2006 Summary Report

Emerging Public Health Threats: Building Cross Border Infectious Disease Surveillance and Response Partnerships

May 8-10, 2006
Bellingham, Washington

Alaska
Alberta
British Columbia
Idaho
Montana
Oregon
Washington
Yukon

Washington State Department of Health

BRITISH COLUMBIA

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2006 Summary Report

Emerging Public Health Threats: Building Cross Border Infectious Disease Surveillance and Response Partnerships

May 8-10, 2006
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Mary Selecky
Secretary of Health

Acknowledgements

We of the Washington State Department of Health wish to extend our sincerest appreciation to the bi-national planning committee, facilitators, speakers, and cross-border public health partners for their support and commitment to the success of this workshop. Working together we can fulfill the goal of establishing a seamless cross-jurisdictional public health system that can quickly and efficiently track natural or intentional infectious disease threats across domestic and international borders.

We wish to thank the Centers for Disease Control and Prevention and the British Columbia Ministry of Health for providing financial assistance to conduct our third annual cross-border workshop.

Acknowledgements (Continued)

Cross Border Tracking Workshop Planning Committee

Washington

Laura Blaske, Communications Systems Manager, WA State Department of Health
Donna Duffy, Epidemiologist, WA State Department of Health
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Jo Hofmann, MD, State Epidemiologist for Communicable Disease
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Acknowledgements (Continued)

Workshop Facilitators and Recorders

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Workshop Consultants

Sharon Rockwood, Preferred Planners
Karen Zadworny, Preferred Planners

Pacific Northwest Cross Border Workshop
May 8-10, 2006

Summary

On May 8-10, 2006, the Washington State Department of Health, collaborating with the British Columbia Ministry of Health, hosted the third annual bilateral infectious disease surveillance and response workshop in Bellingham, Washington entitled *Emerging Public Health Threats: Building Cross Border Infectious Disease Surveillance and Response Partnerships*. Its purpose was to further the process of formalizing public health surveillance and response operational plans and agreements across bi-national jurisdictions in the Pacific Northwest based on existing authorities, including the Pacific Northwest Emergency Management Arrangement (PNEMA).

More than 180 invited professionals came from Canada (Alberta, British Columbia, Yukon Territory, and the Canadian Federal Government), Native American Tribes and the United States (Alaska, Idaho, Montana, Oregon, the United States Federal Government and Washington). The workshop brought together Cross Border public health partners in disciplines of epidemiology surveillance and investigation, public health laboratories, emergency management, risk communication, and law.

During the workshop, the Pacific Northwest Public Health Attorney Workgroup reached consensus that the PNEMA jurisdictions of Washington, Alaska, British Columbia, Idaho, Oregon, and Yukon can develop written operating procedures under authority of PNEMA, and that the procedures (agreements) can be signed by participating agency leads in lieu of heads of state (governors, premier, government leader).

Building upon the work from the 2004 and 2005 workshops, five discipline-specific breakout session participants identified activities necessary for an effective cross-border public health response to a communicable disease event, and developed issues to address leading towards formalizing cross border operational procedures to implement the activities. Action steps for each of the workgroups are:

<u>Epidemiology Workgroup</u> –

- Develop interoperability of the CIOSC and Epi-X public health notification systems;
- Develop agreements for cross-border personnel and services, epidemiology surveillance and response capacity protocols;
- Share and agree upon a common list of immediately reportable conditions between Pacific Northwest partners that would be used to notify cross-border communicable disease epidemiology colleagues;
- Agree on common approach for infection control protocols and recommendations;
- Use common bird culling and carcass disposal protocols;
- Develop quarantine and isolation protocols for travelers and crews.

Public Health Laboratories Workgroup –

- Include British Columbia in the Laboratory Response Network (LRN);
- Develop a matrix that provides details on laboratory capabilities, testing methods, limitations, and contact information to identify the appropriate surge partners, and consultation capabilities;
- Develop public health laboratory surge capacity and information sharing protocols.

Exercise Planning Workgroup

- Work towards establishing a "Terms of Reference" document that addresses:
  - Vision, scope, and objectives;
  - Deliverables, stakeholders, roles and responsibilities;
  - Resources and finances for exercise planning;
  - Timeline for finalizing the Terms of Reference and implementing an exercise plan;
  - Begin developing an actual cross-border exercise.

Emergency Management / Surge Capacity Workgroup

- Work towards establishing a formal operations plan/ MOU to address:
  - Resource typing, personnel availability / credentialing, inventory, services, and volunteers
  - Process, requests, reimbursement, dispute resolution
  - Identification and sharing of confidential, sensitive or proprietary information
  - Comprehensive pharmaceutical strategy
  - Use of federal assets

Communications Workgroup

- Establish a system for encouraging consistent messages
- Develop protocols/triggers for information distribution
- Coordinate north/south disclosure policies and perceptions.

Public Health Law Workgroup

- Assist workgroups in establishing operations plans and MOUs as needed;
- Hold periodic meetings as needed to establish workable operating procedures for issues identified by workgroups.

During the next year, each of the five discipline-specific workgroups will continue working towards formalizing cross border operational procedures in written plans and MOUs.

The British Columbia Ministry of Health will host the fourth annual bi-national cross border workshop in Victoria, British Columbia in 2007.

Table of Contents

Electronic Copies of Workshop Materials

Electronic copies of workshop materials, including this report, the available speaker presentations, agreement examples and an updated participant list in Microsoft Excel may be obtained by contacting Wayne Turnberg, Washington State Department of Health at (206) 418-5559 or by email at Wayne.Turnberg@doh.wa.gov.

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Introduction

The third annual Pacific Northwest Cross Border Workshop was held in Bellingham, Washington on May 8-10, 2006. Building upon the work of workshops held in Bellingham, Washington in 2004 [(1)] and Vancouver, British Columbia in 2005 [(2)], this year's workshop was conducted to develop the content and structure for formal cross-border public health information communication and mutual assistance agreements within the disciplines of epidemiology surveillance and investigation, public health laboratories, public health emergency management/surge capacity, and communications.

Over 180 invited professionals in the fields of epidemiology, public health laboratories, emergency management, communications, and law attended from Canada (Alberta, British Columbia, Yukon Territory and the Canadian Federal Government), Native American Tribes and the United States (Alaska, Idaho, Montana, North Dakota, Oregon, Washington, and the United States Federal Government). The workshop was structured around plenary presentations to reinforce work conducted during five field-specific workgroup breakout sessions.

Pre-Workshop Sessions

A well-attended pre-workshop session familiarized meeting participants to concepts of cross border agreement structure and content, including the Pacific Northwest Emergency Management Arrangement (PNEMA) and how it will be implemented. Speakers representing the Great Lakes Border Health Initiative and the Mid America Alliance presented information sharing and mutual aid agreement-development perspectives and experiences from those regions. Following the introductory session, discipline-specific workgroups held pre-workshop meetings in preparation for the Workshop's workgroup breakout sessions.

Plenary Sessions

The workshop's plenary presentations described 1) public health legal preparedness, 2) the Security and Prosperity Partnership of North America and its relationship to the CDC's Early Warning Infectious Disease Surveillance program, 3) cross border agreement structure and content, 4) regional preparedness metrics, 5) pandemic influenza preparedness and risks and 6) preparations for the 2010 Vancouver Winter Olympics. Discipline-specific breakout sessions were held in fields of epidemiology, public health laboratories, emergency management/surge capacity, communications, exercise planning, and public health law.

Breakout Workgroup Sessions

Drawing from experiences from the previous two annual cross border workshops held in 2004 and 2005, afternoon breakout session participants were charged with identifying elements necessary for a seamless cross-border public health response to an infectious disease event originating from both natural and bioterrorism sources. Five field-specific breakout workgroup sessions provided the opportunity for public health professionals in fields of epidemiology, public health laboratories, emergency management/surge capacity, communications, exercise planning, and public health law to convene. Information developed during the previous two workshops, and during on-going workgroup meetings conducted throughout the year were examined for applicability to development of cross border operational plans and agreements. Key issues and next step actions from the five workgroups are presented in the following section.

Key Issues and Next Steps

The key issues, discussion points, and next steps identified by each of the five workgroups are presented as follows:

Epidemiology Workgroup

Key Issues –

1. Communicating Across Borders – Informal methods of communication information are in place on a "need to know" basis that work very well. Two issues should addressed:

    - Interoperability of two alerting systems: the Canadian Integrated Outbreak Surveillance Centre (CIOSC; Canadian international outbreak system.) and CDC's Epidemic Information Exchange (Epi-X; US notification system) for cross border notification involving regional issues;

        - Need for formalizing of surveillance protocols, which should be addressed at the federal level.

2. Surge Capacity – From an epidemiological standpoint, capacity is rarely an issue. During a regional outbreak/event, federal infrastructure in both countries covers capacity. During a national event, resources may not be available as other country would likely be dealing with similar issues on their side. However, systems should be in place that would facilitate surge for cross-border personnel and services capacity.

3. Notifiable Conditions Reporting – A matrix has been developed detailing what is and is not notifiable in each state and province and what the level of the notification is (i.e.,

immediately; within 24 hours, etc.). The matrix will continue to be updated and prioritized. A common list of immediately notifiable conditions will be developed to share with cross border partners when encountered.

4. Sharing information – Informal sharing of epidemiological information continues to work well, but legal issues involving confidentiality may need to be addressed.

5. Infection control – Infection control protocols and recommendations are confusing and inconsistent. Improvements with clarity and compliance are desperately needed. (Agreement on respiratory etiquette, PPE, precautions and duration for respiratory protection for pandemic influenza).

6. H5N1 Surveillance – All states and provinces continue to refine surveillance (bird, wild and poultry flocks) methods. Efforts to protect poultry industry are at the forefront. Issues and protocols of potential bird culling and carcass disposal need to be further identified and developed.

7. Quarantine Stations – The revival of the quarantine stations system since 9-11, SARS and the looming of pandemic flu has accelerated. Increased surveillance and training at ports, airports and border crossing continue to grow. Planning for actual quarantining travelers and crews are needed.

Next steps – The cross border Epidemiology Workgroup will work towards establishing the following issues in formal cross border epidemiology surveillance and response operations plans:

- Establish interoperability of the CIOSC and Epi-X public health notification systems;
- Establish the mechanism for cross-border personnel and services epidemiology surveillance and response capacity;
- Develop a common list of immediately reportable conditions between Pacific Northwest partners that would be used to notify cross-border communicable disease epidemiology colleagues;
- Establish a common approach for infection control protocols and recommendations;
- Establish protocols for bird culling and carcass disposal;
- Establish formal protocols for quarantining travelers and crews.

Public Health Laboratory Workgroup

Key issues –

1. The Cross Borders Public Health Laboratories Network (CBPHLN) is made up of labs from BC, WA, OR, ID, MT. It includes local, state, and national labs. The group is working to have BC included in the Laboratory Response Network (LRN).

2. The group will begin a series of monthly conference calls to begin to learn more about each others capacities, to address emerging issues and to get to know each other better.

3. The group will develop and share a matrix that provides details on laboratory capabilities, testing methods, limitations, and contact information. The goal is to identify the appropriate surge partners, and consultation capabilities.

4. Between now and the next conference, the group will have an exercise specific to laboratories. It will be a "stand alone" exercise that is limited to lab issues.

Next steps – The cross border Public Health Laboratories Workgroup will work towards establishing the following issues in formal cross border public health laboratories operations plans, agreements, and/or MOUs between Washington state and British Columbia:

- Continue working with the US CDC to include British Columbia in the Laboratory Response Network (LRN) (Note: this is ultimately a federal CDC decision);
- Establish a matrix that provides details on laboratory capabilities, testing methods, limitations, and contact information to identify the appropriate surge partners, and consultation capabilities;
- Develop an operations plan that addresses public health laboratory surge capacity and information sharing;
- Develop and conduct a "stand alone" exercise specific to public health laboratories.

Exercise Planning Workgroup

Key Issues –

1. Develop "Terms of Reference" to include vision, scope, and objectives for the Cross-Border Exercise Planning Working Group, as well as identify deliverables, stakeholders, roles and responsibilities for the work group, and resources and finances for exercise planning.

2. Develop a timeline for finalizing the Terms of Reference and implementing an exercise plan. The group will carry on discussion via email and teleconference to refine the Terms of Reference and will meet face to face in November to define the next steps for implementation.

3. Refine the vision for the workgroup, developed in today's meeting: To ensure that citizens of the PNEMA region are better prepared to respond to any public health emergency through a coordinated program of joint exercise and training.

Next Steps – The cross border Exercise Planning Workgroup will work towards establishing a formal Terms of Reference document that addresses the following Workgroup issues:

- Vision, scope, and objectives;
- Deliverables, stakeholders, roles and responsibilities;

- Resources and finances for exercise planning;
- Timeline for finalizing the Terms of Reference and implementing an exercise plan;
- Begin developing an actual cross-border exercise.

Emergency Management / Surge Capacity Workgroup

Key Issues –

1. Joint resource capability.
   - Resource typing, personnel availability, credentialing issues, sharing of personnel, equipment, supplies and services need to be addressed.

2. Need to strengthen and operationalize processes for requests, reimbursement, and dispute resolution. Sharing of federal assets by states across international borders needs to be addressed.

3. Transportation – Planning and strategy issues.

4. Operational – Equipment and manpower should be top priorities.

5. Development and supplemental agreements:
   - Comprehensive pharmaceutical strategy is needed;
   - Management strategy for spontaneous volunteers (sep from MOU/MOA;
   - Tribal sovereign nations – status / PNEMA impact relationship;
   - Identification and sharing of confidential, sensitive or proprietary information;
   - Personnel sharing.

6. Adoption of consistent implementation / operational plan.
   - Processes / consistent contacts;
   - Transport across border;
     - Manpower / Equipment / Drugs;
     - Federal / State / Local Communication.

7. Other issues to address include: supportive funding, communications, training, exercises, containment & disposal, establishment of conditions, boundaries & strategies.

Next Steps – The cross border Emergency Management / Surge Capacity Workgroup will work towards establishing a formal operations plan/ MOU to address:
- Resource typing, personnel availability / credentialing, inventory, services, and volunteers;
- Process, requests, reimbursement, dispute resolution;
- Identification and sharing of confidential, sensitive or proprietary information;

- Comprehensive pharmaceutical strategy;
- Use of federal assets.

Communications Workgroup

Key Issues –

1. System for encouraging consistent messages.

2. Develop protocols/triggers for information distribution.

3. Disclosure issues:
   - North/South policies and perceptions.

Next Steps – The cross border Communications Workgroup will work towards establishing in an operations plan, that addresses the following:
- Establish a system for encouraging consistent messages;
- Develop protocols/triggers for information distribution;
- Coordinate north/south disclosure policies and perceptions.

Public Health Law Workgroup

Key Issues –

1. Consensus of legal workgroup – A public health annex is not needed when Annex B is signed. PNEMA jurisdictions can develop operating procedures, which allows (a) participating subject matter experts to sign instead of governors and premier and (b) flexibility to modify procedures as needed.

2. Learn what the other workgroups have identified as needs and assist in developing operating procedures, identifying any legal issues and resolving them with legal counsel in PNEMA jurisdictions and federal counterparts so necessary work can proceed.

3. Continue meetings and discussion with legal counsel in PNEMA jurisdictions and federal counterparts to identify legal issues, craft solutions so the needed work can proceed (occasionally identifying legislative amendments), and debunking those issues identified as legal barriers which are not.

Next Steps – The Public Health Law Workgroup will:
- Assist workgroups in establishing operations plans and MOUs as needed;
- Hold periodic meetings as needed to establish workable operating procedures for issues identified by workgroups.

Appendices

Appendix A

Emerging Public Health Threats: Building Cross Border Infectious Disease Surveillance and Response Partnerships

Joint Pre-Workshop Meeting Agenda

Epidemiology/Surveillance and Emergency Management/ Surge Capacity Workgroups

Monday, May 8, 2006
1:30 – 4:30 PM

1:30-1:40 **Welcome and Introduction**. John Erickson, Special Assistant, Public Health Preparedness and Response Program, Washington State Department of Health, presiding

1:40-2:20 **Binational Cross Border Agreements in the Pacific Northwest: An Overview of the Pacific Northwest Emergency Management Arrangement**. Wayne Dauphinee, Executive Director, Emergency Management Branch, British Columbia Ministry of Health

2:20-2:50 **Regional Programs Crossing Canadian Border - The Great Lakes Border Health Initiative**. Kathy Allen-Bridson, Border Health Program Coordinator, Michigan Department of Health

2:50-3:20 **State-to-State Regional Initiative - The Mid-America Alliance**. Kathy Hastings, Director, Mid America Alliance

3:20-4:30 **Regional Preparedness Assessment**. Patrick O'Carroll, Regional Health Administrator, Region X, Northwest Center Public Health Practice, University of Washington

All pre-meeting workshop participants are invited to attend

Appendix B

Workshop Agenda

Emerging Public Health Threats: Building Cross Border Infectious Disease Surveillance and Response Partnerships

Best Western Lakeway Inn & Convention Center
714 Lakeway Drive
Bellingham, WA

May 8 – 10, 2006

Agenda

Pre-Workshop Meetings: Monday, May 8, 2006

1:30-4:30 **Pre-Workshop Workgroup Meetings**

- Epidemiology/Surveillance/Infection Control Workgroup
- Emergency Management/Surge Capacity Workgroup
- Public Health Laboratories Workgroup
- Communications Workgroup
- Exercise Planning Workgroup
- Public Health Law Workgroup
- Regional Preparedness Assessment Workgroup (3:00-4:30 PM)
- Public Policy Workgroup (4:30 – 5:30 PM, by invitation only)

4:00-7:00 **Early Registration**

5:30-7:30 **Meet and Greet Mixer**

Pre-Workshop Meetings Purpose: To update participants on discipline-specific cross border agreement-related activities in preparation for the workshop's May 9th breakout sessions. All workshop participants are invited to attend the pre-workshop meetings. Participants are encouraged to attend a workgroup meeting in their field of expertise.

Workshop Day 1
Tuesday, May 9, 2006
(Morning Plenary Session)

7:30-8:30 **Registration / Continental Breakfast**

8:30-9:15 **Welcome and Introduction** – Patrick O'Carroll, MD, MPH, Regional Health Administrator, Office of Public Health and Science, US Department of Health & Human Services, Region X, presiding

- Regina Delahunt, Director, Whatcom County Health Department
- Dr. Perry Kendall, Provincial Health Officer, British Columbia Ministry of Health
- Mary Selecky, Secretary of Health, Washington State Department of Health

9:15-10:00 **Keynote Address** – **Public Health Emergency Legal Preparedness** – Gene W. Matthews, JD, Director, CDC Foundation, Institute of Public Health Law

10:00-10:30 **Break**

10:30-11:30 **Security and Prosperity Partnership of North America –** Mary Selecky, Secretary of Health, Washington State Department of Health, presiding

- Claude Giroux, Senior Policy Advisor, Centre for Emergency Preparedness and Response, Public Health Agency of Canada
- Karen Becker, DVM, MPH, Office of the Assistant Secretary for Public Health Emergency Preparedness, US Department of Health & Human Services
- Raul Sotomayor, EWIDS Program Manager, Office of the Assistant Secretary for Public Health Emergency Preparedness, US Department of Health & Human Services

11:30-12:00 **Cross Border Agreements** – Daniel Stier, JD, Office of Chief of Public Health Practice, Public Health Law Program, US Centers for Disease Control and Prevention

12:00-12:05 **Breakout Session Instructions** – Mary Selecky, Secretary, WA Department of Health

12:05-12:15 **Break**

12:15-1:30 **Plenary Lunch**

Workshop Day 1 (continued)
Tuesday, May 9, 2006
(Afternoon Breakout Sessions)

1:30-5:00 **Facilitated Workgroup Sessions***

- **Epidemiology/Surveillance/Infection Control**
  - US Lead: Jo Hofmann, MD, Washington State Department of Health
  - Canadian Lead: David Patrick, MD, British Columbia Centre for Disease Control

- **Public Health Laboratories**
  - Canadian Lead: Muhammad Morshed, PhD, MSc, British Columbia Centre for Disease Control
  - US Lead: Yolanda Houze Washington State Department of Health

- **Emergency Managers/Surge Capacity**
  - US Leads: TJ Harmon, WA Region 1 PHEPR Coordinator; Valerie Munn, Washington State Department of Health
  - Canadian Lead: Wayne Dauphinee, British Columbia Ministry of Health

- **Communications**
  - Canadian Lead: Peter Dalton, British Columbia Public Affairs Bureau
  - US Lead: Laura Blaske, Washington State Department of Health

- **Exercise Planning**
  - US Lead: Eric Sergienko, MD, Washington State Department of Health / Centers for Disease Control and Prevention
  - Canadian Lead: Ross McIntyre, Acting Corporate Manager, Emergency Management, Provincial Health Services Authority

- **Public Health Law**
  - Canadian Lead: Paul Bailey, British Columbia Ministry of Health
  - US Lead: Joyce Roper, Assistant Attorney General, Washington State Office of the Attorney General

*Workgroup Breaks - Afternoon beverages and snacks will be available at 3:00 PM

5:00 **Dinner On Your Own**

Workshop Day 2
Wednesday, May 10, 2006
(Morning Plenary Session)

7:30-8:30 **Continental Breakfast**

8:30-8:45 **Welcome** – Mary Selecky, Secretary of Health, WA State Department of Health

8:45-9:00 **Regional Preparedness Metrics** – Patrick O'Carroll, MD, MPH, Regional Health Administrator, Office of Public Health and Science, US Department of Health & Human Services, Region X

9:00-10:15 **Pandemic Influenza Preparedness: Cross Border Update –** Maxine Hayes, MD, State Health Officer, Washington State Department of Health, presiding

- Jo Hofmann, MD, State Epidemiologist for Communicable Disease, Washington State Department of Health
- Eric Young, MD, Deputy Provincial Health Officer, BC Ministry of Health

10:15-10:45 **Break**

10:45-Noon **Panel Discussion – The 2010 Olympics: Addressing Cross Border Surveillance** – Eric Sergienko, MD, Centers for Disease Control and Prevention

- Robert Rolfs, MD, MPH, Utah Department of Health
- LTC Doug Mayne, WA Military Department – Support to Civil Authorities
- Patty Daly, MD, Vancouver Coastal Health Authority
- David Patrick, MD, British Columbia Centre for Disease Control
- Wayne Dauphinee, British Columbia Ministry of Health

Noon-12:15 **Next Steps**

- John Erickson, Special Assistant, Public Health Preparedness and Response Program, Washington State Department of Health
- Wayne Dauphinee, British Columbia Ministry of Health

12:15-12:30 **Workshop Wrap-Up**

- Mary Selecky, Secretary of Health, Washington State Department of Health
- Dr. Perry Kendall, Provincial Health Officer, British Columbia Ministry of Health

12:30 **Farewell Break** - Afternoon beverages and snacks will be available at 12:30 PM

1:30-3:30 **Post-Meeting Wrap-Up for the Workgroup Leads and Facilitators**

- Other workshop participants may also attend

Appendix C

Workshop Announcement

Emerging Public Health Threats: Building Cross Border Infectious Disease Surveillance and Response Partnerships

(Attendance by Invitation Only)

Dates

May 8, 2006
(Pre-Workshop Workgroup Meetings)

May 9-10, 2006

Location

Lakeway Inn & Convention Center
714 Lakeway Drive
Bellingham, WA 98226

Room Reservations/Hotel Information
(360) 671-1011 or (888) 671-1011

Target Audiences

Communicable disease epidemiologists and investigators, surveillance information technologists, communications specialists, hospitals, health authorities, public health laboratories, public health lawyers, and emergency managers.

Participating Jurisdictions

United States: Federal, tribal, state and local representation. Invited states include Washington (state, local and tribal), Alaska, Idaho, Oregon, Montana, and North Dakota

Canada: Federal, provincial/territorial and regional representation. Invited provinces/territories include British Columbia, Yukon, and Alberta.

Workshop Objectives

To develop the content and structure for formal cross-border public health information communication and mutual assistance agreements, focusing on the following disciplines:

- Epidemiology Surveillance and Investigation
- Public Health Laboratories
- Emergency Management / Surge Capacity
- Communications
- Public Health Law

Appendix D

Pacific Northwest Emergency Management Arrangement

Between the governments of Alaska, Idaho, Oregon, Washington, the Province of British Columbia, and the Yukon Territory, hereinafter referred to collectively as the "Signatories" and separately as a "Signatory"

WHEREAS the Signatories recognize the importance of comprehensive and coordinated civil emergency preparedness, response and recovery measures for natural and technological emergencies or disasters, and for declared or undeclared hostilities including enemy attack;

AND WHEREAS the Signatories further recognize the benefits of coordinating their separate emergency preparedness, response and recovery measures with that of contiguous jurisdictions for those emergencies, disasters or hostilities affecting or potentially affecting any one or more of the Signatories in the Pacific Northwest;

AND WHEREAS the Signatories further recognize that regionally-based emergency preparedness, response and recovery measures will benefit all jurisdictions within the Pacific Northwest, and best serve their respective national interests in cooperative and coordinated emergency preparedness as facilitated by the Consultative Group on Comprehensive Civil Emergency and Management established in the *Agreement Between the Government of The United States of America and the Government of Canada on Cooperation and Comprehensive Civil Emergency Planning and Management* signed at Ottawa, Ontario, Canada on April 28, 1986.

NOW THEREFORE, it is hereby agree by and between each and all of the Signatories hereto as follows:

Advisory Committee

1. An advisory committee named the Western Regional Emergency Management Advisory Committee (W-REMAC) shall be established which will include on member appointed by each Signatory.

2. The W-REMAC will be guided by the agreed upon Terms of Reference – Annex A.

Principles of Cooperation (Statement of Purpose)

3. Subject to the laws of each Signatory, the following cooperative principles are to be used as a guide by the Signatories in civil emergency matters which may affect more than one Signatory:

    a) The authorities of each Signatory may seek the advice, cooperation or assistance of any other Signatory in any civil emergency matter.

    b) Nothing in the arrangement shall derogate from the applicable laws within the jurisdiction of any Signatory. However, the authorities of any Signatory may request from the authorities of any Signatory appropriate alleviation of such laws if their normal

application might lead to delay or difficulty in the rapid execution of necessary civil emergency measures.

c) Each Signatory will use its best efforts to facilitate the movement of evacuees, refugees, civil emergency personnel, equipment or other resources into or across its territory, or to a designated staging area when it is agreed that such movement or staging will facilitate civil emergency operations by the affected or participating Signatories.

d) In times of emergency, each Signatory will use its best efforts to ensure that the citizens or residents of any other Signatory present in its territory are provided emergency health services and emergency social services in a manner no less favorable than that provided to its own citizens.

e) Each Signatory will use discretionary power as far as possible to avoid levy of any tax, tariff, business license or user fees on the services, equipment and supplies of any other Signatory which is engaged in civil emergency activities in the territory of another Signatory, and will use its best efforts to encourage local governments or other jurisdictions within its territory to do likewise.

f) When civil emergency personnel, contracted firms or personnel, vehicles, equipment or other services from any Signatory are made available to or are employed to assist any other Signatory, all providing Signatories will use best efforts to ensure that charges, levies or costs for such use or assistance will not exceed those paid for similar use or such resources within their own territory.

g) Each Signatory will exchange contact lists, warning and notification plans, and selected emergency plans and will call to the attention of their respective local governments and other jurisdictional authorities in areas adjacent to inter-signatory boundaries, the desirability of compatibility of civil emergency plans and the exchange of contact lists, warning and notification plans, and selected emergency plans.

h) The authority of any Signatory conducting an exercise will ensure that all other signatories are provided an opportunity to observe, and/or participate in such exercises.

Comprehensive Nature

4. This document is a comprehensive arrangement on civil emergency planning and management. To this end and from time to time as necessary, all Signatories shall:

   a) review and exchange their respective contact lists, warning and notification plans, and selected emergency plans.

   b) as appropriate, provide such plans and procedures to local governments, and other emergency agencies within their respective territories.

Arrangement Not Exclusive

5. This is not an exclusive arrangement and shall not prevent or limit other civil emergency arrangements of any nature between Signatories to this arrangement.

a) In the event of any conflicts between the provisions of this arrangement and any other arrangement regarding emergency service entered into by two or more State of the United States who are Signatories to this arrangement, the provisions of that other arrangement shall apply, with respect to the obligations of those States to each other, and not the conflicting provisions of this arrangement.

Amendments

6. This Arrangement and the Annex may be amended (and additional Annexes may be added) by arrangement of the Signatories

Cancellation or Substitution

7. Any Signatory to this Arrangement may withdraw from or cancel their participation in this Arrangement by giving sixty days written notice in advance of this effective date to all other Signatories.

Authority

8. All Signatories to this Arrangement warrant they have the power and capacity to accept, execute and deliver this Arrangement

Effective Date

9. Notwithstanding any dates noted elsewhere, this Arrangement shall commence April 1, 1996.

IN WITNESS WHEREOF, the undersigned have signed this Arrangement.

Governor of the State of Alaska (4/4/96)
Governor of the State of Idaho (6/2/97)
Governor of the State of Oregon (8/12/96)
Governor of the State of Washington (7/11/96)
Premier of British Columbia (1/30/96)
Government Leader of the Government of the Yukon Territory (2/16/96)

Appendix E

ANNEX B to PNEMA
(July 17, 2006 Draft)

TO THE PACIFIC NORTHWEST EMERGENCY MANAGEMENT ARRANGEMENT OF 1996 BETWEEN THE GOVERNMENTS OF THE STATE OF ALASKA, THE STATE OF IDAHO, THE STATE OF OREGON, THE STATE OF WASHINGTON, THE PROVINCE OF BRITISH COLUMBIA AND THE YUKON GOVERNMENT

PACIFIC NORTHWEST EMERGENCY MANAGEMENT ARRANGEMENT (PNEMA) IMPLEMENTING PROCEDURES

Article I - Purpose and Authorities

The governments of the State of Alaska, the State of Idaho, the State of Oregon, the State of Washington, the Province of British Columbia, and the Yukon Government are signatories to the Pacific Northwest Emergency Management Arrangement (PNEMA). Article 6 of PNEMA provides: "This Arrangement and the Annex may be amended (and additional Annexes may be added) by arrangement of the Signatories." Pursuant to this provision, the undersigned Signatories hereby enter into this arrangement, which shall be designated as Annex B to PNEMA.

The Pacific Northwest Emergency Management Arrangement Implementing Procedures, hereinafter referred to as the "arrangement" is made and entered into by and among such of the signatories as shall enact or adopt this arrangement, hereinafter referred to as "signatories." For the purpose of this agreement, the term "signatories" may include any or all of: the States of Alaska, Idaho, Oregon, Washington: the Province of British Columbia; and the Yukon Government, all of which entered into the Pacific Northwest Emergency Management Arrangement (PNEMA) in 1996-97 and such other states, provinces and territories as may hereafter become a signatory to PNEMA and this arrangement.

The purpose of this arrangement is to provide for the possibility of mutual assistance among the signatories entering into this arrangement in managing any emergency or disaster when the affected signatory or signatories ask for assistance, whether arising from a natural disaster, accidental or intentional events or the civil emergency aspects of resources shortages.

This arrangement also provides for the process of planning mechanisms among the agencies responsible and for mutual cooperation, including, if need be, emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by signatories or subdivisions of signatories during emergencies, with such actions occurring outside actual declared emergency periods. Mutual assistance in this arrangement may include the use of emergency forces[1] by mutual agreement among signatories.

The purpose of these implementing procedures is to provide specific procedures, agreed to by the signatories, for implementing PNEMA. The signatories acknowledge that the signatory

[1] Emergency forces include but are not limited to: police/security forces; and fire-rescue (Hazmat/USAR): emergency medical and emergency management services.

states of the United States (Alaska, Idaho, Oregon, and Washington) have adopted the Emergency Management Assistance Compact (EMAC). Nothing in the arrangement or these implementing procedures shall supersede EMAC.

Article II - General Implementation

Each signatory entering into this arrangement recognizes that emergencies may exceed the capability of a signatory and that intergovernmental cooperation is essential in such circumstances. Each signatory further recognizes that there may be emergencies that require immediate access to outside resources and that procedures need to be in place to request outside resources to make a prompt and effective response to such an emergency because few, if any, individual signatories have all the resources they need in all types of emergencies or the capability of delivering resources to areas where emergencies exist.

The prompt, full and effective utilization of resources of the signatories, including any resources on hand or available from any other source that are essential to the safety, care and welfare of the people in the event of any emergency or disaster, will be the underlying principle on which all articles of this arrangement are understood

On behalf of the signatories, the legally designated official who is assigned responsibility for emergency management is responsible for formulation of the appropriate inter-signatory mutual aid plans and procedures necessary to implement this arrangement and for recommendations to the signatories concerned with respect to the amendment of any statutes, regulations or ordinances for that purpose**.**

Article III - Signatory Responsibilities

1. Formulate plans and programs. Each signatory will formulate procedural plans and programs for each inter-signatory cooperation areas listed in this section. In formulating and implementing such plans and programs the signatories, to the extent practical, shall:

A. Review individual signatory hazards analyses that are available and, to the extent reasonably possible, determine all those potential emergencies the signatories might jointly suffer, whether due to a natural disaster, an accidental or intentional event or the emergency aspects of resource shortages;
B. Initiate a process to review the signatories' individual emergency plans and develop a plan that will determine the mechanism for the inter-signatory cooperation;
C. Develop inter-signatory procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans;
D. Assist in warning communities adjacent to or crossing signatory boundaries;
E. Protect and ensure delivery of services, medicines, water, food, energy and fuel, search and rescue and critical lifeline equipment, services and resources, both human and material to the extent authorized by law;
F. Inventory and agree upon procedures for the inter-signatory loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness; and
G. Provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances that impede the implementation of the responsibilities described in this subsection.

2. Request for assistance.The authorized representative of a signatory may request assistance of another signatory by contacting its authorized representative. These provisions only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. The authorized representative of signatories will confirm their verbal request in writing within 15 days. Requests must provide the following information:

A. A description of the emergency service function for which assistance is needed and of the mission or missions, including but not limited to fire services, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services and search and rescue;
B. The amount and type of personnel, equipment, materials and supplies needed and a reasonable estimate of the length of time they will be needed; and
C. The specific place and time for staging of the assisting party's response and a point of contact at the location.

3. Consultation among signatory officials. There will be frequent consultation among the signatory officials who have assigned emergency management responsibilities, such officials collectively known hereinafter as the International Emergency Management Group, and other appropriate representatives of the signatory with free exchange of information, plans and resource records relating to emergency capabilities to the extent authorized by law.

Article IV - Limitation

Any signatory requested to render mutual aid or conduct exercises and training for mutual aid will respond as soon as possible, except that it is understood that the signatory rendering aid may withhold or recall resources to the extent necessary to provide reasonable protection for itself. To the extent authorized by law, each signatory will afford to the personnel of the emergency forces of any other signatory while operating within its signatory limits under the terms and conditions of this arrangement and under the operational control of an officer of the requesting signatory the same treatment as is afforded similar or like forces of the signatory in which they are performing emergency services. Emergency forces continue under the command and control of their regular leaders, but the organizational units come under the operational control of the emergency services authorities of the signatory receiving assistance. These conditions may be activated, as needed, by the signatory that is to receive assistance or upon commencement of exercises or training for mutual aid and continue as long as the exercises or training for mutual aid are in progress, the emergency or disaster remains in effect or loaned resources remain in the receiving signatory or signatories, whichever is longer. The receiving signatory is responsible for informing the assisting signatory when services will no longer be required.

Article V - Licenses and Permits

Whenever a person holds a license, certificate or other permit issued by any signatory to the arrangement evidencing the meeting or qualifications for professional, mechanical or other skills, and when such assistance is requested by the receiving signatory, such person is deemed to be licensed, certified or permitted by the signatory requesting assistance to render aid involving such skill to meet an emergency or disaster, to the extent allowed by law and subject to such limitations and conditions as the requesting signatory prescribes by executive order or otherwise.

Article VI - Liability

Any person or entity of a signatory rendering aid in another signatory pursuant to this arrangement is considered an agent of the requesting signatory for tort liability and immunity purposes. Any person or entities rendering aid in another signatory pursuant to this arrangement is not liable on account of any act or omission of good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article does not include willful misconduct, gross negligence or recklessness.

Article VII - Supplementary Agreements

Because it is probable that the pattern and detail of the provision for mutual aid among two or more signatories may differ from that among the signatories that are party to this arrangement, this contains elements of a broad base common to all signatories, and nothing in this arrangement precludes any signatory from entering into supplementary agreements with another signatory or affects any other agreements already in force among signatories. Supplementary agreements may include, but are not limited to, provisions for evacuation and reception of injured and other persons and the exchange of medical, fire, public utility, reconnaissance, welfare, transportation and communications personnel, equipment and supplies**.**

Article VIII - Workers' Compensation and Death Benefits

Each signatory shall provide, in accordance with its own laws, for the payment of workers' compensation and death benefits to injured members of the emergency forces of that signatory and to representatives of deceased members of those forces if the members sustain injuries or are killed while rendering aid to another signatory pursuant to this arrangement, in the same manner and on the same terms as if the injury or death were sustained within their own jurisdiction.

Article IX - Reimbursement

Any signatory rendering aid to another signatory pursuant to this arrangement shall, if requested, be reimbursed by the signatory receiving such aid for any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with those requests. An aiding signatory may assume in whole or in part any such loss, damage, expense or other cost or may loan such equipment or donate such services to the receiving signatory without charge or cost. Any two or more signatories may enter into supplementary agreements establishing a different allocation of costs among those signatories. Benefits under Article VIII are not reimbursable under this section.

Article X - Evacuation

Each signatory shall initiate a process to prepare and maintain plans to facilitate the movement of and reception of evacuees into its territory or across its territory, according to its capabilities and powers. The signatory from which the evacuees came shall assume the ultimate responsibility for the support of the evacuees, and after the termination of the emergency, for the repatriation of such evacuees.

Article XI - Implementation

1. This arrangement is effective upon its execution or adoption by any two signatories, and is effective as to any other signatory upon its execution or adoption thereby: subject to approval or authorization by the U.S. Congress, if required, and subject to enactment of any national, state, provincial or territorial legislation that may be required for the effectiveness of the arrangement.

2. Any signatory may withdraw from this arrangement but the withdrawal does not take effect until 30 days after the governor or premier of the withdrawing signatory has given notice in writing of such withdrawal to the governors or premiers of all other signatories. The action does not relieve the withdrawing signatory from obligations assumed under this arrangement prior to the effective date of withdrawal.

3. Duly authenticated copies of this arrangement in the French and English languages and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the signatories.

Article XII - Severability

This arrangement is construed so as to effectuate the purposes stated in Article I. If any provision of this arrangement is declared unconstitutional or invalid or inapplicable to any person or circumstances, the validity of the remainder of this arrangement to that person or circumstances and the applicability of the arrangement to other persons and circumstances are not affected.

Article XIII - Inconsistency of Language

The validity of the arrangements and agreements consented to in this arrangement shall not be affected by any insubstantial difference in form or language as may be adopted by the various states, provinces and territories.

IN WITNESS WHEREOF, the undersigned have signed ANNEX B to the PACIFIC NORTHWEST EMERGNECY MANAGEMENT ARRANGEMENT

THE STATE OF ALASKA

_____ _____
GOVERNOR Date

THE STATE OF IDAHO

_____ _____
GOVERNOR Date

THE STATE OF OREGON

_____ _____
GOVERNOR Date

THE STATE OF WASHINGTON

_____ _____
GOVERNOR Date

THE PROVINCE OF BRITISH COLUMBIA

_____ _____
PREMIER Date

THE YUKON GOVERNMENT

_____ _____
PREMIER Date

Appendix F

Speaker Biographies

(In order of appearance)

Regina Delahunt is currently the Public Health Director for the Whatcom County Health Department in Bellingham, Washington. She has over 25 years of experience in the public health field primarily in the area of environmental health. Regina began her career with the State of New Mexico in the plague and vector control programs and was a member of their emergency response unit. She also worked for private industry for several years overseeing hazardous waste site remediation. Regina has been with Whatcom County for 15 years. She supervised and managed the county's environmental health programs before becoming Public Health Director in 2000. She has a BS in Biology from State University of New York and an MS in Biology from New Mexico State University.

Dr. Perry Kendall has been the Provincial Health Officer for the province of British Columbia since May 3, 1999. He has more than 25 years of experience practicing public health and community medicine in Ontario and British Columbia at both the municipal and provincial levels of government.

Dr. Kendall has served as Medical Officer of Health for the Capital Health Region in British Columbia and the City of Toronto in Ontario, has spent time as Special Advisor to the Deputy Minister in Ontario, was President and CEO of the Ontario Addiction Research Foundation for three years and spent one year as Vice President for Seniors Health in the Capital Health Region. Dr. Kendall has served on numerous Federal/Provincial/Territorial Advisory Committees.

Mary C. Selecky has been Secretary of the Washington State Department of Health since March 1999. In February 2005 she was reappointed to the position by Governor Christine Gregoire. Prior to working for the state, Mary served for 20 years as administrator of the Northeast Tri-County Health District in Colville, Washington.

Throughout her career, Mary has been a leader in developing local, state and national public health policies that recognize the unique health care challenges facing both urban and rural communities. As Secretary of Health, Mary has made tobacco prevention and control, nutrition and physical activity and emergency preparedness her top priorities. Mary is known for bringing people and organizations together to improve the public health system and the health of people in Washington State.

Mary has served on numerous boards and commissions; she is immediate past president of the *Association of State and Territorial Health Officials*, receiving the 2004 McCormack Award for excellence in public health, and is a past president of the *Washington State Association of Local Public Health Officials.* A graduate of the University of Pennsylvania, she's been a Washington State resident for 32 years.

Gene Matthews, JD is the Director of the Institute of Public Health Law, which is an operating arm of the CDC Foundation in Atlanta, Georgia. The mission of this new Institute is to expand the use of law as a tool in the practice of public health through outreach, training, and coordinated research. Mr. Matthews served as the Legal Advisor to the Centers for Disease Control and Prevention (CDC) in Atlanta from 1979 to 2004 and, as manager of the legal staff there for 25 years, handled a wide range of public health law issues. Most recently, Mr. Matthews provided leadership for CDC's development of a Public Health Law Program, and he has guided this exciting initiative to reach out to both the legal community and to public health practitioners.

In June 2004, Mr. Matthews received the Distinguished Career Award of the Public Health Law Association. He holds faculty appointments at the University of North Carolina School of Public Health and the Georgia State University College of Law. Mr. Matthews is a graduate of the University of North Carolina School of Law and is a member of the North Carolina Bar.

Claude Giroux is the Senior Policy Advisor of the Centre for Emergency Preparedness and Response of the Public Health Agency of Canada, a recently established organization whose mission is to provide a national focal point for public health in Canada. Created in the aftermath of the Severe Acute Respiratory Syndrome (SARS), The Agency is the federal government platform to prepare for, respond to and recover from health and public health emergencies or the health and public health implications of all other types of emergencies. Mr. Giroux has been with the Centre since its creation in June 2000 and has spearheaded the federal, provincial and territorial relations architecture supporting the development of national measures on emergency management in the health domain. His centre is committed to the development of strong collaborative arrangements and national partnerships for managing public health emergencies.

Mr Giroux is actively involved in the development of continental arrangements for managing a human influenza pandemic and the development of a comprehensive Mutual Assistance Arrangement to manage public health emergencies under the Security and Prosperity Partnership involving Canada, Mexico and the United States.

Mr Giroux holds a Masters degree in Social and Economic and Anthropology from Laval University. He also holds from Laval a License in Journalism and Communications.

Karen Becker, DVM, MPH, is senior health advisor to the Department of Health and Human Services Assistant Secretary for Public Health Emergency Preparedness.

Raul Sotomayor serves as Program Manager for the Early Warning Infectious Disease Surveillance (EWIDS) Program in the Office of Medicine, Science and Public Health for the Assistant Secretary for Public Health Emergency Preparedness, Department of Health and Human Services (HHS). In this role, he is responsible for coordinating programmatic and administrative oversight regarding technical guidance and policy on the EWIDS-related aspects of public health emergency preparedness within HHS, with other Federal Agencies, among the U.S. Border States, and across the international borderline with Canada and Mexico.

Prior to his Federal Civil Service appointment, Raul worked as a DoD-contractor and served in the US Army for over 21 years as Preventive Medicine Specialist, where he participated in special operations and humanitarian assistance medicine missions overseas. His travels

around the world and in the Americas have provided him with vast cultural awareness and experience within the Western Hemisphere.

Raul received his training as Masters of Science in Administration, with a concentration in Health Services, from Central Michigan University. He has also completed the Graduate Certificate Program in Public Health at the University of Washington and is currently a student for the Masters of Public Health Program, in the Department of International Health, at Johns Hopkins Bloomberg School of Public Health.

Dan Stier, J.D., joined CDC's Public Health Law Program in January, 2005. During his time with the Program, he has devoted considerable time to addressing multi-jurisdictional issues relating to public health emergency legal preparedness. Before joining CDC, Mr. Stier had a long and varied career in Wisconsin state government. In his most recent state position, as Chief Legal Counsel for ten years with the Department of Health and Family Services, he was closely involved with public health issues, including public health emergency preparedness and related revisions of Wisconsin law. Prior to his service with the Department of Health and Family Services, Mr. Stier served as an assistant attorney general in the Wisconsin Department of Justice and as the Deputy Secretary of the Wisconsin Department of Veterans Affairs. He is a member of the State Bars of Wisconsin and Georgia, and is a graduate of the University of Wisconsin Law School.

Patrick O'Carroll, MD, MPH, FACPM is the Regional Health Administrator for Region X (AL, ID, OR, and WA) of the U.S. Public Health Service (USPHS). Dr. O'Carroll received his medical degree and his Masters in Public Health from Johns Hopkins University in 1983. After training in family practice and preventive medicine, he joined CDC as an Epidemic Intelligence Service (EIS) Officer. Initially assigned to work the area of violence epidemiology, Dr. O'Carroll later led the epidemiology research unit for the prevention of suicide and violence at CDC's National Center for Injury Prevention Control. In 1992, Dr. O'Carroll began working in the nascent field of public health informatics. He co-led the development of CDC WONDER, was lead scientist on the CDC Prevention Guidelines Database project, and developed the nation's first training course and textbook in public health informatics. As Associate Director for Health Informatics at CDC's Public Health Practice Program Office, he developed and directed CDC's Health Alert Network program. In 2001, Dr. O'Carroll was assigned to the University of Washington's Northwest Center for Public Health Preparedness on public health informatics issues related to workforce development. In this assignment, he led the development of an explicit set of informatics competencies to guide training for public health professionals. In January 2003, he began his current assignment as Regional Health Administrator.

In his 17 years with CDC and USPHS, Dr. O'Carroll has received numerous awards and recognition for his work including two Outstanding Service Medals. He holds Affiliate Associate Professor appointments in the Departments of Epidemiology and Health Services at the University of Washington School of Public Health and Community Medicine, and is also Affiliate Associate Professor in the Division of Biomedical and Health Informatics, University of Washington School of Medicine.

Maxine Hayes, MD is the State Health Officer for the Washington State Department of Health. She advises the Governor and the Department of Health Secretary on issues ranging from emergency response to outbreaks (such as Pandemic Flu) to preventing childhood illness. She

works closely with the medical community, local health departments, and community groups to give the public the latest scientific information on how to become and stay healthy, to prevent the spread of infectious diseases, and to protect the public's health.

Prior to her appointment as Health Officer, Dr. Hayes was the Assistant Secretary of Community and Family Health. Dr. Hayes is clinical professor of pediatrics at the University of Washington, School of Medicine, and on the MCH faculty of the School of Public Health.

Dr. Hayes was the 1999 Distinguished Alumna of the Year for the State University of New York School of Medicine at Buffalo and the Year 2000 recipient of the Stockton Kimball Award. In 2000 she was presented an honorary Doctorate of Science by former Acting Surgeon General and President of Spelman College, Dr. Audrey Manley. She is the recipient of many awards and honors for her work in maternal and child health, including the American Medical Association's 2002 Dr. Nathan Davis Award and the 2003 Heroes in Health Care Lifetime Achievement Award through the Washington Health Foundation. Dr. Hayes is also a fellow of the American Academy of Pediatrics.

Jo Hofmann, MD is the Office Director of the Communicable Disease Epidemiology Section and the State Epidemiologist for Communicable Disease, Washington State Department of Health. She is on the faculty of the University of Washington's School of Public Health and Community Medicine and Seattle STD/HIV Training Center. She is board certified in internal medicine and infectious disease and received epidemiology training as an Epidemic Intelligence Service Officer at the Centers for Disease Control and Prevention in Atlanta from 1993 to 1995. She has worked for local and state health departments in New Jersey, Philadelphia, PA and Snohomish County, Washington.

Eric Young, MD, BSc, MHSc, CCFP, FRCPC graduated with a doctorate in Medicine from the University of Ottawa in 1974. After postgraduate training in Toronto, New Zealand and Vancouver, he worked as a family physician in Surrey for a dozen years. He then specialized in Community Medicine in Toronto and, after working at the Scarborough Public Health Department, was the Deputy Chief Medical Health Officer for the province of Saskatchewan from 1997-2004. In this role, he headed up the Saskatchewan Pandemic Influenza Committee. He has been the Deputy Provincial Health Officer for British Columbia since the spring of 2004, working with Dr. Perry Kendall. He currently chairs both the Provincial Pandemic Steering Committee and the Pandemic Influenza Management Committee.

Eric Sergienko, MD is the Epidemic Intelligence Service Officer assigned to the Communicable Disease Epidemiology Section, Washington State Department of Health. He is an emergency physician on assignment from the Navy to the CDC and has experience in hospital and regional emergency planning and response. Currently, Eric is on Department's Pandemic Influenza Working Group and the exercise design team for the state-level bioterrorism exercise.

Robert Rolfs, MD, MPH is the Utah State Epidemiologist (assigned from CDC) responsible for communicable disease and environmental epidemiology for Utah Department of Health. He was trained in Internal Medicine and as an epidemiologist, including CDC's Epidemic

Intelligence Service (EIS). He was responsible for surveillance and epidemiologic preparedness for the 2002 Olympic Winter Games in Salt Lake City.

LTC Doug Mayne is the exercises, plans and training director for the Washington National Guard Joint Staff. He has been a member of the National Guard since 1992 and has supported over 20 civil emergencies. He is currently coordinating Exercise Evergreen Sentry 06, a Homeland Security full-scale exercise that will take place May 19th – 24th in Whatcom, Skagit and Snohomish Counties involving local, state and federal organizations.

Patty Daly, MD, FRCP(C) is Medical Health Officer and Director of Communicable Disease Control for British Columbia's Vancouver Coastal Health.

Dr. David Patrick is Director of Communicable Diseases Epidemiology Services at the British Columbia Centre for Disease Control and Associate Professor of Medicine at UBC. His interest is in fostering interdisciplinary approaches to the control of infectious diseases in populations. His challenge for the delegates is to find better ways of integrating emergency management to natural and man-made events with scientific discovery.

John Erickson is a Special Assistant with the Washington State Department of Health and director of the Public Health Emergency Preparedness and Response program. In this role he coordinates the overall agency work on emergency preparedness. He also administers the bioterrorism cooperative agreements with the Centers for Disease Control and Prevention and the Health Resources and Services Administration. As such he is involved in all aspects of biological, chemical and radiological emergency planning with Washington State's hospitals, local public health agencies, and other federal, state and local partners.

Prior to this he was the director of the Department's Division of Radiation Protection. John joined the Washington program in 1982 as an environmental health physicist. He moved up through the ranks within the Division becoming the director in 1996. John received his training at the University of California at Los Angeles and the University of Washington. He holds an MS degree in nuclear chemistry.

Wayne Dauphinee has been the Executive Director, Emergency Management Branch, Ministry of Health since April 2003. He is a qualified health services administrator, strategic planner and educator with 35 years experience in the field of health emergency management. Wayne is responsible for the ministries corporate emergency management process, including: disaster preparedness planning; and guiding the development, implementation and management of disaster management policies and practices. During an emergency or disaster his responsibilities include providing functional direction, coordination and support to regional Health Authorities. He is the Co-chair of the Federal/Provincial/Territorial (F/P/T) Emergency Preparedness and Response Expert Group and member of the F/P/T Council of Health Emergency Management Directors.

Appendix H

Workshop Evaluation

Cross Border Workshop Evaluation, 2006

Q: Where is your work location?

Response	# of Responses	% of Participants
1: Alberta	1	0.94%
2: British Columbia	20	18.87%
3: Yukon Territory	0	0.00%
4: Alaska	1	0.94%
5: Idaho	0	0.00%
6: Montana	2	1.89%
7: North Dakota	0	0.00%
8: Oregon	3	2.83%
9: Washington	68	64.15%
10: Canada First Nation / Tribal Lands	0	0.00%
11: US First Nation / Tribal Lands	0	0.00%
12: Other:	11	10.38%

Q: What type of organization/agency do you work for?

Response	# of Responses	% of Participants
1: Local/Regional Government	25	23.58%
2: State/Provincial/Territorial Government	42	39.62%
3: Federal/National Government	20	18.87%
4: Hospital or Community Clinic	4	3.77%
5: Military	3	2.83%
6: First Nation / Tribal Affiliation	2	1.89%
7: College or University	3	2.83%
8: Business	1	0.94%
9: Other:	6	5.66%

Q: What days of the workshop did you attend ? (Please mark all that apply)

Response	# of Responses	% of Participants
1: Monday, May 8, 2006 (Pre-Workshop Activities)	77	72.64%
2: Tuesday, May 9, 2006 (Workshop Day 1)	103	97.17%
3: Wednesday, May 10, 2006 (Workshop Day 2)	89	83.96%
4: I did not attend the workshop	0	0.00%

Q: What pre-workshop activities did you attend? (Please mark all that apply)

Response	# of Responses	% of Participants
1: Joint Session (1:30-3:20 PM)	65	61.32%
2: Regional Preparedness Assessment (3:30 PM)	20	18.87%
3: Public Health Laboratories (3:30 PM)	9	8.49%
4: Emergency Managers/Surge Capacity (3:30 PM)	19	17.92%
5: Public Health Law (3:30 PM)	10	9.43%
6: Communications (3:30 PM)	10	9.43%
7: Exercise Planning (3:30 PM)	5	4.72%
8: Public Policy Workgroup (4:30 PM)	1	0.94%
9: I did not attend any pre-workshop activities	23	21.70%

Q: Monday's Pre-Workshop Joint Session from 1:30-3:20PM provided a valuable forum for understanding different approaches to cross border collaboration and agreements.

Response	# of Responses	% of Participants
1: Strongly Agree	30	28.30%
2: Agree	39	36.79%
3: Undecided	6	5.66%
4: Disagree	4	3.77%
5: Strongly Disagree	0	0.00%
6: I did not attend the pre-workshop Joint Meeting	23	21.70%

Q: Because of the workshop, I have a better understanding of the Security and Prosperity Partnership of North America, and how it applies to cross border infectious disease surveillance and response activities.

Response	# of Responses	% of Participants
1: Strongly Agree	31	29.25%
2: Agree	45	42.45%
3: Undecided	14	13.21%
4: Disagree	5	4.72%
5: Strongly Disagree	0	0.00%
6: Did not attend	11	10.38%

Q: Because of the workshop, I have a better understanding of cross border agreements, including the PNEMA.

Response	# of Responses	% of Participants
1: Strongly Agree	44	41.51%
2: Agree	43	40.57%
3: Undecided	8	7.55%
4: Disagree	0	0.00%
5: Strongly Disagree	0	0.00%
6: Did not attend	10	9.43%

Q: What workgroup breakout session did you attend on Tuesday afternoon?

Response	# of Responses	% of Participants
1: Epidemiology/Surveillance/Infection Control	35	33.02%
2: Public Health Laboratories	7	6.60%
3: Emergency Managers/Surge Capacity	20	18.87%
4: Communications	9	8.49%
5: Exercise Planning	8	7.55%
6: Public Health Law	17	16.04%
7: Floated between different sessions	3	2.83%
8: Did not attend	6	5.66%

Q: The workgroup breakout session that you attended was useful in identifying and clarifying issues necessary for seamless cross border collaboration.

Response	# of Responses	% of Participants
1: Strongly Agree	39	36.79%
2: Agree	51	48.11%
3: Undecided	5	4.72%
4: Disagree	4	3.77%
5: Strongly Disagree	0	0.00%
6: Did not attend a workgroup session	6	5.66%

Q: The workgroup facilitator(s) effectively facilitated your workgroup breakout session.

Response	# of Responses	% of Participants
1: Strongly Agree	36	33.96%
2: Agree	54	50.94%
3: Undecided	5	4.72%
4: Disagree	3	2.83%
5: Strongly Disagree	2	1.89%
6: Did not attend a workgroup session	5	4.72%

Q: There was enough time during your workgroup breakout session to meet its objectives.

Response	# of Responses	% of Participants
1: Strongly Agree	27	25.47%
2: Agree	54	50.94%
3: Undecided	10	9.43%
4: Disagree	9	8.49%
5: Strongly Disagree	0	0.00%
6: Did not attend a workgroup session	5	4.72%

Q: In general, there was enough time for questions and discussion from the audience during the plenary speaker presentations of Tuesday and Wednesday morning.

Response	# of Responses	% of Participants
1: Strongly Agree	28	26.42%
2: Agree	65	61.32%
3: Undecided	1	0.94%
4: Disagree	11	10.38%
5: Strongly Disagree	0	0.00%
6: Did not attend	1	0.94%

Multiple choice - one answer (button)

Q: This workshop was useful in strengthening professional relationships across borders.

Response	# of Responses	% of Participants
1: Strongly Agree	73	68.87%
2: Agree	25	23.58%
3: Undecided	6	5.66%
4: Disagree	2	1.89%
5: Strongly Disagree	0	0.00%

Multiple choice - one answer (button)

Q:

This workshop was useful in identifying issues to be addressed in a formal cross border public health information sharing and mutual assistance agreement or MOU.

Response	# of Responses	% of Participants
1: Strongly Agree	46	43.40%
2: Agree	46	43.40%
3: Undecided	12	11.32%
4: Disagree	2	1.89%
5: Strongly Disagree	0	0.00%

Q: Please indicate the format you would like to see for next year's cross border workshop.

Response	# of Responses	% of Participants
1: Three day workshop (pre-meeting day followed by two formal workshop days)	59	55.66%
2: Two day workshop (no pre-meeting activities)	35	33.02%
3: One day workshop	3	2.83%
4: No workshop	1	0.94%
5: Other:	6	5.66%

Q: If a pre-workshop meeting day is scheduled for next year's workshop, which format would you prefer?		
Response	**# of Responses**	**% of Participants**
1: Joint session only	17	16.04%
2: Joint session followed by individual workgroup meetings	53	50.00%
3: Individual workgroup meetings only	20	18.87%
4: No opinion	14	13.21%
5: Other:	0	0.00%

Q: What cross border issues would you like to see addressed during next year's cross border workshop?

1. Either sign agreements or focus on relationship building.
2. Interaction with health care providers.
3. Whatever you address, please leave more time for questions and discussions among whole group. this is when I learned the most.
4. More expansion on current themes!
5. When sharing resources and data, there are other agencies that will come into play - notably, customs, immigration, etc. These agencies might be invited to speak to discuss their requirements for free exchange of shared resources.
6. Legal Issues: Employment law questions during a pandemic outbreak
7. Follow-up on the initiatives that are underway
8. More 2010 preparations including cross-discipline meetings with non-Public Health emergency managers (what we should expect from them and vice versa). Legal issues related to data sharing (who has access to what)
9. Agreement updates. More info from other attendees beside Washington and BC. like Alaska, Idaho.
10. Progress made during the past year on all the preparedness areas.
11. I think the updating on agreements such as PNEMA will continue to provide a framework for discussions. Maybe more discussion next year of specific joint approaches to risk communication, drills and exercises, and other trainings (NIMS?).
12. I would like to develop some dialog that addresses the federal support to the issues and cooperation. It would also be nice to begin working with the other regions (Great Lakes/IEMA) to perhaps find common ground and eventually combine efforts.
13. Surge Capacity: Model development and exercise
14. More emphasis on day to day PH issues/emergencies that face both sides of the border ...ie communication, sharing of data/resources.
15. What are the HMO positions / activities for planning to, and responding to significant X-border health concerns - Avian, West Nile, pandemic, etc.

16. Beyond communicable disease - food policy, tobacco
17. Start to outline processing of an event - kind of like a table-top learning exercise - to discover the pieces involved in responding to an event.
18. Identification of other groups working on cross-border issues, e.g. law enforcement, emergency managers on non-health related emergencies, firefighters, private businesses, and a discussion about how we could coordinate and share resources and knowledge; especially before 2010 Olympics.
19. focus on public health information sharing in preparing for and responding to a public health emergency
20. A better understanding of actual goods and services regularly going across border and the potential consequence to health sector should these goods and services be unable to cross border during a disaster.
21. Continue developing Mutual Assistance Arrangements or Agreements, Inter-state/province collaborations along the border, Cross-border local and tribal preparedness for EWIDS
22. Exercises need to remain on the schedule
23. Exercise planning as part of the joint sessions
24. Monitoring and testing for Avian Flu, Consistent messaging around Avian Flu, Antiviral purchasing and dispensing strategies
25. Comparing and contrasting developed MOUs that are being used, Tabletop exercises on how we would work together in a specific scenario
26. Joint Planning efforts - more time to get the real work done, not just discussions of what should happen.
27. Signing of public health operational plan, even if it's only between BC ; WA
28. Development of relationships is keys. Allowing participants to show their interests and expertise in conjunction with social activities
29. Content of Public Health Annex to PNEMA., Border Crossing issues (invite Immigration officials), Law enforcement involvement.
30. Review of PNEMA, mapping of how government's health care deliver their services and public health, map of north west provinces and states
31. Same ones - still so much work to do!
32. Continuation on Whistler Olympics planning, Whatever the emergent PH issue is then - continuation of Pandemic Flu, etc?
33. Epidemiological issues.
34. Vancouver Olympics 2010 health impacts of tourism from Canada to Washington and vise versa
35. Examination of the components of the protocols necessary to implement PNEMA
36. Specific legal issue(s) that need to be addressed
37. More focus on EMS. Perhaps a workshop dealing with this subject. More involvement and participation from EMS agencies.
38. Status of legal work, More science based presentations updating and educating non-scientists, Law enforcement/public health surveillance intersect re BT agents, Presentations from Idaho and Oregon re their work on border issues
39. LRN certification for BC
40. Cross Border to be included within the States with Tribal entities.

41. Partnerships with community/business stakeholders
42. Update of the 2010 Olympic planning
43. Emphasis on epidemiology, surveillance systems, infection control and sharing between states and Canada.
44. Follow-up on PNEMA, Results of other breakout groups progress, Emergency Management vs. Public Health Management perspectives - What's the Beef? Overview of results of all regional bio-disaster drills including federal, territorial, state, county, etc.
45. Continue with this years work. Great to see the work being done by BC for 2010. Nice to see the work being done has actual applicability.
46. Discussion of a cross border exercise.
47. EMS patient transport across borders. We need to invite the border patrol and customs folks so they may present the issue they face when we need to move patients!
48. 1Pan Flu if it is still an issue (which I'm sure it will be), especially in the areas of a) surveillance and b) uniform recommendations to the public regarding preparedness., 2. The need for public health to be vigilant and vocal about the possibilities of misuse of police powers in the name of terrorism surveillance. (Our Canadian counterparts seem to be more aware of this danger than we are and we need to raise our awareness), (1) Role of Federal border personnel when supplies are needed from across the border.(2) Jurisdiction issues when moving medical supplies across the border. I think we have a vast array now.
49. Continue work of the law addressing PNEMA, medical surge, and resource typing.
50. Work out the specific protocols with the existing MOUs.
51. US Food and Drug Administration Regulatory Issues regarding emergency shipment of medicines and vaccines across the border.
52. Pan Flu - Cross Borders use of SNS materiel ; Canadian Stockpile
53. Coordinating border access and crossing with Federal authorities from both countries.
54. Surge capacity, Update on PNEMA, Altered Standards of Care and adjustment of health/medical regulations or requirements during a disaster.
55. Licensure and liability issues addressed in detail.
56. Issues involving military, law enforcement cross-border activity, More focus on Mexico-Canada-US strategic partnerships, Legal sharing of intelligence
57. Most useful for epis to meet with their counterparts and make progress with ongoing cross border efforts. We had a separate public health vet cross border meeting a couple of days later- should have been incorporated.
58. Integration across borders of info/data on diseases of concern (or select “;focus”; diseases). For example, gather, integrate and analyze regional info on Listeria infections, teasing out the regional “;flavor”; of this disease to help inform its epidemiological surveillance ; management.
59. How we will actually implement the ideas that were tossed around during the conference. There was a lot of discussion, but very little put into action at the time of the conference. By next year I would hope that the state and provincial governments have at least started to create a working document for discussion at the conference.
60. Please add the Olympic status report.

61. Update on PNEMA Annex B & X, signing and capabilities that potentially brings to the agreement, Update on the action items identified in the various sessions, Update on progression PNEMA and other agreements
62. Updates on the 'official agreements' as opposed to some of the informal agreements that exist
63. More specifics needed. Perhaps a survey or questionnaire before next year's meeting to see exactly what people are searching for. Then we can all bring tactical materials and really get some more “;hands-on”; experiences and real answers for people at the time. (instead of all the follow up later, which is, of course, also good in keeping up stakeholder maintenance)
64. Cross border communications

Q: What cross border activities would you like to see take place over the course of the next year?

1. Keep up awareness of activities, and approaches to common problems and issues.
2. Field trips cross-border; exchange personnel for a day or a week at a time; make visits to each other's workplaces, Test contact lists, Share org charts
3. Completion of written agreements or MOUs under authority of the PNEMA.
4. develop a wallet-sized name and phone number for 24/7 contact among agencies.
5. Ditto
6. Finalize MOUs and perform joint training and drills.
7. Planning and exercises
8. Ongoing exercise planning, Continue to work on departmental level agreements across the border once Annex B is signed - have these ready for signature at the next cross border meeting.
9. General networking time
10. Updates on progress on formal agreements
11. Cross border drills and exercises
12. The agreements seem to be well on track. We need to be thinking operational issues, which were the main topics discussed in the workgroups as far as developmental needs.
13. Development of alternative surge capacity models, Development of joint exercise calendar, Development of Exercise for next session
14. Continue with cross border activities based on location ie> Interior with District 8,9. 10 etc.
15. Improvements to information sharing structure, better distribution system for info updates, resource list of best practice items, ads, etc. that can be shared.
16. Looking at specific objectives and developing action plans to meet cross border goals.
17. Development of operating procedures by working groups, with identification of legal issues/perceived barriers, which the legal workgroup could review and resolve, including identifying whether legislative changes are needed.
18. broader public health law forum with a focus on northern border issues
19. Tabletop exercise planning.
20. Same answers as question 17
21. At least one meeting of the exercise working group

22. Clear goals and objectives for what is to be accomplished, and planned, facilitated discussions rather than so many tedious presentations.
23. Exercise planning and joint exercise
24. Completion of coordinated plans for ports of entry
25. See previous
26. Follow through on identified activities.
27. Resource typing (identify assets), draft public health operational plan
28. Some sort of exercise or drill
29. Joint exercises.
30. Posting of the presentations given this year, Updates of pending agreements sent to conference participants, Media involvement so the public is aware of all of the work being done
31. Up date on agreements, list serve discussions
32. Continued independent meetings between colleagues across the borders who are dealing with the various issues.
33. Follow up on legal issues raised by the other groups so we can pick topics to focus on at the next conference
34. Continued sharing among local, state, and federal partners.
35. Table top exercise testing a scenario
36. Building relationships, work on sharing of resources, staff, equipment, drugs, EMS exercises and EMS joint responses
37. Workgroups complete protocols for incorporation into annex B, signing of MOU between DOH and BCPH, meetings with WA and BC lawyers to identify what legal barriers there are to specifics of what the workgroups want
38. Each group should be functional. Should have tel. conf. or by some other means communication need to be continued
39. How both cross border entities working with Tribal nations.
40. Establishment of a Cross-Border Public Health Issues Working Group under the aegis of either PNEMA Annex B or the WA-BC MOU on Public Health Collaboration.
41. Invite Mexican Government for Cross Border issues.
42. ongoing workgroup conference calls and planning.
43. More alignment of the emergency operations management groups with the public health sector. Are these groups at cross purposes or are there real philosophical issues?
44. More work on local cross-border plans for response operations, followed by a cross border exercise.
45. Planning for EMS mass transportation cross borders.
46. I don't know if this is realistic, but I'd like to see an informal get-together with no purpose except getting to know our cross-border partners better (in a low stress, non-goal-oriented situation). [Maybe optional and on our own time.]
47. Exploring the prospects of electronically sharing surveillance data in real time (i.e. via the web). I am not sure what conversations and activities are already in process. I find it ironic that Public Health is a scientific discipline that greatly benefits from standardization, yet we have 50 states largely going off on their own developing independent electronic reporting systems. I am under the impression that these systems were to be built around guidelines laid out by the CDC, but I have heard little to no conversation about how Washington State could share/transfer data back and forth (in a timely

manner) with Oregon (let alone anyone else). And, I assume one of the reasons for this is the daunting nature of the issue resulting from the independent production of such electronic reporting/surveillance systems (i.e. PHIMS). With a lack of standardization in what data fields (and how they are formatted) are included in electronic reporting/surveillance systems, mapping data from one system/database to another is a monumental task. Sorry if I went off on a bit of a tangent/rant, but issues like this get me going.

48. Exercise the PNEMA
49. Communications checks
50. Develop MOUs to permit shipping SNS materiel (and Canadian Stockpile supplies) across borders
51. List server to share information among participants.
52. Surge capacity, details on cross border assistance with supplies and equipment, coordination on all aspects of avian influenza surveillance.
53. Formalization of various annexes.
54. Exercises involving application of public health laws (appeared to be very little practical understanding of how isolation/quarantine laws would be imposed across jurisdictions [local] and borders [Canada/US]).
55. “;Exercises”; of actually sharing persons/assets. For example, set up a disease outbreak exercise in which an Epidemiologist from the U.S. goes to B.C. and one from B.C. goes to the U.S. , The outbreak need not be BT or CT, it could be mumps or Salmonella.
56. I would like to see more interaction between the provincial and state governments. An annual conference is not enough to maintain working relationships between Canada and the U.S. We should be planning cross-border exercises in order to work out the kinks in coordinating multinational emergency response efforts.
57. Cross-border exercise and tabletop.
58. Perhaps some activity (higher level) on communicating joint planning at the State/Prov/Terr level, most of us have lots of activities to do during the year so we don't need anything new. However, we should spend some of our activities advancing the issues identified in the sessions.
59. Continue meeting with direct partners in Washington and Idaho
60. If one doesn't already exist, I would like to see a strategic plan developed for the activities. Many people are conducting a number of activities but I didn't get the impression that the group knows where it is head (i.e., what are its long-term objectives, who are the responsible parties).
61. Meetings of individual interest groups
62. Table top and functional exercises
63. Cross border Joint Information Centers

Q: What did you like most about this workshop?

1. The networking and Wednesday's presentations.
2. The Canadians! And the opportunity to meet people from all over and learn what they do with respect to cross-border work.
3. I liked the realization that we can use authorities in PNEMA to establish public health cross border agreements/MOUs, and that these can be signed at the Secretary/Health Officer level, rather than \governor/premier levels of government.
4. networking and talking to colleagues.
5. Great learning experience; networking with cross border colleagues
6. Subject focus and networking
7. The connections between people were invaluable. There were people with incredible background and knowledge and they were invariably approachable and friendly. I have never been to a conference where I felt I gained so many valuable connections. It was just terrific.
8. The opportunity to meet new partners and to catch up with others.
9. Progress made in the Annex B discussion by the lawyers. This creates a path that we should take advantage of.
10. Networking at our tables.
11. The breakout sessions and hearing how others across the country are accomplishing this work.
12. Solid knowledge conveyed. Gene Mathews was excellent and provided a great framework for thinking about regional preparedness
13. Good networking, alternative ideas sharing.
14. Meeting and understanding issues facing other health authorities not only in Canada but the US as well.
15. Ability to learns about priorities in US
16. Networking and learning
17. Collaboration with peers during sessions and after hours.
18. Cross section of multi-sectoral ; strong multi-jurisdictional representation at the meeting - encouraging built in information/ knowledge sharing.
19. The opportunity to build relationships, network and develop a shared understanding about many of the common issues faced.
20. Organization, collaborations, and development of tools and resources for implementation of joint activities.
21. Finally agreed to a plan for getting joint exercise planning off the ground
22. Networking, meeting colleagues, ability to talk about how things are working and what others are doing
23. Great opportunity to meet partners and re-connect
24. Good feeling for the multiple perspectives existing on cross border issues.
25. Brief presentations of national efforts, Cross border port of entry issues, The legal presentations, I preferred this format of presentations leading naturally to discussion, rather than just scheduling dialogue on an issue
26. Meeting new people with similar ideas and networking
27. Very well organized with a good slate of speakers

28. Information and connections
29. Opportunity to network with public health law colleagues
30. A good mix of background, practical and theoretical information.
31. Movie night -- excellent relationship building.
32. The networking, The legal presentations were also very helpful
33. Networking, location, information
34. The excellent speakers and the opportunity to interact with local, state and federal colleagues from both sides of the border
35. The opportunity to meet the players.
36. Networking, meeting counterparts in Canada and other Washington co workers not part of normal work life.
37. The content was interesting, most of the speakers were inspiring, and the opportunity to re-connect with colleagues across the border was invaluable.
38. Opportunity to get to know cross border colleagues and build relationships; opportunity to discuss cross border issues.
39. Contact with tribes, state, and local staff. Talking with them re what their needs/issues are.
40. Opportunity to attend and hear about the existing and developing cross-border agreements. Gained a better understanding of legal issues.
41. Interactions and some quality speakers
42. There is great value in spending time, in person, with colleagues from other venues, especially those from Canada. Getting to know them and comparing notes as to how our systems work alike and are dissimilar is very important. Some of the presentations were very good, including those by Dr. Hofmann, Dr. Hayes and Secretary Selecky.
43. Chance to build and strengthen relationships with colleagues from all jurisdictions. We all left the original subject behind and discussed a multitude of other subjects, resolving a number of issues. Structure was such that we were allowed to discuss what we wanted, and this proved incredibly valuable.
44. Time with lawyers from feds, states and BC
45. Meeting colleagues face to face.
46. Speakers.
47. The collegial atmosphere and mixing with bit hold and new friends.
48. Jo Hofmann's Pandemic Influenza presentation and 2010 Olympics panel presentation.
49. Networking and meeting counterparts from other parts of the area. Opportunity for dialogue and joint problem identification and resolution.
50. Networking
51. The networking with cross border counterparts
52. The variety of disciplines that were represented and the friendly atmosphere or corporative environment.
53. The opportunity to get to know our partners better. Better understanding of PNEMA and other agreements.
54. It was more focused than the other conferences. It was evident that much progress has been made over the past couple of years.

55. I really liked the smaller group interaction. So much more was accomplished than listening to people talk.
56. Public Health Law
57. The opportunity to meet people across jurisdictions was by far the most useful byproduct of the meeting., This opportunity to provide feedback is far superior to the old fill out the paper form at the end of the conference ordeal. Personally, I'm much more inclined to give in-depth feedback in this type of forum.
58. Location, good to me my federal partners at the meeting with the states.
59. Presentations, breakout sessions and opportunity to meet with people from British Columbia.
60. Meeting folks
61. Excellent legal presentation by CDC Foundation attorney., Excellent presentations by Mary Selecky, Wayne Dauphinee, David Patrick and local county health director.
62. Seeing the group “Pandemic Influenza”; movie and networking with others.
63. Opportunity to network and share ideas.
64. Opportunity to interact with US counterparts.
65. The Epi workgroup meeting, the high quality of the presentations, and the opportunities for networking.
66. Thanks to all of those that put so much effort into organizing this conference.
67. Olympic presentation.
68. This was my first one, so learning of PNEMA and the other initiatives was very useful, as was the update in planning for PI and 2010, and evidence of efficacy of planned interventions. Networking with the folks within my own region and getting updates on the activities they are working on also useful.
69. Meeting many people from US/sharing ideas/issues. Finding out where everyone is at with their planning
70. Networking
71. The session on Public Health Law.
72. Speakers; face-to-face meetings with new stakeholders. I also enjoyed the pre-conference, ongoing teleconferences I participated in.
73. Attendance from many different local jurisdictions
74. The scope and scale is increasing annually. Gaining momentum and value.

Q: What did YOU THINK NEEDS IMPROVEMENT?

1. While it is beneficial to continue general involvement, it appeared that progress toward actual goals was stymied by the fact that half of the participants were totally new to the process. Frankly developing agreements seemed to be lost in the shuffle of discussion.
2. Better preparation for the speakers, work out technical/AV problems in advance, hold a workshop in Victoria...
3. Hire professionals to run the AV equipment.
4. hear a bit more from outlying areas like Yukon and Alaska.
5. It was fine
6. Was very well managed - no suggestions for improvement.
7. There were some power point speakers who simply were reading slides and not offering much in the way of new or helpful information. The very worst was Karen Becker, who I felt was insulting to the Canadians in her suggestion that they share; their antiviral stockpiles. Her talk offered nothing that I could see. In contrast, Gene Mathews and Jo Hofmann were simply outstanding. Everything they said created ideas or an expansion of knowledge. The whole thing was worth it because of the really good speakers and the wonderful participants.
8. More involvement of other states, provinces, tribes and first nations.
9. Don't make this seem like it will result in a cross border agreement. That work would be more efficiently done by a small group. This is really more informational on what's going on, who is out there, etc. and should be designed as such.
10. Less US Federal planners talking.
11. Less panels with more substance
12. Bigger TV for the movie...
13. No improvement...it was great
14. Workshop was excellent, recommend keeping the same format.
15. It was done very well.
16. Big screen TV for viewing of ABC movie, with popcorn, and preferably in the lounge/bar. Not much else to suggest. Well done.
17. Perhaps a location closer to a major transit hub
18. Consider adding selected stakeholders outside of health to bring other perspectives (e.g., border officials).
19. Enhance local and tribal participation from all border states and provinces.
20. We tend to meet then go home and not do anything until next year. A mechanism need to be developed to ensure that more is happening in the interim, Need a variety of speakers on different subjects. Just focusing on one subject tends to loose audience interest.
21. Clear goals and objectives, more opportunities to discuss issues and address problems.
22. Having the powerpoints during the presentation is very helpful
23. The format and timeframes work well for those traveling
24. The national initiatives e.g. EWIDSS, PNEMA, SPP of NA are complicated and it would be helpful to have brief summary handouts to take back to stakeholders- perhaps attached to a poster.
25. Instead of the “;federal perspective”; presentations I would say a panel where the audience could ask question would be a benefit.

26. it met my expectations
27. More Canadian federal representation, especially in public health law, pitchers of water on tables
28. Clearer objectives for the break out sessions
29. Feedback from the break out sessions to the larger group
30. Maybe a planned evening event such as a dinner cruise.
31. Just repeat this year's success - it was great!!
32. The breakout Epi work group wasn't a work group. There were three or four presentations given. There was no discussion of issues/solutions among the group at all.
33. The Tuesday night movie/social was a great place to relax and get to know each other in a very informal way. Without that the conference would have been lacking.
34. I thought it was excellent.
35. Was very good - thanks!
36. Thought it was well-done overall.
37. We need a communal social event in the evening such as dinner which could be an option and on a cost recovery basis
38. Pre-workshop topic meetings had been scheduled and a lot of work went into preparation. It was disappointing to have them cut to one hour for a joint session on PNEMA and some presentations from other regions of the country. That change also gave an air of the conference having officially started instead of being in the “pre-workshop”; stage. Seemed odd to have opening remarks Tuesday when the feel at Monday's joint session was that the conference had been moved up and began early. Set an agenda, stick to it as much as possible and change it only when necessary. The PNEMA discussion could have been shortened and included in the regular two days of work.
39. We need to have representatives from both US and Canadian Border Services (Immigration, Customs, Border Patrol, RCMP). We can plan all we want, but the people that are maintaining border security have final say; they should be part of the planning process.
40. Better microphone system, the federal speakers on prosperity were not the same high quality as other speakers, protein for continental breakfast and snacks (meat/ cheese things)
41. I like the present format.
42. Had some heavy-hitters from the Canadian side of the border.
43. Having each of the work groups report back on work accomplishments and plans for the next year.
44. More intermingling of different breakout groups, e.g., legal, emergency management, healthcare.
45. Could we please have some form of protein at the continental breakfasts. Milk, yogurt something other than just carbohydrates please. (Whole wheat bagels), Thanks to you all. I appreciate all the work it takes for you to put this together. The workshop was wonderful, one I really enjoy and look forward to attending each year.
46. Discussion of work group product. None was ever offered. What were the other guys doing?
47. This one went very well. No suggestions.
48. I can't think of anything-- it was very well done and the organizers should be applauded.
49. More small group interactions
50. I was not at all impressed with the content of the formal conference days (unfortunately, a scheduling conflict inhibited me from attending the pre-conference activities)., It felt as though I was watching re-run after re-run with a whole bunch of hype about how well we are working together (across jurisdictions and agencies). I would like to see more focus on specific planning activities, examples,

roposed solutions of how we (in the Pacific-Northwest and surrounding regions) can better integrate our systems. I felt like the information presented (which was for the most part non-specific) could have been summarized in about 2 hours. In my mind this conference highlighted the overall problem with public health initiatives stimulated from the homeland security funds/program...The intentions are good, but the execution is segmented, inefficient and in the end, unsatisfying.

51. How about State/Providence updates, working group of State/Providence Preparedness managers addressing like type concerns/issues.
52. Quicker access to the presentations and notes post conference. Thank you for a truly excellent meeting.
53. The pre-conference afternoon break out sessions were not useful at all--poorly structured, and I think too early in the conference to really have a lot to go over. The pre-conference joint session was very good. I would keep and enlarge the joint session by adding an additional speaker.
54. It was excellent the way it was.
55. Great involvement of Canadian experts (in my workgroup of approx. 20 people, there appeared to be only 3 legal experts from BC).
56. Overall, the workshop was well organized and run. One more opportunity for “;Epi persons”; to meet would have been beneficial.
57. There seemed to be a lot of repetition in regards to the power point presentations given. Perhaps there may be a forum for the speakers that would enable them to look at each another's presentations to avoid this.
58. Add hot topic presentations. Topics which have current high interest and visibility.
59. Overall very good - I don't have any useful suggestions.
60. Group session was poorly facilitated and a bit disorganized. Facilitator didn't seem to understand the purpose or there was disagreement between her and the group
61. Hold a joint session on the review or development of a strategic plan for cross-border issues; give better summaries to meeting participants (through written meeting notes, not just reports from the section lead) about the discussion/decisions that occurred in individual sessions.
62. More opportunities for sharing experiences in small groups.
63. I do enjoy the breakout sessions group by group, but there isn't enough of bringing the groups together to share what everyone discovered afterward = connectivity between groups/workshops., Still too much working in 'silos' to be extremely productive.

Appendix I
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