

2012 Summary Report

Pacific Northwest Border
Health Alliance Ninth Annual
Cross Border Workshop
*“Seismic Events: Health
Impacts, Consequences and
Preparedness”*

May 15-17, 2012
Tacoma, WA





Electronic copies of this report are available on the Pacific NorthWest Border Health Alliance webpage (<http://www.pnwbha.org/>). For further information, please contact info@pnwbha.org

Member Jurisdictions



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Acknowledgments

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We also wish to thank the Public Health Agency of Canada and the US Centers for Disease Control and Prevention for providing financial assistance to conduct our ninth annual cross border workshop in the Pacific Northwest.

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Report preparation – Information presented during plenary and workgroup breakout sessions that appears in this report was collected and assembled by the Washington State Department of Health’s team of facilitators – Laura Blaske, Larry Champine, Greg Nordlund and Cindy Marjamaa.

Electronic Copies of Workshop Materials

Electronic copies of this report are available on the Pacific NorthWest Border Health Alliance webpage (<http://www.pnwbha.org/>).

**Pacific NorthWest Border Health Alliance
Ninth Annual Cross Border Workshop
“Seismic Events: Health Impacts,
Consequences and Preparedness”**

Introduction

The Pacific NorthWest Border Health Alliance (PNWBHA) held its ninth annual bi-national cross border workshop in Tacoma, Washington, May 15-17, 2012. The workshop’s theme, “Seismic Events: Health Impacts, Consequences and Preparedness,” focused on the PNWBHA’s work of strengthening our ability to detect and respond to infectious diseases and disasters across borders of the greater Pacific Northwest region. Over 200 professionals attended from Canada (including Alberta, British Columbia, Saskatchewan, Yukon, Canadian First Nations and Federal Government Agencies) and the United States (including Alaska, Idaho, Michigan, Minnesota, Montana, Oregon, Washington, Native American Tribes and Federal Government Agencies), representing fields of epidemiology, public health laboratories, emergency management, emergency medical services, indigenous health, risk communications and public health law.

New Attendees/Refresher Orientation

PBWBHA Overview: Who We Are and What We Do

Wayne Turnberg, PhD, MSPH, Program Manager, Epidemiology, Public Health Emergency Preparedness and Response, Washington State Department of Health, Pacific NorthWest Border Health Alliance

CA-US Health Systems: Similarities and Differences

CA-US Pan Border Public Health Preparedness Council (PBPHPC) Overview

Wayne Dauphinee, MHA, Executive Director, Pacific NorthWest Border Health Alliance

Workgroup Meetings

Seven cross border workgroups convened on May 15, 2012, to discuss the status of projects, new issues and next steps. Following are reports on each session:

Epidemiology and Surveillance Workgroup

The purpose of the Epidemiology Workgroup is to maintain preparedness for communicable disease events affecting Canadian and northwestern US jurisdictions by:

- Maintaining collaboration and communications between jurisdictions.
- Identifying, reviewing and resolving potential issues during interjurisdictional communicable disease response and other public health events.
- Developing and maintaining a data sharing agreement for common understanding of data sharing during interjurisdictional events.
- Developing and maintaining plans and protocols for responding to interjurisdictional communicable disease and other public health incidents. Planning coordination, communication and response for interjurisdictional communicable disease and other public health incidents.
- Planning for education, outreach and dissemination of plans to local health partners.

In the past year, the workgroup has:

- Responded to a multijurisdictional communicable disease event—pertussis in tribal longhouses on US-Canadian border—and conducted debrief at Cross Border workshop.
- Begun strengthening collaboration between epidemiology and tribal representatives.
- Expanded participation of food regulatory agencies in the Cross Border conference.

Strategic objectives include:

The Pacific NorthWest Border Health Alliance (PNWBHA) is a cross border collaboration with a primary goal of integrating public health preparedness and response initiatives at all levels of government, including tribal and First Nations, throughout the Pacific Northwest in order to mitigate health impacts of public health emergencies. Five-year objectives include continuing to strengthen relationships, maintaining up-to-date contact and communication plans, documenting and expanding awareness of agreements for data sharing and protection, further developing cross border response protocols, and increasing reciprocal participation in cross border public health response exercises and case studies of public health events of interjurisdictional interest between PNWBHA member jurisdictions.

Next steps:

- Assess similarity of emergency preparedness training conducted in the United States and Canada.
- Collaborate and share knowledge on developing mechanisms for collecting and presenting surveillance information that can be easily plugged into an incident command structure.
- Strengthen all-hazards epidemiology awareness and improve integration of non-communicable conditions surveillance such as injury surveillance.

- Plan and conduct a cross border call-down test; update and distribute contact list to participating jurisdictions.

Public Health Laboratories Workgroup

Dr. Gautom cited laboratory workgroup successes including adding the British Columbia Centers for Disease Control to the Laboratory Response Network in 2010 and establishing a memorandum of understanding that allows laboratory samples to be shipped from the US to BC. He also mentioned the addition of Alberta to the workgroup.

Pertussis

Brandon Leader described this year's pertussis outbreak in Washington and discussed the way Washington laboratories test for pertussis. In 2009, the Public Health Laboratories moved beyond polymerase chain reaction testing to more targeted testing. The CDC sent a team to look for testing methods in labs that could lead to incorrect pertussis results. The CDC is also looking at ways to look at cases retrospectively. There was discussion among the group of testing methods and the results they produce. State and national surveys have shown wide variation in PCR testing methods related to pertussis.

Testing across the Washington State shows waning effectiveness of vaccine among adolescents.

Alberta uses two systems for collecting data and is hoping to reconcile them eventually. They are able to analyze for flu and other respiratory diseases quickly and break down data by region. They hope to expand this kind of analysis to other types of disease.

BC's pertussis outbreak began with unvaccinated school kids in Hope in 2010 and spread west. BC's tests were unable to differentiate between pertussis and holmesii. They noticed that upticks in suspected cases occur when the media focuses on disease cases. BC had 209 total cases, but only 40 were lab-confirmed.

Lyme disease

Dr. Morshed proposed putting together a working group to study Lyme disease in the northwest. Lyme disease gets a lot of attention in BC even though it is not a significant problem. He wants to be able to demonstrate that the level of public concern is unfounded. He also believes that producing a product such as a white paper on Lyme disease is a good way to bring attention to the work of the group. As a next step he would like to collect names for a working group.

Washington State chemical and radiation laboratory work

Blaine Rhodes discussed work of Washington's LRN C labs in testing urine and whole blood for tetramine, a rat poison that finds its way into food. He also discussed testing for melamine in meat-producing animals. He added that this is a concern with products from China and Brazil, whose food industries are unregulated. The FDA is posting monitors to China and trying to

encourage regulation there. The FDA looks at some imported food for pesticides, metals and arsenic but only a very small percentage of imports are sampled.

Blaine also discussed the activities of the Washington State radiation laboratory. He noted that the laboratory was established due to the presence of the Hanford reservation in eastern Washington. The most notable activity at the lab in the current year is the ongoing monitoring of radiation levels in food, vegetation, milk and tsunami debris related to the Fukushima event of last year.

Workgroup questions

The group discussed the ways in which laboratories would be affected by an earthquake and the methods they would use to continue to provide service (in response to Question 1 from the conference workgroup question list). Comments:

- Alberta has labs in both the southern and northern provinces and they can back each other up.
- Washington added BSL 3 lab space and during the upgrade, white powder testing was farmed out to Spokane and Oregon. They are working on a COOP that will designate where testing such as newborn screening can be done if the state lab is unavailable.
- The important thing in planning is to determine what lab testing is critical and how to accomplish it if your lab is shut down.
- The US Food and Drug Administration laboratories have a COOP and a national sample distributor that logs samples into appropriate labs according to availability.
- An earthquake would result in additional testing of water and food and a possible disruption of the delivery of supplies needed for testing. Others agree that drinking water would be priority along with possible chemical spills and supporting disease outbreak investigation.
- Earthquake damage is not typically widespread geographically, making it possible to send work to laboratories located outside of the affected area.
- The workgroup has worked on agreements for sending large amounts of samples from the US to BC and now the group needs to make sure they can be sent from BC to US, as well.
- The group agreed that there is a larger issue than the ability to perform tests in an emergency, and that is sharing data in a usable form. There is no standard method for collecting and presenting data. Universal coding system is needed. It was suggested that the CDCs in Canada and the US, the APHL and the LRN could help with this.
- It will also be important to establish a protocol for each lab that designates the personnel that will receive data from other labs. If your lab is out of commission and other labs perform testing for you, who at your lab will get the data from the labs that are helping you and how will they get the data to you.
- Knowing the capabilities of each northwest laboratory is important. This group did some work to compile a list at one time but it needs to be updated.

Washington State Public Health Laboratories facility upgrade

Dr. Gautom discussed the recent upgrade of the Washington State Public Health Laboratories addition to their Shoreline facilities. The original lab building is 26 years old. Since its construction, the lab staff has doubled and the state population increased 57 percent. The

addition provides another 11,000 square feet that includes a BSL 3 security area and a receiving area.

Emergency Medical Responders Workgroup

- The Cross Border Emergency Medical Service (EMS) Resources Matrix has seven of 10 jurisdictions complete. Two more jurisdictions should be complete by the end of June 2012.
- Within the EMS Matrix, we have identified by jurisdiction EMS transport and staffing capabilities.
- We have an EMS and auxiliary fact sheet and transport matrix from Washington State that is shared with British Columbia, Idaho and Oregon. This document is a planning tool that lists transport partners with individual contact information, vehicles and patient transport capabilities, and critical assumptions. The 11 different documents are by public health region with an individual counties list; by tribe with individual tribes list; and statewide with each region listed.
- The PNWBHA EMS Workgroup Brochure is complete and posted on the PNWBHA website.
- We have a better understanding of and processes in place for cross border EMS credential recognition.
- We have a better understanding of and processes in place for following patient care protocols during a cross borders deployment.
- We will exercise the EMS operational plan, moving EMS staff and resources from British Columbia into Washington, during the 2012 Evergreen Earthquake Exercise June 2012.
- There were two presentations during the EMS work group session:
 1. Josh Pearson, Seattle Fire and spokesperson for the Puget Sound Regional, Prehospital Emergency Triage and Treat workgroup, presented the Field Treatment Site (FTS) concepts and model to the EMS work group.
 2. Thomas Miner, Major, (*Retired*) Pierce County Sheriff's Department Incident Support Team Leader, Urban Search and Rescue Federal Emergency Management Agency U.S. Department of Homeland Security, USA and Larry Woodard, MD., Medical Officer, Urban Search and Rescue Federal Emergency Management Agency presented urban search and rescue information during the session.

Emergency Managers Workgroup

The groups discussed:

The earthquake exercise held in Washington in June. The exercise has involvement from responders including cities, counties, tribes, federal agencies, neighboring states/provinces and businesses.

There are two predominant sections of the exercise: a functional response exercise and an exercise receiving and staging a Federal Medical Station (FMS). A recovery tabletop is also included.

An explanation of the FMS—and of similar units in British Columbia—was given. The group heard about the Medical Reserve Corps (MRC) and its role in any public health response.

The group had presentations about planning for two specific types of events we are prone to in the Northwest: volcanic eruptions and tsunamis. Both depend heavily on the many variables that might occur—size and origin of waves or type and intensity of eruptions. Both also rely on well-planned, well-drilled evacuation plans.

Communications Workgroup

The purpose of the Communications Workgroup is to create a system that allows us to:

- Share communications products and best practices.
- Collaborate on shared issues.
- Quickly coordinate messages in emergency situations.

2012 Highlights

- Members shared presentations on:
 - Pertussis in Washington State (Washington State Department of Health).
 - Texting for Employee Emergency Communications (Public Health – Seattle King County).
- Members discussed resource challenges including:
 - Difficulty in getting all state and provincial communications representatives to attend.
 - Attendance gaps make it difficult to do multi-jurisdictional planning.
- Members used conference discussion questions on Seismic Health and Medical Issues as the basis for discussion of protocols, partnerships and resources.
- Members will work to bring more partners to next conference; need representatives from all states and provinces to build effective workplan.

Public Health Law Workgroup

The workgroup focused on the previous year's updates including:

- A network for public health law related to cross border issues.
- Discussion of recent Americans with Disabilities Act (ADA) issues—lawsuits by the Department of Justice and disability rights groups.

- Standards of care for healthcare professionals in emergencies.
- Review of a draft resource guide for local health jurisdictions.

Next steps:

- Work with state and local jurisdictions to review plans in light of ADA requirements, using the toolkits available from the Department of Justice.
- Revise and finalize Washington Local Health Officials Legal Resource.
- Determine how to maintain contact with each other during the months between conferences if the Cross Border Workshop is discontinued.

Indigenous Health Workgroup

The Indigenous Health Workgroup held its second meeting at this year’s workshop. The session began with a review of developments during the past year, which included:

- Developing a protocol for canoe journeys, building on best practices. (This project is still in its infancy.)
- Encouraging indigenous people to be the drivers of this work and to share information with each other.
- Holding regular conference calls with some members of the first workgroup.
- Having a regular venue to discuss/continue gaining an understanding of tribal sovereignty.

The workgroup discussed ways to enhance communication among tribes and First Nations regarding public health issues. Ideas included:

- Using the American Indian Health Commission (AIHC) as a filter to keep communications consistent.
- Using the annual Public Health Emergency Preparedness and Response (PHEPR) conference as a means to get information out.
- Drafting a list of contacts to get a dialogue started.
- Holding conference calls before the first canoe journey to let people get acquainted and share their communities’ plans for it.
- Creating an interactive map that illustrates things like communicable disease reporting.

The group also addressed the unique challenges faced by tribes and First Nations, such as:

- A prevalence of health disparities, which are exacerbated by chronic disease.
- Isolated rural areas that are hard to reach.
- A need for trained medical staff—not necessarily at the provider level, but at least trained in first aid.
- Limited stocks of medications and not having access to the Strategic National Stockpile. (Tribes are working with partners on this).
- Not all patients/clients are registered tribal members (tribal health programs may be the only health service in the area).
- A lack of clarity in roles and responsibilities during different events.

- Raising cultural awareness outside their communities to maintain respect for indigenous knowledge.
- Gaining support from other organizations (faith-based, etc.).

Next steps:

- Develop contact lists for Canadian and US governments, First Nations, and tribes.
- Identify tribal/indigenous partners.
- Illustrate and compare tribal/indigenous public health and healthcare systems.
- Identify and share public health and safety guidelines for traditional indigenous events.
- Find opportunities to share information, such as inclusion on the PNWBHA membership site.

Plenary Session Summaries

Opening Remarks from the Pacific NorthWest Border Health Alliance

John Erickson

Co-chair, Pacific NorthWest Border Health Alliance, US

Garnet Matchett

Co-chair, Pacific NorthWest Border Health Alliance, Canada

Tribal Ceremony – Puyallup Tribe of Indians

Connie McCloud, *Blessing and Initial Remarks*

Tribal Council Member, *Welcome to “Puyallup Tribal” lands*

Welcome

Mary C. Selecky

Secretary of Health, Washington State Department of Health, US

Anthony L-T Chen, MD, MPH

Director of Health, Tacoma-Pierce County Health Department, Tacoma, WA, US

The Orphan Tsunami of 1700

Brian F. Atwater

Geologist, US Geological Survey, Department of Earth and Space Sciences, University of Washington, US

Atwater talked about the phenomenon of orphan tsunamis that arrive without the warning of a nearby parent earthquake—in particular, one that occurred in Japan on Jan. 26, 1700. Japanese villagers documented the event in writing, but it took scientists nearly three centuries to discover the tsunami's source in North America.

In addition to the stories passed down through generations of native North Americans, researchers used geological clues to determine when earthquakes like this one struck the Pacific coast. This earthquake from the year 1700 wrote its own history on the coastal geology, helping scientists pinpoint the date it occurred.

Because this region is a border area of tectonic plates, the price we pay for scenery is a topography that makes our area more susceptible to earthquakes. Earthquakes happen at very irregular intervals and are impossible to predict. However, geological evidence and the study of "paleoecology" can help us prepare for future quakes and tsunamis in the US and Canada.

As to when and what size the next earthquake that hits this region will be, scientists can't tell us. But even on a "never do happen" timescale it will eventually happen, and public health emergency preparedness work in this area remains vital.

Keynote Speaker: Impacts of a Seismic Event – Health System Challenges

Eric K. Noji, MD, MPH

*Consulting Physician, Emergency Preparedness and Disaster Relief Coordination
Director (Ret.), International Emergency & Refugee Health Program
Centers for Disease Control and Prevention, Washington, DC, US*

Noji compared emergency preparedness and response to disease control. To control the spread of disease we examine the cause of disease, how to avoid it and how to treat it. For emergencies we examine the nature of a hazard, and determine the level of personal or group vulnerability to a hazard based on factors such as location (coastal locations with growing populations are most vulnerable to tsunamis, hurricanes and flooding).

Additional points:

- The danger from earthquakes is greater now due the fact that population is much larger than during previous recorded events.
- It is best to focus on communication of public health messages to minimize effects.
- Earthquakes don't kill people, buildings do. Building standards are essential earthquake preparedness.

- Causes of tsunami damage are velocity of wave, sustained mass of wave, flooding, wave retreat and shoreline erosion.

The Japan 2011 earthquake had a long period of earth shaking with aftershocks that were the most numerous and more powerful than those in earlier quakes in Kobe and Loma Prieto, CA. The entire country was affected due to damage to transportation and the power grid.

What We Can Learn about Disaster Preparedness and Response: A Study of the Experience of Hospital Staff in Concepción, Chile, During and 72 Hours after the Earthquake of Feb. 27, 2010

Norma L. Sorensen, RN, MA-DEM

*Manager, Social Policy & Programs, Emergency Management Unit
Ministry of Health, British Columbia, Canada*

On Feb. 27, 2010, a magnitude 8.8 earthquake and resulting tsunami struck Concepción, Chile. The death toll was relatively low at 560, but there was widespread destruction. The Hospital Clinico Guillermo Grant Benavente (HGGB) sustained serious damage to one of its three towers, which had to be evacuated. The hospital was left without electricity or water for 48 hours, making staff's work incredibly challenging, and dangerous due to strong aftershocks.

As part of a research project, Sorensen interviewed nurses, doctors and administrators who voluntarily returned to the hospital within six hours of the incident. She asked these questions:

- What influenced decisions to stay home or return to work?
- What disaster preparedness did they have?
- What cultural norms, beliefs and experiences influenced their response?
- What lessons might be learned from their experience for western Canada hospitals?

From these interviews, three main themes emerged:

Clinical practice

- Staff demonstrated true professionalism, putting patient care over personal safety.
- Staff had no hospital emergency plan nor personal emergency plans.
- It took 48 hours to establish essential services (no water, electricity, telephones, generators, etc.), resulting in a huge loss of business continuity.
- The event led to the initiation of detailed hospital emergency preparedness plans.

Psychosocial impact

- Psychosocial impact had the greatest effect on people by far—do not underestimate it.
- Staff experienced a range of emotions and physical symptoms, even a year later.
- “Social earthquake” vandalism occurred (looting and violent vandalism after the event).
- Religious beliefs provided strength to recover from trauma and learn from the experience.

Wisdom shared

- Patients were the main priority.

- There needs to be a structured emergency plan known to all, as well as personal preparedness plans. Sorenson was told, “Don’t be like us, be prepared.”
- Common sense counts.
- The event had a profound psychological impact on everyone.

Capacity Building Strategies for Public Health Preparedness

Bonnie Henry, MD, MPH

*Medical Director, Communicable Disease Prevention and Control Services and Public Health Emergency Management
British Columbia Centre for Disease Control
Vancouver, British Columbia, Canada*

Dr. Henry spoke about the evolution of emergency management and the slow but sure recognition of public health’s role, as highlighted during 911 and anthrax issues.

Issues discussed included:

- Early detection.
- Mass patient care.
- Mass immunizations.
- Epi investigations.
- Command and control.
- Mass fatalities.
- Evacuations.
- Environmental security.
- Community recovery.

Dr. Henry pointed out that the key is to build strong relationships on an ongoing basis as people’s roles change and new people come into the system. Emergency response issues—including building and maintaining these partnerships—must be integrated into regular work of public health.

This will help us all move to the next level where there is continuity in our agreements, response triggers have been identified, and we can promote investment in recovery. Public health can help lead the way for community resiliency to become the norm.

Examining & Re-Evaluating Legal Authorities for Tuberculosis Control

Clifford M. Rees, JD

*Practice Director, Western Region
Network for Public Health Law
University of New Mexico School of Law, Institute of Public Law
Albuquerque, New Mexico, US*

Rees became interested in public health emergency law, particularly as it applies across borders, when he worked on a team considering tuberculosis control along the US-Mexico border. His group worked on agreements for treatment of TB, including one between the Navajo tribe and the state of New Mexico, and one between New Mexico and Texas.

His points included the following:

- The basic types of public health law are federal, state, international, local and tribal. He also discussed the sources of law—constitution, common law, statutes, rules and executive orders.
- Public health law is not addressed in the constitution and thus is addressed at the state level. The issues most commonly addressed in state law are disease control, isolation and quarantine, and closure of public places.
- A federal order lists all diseases for which an individual can be quarantined.
- Tribal law provides its own public health and commitment laws. Tribal governments are free to adopt federal law in areas for which they don't have their own laws.
- States are not allowed to enter treaties without permission of federal government.
- In Mexico, there is no state level law, only federal law.

Existing international agreements include PNEMA, an MOU concerning international emergency management, and the Great Lakes Border Initiative.

Federal Medical Resource Support for a Natural Disaster

Moderator: Rick Buell

*Supervisory Regional Emergency Coordinator, Department of Health and Human Services
Assistant Secretary for Preparedness and Response, Region X, US*

Caitlin Harrison

*Regional Emergency Preparedness & Response Coordinator, Public Health Agency of Canada,
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Jonathon C. Rackard, Jr.

*Emergency Management Specialist, Deployment Team (DCT), Division of the Strategic National
Stockpile, Office of Public Health Preparedness and Response, Centers for Disease Control
and Prevention, Atlanta, Georgia, US*

Harrison presented an overview of the National Emergency Stockpile System (NESS), including a history of the program from its beginnings in 1952, and explained the similarities and differences with the Strategic National Stockpile (SNS) in the United States.

Vitale gave the group some understanding of one the SNS's resources, the Federal Medical Station (FMS)—what it is, what it isn't and what it includes, from medications and wound care to patient equipment and facility support tools.

(Lunch - Special Guest Speaker) Tidal Wave Impacts at Anacia (Panchena Bay)

Emchayiik (Robert Dennis, Sr.)

Chief Council for Huu-ay-aht (Retired), Huu-ay-aht First Nation, British Columbia, Canada

Dennis told the story of a tsunami that occurred in the villages of his tribe hundreds of years ago and how the details, handed down through the oral tradition of the native people, have helped in emergency planning today.

He included details such as locating infrastructure to high ground (learned from the destruction of the tsunami at sea level) and having a well-planned, well-trained community (the tsunami hit in the dead of night), as well as establishing a tsunami warning system.

Seismic Event: Response in Washington State

Timothy J. Lowenberg, Major General

The Adjutant General of Washington State, Director, Washington Military Department, US

Lowenberg discussed the need for creating new ways for people to think about and prepare for disasters. For instance, economic loss has a huge impact on affected communities, so working with businesses to help them plan ahead is crucial.

It's also important to make sure people understand the risks of events like tsunamis, which can have effects beyond ocean coastal areas to places like the interior of Puget Sound. We are vulnerable to a range of different earthquakes, and a range of destruction and displacement.

Spending time in communities providing education, maintaining warning systems, and establishing new methods and routes of evacuation—like vertical evacuation in low-lying areas—are crucial to helping people survive.

Tackling the Invisible Fallout of Disasters: A British Columbia Psychosocial Perspective

Heleen Sandvik

Provincial Lead, Disaster Psychosocial Program, Provincial Health Services' Authority, Vancouver, British Columbia, Canada

Sandvik described a new Canadian disaster mental health initiative, the Disaster Psychosocial (DPS) program. Providing psychosocial services helps responders do their work more effectively and helps communities recover more quickly with less dependence on government aid. The DPS consists of a governing council, staff and a volunteer network consisting of counselors, social workers and psychologists.

The program provides mental health services for both responders and the public. Field services are provided by local volunteers as much as possible. DPS services include training, volunteer management, coordination, policy development, response and community engagement. Volunteers provide worker care, psychosocial first aid, materials, consultations, assessment, support and crisis counseling.

The service was activated 11 times in the last year. In April of this year, the DPS responded to a mill fire in Prince George that resulted in a loss of homes and incomes for many.

Cross State Collaboration: Washington and Oregon Working Together to Build a Stronger Healthcare Volunteer Response

Akiko M. Berkman, MPA, MPH

*State Medical Reserve Corps Coordinator/ESAR-VHP Project Director, AmericCorps
VISTA/Medical Reserve Corps Accreditation Partnership Project Director, Oregon Health Authority, Public Health Division, Health Security Preparedness and Response Program, US

Sally Abbott, RN, MSN

Medical Surge & Healthcare Coalition Coordinator, Public Health Emergency Preparedness and Response, Washington State Department of Health, US

Scott Carlson

Volunteer Systems Coordinator, Public Health Emergency Preparedness and Response, Washington State Department of Health, US

The group heard a discussion about the different volunteer programs for public health response in both Washington and Oregon—how they are similar, how they differ and how they complement one another. Both systems have some hurdles to clear and gaps to identify, like how does one state mobilize volunteers to the other state that has not declared an emergency?

Leveraging Environmental Public Health Support Following Seismic Events

Mark Henry

Radiation Health Physicist, Manager, Radiological Emergency Preparedness Section, Office of Radiation Protection, Washington State Department of Health, US

Mike Priddy

Radiation Health Physicist, Manager, Environmental Sciences Section, Office of Radiation Protection, Washington State Department of Health, US

Henry and Priddy talked about assessing the environmental public health impact of a nuclear emergency, focusing on the Columbia Generating Station (CGS) in Washington State. They discussed it in relation to the Fukushima nuclear reactor disaster in Japan following the earthquake and tsunami of March 2011.

The physical integrity of the primary containment at the CGS is more refined than at the Fukushima reactor. There would need to be a more severe event in Washington to cause the amount of damage Fukushima sustained.

However, if a seismic event damaged the CGS, the Washington State Department of Health recommends that local government officials take these protective actions:

- Shelter-in-place for potentially affected areas.
- Potassium iodide (KI) for emergency responders only.
- Agricultural advisories for food growers, transporters and processors.
- Transportation corridor restrictions and openings.
- Food control measures.
- Drinking water advisories.
- Radiological screenings for concerned citizens.

The Environmental Sciences Section of the Office of Radiation Protection manages event aftermath, analyzing samples for radiation in the air, water, soil and vegetation. The Department of Health has 45-50 years' worth of data from the Hanford area, and samples always come from the same places so data can be compared. The state Public Health Laboratories can analyze environmental samples to extremely low levels.

**Emergency Support Function (ESF) 9, Urban Search and Rescue (US&R)
Overview and Emergency Medical Services Interface****Thomas Miner**

Major (Retired), Pierce County Sheriff's Department, Incident Support Team Leader, Urban Search and Rescue, Federal Emergency Management Agency, US Department of Homeland Security, US

Larry Woodard, MD

Medical Officer, Urban Search and Rescue, Federal Emergency Management Agency, US Department of Homeland Security, Board Certified Emergency Medicine Specialist, Mt. Rainier Emergency Physicians, Fellow of the American Academy of Emergency Medicine, Associate Professor of Emergency Medicine, Pacific Northwest College of Osteopathic

The speakers outlined specifics of Emergency Support Function 9 from federal and state perspectives. Issues discussed included:

- Pre-positioning.
- Declaration.
- Deployment.
- What FEMA will/won't do.

First questions FEMA responders ask include:

- Who's in charge?
- What resources do you have?
- How do you communicate with media?
- How to get message to public?
- What is the message?
- Hospital capacity?
- Support plan for staff?
- Are you ready for secondary impacts?
- Are you flexible?
- Are you using Incident Command?

The speakers also stressed individual preparedness—over 80% of disaster victims are rescued by friends, family and co-workers. People should make sure their individual plans and supplies are ready.

Post Seismic Event Health Concerns: An Epidemiological Perspective

John Kobayashi, MD, MPH

Clinical Associate Professor, Department of Epidemiology, University of Washington School of Public Health, Seattle, Washington, US

Dr. Kobayashi discussed the use of field epidemiology during epidemics and disasters such as earthquakes. He stated that disease investigation requires the coordination of many fields and that it follows the “five Ws” of news reporting (who, what, where, when, why).

He discussed his work related to the 2011 Japan earthquake and made the following points:

- As a result of the earthquake, 21,000 people were missing or dead. Twenty million people in three prefectures were directly affected. The number of injured was small in relation to the number dead or missing.
- Risk factors for infectious disease increased dramatically (congestion, poor hygiene).
- Unofficial information is important—health officials need to detect rumors and consider personal communication as well as official news sources. It is important to counter rumors with data.
- Disease surveillance was conducted in evacuation centers. There were a huge number of refugees and evacuation centers. The centers had small outbreaks of influenza A, norovirus and measles.
- Syndromic surveillance in the shelters was conducted using the existing reporting system. Data was entered on tablets at the site.

Dr. Kobayashi's job is to train field epidemiologists. Typically his group concludes its studies with a two-week mini-project designed to teach students to think fast, problem solve and analyze data quickly. Following the quake projects included comparing injury and survival rates to those of earlier quakes. Another project compared vaccination rates and measles cases.

The Crystal Ball: Where Does the Future of the Pacific NorthWest Cross Border Alliance Lie?

Moderator: **Susan Allan, MD, JD, MPH**

Director, Northwest Center for Public Health Practice, Associate Professor, Department of Health Services, School of Public Health, University of Washington, US

With the end of US funding for the PNWBHA this summer, the alliance is at a crossroads. Allan invited attendees to generate ideas to use internally as well as to communicate externally. She began by reviewing the alliance's components:

- The Joint Coordination Committee (JCC) is the operational component of the PNWBHA. The overall alliance depends on the JCC, whose members regularly connect via monthly conference calls.
- Each of the seven workgroups has a self-defining plan, though they do interact and can serve as resources for each other.
- The annual Cross Border Workshop is the most visible part of the PNWBHA, engaging the most people and types of organizations. The workshop has a good representation across states and provinces, and almost half of the attendees have 10+ years of public health experience.

The alliance provides a framework for interagency and interdisciplinary collaboration. Allan noted its value to jurisdictions as well as to individual work. "Networking and Relationship Building" was the main benefit of the annual workshop, according to responses in the pre-workshop survey. Seventy-five percent of past attendees have applied something learned from the workshops.

The value of the alliance is clear, but its future should move forward by building on the past rather than preserving the status quo. Attendees offered suggestions for strategic directions, organization, and funds or sponsorship. Ideas generated during the brainstorming session:

- Because Washington State and British Columbia have the highest participation, it's up to them to come up with funding.
- Administrators from each jurisdiction could ask for funding from their state/province.
- Figure out how to keep the alliance alive until we can get more dedicated funding.
- Co-author articles to get attention and funding.
- Develop a strategy for getting our message out, not just pointing people to the website—a consistent message about the importance of this work and why we need to sustain it.
- Determine how to sell these relationships and their value to our political leaders so they see how important it is to keep this going.
- Cross border work needs to be part of our regular work, and we need to convey messages from the bottom up to leadership.

- Charge a modest registration fee to attend the annual workshop.
- Videoconference the workshop for those who can't attend when it's on the other side of the border.
- The workshop could be highlighted as an educational tool, possibly offering continuing education credits for attendance.
- People of influence should form a committee to go to upper levels of government
- We need to emphasize importance of this workshop's work, and how much would be lost if it were disbanded today.
- Leverage with other public health conferences.

Health System Seismic of Lower Mainland of BC

John Lavery

Executive Director, Consolidated Lower Mainland Health, Emergency Management with Fraser Health Authority, British Columbia, Canada

Brent Alley, MAIBC, MRAIC, AIA

Executive Director, Quality & Risk Management, Facilities Management Fraser Health, Providence Health Care, Provincial Health Services & Vancouver Coastal Health, Canada

Located on the earthquake-prone Pacific “ring of fire,” the Lower Mainland of British Columbia is home to four health organizations serving more than 2.6 million people. Lavery and Alley described health system seismic preparedness in the region as a work in progress.

Health system impacts from seismic events affect service continuity through damage to facilities, supporting infrastructure and transportation systems. Demands for service are also increased due to injuries, psychosocial impacts and public health impacts (from loss of water, power and sewer systems).

The region's seismic preparedness strategy includes making life safety the highest priority; taking a systems approach to connected facilities; and considering healthcare sites in the context of the larger community when doing risk assessment.

The whole range of planning is based on good emergency management principles. Training and exercises are a large part of it—such as the Great British Columbia ShakeOut in October 2012.

Most earthquake injuries and fatalities are caused by nonstructural seismic system mitigation (NSSM) failures, so investing in NSSM helps prevent more deaths and injuries to patients, visitors and hospital staff. Nonstructural damage also causes more economic loss than structural damage does. A case study on NSSM risk factors resulted in relatively inexpensive fixes that can prevent loss of life and money, such as properly securing liquid oxygen tanks (\$300 to secure tanks vs. \$20,000 plus deaths resulting from exploding tanks).

Recovery is a long process involving business continuity plans, disaster psychosocial service, debris management and facility repairs. They are just starting to develop recovery plans in BC.

Cross Border Medical Surge Planning – Large Scale Movement of Patients

Sally Abbott, RN, MSN

Medical Surge and Healthcare Coalition Coordinator, Public Health Emergency Preparedness and Response, Washington State Department of Health, US

Abbott led a discussion of the challenges of moving large numbers of patients across the border during an emergency. The session goals were to list barriers and identify partners.

She based discussion on two scenarios; the first was a bus crash in Washington involving children. Points raised in the discussion included:

- Parents will want to accompany children to wherever they receive care and that compounds problems if they don't have passports.
- It is important to compare bed-tracking systems on each side of the border. Likewise patient tracking (the US does not have a good system).
- Need to develop a common triage tool to determine who to take across border for treatment.
- The federal government can offer resources including a tracking tool. The federal government (US) will seek early involvement, not waiting for local resources to be exhausted.
- Local response is faster and will be essential in the first few hours.
- State emergency management can access National Guard air transport.
- Hospitals need to be involved in these discussions because there are issues of informed consent, liability, insurance and payment for care.

A second scenario involved the collapse of a nursing home and subsequent evacuation. Points raised during discussion included:

- Advance directives may not be the same in Canada and the US.
- Maybe it makes more sense to move staff to the patients rather than moving patients to facilities.
- Patient tracking is a bigger issue in this scenario; no hospital arm bands.
- Perhaps the Red Cross could help here.

Most likely residents would be placed in a nearby hotel or other available facility.

Practice Based Research 101 – Opportunities and Challenges

Moderator: Jack Thompson, MSW

Principal Lecturer, Department of Health Services, University of Washington School of Public Health, US

Debra Revere, MLIS, MA

Research Scientist, University of Washington's Department of Health Services; Faculty, Northwest Center for Public Health Practice (NWCPHP), US

Bonnie Henry, MD

Medical Director, Communicable Disease Prevention and Control Services and Public Health Emergency Management, British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada

Presentations and audience discussion centered on building on experience, the differences between sharing resources and sharing information, and the challenges of competing priorities and the economy.

Examples including SARS, H1N1 and H5N1 were discussed.

It is important to get to a place where research informs plans, and where there is a better connection between public health and emergency response sectors.

Washington's Rapid Response Team and Food Emergency Response Plan

Charles Breen

Seattle District Director, US Food and Drug Administration

The Rapid Response Team (RRT) for food emergencies in Washington is an FDA program that partners with state and federal agencies: Yakima Health District, Public Health – Seattle & King County, Washington State Department of Health, the US Food and Drug Administration, the US Department of Agriculture and the Washington State Department of Agriculture.

They respond to a variety of emergencies or disasters: testing food producers and growers, impacts from bioterrorism, environmental testing, investigation of the causes of contamination and food recalls.

The team continues to streamline their process by writing standard operating procedures, conducting exercises, and buying and maintaining equipment.

Seismic Related Health and Medical Issues: PNWBHA Workgroups Round Table Discussion

Moderator: **Eric Sergienko, MD, MPH**

Public Health Emergency Officer, United States Navy

- Epidemiology and Surveillance
- Public Health Laboratories
- Health Emergency Management
- Public Health Emergency Medical Services

- Communications
- Public Health Law
- Indigenous Health

Luncheon Address

Mary C. Selecky

Secretary, Washington State Department of Health, US

Keynote Discussion: What is Coming Next for Cross Border Collaboration?

Moderator: Mary C. Selecky

Secretary, Washington State Department of Health

Eric Young, MD, MHSc, CCFP, FRCPC

Deputy Provincial Health Officer, British Columbia, Canada

Maria Julia Marinissen, PhD

Director, Division of International Health Security; Division of International Health Security, Office of Assistant Secretary for Preparedness and Response, US Department of Health and Human Services, Washington, DC

Patrick O'Carroll, MD, MPH, FACPM, FACMI

Regional Health Administrator, Region X, Seattle, US Department of Health & Human Services

Kathryn Brinsfield, MD, MPH

Director, Medical Preparedness Policy, National Security Staff, Executive Office of the President, The White House, US

Garnet Matchett

Co-Chair, Pacific NorthWest Border Health Alliance

Wayne Turnberg, PhD, MSPH

Co-Chair, Pacific NorthWest Border Health Alliance

Wayne Dauphinee, MPA

Executive Director, Pacific NorthWest Border Health Alliance

What's next for the PNWBHA?

- Partners we would like to have: acute care providers, environmental health, zoonotics. Some debate about whether law enforcement would be appropriate invitees. Important to keep border agents involved or at least informed of our discussions. A working group on food safety and security would be welcome.

- A bigger question than “do we have the right people at the table” is “do the right people know about us?” We need to make sure higher level folks are aware of PNWBHA activities. Awareness needs to translate into funding. Some on the panel feel the alliance needs to create more products to demonstrate its success while others believe we have concrete products but need to publicize them more effectively.

The group moved on to the question, “what concerns do you have about cross border response?”

- Hospitals are already running at or over capacity; a major event would put us over the edge.
- Responses:
 - Our agreements allow health professionals to come across the border for 72 hours using their existing credentials.
 - We would need field hospitals.
 - It is easier to move patients to facilities rather than bring professionals in.
 - We need federal support to work out licensure issues.

How can we improve communications?

- Focus on radio interoperability and amateur radio.
- Establish better communications at the top. Hold an informal Region 10 meeting.
- Regional communications work better than international—too many people involved at too many levels to be effective internationally.

Further comments:

- PNEMA is an excellent vehicle for forming a response. We need to concentrate on moving forward. The US federal government is aware of PNEMA and looking to find ways to expand it to other areas.
- Less formal guidelines might be a way to go for state and provinces not now included in our agreements.

It’s important that we keep this conference going; phone calls don’t do it. It’s part of doing business. We should bring in more young people including graduate students to see what we do.

Closing Remarks

Mary C. Selecky

Secretary, Washington State Department of Health, US

World Café

The **World Café** is designed as an informal opportunity for agencies and organizations to highlight their public health/resiliency programs, as well as being a great networking opportunity for Cross Border participants. Exhibits are intended as an educational/awareness opportunity, rather than a vendor-based forum.

This year's World Café poster presentation was intended to provide individual attendees an opportunity to showcase a particular project or program. Final selections were based on innovation, workshop theme, topic relevance, diversity and their visually appealing and educational nature.

Presenters included:

Wayne Dauphinee
PNWBHA Secretariat

Poster title: "Pacific NorthWest Border Health Alliance"

Dorothy Zeviar and Fiorin Zeviar

Poster title: "Apathy or Engagement and Empowerment? Applying Health Behavior Theory to Disaster Preparedness"

Luann D'Ambrosio
Northwest Center for Public Health Practice, Washington State

Poster title: "Northwest Center for Public Health Policy"

John Erickson
Washington State Department of Health

Poster title: "WAresponds: Washington State's Online Public Health Emergency System"

Ruth Ludwin
University of Washington

Poster title: "Searching for Native Stories About Cascadia Subduction Zone Earthquakes"

Adela Salame-Alfie
New York State Department of Health

Poster title: "The Creation of the National Alliance for Radiation Readiness (NARR)"

Appendices

Appendix A - Workshop Agenda

Appendix B - Speaker Biographies

Appendix C - Workshop Evaluation

Appendix D - List of Registered Participants

Appendix A

Workshop Agenda

Pacific NorthWest Border Health Alliance Ninth Annual Pacific NorthWest Cross Border Workshop

Seismic Events: Health Impacts, Consequences
and Preparedness

Hotel Murano and Convention Center
Tacoma, Washington

May 15-17, 2012

Tuesday, May 15, 2012 Agenda - Workgroup/Orientation Sessions

8:00–5:00 *Registration*

7:00–9:00 *Breakfast on your own*

9:00–10:30 **Orientation Session**

PNWBHA Overview: Who We Are and What We Do

Wayne Turnberg, PhD, MSPH, Program Manager, Epidemiology,
Public Health Emergency Preparedness and Response, Washington State
Department of Health, Pacific NorthWest Border Health Alliance

CA-US Health Systems: Similarities and Differences

***CA-US Pan Border Public Health Preparedness Council (PBPHPC)
Overview***

Wayne Dauphinee, MHA, Executive Director
Pacific NorthWest Border Health Alliance

10:30-11:45 **Workgroup Breakout Sessions**

- ***Track 1 Epidemiology and Surveillance***
- ***Track 2 Public Health Laboratories***
- ***Track 3 Health Emergency Management***
- ***Track 4 Public Health Emergency Medical Services***
- ***Track 5 Communications***

- **Track 6 Public Health Law**
- **Track 7 Indigenous Health**

11:45-12:45 *Lunch on Your Own*

1:00–4:30 **Workgroup Breakout Sessions, continue**

5:00 *Dinner on Your Own*

4:30-6:30 *Joint Coordination Committee (JCC) Business Meeting*
Pacific NorthWest Border Health Alliance (PNWBHA), by invitation only

Wednesday, May 16, 2012
Seismic Events: Health Impacts, Consequences and Preparedness
Agenda – General Session

7:00 –4:00 *Registration*

7:00 –8:00 *Breakfast on your own*

8:00–9:00 **Post the Colors - The Puyallup Tribe of Indians' Veterans**
Opening Remarks from the Pacific NorthWest Border Health Alliance

John Erickson, Co-Chair, Pacific NorthWest Border Health Alliance, US
Garnet Matchett, Co-Chair, Pacific NorthWest Border Health Alliance, Canada

Tribal Ceremony – Puyallup Tribe of Indians

- **Connie McCloud**, Blessing and Initial Remarks
- **Tribal Council Member**, Welcome to “Puyallup Tribal” lands

9:00-9:15 **Welcome**

Mary C. Selecky, Secretary
Washington State Department of Health, US

Anthony L-T Chen, MD, MPH, Director of Health
Tacoma-Pierce County Health Department
Tacoma, Washington, US

9:15-10:00 **The Orphan Tsunami of 1700**

Introduction: **Garnet Matchett**, Co-Chair, Pacific NorthWest Border Health Alliance, Canada

Brian F. Atwater, Geologist
U.S. Geological Survey
Department of Earth and Space Sciences
University of Washington, US

10:00-11:00 **Keynote Speaker: Impacts of a Seismic Event - Health System Challenges**

Introduction: **Mike Harryman**, MA, Director of Emergency Operations
Oregon Health Authority, Oregon, US

Eric K. Noji, MD, MPH, Consulting Physician
Emergency Preparedness and Disaster Relief Coordination
Director (Ret), International Emergency & Refugee Health Program
Centers for Disease Control and Prevention, Washington, DC, US

11:00–11: 15 *Transition Break*

11:15-12:00 **Concurrent Breakout Sessions**

1. **What we can Learn about Disaster Preparedness and Response:
A Study of the Experience of Hospital Staff in Concepción, Chile, during
and 72 hours after the Earthquake of February 27, 2012**

Introduction: **Sally Abbott**, RN MSN, Medical Surge & Healthcare Coalition
Coordinator, Public Health Emergency Preparedness & Response Program
Washington State Department of Health

Norma L. Sorensen, RN, MA-DEM
Manager, Social Policy & Programs, Emergency Management Unit
Ministry of Health, British Columbia, Canada

2. **Capacity Building Strategies for Public Health Preparedness**

Introduction: **Wayne Turnberg**, PhD, MSPH, Epidemiology
Public Health Emergency Preparedness and Response, Washington State
Department of Health, Pacific NorthWest Border Health Alliance

Bonnie Henry, MD, MPH
Medical Director, Communicable Disease Prevention and Control Services
and Public Health Emergency Management
British Columbia Centre for Disease Control
Vancouver, British Columbia, Canada

3. **Examining & Re-Evaluating Legal Authorities for Tuberculosis Control**

Introductions: **Chris Williams**, Deputy Special Assistant to the Director of
Public Health Emergency Preparedness and Response, Washington State
Department of Health, US

Clifford M. Rees, JD, Practice Director, Western Region
Network for Public Health Law
University of New Mexico School of Law, Institute of Public Law
Albuquerque, New Mexico, US

4. **Federal Medical Resource Support for a Natural Disaster**

Introductions: **Ken Back**, MPA, Emergency Preparedness Unit Director,
Public Health Emergency Preparedness and Response
Washington State Department of Health

Moderator: **Rick Buell**, Supervisory Regional Emergency Coordinator,
Department of Health and Human Services
Assistant Secretary for Preparedness and Response, Region X, US

Caitlin Harrison, Regional Emergency Preparedness & Response
Coordinator Public Health Agency of Canada, British Columbia/Yukon
Region, Canada

Joseph Vitale, MS, Strategic National Stockpile Program Consultant for Idaho, Alaska, Washington and South Dakota
Division of Strategic National Stockpile,
Centers for Disease Control and Prevention, Atlanta, Georgia, US

Jonathon C. Rackard, Jr.

Emergency Management Specialist, Deployment Team (DCT), Division of the Strategic National Stockpile, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention, Atlanta, Georgia, US

12:00-1:00 **Lunch, Special Guest Speaker - Tidal Wave Impacts at Anacia (Panchena Bay)**

Introduction: **Shawn Darby**

Emchayik (Robert Dennis, Sr.)
Chief Council for Huu-ay-aht (Retired)
Huu-ay-aht First Nation, British Columbia, Canada

1:00-1:15 *Transition Break*

1:15- 2:00 **Seismic Event: Response in Washington State**

Introductions: **Mary C. Selecky**, Secretary, Washington State Department of Health, US

Timothy J. Lowenberg, Major General, The Adjutant General of Washington State
Director, Washington Military Department, US

2:00-2:15 *Transition Break*

2:15-3:00 **Concurrent Breakout Sessions**

5. **Tackling the Invisible Fallout of Disasters: A British Columbia Psychosocial Perspective**

Introductions: **Chris Williams**, Deputy Director, Public Health Emergency Preparedness and Response, Washington State Department of Health, US

Heleen Sandvik, Provincial Lead
Disaster Psychosocial Program, Provincial Health Services' Authority
Vancouver, British Columbia, Canada

6. **Cross State Collaboration Washington and Oregon Working Together to Build a Stronger Healthcare Volunteer Response**

Introductions: **Cindy Gleason**, Manager, Countermeasures and Training Section, Emergency Preparedness Unit, Public Health Emergency Preparedness and Response, Washington State Department of Health, US

Akiko M. Berkman, MPA, MPH
State Medical Reserve Corps Coordinator/ESAR-VHP Project Director
AmeriCorps *VISTA/Medical Reserve Corps Accreditation Partnership Project Director, Oregon Health Authority, Public Health Division, Health Security Preparedness and Response Program, US

Sally Abbott, RN, MSN, Medical Surge & Healthcare Coalition Coordinator
Public Health Emergency Preparedness and Response
Washington State Department of Health, US

Scott Carlson, Volunteer Systems Coordinator
Public Health Emergency Preparedness and Response
Washington State Department of Health, US

2:15-3:00 **Concurrent Breakout Sessions**

7. **Leveraging Environmental Public Health Support Following Seismic Events**

Introductions: **Shawn Roberts**, Emergency Preparedness Unit, Emergency Preparedness Specialist, Public Health Emergency Preparedness and Response, Washington State Department of Health, US

Mark Henry, Radiation Health Physics
Manager, Radiological Emergency Preparedness Section
Office of Radiation Protection
Washington State Department of Health, US

Mike Priddy, Radiation Health Physicist
Manager, Environmental Sciences Section
Office of Radiation Protection
Washington State Department of Health, US

8. **Emergency Support Function (ESF) 9, Urban Search and Rescue (US&R) Overview and Emergency Medical Services Interface**

Introductions: **Mike Smith**, MPA, EMS Terrorism and Disaster Response Consultant
Office of Community Health Systems, Washington State Department of Health, US

Thomas Miner, Major, (*Retired*) Pierce County Sheriff's Department
Incident Support Team Leader, Urban Search and Rescue
Federal Emergency Management Agency
US Department of Homeland Security, US

Larry Woodard, MD, Medical Officer, Urban Search and Rescue

Federal Emergency Management Agency
US Department of Homeland Security, US
Board Certified Emergency Medicine Specialist
Mt. Rainier Emergency Physicians
Fellow of the American Academy of Emergency Medicine
Associate Professor of Emergency Medicine
Pacific Northwest College of Osteopathic

3:10-3:50 ***Post Seismic Event Health Concerns: An Epidemiologic Perspective***

Introductions: **Wayne Turnberg**, PhD, MSPH
Manager, Epidemiology, Public Health Emergency Preparedness and Response
Washington State Department of Health, US

John Kobayashi, MD, MPH, Clinical Associate Professor
Department of Epidemiology
University of Washington School of Public Health
Seattle, Washington, US

3:50-5:30 **World Café Networking**

5:30 *Dinner on your own*

Thursday, May 17, 2012
Seismic Events: Health Impacts, Consequences and Preparedness
Agenda – General Session

7:00 –4:00 *Registration*

7:00 –8:00 *Breakfast on your own*

8:00–8:15 **Opening Remarks from the Pacific NorthWest Border Health Alliance (PNWBHA)**

John Erickson, Co-Chair, Pacific NorthWest Border Health Alliance
Garnet Matchett, Co-Chair, Pacific NorthWest Border Health Alliance

8:15-8:30 **Welcome**

Mary Selecky, Secretary
Washington State Department of Health, US

Susan Johnson, Regional Director
United States Department of Health and Human Services, Region X

8:30-9:30 **The Crystal Ball: Where does the Future of the Pacific NorthWest Cross Border Alliance Lie?**

Introductions: **John Erickson**, Co-Chair, Pacific Northwest Cross Border Alliance
Garnett Matchett, Co-Chair, Pacific Northwest Cross Border Alliance
Wayne Dauphinee, Executive Director of Pacific NorthWest Border Health Alliance

Moderator: **Susan Allan**, MD, JD, MPH, Director
Northwest Center for Public Health Practice
Associate Professor, Department of Health Services
School of Public Health, University of Washington, US

A facilitated interactive discussion on the future of the Pacific NorthWest Border Health Alliance

9:30-9:40 *Transition Break*

9:40–10:25 **Concurrent Breakout Sessions, continued**

9. *Health System Seismic of Lower Mainland*

Introductions: **Melia Walker**, Manager, Training and Exercises
Emergency Management Unit, Population Public Health Division,
British Columbia Ministry of Health

John Lavery, Executive Director, Consolidated Lower Mainland Health
Emergency Management with Fraser Health Authority
British Columbia, Canada

Brent Alley, MAIBC, MRAIC, AIA
Executive Director, Quality & Risk Management
Facilities Management Fraser Health
Providence Health Care
Provincial Health Services & Vancouver Coastal Health, Canada

10. Cross Border Medical Surge Planning – Large Scale Movement of Patients

Introductions: **Dan Banks**, MA, Emergency Response Planning
Operations & Exercise Section Manager, Emergency Preparedness Unit
Public Health Emergency Preparedness and Response
Washington State Department of Health

Sally Abbott, RN, MSN
Medical Surge and Healthcare Coalition Coordinator
Public Health Emergency Preparedness and Response
Washington State Department of Health, US

9:40–10:25 **Concurrent Breakout Sessions**

11. Practice Based Research 101 – Opportunities and Challenges

Introductions: **Angela Wickham**, MPA, Preparedness Director
Idaho Department of Health, US

Moderator: **Jack Thompson**, MSW, Principal Lecturer
Department of Health Services
University of Washington School of Public Health, US

Debra Revere, MLIS, MA, Research Scientist
University of Washington's Department of Health Services
Faculty, Northwest Center for Public Health Practice (NWCPHP)
Washington, US

Bonnie Henry, MD, Medical Director
Communicable Disease Prevention and Control Services and
Public Health Emergency Management
British Columbia Centre for Disease Control
Vancouver, British Columbia, Canada

12. Washington's Rapid Response Team and Food Emergency Response Plan

Introductions: **Tracy Sandifer**, MPH
Acting Epidemiology Preparedness and Response Program Manager
Public Health Emergency Preparedness and Response

Washington State Department of Health

Charles M. Breen, Seattle District Director
United States Food and Drug Administration

10:25-10:30 *Networking Break*

10:30-12:00 **Seismic Related Health and Medical Issues
PNWBHA Workgroups Round Table Discussion**

Introductions: **Wayne Dauphinee**, Executive Director, Pacific NorthWest Border Health Alliance

Moderator: **Eric Sergienko**, MD, MPH, Public Health Emergency Officer, United States Navy

- **Epidemiology and Surveillance**
- **Public Health Laboratories**
- **Health Emergency Management**
- **Public Health Emergency Medical Services**
- **Communications**
- **Public Health Law**
- **Indigenous Health**

12:00-12:50 **Luncheon Address**

Introductions: **John Erickson**, Co-Chair, Pacific NorthWest Cross Border Alliance

Mary C. Selecky, Secretary, Washington State Department of Health, US

12:50-1:00 *Transition Break*

1:00–2:30 **Keynote Discussion
*What is Coming Next for Cross Border Collaboration?***

Introductions: **Chris Williams**, Deputy Director, Public Health Emergency Preparedness and Response, Washington State Department of Health

Moderator: **Mary C. Selecky**, Secretary, Washington State Department of Health

Eric Young, MD, MHSc, CCFP, FRCPC
Deputy Provincial Health Officer
British Columbia, Canada

Maria Julia Marinissen, PhD
Director, Division of International Health Security
Division of International Health Security
Office of Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services, Washington, DC

Patrick O'Carroll, MD, MPH, FACPM. FACMI
Regional Health Administrator, Region X. Seattle
U.S. Department of Health & Human Services

Kathryn Brinsfield, MD, MPH
Director, Medical Preparedness Policy
National Security Staff
Executive Office of the President
The White House, US

Garnet Matchett
Co-Chair, Pacific NorthWest Border Health Alliance

Wayne Turnberg, PhD, MSPH
Co-Chair, Pacific NorthWest Border Health Alliance

Wayne Dauphinee, MPA
Executive Director, Pacific NorthWest Border Health Alliance

2:30–2:45 **Closing Remarks**

Mary C. Selecky, *Secretary, Washington State Department of Health*

Appendix B

Speaker Biographies

(in alphabetical order)

Sally Abbott, RN, MSN
Medical Surge and Healthcare Coalition Coordinator
Public Health Emergency Preparedness and Response
Washington State Department of Health

Sally Abbott has been a nurse for over 30 years and doing state-level healthcare emergency preparedness for eight years. She serves as the Medical Surge Coordinator in Washington State, working with large and small hospitals, community health centers, tribal health corporations and other partners on medical surge planning, and did similar work in Alaska until 2010. One of her current projects is state-coordinated patient movement.

She has been a member of incident management teams for both exercises and real life responses. Her clinical practice experience includes general medical-surgical hospital units, home care and hospice, school nursing and occupational health.

Susan Allan, MD, JD, MPH, Director
Northwest Center for Public Health Practice
Associate Professor, Department of Health Services
School of Public Health, University of Washington

Dr. Allan has been the Director of the Northwest Center for Public Health Practice since July 2008. Prior to coming to the University of Washington, she worked in state and local public health for more than 23 years, including three years as Public Health Director and State Health Officer for Oregon, and 18 years as the Health Director for Arlington County, Virginia. In Arlington, she was responsible for programs for behavioral health and substance abuse programs. She is a Fellow of the American College of Preventive Medicine.

She served on the Institute of Medicine committees that produced the reports *"Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century and Training Physicians for Public Health Careers."* She is currently a member of the Board on Population Health and Public Health Practice of the Institute of Medicine, and is Vice President of the Council on Education for Public Health.

Brent Alley, MAIBC, MRAIC, AIA
Executive Director, Quality & Risk Management
Facilities Management Fraser Health
Providence Health Care
Provincial Health Services & Vancouver Coastal Health, Canada

Mr. Alley is the Executive Director of Quality and Risk Management for the Health Authorities Lower Mainland Facilities Management department, a consolidated facilities group managing the healthcare facilities for three Health Authorities within British Columbia. In addition to the Quality Control and Risk Management portfolios, he is responsible for Facilities Standards, Staff Education and Training, Research and Development and Special Projects.

Prior to joining the Health Authorities he spent 10 years with British Columbia, Ministry of Health as Director and Executive Director of Facilities Planning & Construction where he was involved in healthcare projects all over the province. An architect by training, he originally joined the healthcare system after 10 years in the private sector.

With the awareness raised by the earthquakes in Japan and New Zealand in 2011, he was asked to prepare a Seismic Plan for the health authorities starting with an immediate review and profile of the seismic risk issues that were faced by the hospital system. The lower mainland hospitals cover the range of risk and hospital size from major regional hospitals in liquefaction zones to smaller facilities in zone 5 seismic areas. His background in working with the major teaching hospital sites, community hospitals and the coastal sites proved useful in this work. The range of facilities in the health authorities varies between the large acute teaching hospitals, to community hospitals, medical research buildings, community health centres and complex care homes.

Brian F. Atwater, Geologist
US Geological Survey
Department of Earth and Space Sciences
University of Washington, US

Mr. Atwater is a geologist, US Geological Survey, Department of Earth and Space Sciences at the University of Washington. He uses geology to help forewarn of earthquakes and tsunamis that are infrequent and unusually large.

Mr. Atwater pioneered such research west of the Cascade Range, and he has done related work in Alaska, Chile, Japan, Indonesia, Thailand and the Caribbean.

Akiko M. Berkman, MPH, MPA
State Medical Reserve Corps Coordinator/ESAR-VHP Project Officer
AmeriCorps*VISTA/ Medical Reserve Corps Accreditation Partnership,
Project Director for the Oregon Health Authority-Public Health Division
Health Security Preparedness and Response Program, Portland, Oregon

Ms. Berkman presently coordinates the activities associated with the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) which is part of the Healthcare Preparedness Program (HHP) Grant Initiative.

She is also the legislative liaison, Rules Advisory Committee Chair, training, development and implementation of preparedness exercises to the licensing boards and health professional membership groups, facilitation of the State Emergency Registry of Volunteers in Oregon (SERV-OR) Project Advisory Committee and the statewide coordination of the Medical Reserve Corps.

Ms. Berkman spent several years as a Public Health Consultant. She worked with the Oregon Public Health Association; African American Health Coalition, Inc; the Coalition of Community Health Clinics and Health Focus for Homeless Youth Action Team and Outside In; and a Research Associate at the University of California San Francisco, Center for the Health Professions, San Francisco CA (stationed in Portland, OR).

Kathryn Brinsfield, MD, MPH
Director, Medical Preparedness Policy
National Security Staff
Executive Office of the President
The White House, US

Dr. Brinsfield recently joined the National Security Staff from the DHS Office of Health Affairs, where she served as Associate Chief Medical Officer and Director for Workforce Health and Medical Support.

As Director for Medical Preparedness Policy, she has oversight of a public health and medical preparedness portfolio, including health system preparedness, IND issues, and food and agriculture issues.

Before coming to DHS in 2007, Dr. Brinsfield worked for Boston's Emergency Medical Services, Boston University Emergency Medicine and the Massachusetts Department of Public Health.

Charles M. Breen
Seattle District Director
US Food and Drug Administration

Mr. Breen graduated from Dartmouth College with a Bachelor of Arts Degree in Chemistry. He joined the Food and Drug Administration as an Investigator in the San Francisco District, later being promoted to Resident in Charge of the Helena, Montana Resident Post.

Following that, he became a Compliance Officer for the Center for Veterinary Medicine at FDA headquarters in Rockville, Maryland. Mr. Breen then moved to Missouri in the position of St. Louis Branch Director, which covered the eastern part of Kansas City District.

Since January 2000, Mr. Breen has been the District Director of the Seattle District, in charge of FDA field operations in five Northwest states (Alaska, Idaho, Montana, Oregon and Washington).

Rick Buell, Supervisory Regional Emergency Coordinator
Department of Health and Human Services
Assistant Secretary for Preparedness and Response, Region X

Mr. Buell is a US Department of Health and Human Services Regional Emergency Coordinator with the Office of the Assistant Secretary for Preparedness and Response.

As a Region 10 Emergency Coordinator, he works primarily with Alaska, Oregon, Idaho and Washington health departments, tribal governments and healthcare systems to prepare for, respond to, and recover from public health emergencies and disasters.

He's been deployed in support of disaster response to the California wildfires, the Midwest and North Dakota floods, the American Samoa tsunami, National Special Security Events, and hurricanes Dean, Gustav and Ike.

Previously, he was a Public Health Preparedness Deputy Director for the Washington State Department of Health's Public Health Emergency Preparedness and Response Program; he also is a former Idaho paramedic and firefighter with the Colfax and Pullman Fire Departments.

Scott Carlson
Volunteer Systems Coordinator
Public Health Emergency Preparedness and Response
Washington State Department of Health

Mr. Carlson serves as the Volunteer Systems Coordinator for the Washington State Department of Health's Public Health Emergency Preparedness and Response (PHEPR) Unit.

In this role, he is the program manager for the Washington State Emergency Registry of Volunteers called *WAserv*. This is part of the federal Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) program, which facilitates the effective utilization of volunteer resources at the local, state and federal levels.

He also serves as the Washington State Medical Reserve Corps (MRC) Coordinator and coordinates various volunteer activities including marketing, outreach, training, exercises and drills.

Prior to this role, Scott was employed with the Washington State Employment Security Department where he had the opportunity to manage several statewide AmeriCorps programs, including Ready*Corps. This homeland security program focused on disaster preparedness and Citizen Corps activities in partnership with local emergency management offices and Red Cross Chapters throughout the state.

Wayne Dauphinee, MHA
Executive Director
Pacific NorthWest Border Health Alliance

Mr. Dauphinee is the former Executive Director for the Emergency Management Branch, Ministry of Health Services, Victoria, British Columbia. He is a qualified health services administrator with over 40 years experience in the field.

While with the Ministry of Health Services Mr. Dauphinee was responsible for providing leadership in the implementation of a strategic planning process for emergency management, including maintaining the momentum, which British Columbia has displayed in leading numerous pan-provincial and pan-Canadian public health preparedness initiatives. In this regard he was a driving force in the creation and operationalization of the Pacific NorthWest Border

Health Alliance, fostering improved dialogue and collaboration on the management of bi-national cross-border public health preparedness. Most recently, as a Contract Service Provider, he assisted in guiding the British Columbia health sector planning for the 2010 Olympic and Paralympics Winter Games.

He is a former co-chair of the Federal/Provincial/Territorial (F/P/T) Emergency Preparedness and Response Expert Group and the F/P/T Pandemic Preparedness Health Operations Working Group and was a member of the National Pandemic Influenza Committee. He also served as chair of the F/P/T Council of Health Emergency Management Directors.

**Emchayiik (Robert Dennis, Sr.)
Chief Council for Huu-ay-aht (Retired)
Huu-ay-aht First Nation, British Columbia, Canada**

Emchayiik served as Chief Councilor for Huu-ay-aht from 1995 to June 18, 2011. He completed 16 years as Chief Councilor choosing to retire from politics. He also served six two-year terms on Council between 1971 and 1987. He is a strong leader who continually acts to bring his vision of a better life for Huu-ay-aht closer to reality. He is a very strong proponent in managing change with the realities of the day.

Over the last 16 years, Robert dedicated his political life to change. His main goal was to pursue a treaty that would enable the tribe to have its own jurisdictions and authorities and build an economy so that his tribe can be self-sustaining. Today, along with four other tribes, they signed the second treaty under the BC Treaty Process. Robert has dedicated his life to learning and teaching about his culture and family and is a powerful singer and dancer, and a passionate speaker for our history and culture on behalf of some of his Hereditary Chiefs. In 1983 with the guidance of many of his own teachers he held a potlatch to name his children. That event played an important role in the revival of Huu-ay-aht culture, history, songs and dances.

He received the British Columbia Community Achievement Award on May 4, 2004, celebrating the spirit, imagination, dedication and distinguished participation of British Columbians in their community life. He proudly celebrated this event at the BC government house with Huu-ay-aht family members present and later at a community celebration for a man who dedicated his life to serving and helping his people.

**John Erickson, Director
Public Health Emergency Preparedness and Response Program
Special Assistant
Washington State Department of Health**

Mr. Erickson is a Special Assistant to the Secretary of 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 and response. He also administers the cooperative Centers for Disease Control and Prevention and Assistant Secretary for Preparedness and Response agreements. As such he is involved in all aspects of natural, biological, chemical and radiological emergency planning with Washington State's hospitals, local public health agencies, tribal and other federal, state and local partners.

Prior to this, Mr. Erickson 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.

**Caitlin Harrison, Regional Emergency Preparedness & Response Coordinator
Public Health Agency of Canada, British Columbia/Yukon Region, Canada**

Ms. Harrison joined the field of emergency management in 2005, and has focused much of her work on planning within the health sector. Her experience includes emergency management roles with the Vancouver Island Health Authority, the University of Victoria, and Public Safety Canada.

As the Regional Emergency Preparedness and Response Coordinator for the Public Health Agency of Canada, Ms. Harrison is responsible for the overall leadership, management, and coordination of federal health emergency management with British Columbia and the Yukon. Born and raised on the west coast, Caitlin is a graduate of the University of Victoria.

**Bonnie Henry MD, MPH
Medical Director, Communicable Disease Prevention and Control Services and
Public Health Emergency Management
British Columbia Centre for Disease Control**

Dr. Henry is the Director of the Public Health Emergency Services British at the Columbia Centre for Disease Control, University of British Columbia, Canada.

She is also an Assistant Professor at the School of Population and Public Health, University of British Columbia, Canada.

**Mark Henry, Radiation Health Physics
Manager, Radiological Emergency Preparedness Section
Office of Radiation Protection
Washington State Department of Health**

Mr. Henry is a Radiation Health Physicist with the Washington Department of Health. He manages the Radiological Emergency Preparedness Section with the Office of Radiation Protection. His job is to assure that the Department of Health is prepared to respond to radiological and nuclear emergencies.

Mr. Henry has been formally educated as a Radiation Health Physicist and has 18 years of work experience in the field. He has been involved in the radiological emergency preparedness area for 15 years. His experience includes planning for emergencies at nuclear power plants, US Department of Energy facilities, transportation accidents and acts of radiological terrorism.

**Susan Johnson, Regional Director
US Department of Health & Human Services (HHS), Region X**

Ms. Johnson was appointed in 2009 by President Barack Obama as Regional Director of Region 10 serving Alaska, Idaho, Oregon and Washington. As HHS Regional Director, she serves as Secretary Sebelius' primary representative and key liaison to key constituencies in the Region. In this role, Susan works with federal, state, local and tribal officials on a wide range of health and social service issues.

For the past 35 years, Susan has worked to improve the health of populations, as Director of the King County Health Action Plan, the Washington State Health Care Policy Board, and as Governmental Relations Director for the Service Employees' International Union, then the largest healthcare union.

Susan is a graduate of Middlebury College in Vermont and when not working on health policy, Susan skis, plays tennis and golf, enjoys fly fishing, writes and paints watercolors.

**John Kobayashi, MD, MPH, Clinical Associate Professor
Department of Epidemiology
University of Washington School of Public Health**

Dr. Kobayashi is a Clinical Associate Professor in the Department of Epidemiology at the University of Washington School of Public Health.

From 1982 to 2001, he was the State Epidemiologist for Communicable Diseases at the Washington State Department of Health. He directed large multi-state food borne outbreak investigations, and trained over 25 Epidemic Intelligence Service Officers from the Centers for Disease Control.

From 1997-2001, he was a member of the National Advisory Committee for Microbiological Standards for Foods. From 2001-2008, he was a long-term consultant for the Field Epidemiology Training Program at the National Institute for Infectious Diseases in Tokyo, Japan.

**John Lavery, Executive Director
Consolidated Lower Mainland Health
Emergency Management with Fraser Health AuthoMajority
British Columbia, Canada**

Mr. Lavery is the Executive Director of Lower Mainland Health Emergency Management (LM HEM) in British Columbia. LM HEM is a new program which is a consolidation of the Emergency Management, Fire Safety Management, and Business Continuity Planning programs of Fraser Health, Providence Health Care, Provincial Health Services Authority and Vancouver Coastal Health.

A career emergency manager, Mr. Lavery has also held positions as the Executive Director of the Emergency Management Unit at the BC Ministry of Health, as Director of the Office of Disaster Management with Manitoba Health as well as roles with the Manitoba Emergency Management Unit.

**Timothy Lowenberg, Major General
The Adjutant General of Washington State
Director, Washington State Military Department**

Major General Timothy J. Lowenberg (USAF) holds undergraduate (1968) and Juris Doctor degrees (1972) from the University of Iowa and has served in active duty, Air Force Reserve and Air National Guard legal and operational command assignments from 1968 to the present.

He has also engaged in public and private law practice and served as a Professor of Law at Seattle University School of Law (1973 to 2003). He was appointed Adjutant General of the Washington Military Department in 1999, a position in which he commands all Army and Air National Guard forces and administers the state's Emergency Management and Enhanced 911 telecommunications programs.

General Lowenberg also serves as Homeland Security Advisor to the Governor of Washington and as State Administrative Agent for all United States Department of Homeland Security grants awarded to Washington's state, local, tribal and nonprofit agencies and organizations.

He has also served as Chair of the Governor's 2010 Winter Olympics Task Force Security Committee and founding Tri-Chair of the National Homeland Security Consortium - a coalition of more than two dozen public and private sector national associations.

**Maria Julia Marinissen, PhD
Director, Division of International Health Security
Division of International Health Security
Office of Assistant Secretary for Preparedness and Response
US Department of Health and Human Services, Washington, DC**

Dr. Marinissen serves as the Director of the Division of International Health Security in the Office of Policy and Planning within the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the US Department of Health and Human Services (HHS).

She oversees and provides leadership in international programs to develop early-warning infectious-disease surveillance capacity in partner countries and coordinates the development of policies to provide international assistance during public health emergencies.

She also oversees several international partnerships and serves as the US liaison to the Global Health Security Initiative (GHSI) and as the chair for the Trilateral Health Security Working Group under the North American Leaders' Summit Framework.

From 2007 to 2011, she served as the Executive Secretariat for the GHSI Radiological/ Nuclear threats Working Group. In 2006, Dr. Marinissen joined ASPR as a Science and Technology Policy Fellow sponsored by the American Association for the Advancement of Science.

**Garnet Matchett, Director of Operations
Chief Health and Safety Officer
Health Emergency Management**

Saskatchewan Health, Canada

Mr. Matchett is the Director of Operations, Chief Health and Safety Officer, Health Emergency Management, Saskatchewan Health and the Canadian Chair for the Pacific NorthWest Border Health Alliance.

He is a member of Expert Group on Emergency Preparedness and Response, Public Health Agency of Canada, Provincial Emergency Management Committee, Provincial Emergency Operations Advisory Council and Emergency Response Assistance Program (Transport Canada/National Microbiology Laboratory-Public Health Agency of Canada), SCDL (Human Risk Level 4 Pathogens).

Mr. Garnett was appointed Emergency Planning Officer for Saskatchewan Health, and has held many other positions as the chair for National Emergency Stockpile Systems Strategic Review and Council of Health Emergency Management Directors. He is also a guest lecturer for multiple universities throughout Canada.

Major Thomas Miner (Retired) Pierce County Sheriff's Department Incident Support Team Leader, Urban Search and Rescue (US&R) Federal Emergency Management Agency (FEMA) US Department of Homeland Security

Major Miner is a retired Major with the Pierce County Sheriff's Department and former program manager for the Washington Urban Search and Rescue Task force, one of 28 such task forces in the National US&R program. He is currently the Incident Support Team Leader for FEMA's White Incident Support Team, one of 3 support teams that are responsible for the interaction between state and local authorities and the National US&R system.

Major Miner has responded to many disasters as part of the National US&R system including the 1995 bombing of the Federal Building in Oklahoma City, multiple hurricanes including Hurricane Katrina and Rita in 2005, the 9/11 attacks on both the Pentagon and WTC and the search for the Shuttle Columbia in Texas.

Eric K. Noji, MD, MPH, Consulting Physician Emergency Preparedness and Disaster Relief Coordination Director (Ret), International Emergency & Refugee Health Program Centers for Disease Control and Prevention, Washington, DC, US

Dr. Noji is a physician with over 25 years of experience working in the fields of global health, disaster relief, humanitarian assistance, reconstruction, emergency preparedness and crisis monitoring. He has served as Senior Technical Advisor, Team Leader, Program/Project Manager, and consultant on numerous occasions to solve a wide variety of global health problems for government agencies, NGOs, and international organizations such as USAID, WHO, UNICEF and the World Bank.

He currently lives in Washington, DC, where he manages a consulting firm he established that specializes in global health security, specifically providing clients with advice regarding global risk intelligence strategies, catastrophic risk management solutions, humanitarian resource

mobilization and management (e.g., crisis fundraising, facilitating emergency procurement and acquisition, rapid talent and technology brokering) and providing medical intelligence and analysis following disasters to organizations that provide humanitarian aid, reconstruction assistance and emergency preparedness training.

Dr. Noji is the author or co-author of over 250 scientific articles and publications on disaster medicine, field applications of epidemiology in mass emergencies, clinical toxicology and the public health response to natural disasters, terrorism, weapons of mass destruction, refugee crises, famine and complex humanitarian emergencies. Dr.Noji's *Public Health Consequences of Disasters* (Oxford University Press, 2003) is still the most widely used educational textbook on the topic of public health preparedness.

RADM Patrick O'Carroll, MD, MPH, FACPM, FACMI
Regional Health Administrator, Region X. Seattle
States: Alaska, Idaho, Oregon and Washington

RADM Patrick O'Carroll, a career Commissioned Officer in the US Public Health Service (USPHS), has served as Regional Health Administrator for Region X since January 2003. As RHA, Dr. O'Carroll serves as the Region's senior physician and scientist representing the Assistant Secretary for Health, the Secretary, and the US Department of Health and Human Services.

Dr. O'Carroll received the Doctor of Medicine and Master of Public Health degrees from Johns Hopkins University in 1983. After training in family practice and preventive medicine, he joined the Centers for Disease Control and Prevention (CDC) as an Epidemic Intelligence Service Officer.

During his 25 years with CDC and USPHS, as an epidemiologist, informaticist, program director and leader, Dr. O'Carroll has worked in many subject areas on a great variety of health and policy challenges. He has received numerous awards and other recognition for his work, including two Outstanding Service Medals.

Mike Priddy, Radiation Health Physicist
Manager, Environmental Sciences Section
Office of Radiation Protection
Washington State Department of Health

Mr. Priddy supervises the Environmental Sciences Section with the Washington State Department of Health's Office of Radiation Protection. The Environmental Sciences Section is responsible for applying environmental sciences to issues related to radiation and public health.

Mr. Priddy holds a bachelor's degree in nuclear engineering from North Carolina State University. He has 15 years experience working in the nuclear industry, five years on the Hanford Site as a radiological engineer and 10 years with the Department of Health as a radiation health physicist.

Jonathon C. Rackard, Jr.
Emergency Management Specialist, Deployment Team (DCT)

**Division of the Strategic National Stockpile
Office of Public Health Preparedness and Response
Centers for Disease Control and Prevention
Atlanta, Georgia, US**

Mr. Rachard is an Emergency Management Specialist on the Deployment Team (DCT) for the Division of the Strategic National Stockpile, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention in Atlanta, Georgia.

Mr. Rackard joined the Division in 2008 and developed the Division's first internal Federal Medical Station Strike Team (FMSST) Training Program. Components of this program in 2011 provided Federal Medical Station set-up and demobilization drills to over 1200 potential Federal Medical Station Staff members and Emergency Responders nationwide. He is also a FMSST Lead responder.

Mr. Rackard is a native of Augusta, Georgia and a US Army veteran. He holds a Bachelor of Science in Criminal Justice and will receive a Master's of Science in Administration in December.

**Clifford M. Rees, JD, Practice Director, Western Region
Network for Public Health Law
University of New Mexico School of Law, Institute of Public Law
Albuquerque, New Mexico, US**

Mr. Rees is the Practice Director for the Western Region of the Network for Public Health Law at the University of New Mexico School of Law, Institute of Public Law. He is also affiliated with the University of New Mexico's Department of Emergency Medicine as an Assistant Research Professor and since 2006 has served as staff for the Senate Public Affairs Committee during the New Mexico Legislature's Regular Sessions.

Mr. Rees retired from New Mexico State government on September 1, 2005, after 25 years of service as a Staff Attorney for the New Mexico State Agency on Aging, the New Mexico Department of Health and the New Mexico Department of Public Safety and as General Counsel of the New Mexico Department of Finance and Administration.

He spent 23 years at the New Mexico Department of Health from 1981-2004, specializing in the areas of public health, behavioral health, drug policy reform, emergency medical services, emergency preparedness, public procurement and the legislative process.

**Debra Revere, MLIS, MA, Research Scientist
University of Washington's Department of Health Services
Faculty, Northwest Center for Public Health Practice (NWCPHP)**

Debra is a Research Scientist in the UW Department of Health Services and faculty at the Northwest Center for Public Health Practice (NWCPHP).

Ms. Revere coordinates the Rapid Emergency Alert Communications for Health (REACH) Trial within the Preparedness and Emergency Response Research Center at NWCPHP and leads a

pilot project designed to improve the effectiveness of SMS-based emergency messaging among health care providers.

**Heleen Sandvik, Provincial Lead
Disaster Psychosocial Program
Provincial Health Services Authority, Emergency Management**

Ms. Sandvik was a Social Worker in Child Welfare for 12 years, following that managed a Provincial Mental Health Program for 13 years; she has been a disaster response volunteer since 1995; including the Red Cross and Emergency Social Services (DAT Team Leader) and the SW Mobile Support Team.

Ms Sandik has responded to over 150 local, provincial and international disasters and emergencies, including New York after 9/11, the 2003/09 firestorms and Haiti.

She is the Provincial Lead for the Disaster Psychosocial Program through the Provincial Health Services Authority, and manages and collaborates with several working groups towards the development of a Provincial framework for the delivery of pre-, during and post-disaster psychosocial services.

**Mary C. Selecky, Secretary
Washington State Department of Health**

Ms. Selecky has been Secretary of the Washington State Department of Health since March 1999, serving under Governor Chris Gregoire and former Governor Gary Locke. Prior to working for the state, Secretary Selecky served for 20 years as Administrator of the Northeast Tri-County Health District in Colville, Washington.

Throughout her career, Secretary Selecky 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, Ms. Selecky has made tobacco prevention and control, patient safety and emergency preparedness her top priorities. She is known for bringing people and organizations together to improve the public health system and the health of people in Washington.

Secretary Selecky has served on numerous boards and commissions; she is a 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 35 years.

**Eric Sergienko, MD, MPH,
Public Health Emergency Officer
United States Navy**

Dr. Sergienko is currently the Public Health Emergency Officer for Naval Base Guam and Department Head, Emergency Medicine, Naval Hospital Guam.

Prior to moving to Guam, he was involved in medical planning for US Northern Command, the Department of Defense's agency in charge of defense support of civil authorities. As such, he was responsible for determining how best military medical resources could be best applied to large-scale disasters.

Dr. Sergienko was the CDC's Epidemic Intelligence Service Officer assigned to the Washington State Department of Health from 2004 to 2005. He is a 1994 graduate of the Uniformed Services University School of Medicine and completed a residency in emergency medicine at Naval Medical Center Portsmouth, Virginia.

**Norma L. Sorensen, RN, MA-DEM
Manager, Social Policy & Programs, Emergency Management Unit
Ministry of Health, British Columbia, Canada**

Ms. Sorensen is the Manager of Social Policy & Programs, Emergency Management Unit at the Ministry of Health, British Columbia, Canada.

She is a disaster and emergency management professional with extensive healthcare and nursing experience. Ms. Sorensen is committed to developing comprehensive disaster plans to ensure readiness for emergency situations by examining lessons learned from others and the latest research on disaster management strategies.

She leverages knowledge of the healthcare industry, research and analysis skills to advise on and develop preparedness disaster management strategies and resilience building initiatives for healthcare staff and within the broader community.

Ms. Sorensen is bilingual in Spanish and English, with extensive experience in medical clinics as a nurse/translator in multiple developing countries.

**Jack Thompson, MSW, Senior Lecturer
Department of Health Services
University of Washington**

Mr. Thompson has been on the faculty of the Department of Health Services since 1994. From 2000 to 2008, he served as the Director of the Northwest Center for Public Health Practice.

Prior to his appointment, Thompson was employed by the Seattle-King County Department of Public Health for ten years, and was the Director of the Seattle Health Services Division from 1986 to 1994.

Before coming to the Seattle-King County Department of Public Health, Mr. Thompson was Executive Director of Neighborhood Health Centers of Seattle, a consortium of community health centers, for six years.

Prior to his Lecturer and Senior Lecturer appointments, he served as a Clinical Instructor in the Department of Health Services for six years.

**Wayne Turnberg, PhD, MSPH
Epidemiology Preparedness and Response Program Manager
Washington State Department of Health's
Office of Communicable Disease Epidemiology**

Dr. Turnberg currently serves as the Epidemiology Preparedness and Response Program Manager with the Washington State Department of Health's Office of Communicable Disease Epidemiology. Since 2004, Dr. Turnberg has worked closely on bi-national cross border infectious disease surveillance and response issues in the Pacific Northwest.

He received his Bachelor of Science degree from the University of Massachusetts, and his Master of Science in Public Health degree from the University of Washington. In 2006, he received his Doctor of Philosophy degree from the University of Washington, School of Public Health, focusing study on respiratory infection control practices among healthcare workers.

**Joseph Vitale, MS, Strategic National Stockpile Program Consultant
for Idaho, Alaska, Washington and South Dakota
Division of Strategic National Stockpile (DSNS)
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia**

Mr. Vitale began his public health career in 2003 as the Public Health Emergency Preparedness Director for Columbus, Georgia and the Metropolitan Medical Response System (MMRS) Coordinator for the city of Columbus, Georgia. He also served as the Emergency Preparedness Director and Cities Readiness Initiative (CRI) Coordinator for southern Metro Atlanta.

Mr. Vitale joined the CDC, Division of Strategic National Stockpile (DSNS) in 2007 as a Public Health Advisor. He is currently the SNS Program Consultant for Idaho, Alaska, Washington and South Dakota. As a Program Consultant, Mr. Vitale provides direct technical assistance to state and local jurisdictions on medical counter measure distribution and dispensing in support of a public health emergency.

Mr. Vitale is a native of Philadelphia, Pennsylvania, and a US Army veteran, and holds a Bachelor of Arts in History and Government and a Master's of Science in Criminal Justice.

**Larry Woodard, MD, Medical Officer, Urban Search and Rescue
Federal Emergency Management Agency (FEMA)
US Department of Homeland Security, USA
Board Certified Emergency Medicine Specialist
Mt. Rainier Emergency Physicians
Fellow of the American Academy of Emergency Medicine
Associate Professor of Emergency Medicine
Pacific Northwest College of Osteopathic**

Dr. Woodard is an emergency room Physician at Good Sam Hospital in Puyallup. He is one of six doctors on the Washington State Urban Search and Rescue Task Force and has responded with the task force to Oklahoma City, the 9/11 attacks on the WTC and hurricane Katrina.

Dr. Woodard is one of two doctors on the FEMA White Incident Support Team and as such is responsible for establishing the interface between local EMS systems in a disaster and the ESF 9 US&R response from the federal government. He has multiple international humanitarian responses to his credit including trips to Southeast Asia after the devastating tsunami in 2004.

Eric Young, MD, MHSc, CCFP, FRCPC
Deputy Provincial Health Officer
Ministry of Health
British Columbia, Canada

After graduating with a Bachelor of Science (BSc. – cum laude) at the University of Ottawa in 1970, Dr. Young completed his medical school training (MD) at the same university in 1974. In 1992, Dr. Young began his specialty training in Community Medicine at the University of Toronto. During those four years he also obtained a Master's Degree in Community Health and Epidemiology (MHSc) and became a Certificant of the College of Family Physicians (CCFP). He became a fellow of the Royal College of Physicians of Surgeons of Canada (FRCP) in 1996.

After completing his community medicine specialization, he served as Associate Medical Officer of Health and Director of Communicable Disease Control at the Scarborough Health Department until 1997, when he moved to Regina, Saskatchewan to become Deputy Chief Medical Health Officer and Director of the Communicable Disease Control Unit, Population Health Branch, Saskatchewan Health. In that capacity, he served on many provincial and national committees dealing with issues such as pandemic influenza, AIDS, bloodborne pathogens and injection drug use, diabetes, West Nile virus and public health information systems.

In May 2004, Dr. Young became the Deputy Provincial Health Officer (DPHO) for the Province of British Columbia. In this role, he supports the work of the Provincial Health Officer (PHO), acting in place of the PHO when required and participating in a wide range of committees at both the provincial and national level.

Appendix C

2012 Pacific Northwest Border Health Alliance Workshop Evaluation

Total submissions: 73

1. Where is your work location?

Total responses (N): 70 Did not respond: 3

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|---------------------|------------------|-------------------|
| 1 | Alberta | 0 | 0.00% |
| 2 | British Columbia | 15 | 21.43% |
| 3 | Saskatchewan | 1 | 1.43% |
| 4 | Yukon Territory | 0 | 0.00% |
| 5 | Alaska | 2 | 2.86% |
| 6 | Idaho | 5 | 7.14% |
| 7 | Montana | 0 | 0.00% |
| 8 | North Dakota | 1 | 1.43% |
| 9 | Oregon | 3 | 4.29% |
| 10 | Washington | 41 | 58.57% |
| 11 | Canada First Nation | 0 | 0.00% |
| 12 | US Tribe | 0 | 0.00% |
| 13 | Other: | 2 | 2.86% |

2. What type of organization/agency do you work for?

Total responses (N): 70 Did not respond: 3

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|---|------------------|-------------------|
| 1 | Local/Regional Government | 13 | 18.57% |
| 2 | State/Provincial/Territorial Government | 32 | 45.71% |
| 3 | Federal/National Government | 5 | 7.14% |
| 4 | Hospital or Community Clinic | 2 | 2.86% |
| 5 | Military | 1 | 1.43% |
| 6 | First Nation / Tribal Affiliation | 3 | 4.29% |
| 7 | College or University | 5 | 7.14% |

| | | | |
|---|----------|---|--------|
| 8 | Business | 1 | 1.43% |
| 9 | Other: | 8 | 11.43% |

3. What days/sessions of the workshop did you attend ? (Please mark all that apply)

Total responses (N): 71 Did not respond: 2

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|--|------------------|-------------------|
| 1 | Tuesday, May 15 (Orientation Session) | 31 | 43.66% |
| 2 | Tuesday, May 15 (Workgroup Breakout Session) | 50 | 70.42% |
| 3 | Wednesday May 16 (General Session Day 1) | 61 | 85.92% |
| 4 | Thursday, May 17 (General Session Day 2) | 56 | 78.87% |
| 5 | I did not attend the workshop | 2 | 2.82% |

4. What workgroup breakout session did you attend on Tuesday, May 15?

Total responses (N): 72 Did not respond: 1

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|---|------------------|-------------------|
| 1 | Epidemiology and Surveillance | 14 | 19.44% |
| 2 | Public Health Laboratories | 1 | 1.39% |
| 3 | Health Emergency Management | 21 | 29.17% |
| 4 | Public Health Emergency Medical Services | 5 | 6.94% |
| 5 | Communications | 2 | 2.78% |
| 6 | Public Health Law | 1 | 1.39% |
| 7 | Indigenous Health | 7 | 9.72% |
| 8 | Floated between different workgroup meetings | 7 | 9.72% |
| 9 | I did not attend a workgroup breakout session | 14 | 19.44% |

5. The workshop workgroup breakout session that you attended provided a valuable forum for exchange of ideas and information.

Total responses (N): 72 Did not respond: 1

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|----------------|------------------|-------------------|
| 1 | Strongly Agree | 26 | 36.11% |
| 2 | Agree | 26 | 36.11% |

| | | | |
|---|---|----|--------|
| 3 | Undecided | 4 | 5.56% |
| 4 | Disagree | 3 | 4.17% |
| 5 | Strongly Disagree | 0 | 0.00% |
| 6 | I did not attend a workgroup breakout session | 13 | 18.06% |

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

Total responses (N): 71 Did not respond: 2

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|---|------------------|-------------------|
| 1 | Strongly Agree | 14 | 19.72% |
| 2 | Agree | 33 | 46.48% |
| 3 | Undecided | 6 | 8.45% |
| 4 | Disagree | 5 | 7.04% |
| 5 | Strongly Disagree | 0 | 0.00% |
| 6 | I did not attend a workgroup breakout session | 13 | 18.31% |

7. There was enough unstructured time during the workshop to informally converse with colleagues.

Total responses (N): 71 Did not respond: 2

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|-------------------|------------------|-------------------|
| 1 | Strongly Agree | 17 | 23.94% |
| 2 | Agree | 45 | 63.38% |
| 3 | Undecided | 5 | 7.04% |
| 4 | Disagree | 4 | 5.63% |
| 5 | Strongly Disagree | 0 | 0.00% |

8. This workshop was useful in strengthening public health preparedness and response partnerships across borders.

Total responses (N): 72 Did not respond: 1

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|----------------|------------------|-------------------|
| 1 | Strongly Agree | 32 | 44.44% |
| 2 | Agree | 29 | 40.28% |
| 3 | Undecided | 9 | 12.50% |

| | | | |
|---|-------------------|---|-------|
| 4 | Disagree | 2 | 2.78% |
| 5 | Strongly Disagree | 0 | 0.00% |

9. The World Cafe Poster Session provided a valuable forum for learning and exchanging ideas with colleagues.

Total responses (N): 72 Did not respond: 1

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|--|------------------|-------------------|
| 1 | Strongly Agree | 14 | 19.44% |
| 2 | Agree | 18 | 25.00% |
| 3 | Undecided | 12 | 16.67% |
| 4 | Disagree | 1 | 1.39% |
| 5 | Strongly Disagree | 0 | 0.00% |
| 6 | I did not attend the World Cafe Poster Session | 27 | 37.50% |

10. If a cross border workshop is held next year with a registration fee of approximately \$200-\$300, I plan to attend.

Total responses (N): 73 Did not respond: 0

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|-------------------|------------------|-------------------|
| 1 | Strongly Agree | 15 | 20.55% |
| 2 | Agree | 16 | 21.92% |
| 3 | Undecided | 29 | 39.73% |
| 4 | Disagree | 6 | 8.22% |
| 5 | Strongly Disagree | 7 | 9.59% |

11. Please indicate the format you would like to see for the next cross border workshop.

Total responses (N): 72 Did not respond: 1

| <i>Numeric value</i> | <i>Answer</i> | <i>Frequency</i> | <i>Percentage</i> |
|----------------------|---|------------------|-------------------|
| 1 | 3 day workshop (same as this year's workshop) | 36 | 50.00% |
| 2 | 2 day workshop | 28 | 38.89% |
| 3 | 1 day workshop | 4 | 5.56% |
| 4 | Other: | 4 | 5.56% |

12. What cross border issues would you like to see addressed at the next cross border workshop?

Total responses (N): 37 Did not respond: 36

Statistics are not calculated for this question type.

SEE BELOW

13. What did you like most about this workshop?

Total responses (N): 50 Did not respond: 23

Statistics are not calculated for this question type.

SEE BELOW

14. What suggestions do you have for improving the next cross border workshop?

Total responses (N): 41 Did not respond: 32

Statistics are not calculated for this question type.

SEE BELOW

12. What cross border issues would you like to see addressed at the next cross border workshop?

| <i>Response</i> |
|--|
| In regards to mass fatatlity of recovering deceased bodies in Indian Country. Each tribe may have a specific way of recovery whenit comes to their own people...not the counties ways. |
| Continue to work on current projects and issues. Strengthen and build the PNWBHA. chronic disease |
| anything that continues to develop connections and ways to talk to each other; updated contact lists, groups, etc. |
| Not sure yet - have not had time to think about it. |
| DEM communications |
| Food safety |
| (1) Cross-border media market awareness and risk communication coordination. For example, internet and conventional media straddle borders and the public gets information from all. Agencies within a market may need to coordinate messages, timing, and rumor-tracking across borders. (2) An introductory session about the most important issues that will change when one crosses a border (laws, populations, languages, distribution networks, geographcy, etc.) |
| Issues related to interface of public health and law enforcement -- how information can and cannot cross the border. |

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| Data sharing and automated surveillance |
| Legal issues regarding exchange of personal health information: a joint discussion with the legal, epi, and maybe EMS breakout session members. Specific example could be a fugitive MDR-TB case on an alert list, detained by CBP or CBSA attempting to cross the border. What are legal issues regarding sharing the alert, sharing information to facilitate petitions for detention to court by federal or local health authorities, sharing clinical information regarding diagnostic and treatment history? Are there any outstanding legal obstacles to effective clinical and public health information sharing? I was thinking it would be good to have some cross-disciplinary discussions in addition to our usual single-discipline breakout groups. |
| more opportunities to collaborate for training and new concepts |
| It seems that nationally accepted emergency management and ICS principals are not discussed. A lot of the issues that were presented are easily solved by following these principals that have been used and fine tuned by others around the country that have a lot more experience in disaster management than us in the northwest. |
| The movement of patients, medical providers, and resources across the border. We had the beginnings of a great conversation during the break out but this could really take a lot more time than a 45 min breakout |
| No suggestions. |
| Current or Hot Topics |
| Review of lessons learned from the planned Evergreen exercise |
| Screening concerned citizens for contamination following a radiological emergency. To include how is information gathered, analyzed, assessed, communicated and stored. |
| Focus of communication tools between the jurisdictions or more presentations about patient movement |
| Between US and Canadian health physics organization there is a difference in the units used to report radiation, US versus SI units. I think developing communication tools to facilitate the easy and accurate communication of scientific data would be useful. |
| EMS Pediatrics Preparedness Exercises between jurisdictions Communications methods for cross borders |
| More on food and meds supply |
| how transport/care is provided for Point Roberts. More detailed discussion of liability coverage for health care workers (PNEMA realities). How is "instant credentialing" going to work? How is the rest of the WA/CA border instituting PNEMA -- are there other written agreements, and, if so, are they being made a part of the PNEMA (i.e., being added as appendices, etc.)? How have the discussions of tribal/first nation preparedness furthered the work within the tribes/first nations themselves -- presentations regarding actual work accomplished. |
| issues in dealing with large projects by powerful multinational corporations, health impact assessment and environmental impact assessment and how to ensure EIA supports HIA, sampling issues in same |
| Moving Federal assets(both Canadian and US) across the border. May need to invite someone from the Dept. Of State |

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| working to find solutions to common problems |
| Presentation by Emchayiik Discussion by Susan Allan Legal presentation by Clifford Rees |
| collegiality |
| Informality and ability to have open discussions, question and answer time, and networking/mingling. |
| Ability to network. |
| Opportunity to meet and exchange information with colleagues |
| Networking |
| Maintaining relationships |
| The networking, primarily. There are colleagues I only see at these workshops, and the connections form the basis for trust and collaboration in response to an event. |
| The earthquake presentation was outstanding. Different from others that we have had in the recent past. |
| It was the most interesting cross border workshop I have attended. I think it is a combination of an interesting and timely topic as well as excellent presenters |
| Meeting new colleagues. |
| The networking opportunities are the most valuable for me. |
| Networking with colleagues |
| Obvious support from the State of Washington as well as all the states and provinces involved in the border alliance. |
| Content and networking |
| guest speakers |
| Inclusion of tribal/first nations cultural customs, speakers, traditions. |
| Great mix of professionals and plenty of after-workshop time to converse. |
| networking, shared stories, and location |
| relaxed setting |
| All of it! |
| All the presentations were very informative. Conference organizers did a very good job setting up the agenda and selecting speakers. |
| format, content |
| Chance to catch up with colleagues |
| the variety of disciplines, tribes/first nations, administrators/worker bees, etc. |
| guest speakers on history of disasters and disaster epidemiology, certain workshops, change to question presenters |
| Opportunity to discuss current challenges. |
| The listing of contacts provided in the workbook |
| cooperation with other agencies |
| Coordination and discussion of international issues for health, hospital and EMS providers. |

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| Excellent communication with Canadian partners. |
| Meeting stakeholders from several states and provinces. |
| Networking |
| Meeting and networking with colleagues in all sectors of emergency management and preparedness. |
| face to face interactions with my counterparts, sharing of ideas |
| Chance to network. |
| The workshop once again provided ample opportunities to meet and work with cross border public health colleagues face to face. As we experienced during pH1N1, this relationship building and strengthening becomes extremely important during an emergency. |
| The extended program and excellent venue |
| Well organized, opportunity to network. Enjoyed a new meeting location. |
| I always have enjoyed spending time with my colleagues from other areas to discuss issues that are common to us all. |

14. What suggestions do you have for improving the next cross border workshop?

Response

none- it went well for me.

I recognize that the speakers needed to present to an audience from different fields, but I felt many of the talks were just skimming the surface of the topic and would have liked the speakers to talk more in depth about the subject matter.

Thank you! Very good workshop.

The planning committee did a wonderful job!!
Direct and active encouragement of workgroup leads to partner states to solicit representation and active participation. support to the workgroups.
Notice to states that participation in PNWBHA is a requirement for the receipt of Public Health Emergency Preparedness (PHEP) funds.

The concurrent breakout sessions were hurried. I wish that they could have been longer than 45 minutes - an hour would be better.

Small registration fee \$50-100 maximum
Keep the location close to the border

For the keynote speakers, limit the amount of time they lecture; interactive discussions that generate ideas are more useful than lectures and more effective at conveying ideas.

Really need to resolve the questions that keep recurring in the epi work group.

More time for work group sessions

The tribal workshop had some great conversation however it seemed unorganized in the beginning. The time on the agenda appeared to be in the morning however it did not start until 1. That left about 5 people in the room wondering what was going on. Once it was determined that the workshop was not until later in the day, we all seemed to scatter to find something else to attend while wondering if this was a good use of time. Once 1:00 approached, the once lost group had reconvened only to find no facilitators. After about 20 minutes of odd bantering by the DOH tribal liaison, someone suggested that we do introductions while waiting for the facilitator. By the time the facilitator arrived, we were having meaningful tribal discussions and the rest of the scheduled time ran smooth. The projects that the "structured workgroup" have been working on seem to be positive however the info is not widely shared in the field.

Reduce the frequency to every other year.

Maximize discussion time in relation to presentation time in the concurrent sessions. Have presenters think about discussion topics in preparing their presentations.

It would help to have the evaluation survey ready to go at the close of the workshop, while memory is still fresh.

Keep up the great work. We can NOT let this dynamic concept and group formation dissolve, it has brought tremendous forward movement for disaster response and recovery to both US, Canada and the Tribal Communities.

Keep the topics timely. Make sure you have interesting presenters that have real substance to offer

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| <p>Have moderators that are open minded to new ideas. I attended the "Barriers to Moving Patients" session. Several new and interesting ideas were brought up and quickly crushed by the moderator. After I traveled 500 miles to attend, I feel my time was wasted.</p> |
| <p>None</p> |
| <p>The forced theme may not be conducive to the best dialogue. Perhaps leave it as 'cross border' and allow for multiple themes to string together presentations/posters/workgroups</p> |
| <p>FOOD! Or at least host the event in a location where it's easy for participants to purchase snacks.</p> |
| <p>Less lectures and more time for breakouts</p> |
| <p>None.</p> |
| <p>More focused talking heads--20 minutes to outline the info 10 to discuss relevance to Cross Borders issues 10 minutes to discuss how it applies to those attending 15 for questions</p> |
| <p>none-workshop was well managed</p> |
| <p>Increase the workshop time slightly to allow for more discussion both formal and informal.</p> |
| <p>none, the team did an outstanding job</p> |
| <p>nothing</p> |
| <p>Maui</p> |
| <p>If the fees needs to be applied, perhaps reserving to 150\$ range is better than going over \$200</p> |
| <p>Have a longer two day session for those most involved in cross border issues- e.g. state and Fed level and border counties, then a half day showcase available by web-linc for a broader audience that would include background and basics of cross border work, changes to plans and agreements in the last year and brief sharing of successes.</p> |
| <p>Smaller venue - in the large conference room, folks did what they always do when confronted with a gazillion tables -- they sit two-at-a-table with a friend, rather than being forced to sit with others (i.e., smaller room, fewer tables!). The facility itself is great...I just have that problem with the size of the room, and it will only be exacerbated if folks don't come because there is a cost for registration.</p> |
| <p>Make sure the speakers you bring have been heard by one or more members of the organizing committee. A couple of the speakers I heard were not "prime."</p> |
| <p>Possibly a bit less time on the local politics and related speeches, but perhaps that was necessary to bolster support in Washington state to help support and fund the meetings. The degree of support and participation by the Washington secretary for health was most impressive.</p> |
| <p>Have it more focused on how to work with security during a disaster. For example the RCMP could be involved in a presentation of the riots post hockey game in Vancouver, the city could present on how they got itself back together for business the next day</p> |
| <p>Tabletop exercise by discipline and cross discipline using a response scenario.</p> |
| <p>I didn't find the last session helpful in my work to improve operations of the PNWBHA.</p> |

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| not enough experience to make meaningful suggestion. |
| If speakers are invited from outside the region, suggest including more dynamic speakers. |
| My observation is that the group is operating in a stovepipe and you should work to significantly increase the participation of other members of the emergency management community. Many of the logistical and support functions people we discussing and concerned about are things that other elements of the emergency management community will do in support of public health in an emergency but there seemed to be little to no recognition of that, |
| Discussion questions for workgroup break-out sessions be sent with sufficient lead time so participants can really think through them and provide a more in depth response when we meet face to face to discuss topics |
| Earlier planning of sessions, agenda development, invitation of speakers. It seemed a little rushed/last minute. |
| Full first day of special interest workgroups, maybe repeat the groups so not necessary to choose just one. |
| The issue is all about funding. The PNWBHA will have to identify a funding mechanism to maintain staffing and to run the workshop. With question 10 as a first step, PNWBHA should continue to explore the feasibility of charging a conference fee to support the workshop as well as restructuring the workshop or rethinking the venue to minimize expenses. We really have to find a way to keep the workshops going. |
| Fewer but longer and more interactive breakout sessions |
| None at this time. |
| Thank you! |