conference, but only the emergency preparedness track, as the funds from DPH allowed funding only for that track.

There were two outstanding presentations this year and they differed from past presentations: “Stop the Bleed, You Are the Help until Help Arrives” and “Counter Terrorism Medicine” by Dr. Gregory Ciotonne. While Dr. Ciotonne’s title may sound in-line with the usual definition for funding approval, his presentation went beyond and included details of the response to 9-11 resulting in air quality problems, rotting food and rats. We aren’t allowed to use EP funds, however, for air quality, the handling of garbage or for pest control.

Here’s hoping for change, for more training where it is needed and can be applied. Wish me luck!

Cathleen Drinan is the health agent for Halifax. She can be reached t 781 293 6768 or cdrinan@town.halifax.ma.us