2013 Summary Report

Pacific Northwest Border Health Alliance Ninth Annual Cross Border Workshop
“Looking Back, Moving Forward: The Next Ten Years”

April 30 - May 2, 2013
Vancouver, BC
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

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Acknowledgments

The Pacific NorthWest Border Health Alliance (PNWBHA) extends its most sincere appreciation to the British Columbia Ministry of Health for hosting the 10th Annual Cross Border Workshop. We would also like to thank the Washington State Department of Health for their assistance in program developing and management. Last but not least, we must thank the bi-national planning committee, facilitators, speakers and our cross border public health partners for their support and commitment to the success of this workshop. Working together, we are establishing a seamless cross-jurisdictional public health system to quickly and efficiently track and respond to natural and intentional public health threats across both domestic and international borders.

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.

Wayne Dauphinee  
Executive Director  
Pacific NorthWest Border Health Alliance

Wayne Turnberg  
Co-Chair (United States)  
Pacific NorthWest Border Health Alliance

Garnet Matchett  
Co-Chair (Canada)  
Pacific NorthWest Border Health Alliance

Member Jurisdictions
Acknowledgments (continued)

Workgroup Leads

**Epidemiology and Surveillance**

- Eleni Galanis  
  British Columbia CDC

- Mike Boysun  
  Washington State Department of Health

**Public Health Laboratories**

- Muhammad Morshed  
  BC Centre for Disease Control

- Romesh Gautam  
  Washington State Department of Health

**Health Emergency Medical Services**

- Ralph Jones  
  BC Ambulance Service

- Rod Salem  
  BC Ambulance Service

- Michael Smith  
  Washington State Department of Health

**Clinical Medical Surge (new 2013)**

- Barb Fitzsimmons  
  BC Children’s Hospital & Sunny Hill Health

- Sally Abbott  
  Washington State Department of Health

**Public Health Law**

- Fiona Gow  
  BC Ministry of Justice

- Joyce Roper  
  WA State Attorney General’s Office

**Indigenous Health**

- Evan Adams, MD  
  BC Ministry of Health

- Elizabeth (Betsy) Buckingham  
  Makah Nation

**Communications (no open session)**

- Laura Neufeld  
  BC Ministry of Health

- Laura Blaske  
  Washington State Department of Health
Acknowledgments (continued)

Workshop Recorders

Laura Blaske  
Public Awareness and Emergency Communications Manager  
Washington State Department of Health

Larry Champine  
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Greg Nordlund  
Washington State Department of Health

Cindy Marjamaa  
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Workshop Organizers

Jocelyn Hawse  
British Columbia Ministry of Health

Gail Zimmerman  
Washington State Department of Health

Carrie McGee  
Washington State Department of Health
Introduction

The Pacific NorthWest Border Health Alliance (PNWBHA) held its tenth annual bi-national cross border workshop in Vancouver, British Columbia, April 30-May 2, 2013. The workshop’s theme, “Looking Back, Moving Forward: The Next Ten Years,” focused on the PNWBHA’s continued collaborative approach to prepare for and respond to any natural, accidental and intentional events impacting the Pacific Northwest in a coordinated and effective manner. 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 the fields of healthcare, public health, epidemiology, public health laboratories, emergency management, emergency medical services, indigenous health, risk communications and public health law.

New Attendees/Refresher Orientation

PNWBHA Overview: Who We Are and What We Do – A Collaborative Approach the Healthcare and Public Health in the Pacific NorthWest

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

International Border Response – A Collaborative Approach that is Simple, Works, and Saves Lives

Michael L. Smith
Health Emergency Medical Services Workgroup Co-Chair
EMS Coordinator, Emergency Medical Services, Terrorism and Disaster Response, Washington State Department of Health

Dan Banks
Health Emergency Management Workgroup Lead
A Comparison of US and Canadian Emergency Support Functions

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

Andrew Stevermer
Regional Emergency Coordinator, Assistant Secretary for Preparedness and Response (ASPR)
Department of Health and Human Services (DHHS)

Workgroup Meetings

Eight cross border workgroups convened on April 30, 2013, to discuss the status of projects, new issues and next steps. Following are reports on each session:

Epidemiology and Surveillance Workgroup

Introduction and overview
- The workgroup discussed migrant workers’ health. This was a topic many group members had very little exposure to except in instances of recent outbreaks. By looking at health and legal issues, the group hoped to gain a better understanding of working with this population. The session was split into two segments: 1) A panel discussion that covered broad topics of migrant workers’ health; and 2) A simulated case study discussion about a migrant worker outbreak scenario.
- The workgroup also talked very briefly about the status of the Data Sharing Agreement. The language of the agreement is final and ready for the Public Health Law Group to reach out through the proper channels to engage the various jurisdictions.

Guest speaker panel
- Byron Cruz - outreach nurse working for the Street Nurse Program of the British Columbia Center for Disease Control
- Raul Gattica - outreach worker with the BC Agricultural Workers’ Alliance
- Dr. Peter Houck - Western Supervisory Medical Officer for the CDC Quarantine and Border Services Branch
- Nancy Piper Jenks - director of the department of Internal Medicine at Hudson River Community Health Center (a federally qualified health center in New York State)

They discussed a wide range of issues in working with this population, such as: 1) Systematic barriers: i.e., employer permission, transportation, language interpretation; 2) Confidentiality and
trust; 3) Health coverage: pay up front in California; only eight months of coverage in US; paperwork for reimbursement; 4) Poor diet and housing – lack facilities for proper food preparation; 5) Protection: improper safety equipment; no language specific instructions; 6) Chronic disease.

Solutions discussed covered the following: 1) Working toward multicultural health co-ops (in BC); 2) Engaging physicians on refugee health; 3) Implementing mobile clinics (in BC); 4) Developing a network of stakeholders to serve migrant workers at several stages throughout their employment “journey” that includes both prevention and treatment.

Case Study Discussion
A simulated case study focused on an outbreak caused by pesticide exposure on a farm with migrant workers. The following questions were discussed:

What other agencies or experts would you involve or consult?
Occupation and safety agencies, health department pesticide surveillance, poison control centers, food safety inspectors, Center for Agricultural Health (in New York), pesticide regional agency, translation/language services, epidemiologists.

Who would conduct the medical assessment of the sick workers?
In the beginning, public health nurses and epidemiologists to characterize the situation; then engage healthcare (for treatment) and environmental (for further assessment and mitigation).

What health coverage exists for different categories of workers?
In Canada international migrant workers have to purchase a private insurance but also have access to MDs where they have to pay up front for service; national migrant workers have original provincial health insurance which lasts three months, but often have to pay up front. In the US, federally qualified health centers and outreach workers – some telemedicine, emergency departments.

What are the employer’s responsibilities to ensure health and safety of his migrant workers?
1) Focus on prevention – before it happens; reach out to farm owners as a resource – include faith-based organizations, community-based organizations, farm worker organizations; 2) Organizations like Worksafe BC work with employers to educate on requirements; 3) Workers can seek workers comp but are discouraged – may jeopardize hiring; 4) In Alaska fishing boats do not have healthcare; 5) Monitoring conditions on farms.

What are the barriers to seeking medical attention? How do you address these?
Some barriers are transportation, clinic hours, language translation and a general fear of governments. Some solutions could be health promoters, being clear about public health role from the beginning, educate providers re: health issues among this population.

How do you address the public health issues identified here? (Pesticide exposure, TB and other infectious disease, mental health, other)
1) Creation of network of clinics; 2) Integration of nongovernmental organizations, outreach programs and government programs; 3) Engagement of agricultural sector and employers; 4) Change in policy and regulators’ perspective; 4) New and innovative approaches – such as cell phone outreach.

Workplan for upcoming year:
• Directory of who’s who, org chart from member agencies (e.g. on website).
• Review of who is on each alert list and other email lists.
• Discuss need for and compare notifiable conditions and reporting requirements among jurisdictions.
• Share information on public health rounds or lectures being held in member and other agencies.
• 24/7 notification (can we find someone in each agency at any time?).
• Summary of what was discussed today and list of contacts/experts from the field of migrant health.
• Aspirational goal: Work with Northwest Center for Public Health Practice and other entities to have student practicum focus list of best practices identified to address migrant health issues.

Public Health Laboratories Workgroup

Co-chairs: Dr. Romesh Gautom, Dr. Muhamad Morshed

Dr. Judy Isaac-Renton provided the introduction and welcome.

Dr. Romesh Gautom cited past accomplishments of the workgroup, including the addition of the British Columbia Public Health Microbiology and Reference (BCPHMR) Laboratory to the Laboratory Response Network; the creation of memoranda of understanding providing cross border laboratory support; and the approval of permits that allow samples to be shipped from Washington, Oregon and Idaho to British Columbia.

Brian Hiatt (Washington Public Health Laboratories) reported on the Washington State Public Health Laboratories’ microbiology laboratory’s work to improve testing for Vibrio parahaemolyticus, which can cause illness in those who eat shellfish. Illness related to Vibrio has risen in recent years, frequently leading to the closing of beaches and restriction of shellfish harvesting. Restrictions are now based on water temperature rather than testing results for given areas, but the laboratory is working to establish better means of predicting disease-prone areas through improved testing with the goal of both reducing illness and the number of beach closures which negatively affect the shellfish industry. The laboratory has a grant from the Food and Drug Administration to sequence 800 foodborne pathogens in the next two years with the goal of finding genetic strings that cause disease.

Blaine Rhodes (Washington Public Health Laboratories) reported on Washington’s radiation laboratory work and on chemical emergency work. Washington’s radiation laboratory is the largest on the west coast due largely to the presence of the Hanford Nuclear Reservation and the need to monitor surrounding areas for radiation. Washington’s radiation laboratory tests air, water and soil samples, as well as samples from animals in the area. Following the Fukushima radiation event, the laboratory tested air and soil samples for radiation along with cargo from Japan. At one point the laboratory determined that small amounts of radiation found in milk could be attributed to the 1986 accident in Chernobyl rather than to the Fukushima event. Washington’s laboratory has also assisted with soil sampling in another state that did not have
testing capabilities. Washington’s laboratory is currently developing rapid radiation response methods for analyzing food and environmental samples.

Rhodes also discussed testing shellfish for paralytic shellfish poisoning and domoic acid. There has been international interest in this work; the laboratory has had a working relationship with the Research Council of Canada and shared information with laboratory personnel in Russia and Argentina. Rhodes stated that he would like to establish a relationship with those working on shellfish control in British Columbia.

Washington’s environmental laboratory is also involved in analyzing clinical samples for the presence of environmental chemicals in urine and tissue. His laboratory has a five-year grant from the Food and Drug Administration to test for metals and pesticides. Testing will be extended to include endocrine disrupters found in plastics. Dr. Isaac-Renton suggested connecting Rhodes with those in British Columbia working on biomonitoring.

Dr. Muhammad Morshed (BCPHMR) updated the group on his efforts to institute a region-wide study of ticks and Lyme disease. Dr. Morshed discussed fieldwork conducted in British Columbia and funding he has received to expand those studies. He encouraged others at the meeting to promote the idea of studying ticks and Lyme disease in their states or provinces to obtain a more complete picture of the phenomena in the region as a whole. Lyme disease has been a controversial topic in western Canada and Dr. Morshed would like to provide data to support a more scientifically based discussion.

Yin Chang (BCPHMR) discussed:
- The structure of the BCPHMR.
- Surveillance systems used at the laboratory with particular attention to event-based systems such as those put in place during the 2010 Olympics/Paralympics, influenza season, gastrointestinal outbreaks and respiratory outbreaks.
- The challenges of coordinating several data systems including a legacy system, a newer Sunquest system and a more recent version of the Sunquest system.
- Disease trends in British Columbia.
- Available published reports including Laboratory Trends, the laboratory’s annual report, provincial and national surveillance, and the STOP HIV/AIDS Quarterly Report.
- Efforts to improve expertise of laboratory staff through advanced skills training, improving ability to identify disease trends.

Patrick Tang (BCPHMR) discussed the current outbreak of avian influenza A (H7N9) in China and his laboratory’s development of tests using assays developed in-house or provided by the National Microbiology Laboratory (Canada) and the WHO. More advanced testing includes genome sequencing. Currently, all influenza A-positive samples are subtyped for several kinds of flu including H7, but if an H7N9 case is discovered in North America, testing more specific to H7 will begin.

Discussion following the presentation centered on the need for the Centers for Disease Control and Prevention to distribute test kits designed for multiple platforms.

Neil Chin (BCPHMR) discussed work to maintain agreements allowing samples to be sent from Washington, Oregon, Idaho or Montana to British Columbia making use of preapproved licenses. The licenses are updated each year. Work continues to allow samples to travel from British Columbia to the states. A Canadian law currently under consideration has the potential to
make this process much easier. A new process is in development for certifying Canadian labs to handle what in the US are called select agents.

It was suggested that a cross border exchange of samples be included in an exercise to test the effectiveness of the process.

**Action items:**
- Develop permits to allow shipping of samples from laboratories in British Columbia to labs in Washington, Oregon, Montana and Idaho.
- Update contact list for this workgroup.
- Develop collaborative study of Lyme disease.
- Connect Blaine Rhodes with Tom Kelly.
- Invite Canadian shellfish experts to attend future cross border conference.
- Conduct a communications exercise.
- Invite a biosafety expert from British Columbia.

**Health Emergency Medical Services Workgroup**

Due to very restrictive travel budgets, there were insufficient EMS members to hold an annual general meeting.

The theme for the breakout session was “Where We Were, Where We Are and Where We Are Going.” The presenters provided an overview of their capacities and highlighted recent deployments over the past year.

The E-Team presentation described BC Ambulance Service’s (BCAS) use of this emergency management software to plan and prepare their stations for both densely populated urban centers such as Vancouver and remote rural communities like Atlin (population 250).

Other highlights included:
- The Emergency Management Unit’s deployment in the Canadian federal government-sponsored Exercise Magnitude 2012 held in Vancouver, a joint exercise involving Urban Search and Rescue deployment and the City of Vancouver.
- Exercise Evergreen and the process that worked through the virtual deployment of the Mobile Medical Unit to Washington State.
- BCAS Special Operations’ large-scale mass gatherings such as the Festival Lights held annually in English Bay off the coast of Vancouver and the use of the BCAS Bike Squads.
Health Emergency Managers Workgroup

The Health Emergency Management Workgroup focused on their plans for the next few years. Among the issues they will tackle:

- Develop a Terms of Reference, a guiding document for the workgroup that would further define the structure of the workgroup and develop a multi-year work plan that will be updated annually.
- Integrate tribal/First Nations groups and health authorities into participation.
- Build linkage with Western Regional Emergency Medical Advisory Committee (WREMAC) and Pacific Regional Emergency Medical Advisory Committee (PREMAC) for better awareness and coordination. Explore linkages to other similar groups.
- Foster creation of groups in other areas, like the US-Canada border from Montana to New York.
- Develop list of medical specialties and their US and Canadian equivalent titles.
- Work on credentialing health professions across borders.
- Streamline notification systems like Secure Electronic Communications, Urgent Response and Exchange System (SECURES), to make sure all members are included in each system.
- Resource tracking – Is there a cooperative program for beds, equipment, personnel, etc.? Catalog these resources.
- Create online orientation that explains the components of cross border efforts.
- Include consular offices that may play a liaison between state/provincial entities and federal governments.
- Further define connections with the military. Are they partners? Local partners? National partners? Advisory partners? There are challenges inherent in how US and Canadian militaries function in the states vs. the provinces.
- Do consular or military relationships need to be formalized?
- Create opportunities for job sharing/shadowing.

Public Health Law Workgroup

The Public Health Law Workgroup facilitates health emergency preparedness and response by identifying and establishing legal authorities and agreement. The group monitors changes in
laws in provinces, states and federal government, as well as in tribal or First Nations governments.

Identified legal authority for the expansion of Pacific NorthWest Emergency Management Agreement (PNEMA) memoranda of understanding (Senate Joint Resolution 44) and consulted with the Great Lakes Border Health Initiative legal subcommittee, which unfortunately is being placed on hiatus/disbanded prior to implementing Senate Joint Resolution 44.

Explore options to implement/effectuate Senate Joint Resolution 44 to expand PNEMA memoranda of understanding and operational plan. Monitor BC legislation addressing Emergency and Health Services Act and Emergency Medical Assistants Regulation.

Indigenous Health Workgroup

Elizabeth Buckingham, Health Director of the Makah Tribe, gave the background and scope of the American Indian Health Commission (AIHC). Washington is the only state with an Indian health commission. Formed in 1994, the AIHC works on behalf of the 29 federally recognized tribes in the state to improve health outcomes for American Indians and Alaska Natives. The AIHC works to increase cultural competence; eliminate health disparities; break down jurisdictional and geographical barriers; and build bridges with the federal government.

Some of the AIHC’s current projects involve immunizations, maternal child health, tobacco prevention, home visiting, the Washington Health Benefit Exchange, and a tribally driven PHEPR capabilities planning project.

A recently completed project is the Red Book, a collaboration of tribes, the Washington State Department of Health and the AIHC. It contains 24/7 emergency contacts for tribes and could be duplicated for First Nations. Other possible communication resources discussed were an electronic interactive mapping system and the iPhone “Native Earth” application.

Dr. Evan Adams, Deputy Provincial Health Officer of the British Columbia Ministry of Health, emphasized that Indigenous health in British Columbia is an area that still needs some organizing and planning. How can we reach underserved populations? One way is to focus on regional efforts; Indigenous groups are eager to have their own self-designed system with a traditional, holistic, non-westernized approach to healthcare. Other main issues include looking at public health not from a disease-model approach; mental health treatment and suicide prevention; and data governance.

Dr. Adams listed these areas in emergency planning that need to be focused on:

- Developing well-described communication methods.
- Creating contact lists for Indigenous members to reach out.
- Extending pandemic planning toward Indigenous neighbors.
- Quake/tsunami planning.
- Building relationships by inviting Indigenous members to the table.
- Mapping health preparedness and Indigenous nations using a mapping tool.
- Developing public health guidelines and best practices.
• Identifying gaps in public health service.

John Scott talked about a relatively new initiative from the Pan American Health Organization (PAHO) to engage Indigenous people in disaster risk reduction. At this early stage, PAHO is establishing a framework for the discussion that will take place over the next several months.

The workgroup discussed the need to improve cultural competency and develop linguistically and culturally appropriate ways of communicating with Indigenous populations. The majority community commonly views native communities as vulnerable. We need to change the paradigm and redefine what vulnerable populations are. Pathologizing Indigenous populations creates a colonizing feeling and the word “vulnerable” gives an incomplete picture. “Disadvantaged” may be a more appropriate term, as “vulnerable” sounds as if it is inherent.

Provincial Health Services Authority in BC has an online course for cultural competency; it’s a good introduction to the concept of cultural competency (in the Canadian context). US Health and Human Services also offers cultural competency training for first responders.

Clinical Medical Surge Workgroup

This was the initial meeting of the Clinical Medical Surge Workgroup to discuss clinical issues related to pediatric medical surge. It included pediatric physicians from British Columbia, Washington and Oregon; a public health officer and public health preparedness and response staff from Canada, Oregon and Washington; representatives from state and provincial nursing licensing authorities; and the Washington State Secretary of Health and the Washington State Health Officer.

2013-2014 Action Plan:

• Group strongly agreed to continue this workgroup.
• Develop mobile subspecialty team that can be deployed to an affected area. Could also involve telemedicine. Start with pediatrics. Some work has already started with members from Washington, Oregon and BC. Question about whether any funding from Hospital Preparedness Program can be used to support this work. Sally will contact them for follow up and investigate funding opportunity from Washington Hospital Preparedness Program.
• Recommend standardized criteria for credentialing and privileges for hospitals so that pediatric providers from other states/provinces could be deployed to Pacific NorthWest Border Health Alliance hospitals.
• Encourage cross border hospital participation in pediatric medical surge exercises and include hospital and other officials.
• Gaps:
  o Pediatric training for nonpediatric providers. Initiate Train-the-Trainers program. Engage Canadian ER staff. Workgroup formed to continue discussions.
• Connect with cross border legal workgroup and emergency management workgroup.
• Stay connected to federal partners with activities and outcomes.
• Share contact list of participants and partners.
• Identify means to share information.
• How to provide liability protection for clinicians who respond?

Sally Abbott will distribute notes to participants and convene follow up teleconference. Goal for the initial teleconference is to prioritize activities from the above list.

Communications Workgroup

Co-chairs: Laura Blaske (Washington State), Laura Neufeld (British Columbia)

The Communications Workgroup had a closed planning session this year because many representatives were not able to attend the conference. Communications Workgroup co-chairs from Washington State and British Columbia met to discuss ways of continuing important committee work throughout the year via conference calls and email discussions. The co-chairs will work on expanding membership base in provinces and states, and will host conference calls this year. In addition to these virtual committee meetings, workgroup members will continue to share messaging and resources regarding emerging public health issues.

Plenary Session Summaries

Opening Ceremonies

Shawn Carby
Health Emergency Management Workshop Co-Chair
Executive Director, Emergency Management Unit, British Columbia Ministry of Health

Government of British Columbia Welcome

Graham Whitmarsh
Deputy Minister, British Columbia Ministry of Health

First Nations Welcome

Gerry Oleman
Coast Mountain Salish Elder

Post the Colors
British Columbia Ambulance Service Honour Guard

Opening Remarks from the Pacific NorthWest Border Health Alliance (PNWBHA)

Wayne Turnberg, PhD, MSP, PNWBHA Co-Chair
Communicable Disease Epidemiology Director, Washington State Department of Health

Public Health Emergency Preparedness: Looking Back, Moving Forward

Julie Shouldice
Director, Office of Program Coordination and Partnerships (OPCP)
Centre for Emergency Preparedness and Response
Public Health Agency of Canada

Maria Julia Marinissen, PhD
Director, Division of International Health Security
United States Health and Human Services

Jean-Luc Poncelet, MD, MPH
Area Manager, Emergency Preparedness and Disaster Relief
Pan American Health Association
World Health Association

Julie Shouldice noted how the link between technology and emergency management has changed in the past 10 years. A decade ago social media had barely begun. The H5N1 flu outbreak in Thailand one year after SARS created panic, and there was a lack of trusted, reliable information available. Compare this to today, when we’re better able to communicate in real time, share information quickly and build resilience.

Key preparedness developments in Canada over the past decade include the creation of the Public Health Agency of Canada (PHAC) and partnerships such as the International Health Regulations (IHR), as well as changes in approach such as all-hazards planning.

In the next 10 years, we need to adapt and learn how to integrate technology while also addressing the risks and vulnerabilities of using technology (i.e., spread of misinformation).

Maria Julia Marinissen talked about US preparedness efforts, giving examples of disasters over the past decade that had global health security implications—beginning with the 9/11 terrorist attacks and ending with this year’s Boston Marathon bombing.

She gave an overview of the US approach to emergency management, which is similar to Canada’s all-hazards approach. She talked about the Presidential Policy Directive (PPD-8) which focuses on five “pillars”—to prevent, protect against, mitigate the effects of, respond to and recover from threats that pose the greatest security risks; Homeland Security’s National Response Framework and its 15 Emergency Support Functions; the Pandemic and All-Hazards Preparedness Act (PAHPA); the connection between the Department of Health and Human Service (HHS) and the Assistant Secretary for Preparedness and Response (ASPR); and ASPR’s multifaceted approach to international public health preparedness and response.
Jean-Luc Poncelet gave both global and regional contexts on border and disaster management. PAHO is a regional office of the World Health Organization (WHO), working to improve health in countries of the western hemisphere.

In number and magnitude, global disasters are on the rise, particularly flooding and technological disasters such as chemical spills. There are more refugees and displaced people seeking asylum. Funding for disaster management has increased and it is a rising industry, though one of the most unregulated. Regionally, the Latin American/Caribbean area has the largest inequalities and is a multi-hazard-prone area.

Border and disaster management is more complex than other types due to language barriers; institutional and administrative barriers; and lack of documentation at the border. We must plan for more complex disasters and, as part of a more interdependent world, be better prepared at assisting others and at being assisted.

Strategies for Successful Public Health Messaging

Tim Church  
*Communications Director*  
*Washington State Department of Health*

Laura Blaske  
*Public Awareness and Emergency Communications Manager*  
*Washington State Department of Health*

It isn't easy getting the public to understand complicated health information, and in this era of 24-hour news, instant internet access and social media, people can suffer from information overload.

Public health communicators need to break through that glut of information. Identify your audience and get them to hear your message a lot until they understand and believe it. People will take an interest if the message is relevant to them. An example given was a successful whooping cough prevention campaign that targeted mothers and used personal stories to get people’s attention.

There is no “one size fits all” way of reaching people—it takes a multi-pronged approach in media. Examples include earned media, the Web, paid media and social media. It's also important to choose your words carefully and use plain language, and to earn credibility with the public by showing you care about their health concerns.

Risk communication, as well, needs to be very clear and accessible. It should help people understand risks, cope and make informed decisions when they feel most powerless. Assessing personal risk is confusing and emotional—people tend to overestimate risk when there’s too little information and underestimate it when there’s a lot of information.
That’s where a good risk communication plan can help strike a balance. Hone your message for your audience by giving risk a “face” or connection to them—especially if the risk is something that’s hard to see or explain, such as pandemic flu or bioterrorism.

A risk communication plan should also identify:

- Roles such as subject matter experts and approval authorities.
- Communication channels.
- Stakeholders and partners.
- Time constraints.
- Key messages.
- Worst-case scenarios.

**Canadian and United States Medical Surge Strategies - Discussion**

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

A series of participants described medical surge work in their areas:

**Kathryn Koelemay** described pediatric emergency planning done in Seattle and development of a toolkit hospitals can use to advance their planning. Among recommended steps for addressing pediatric emergencies were designating a pediatric emergency coordinator, including pediatric patients in exercises and use of the Breslow Tape, a device that allows medical personnel to quickly assess pediatric patient needs based on height and weight. Others commented that equipment can be color coded to match Breslow readings and that the Breslow reading should be incorporated as a vital sign for day-to-day hospital and EMS use.

**Linette Gahringer** discussed the work of the Northwest Central Emergency Care Coalition (Washington State). The coalition includes hospitals, community college nursing students, the Colville Tribe and others, and is expanding to include morticians and emergency management. The coalition has established agreements for mutual assistance between hospitals in the region and is expanding the agreements to include other preparedness regions. They have several trailers of equipment that can be deployed in an emergency.

**Shawn Carby** said the British Columbia Ministry of Health is working on agreements with nongovernmental organizations such as the Red Cross. In British Columbia new law waives credentialing requirements for emergency workers for 72 hours.

**Graham Dodd** stated that most hospitals have emergency plans but they are seldom exercised. He suggested that plans and exercises be included in hospital accreditation requirements.

**Jere High** said that in Oregon, surge will be emphasized for the next five years and that the public health department has hired a pre-hospital planner. Oregon uses volunteers from AmeriCorps/VISTA to help work on public health emergency preparedness in local communities.
(over 2,000 volunteers so far). He also stated that a recent law allows former medical personnel to be covered for liability when they volunteer to help during an emergency.

Tammy Delaney-Plugowski said Canada has a nationwide memorandum of understanding for sharing services. Includes arrangements with professionals such as structural engineers, plumbers, electricians and others who can help get a hospital running again after it has gone down.

Andrew Stevermer said that the emphasis has shifted away from coping with medical surge to finding ways to care for the medically fragile so they don’t end up in hospitals. Medically fragile people include those in institutions, those who can’t use the stairs and others.

Joyce Roper said registered emergency workers are covered for liability in Washington State, which is why it is important to pre-register workers.

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**Pertussis Epidemic Response, Washington State 2012**

**Chas DeBolt, RN, MSN**  
*Senior Epidemiologist for Vaccine-Preventable Diseases*  
*Washington State Department of Health*

DeBolt recounted investigation and response efforts undertaken by the agency during the 2012 pertussis epidemic.

- Numbers of cases began to rise in the third quarter of 2011 and by the following March, a workgroup had been formed to review surveillance data and devise response strategies. An epidemic was declared in April 2012.

- Pertussis guidelines for investigating cases and preventing further spread of the disease were revised with input from local health jurisdiction stakeholders.

- Over the course of the epidemic, 5,500 cases were reported. The actual number was probably much higher, as historically only about 10-12% of actual cases are reported.

- Although babies under age one had the highest rate of illness, children aged 10-13 had an unusually high number of cases. And over 50% of all cases were in school-aged children. The change from whole cellular to acellular vaccines may have contributed to the spikes in rates among children under 15 years of age and younger.

- Huge media and public education campaigns were launched, as well as awareness and education programs for providers. The improved surveillance and reporting guidelines made the work of local health jurisdictions more streamlined.

Vaccines were made available to those without financial access. Vaccines are still our best tool for preventing the disease.
Pacific NorthWest Border Health Alliance – The Past, Present and Future

Mary Selecky  
Secretary Retired  
Washington State Department of Health

John Wiesman, DrPH, MPH  
Secretary of Health  
Washington State Department of Health

Recently retired Washington State Secretary of Health Mary Selecky expressed pride in the work of the Pacific NorthWest Border Health Alliance, particularly the signing of the Health Annex to PNEMA (Pacific NorthWest Emergency Management Agreement). She stressed the importance of the planning we have done over the past 10 years and cited the effective response to the Boston Marathon bombings as an example of the value of preparation. She urged those attending to carry on the good work: “We are better. Stay steady. Keep moving forward.” Selecky also thanked John Erickson, the retiring Washington State Department of Health’s Special Assistant for Emergency Preparedness and Response, for his work.

Newly appointed Washington State Secretary of Health John Wiesman described the cross-jurisdiction response to H1N1 his county health department participated in with three other counties and a tribe, with all under the direction of a single incident commander. Secretary Wiesman said this experience reinforced for him the importance of relationships and working together toward a common goal. He said the work of the PNWBHA must go forward because “preparedness is not an add-on,” and “the public expects us to be ready 24/7.”

Wiesman thanked Selecky and Erickson for their service. Wayne Dauphinee presented Selecky with a PNWBHA Lifetime Achievement Award. Mike Harryman and Dr. Melvin Kohn presented awards to Selecky and Erickson.

Pacific NorthWest Health Sector Infrastructure Protection: A Dialogue with Stakeholders

Andrew Stevermer  
Regional Emergency Coordinator, Assistant Secretary for Preparedness and Response (ASPR)  
United States Department of Health and Human Services (DHHS)

Shawn Carby, PNWBHA Joint Coordination Committee (JCC) member  
Executive Director, Emergency Management Unit, British Columbia Ministry of Health

Wayne Dauphinee, PNWBHA Executive Director  
Emergency Management and Public Health Preparedness Consultant

The three speakers discussed the importance of protecting our critical infrastructure so we can better respond to and recover from disasters and other emergency events.
Assess infrastructure and its vulnerabilities; take measures to protect it or reduce the disruptions in utilities, staffing and supplies; include as part of continuity of operations planning. Critical infrastructure includes things like healthcare workers, hospitals, physician and dental offices; long-term care facilities; pharmacies; laboratories; medical supply companies and blood banks.

Disruption in services like water, electricity and transportation can greatly impede public health infrastructure from responding effectively to public health emergencies. To mitigate these impacts, it’s necessary to plan for service continuity, protection of people and assets, and increased cybersecurity.

Things to be done to mitigate these effects include building partnerships; creating effective ways to share information; providing technical assistance to public health partners; building capacity in things like telecommunications and improved security; and an ongoing dialogue between all of our partners.

Indigenous People and Public Health Emergency Preparedness in the Northwest

Evan Adams, MD  
Office of the Provincial Health Officer, British Columbia Ministry of Health

Elizabeth Buckingham  
Tribal Health Director, Makah Nation

While there is no official definition of “Indigenous people,” the estimated 370 million Indigenous people worldwide represent a rich diversity of cultures, religions, languages and histories. In spite of this, they continue to be among the world’s poorest, most marginalized populations.

Indigenous people want to incorporate their own traditions into managing health, rather than just following a western model. This includes how they carry out emergency preparedness planning in their communities.

In Canada, agreements signed in 2005 led to First Nations and the Canadian and British Columbian governments working to close the social and economic gap between First Nations and other British Columbians over the next 10 years. In 2007, the Tripartite First Nations Health Plan was signed; it committed the three partners to take action in both governance and health actions, creating a more integrated health system that reflects BC First Nations’ cultures and perspectives. (The tripartite is becoming bipartite, with the federal government ceding to First Nations.)

In the United States, one example comes from Washington State’s Makah Tribe, which signed a treaty in 1855 with the US government exchanging more than 300 acres of land for healthcare and the right to whale. So although tribal chiefs are responsible for the social and economic welfare of tribal members, it is a federal responsibility to provide tribes healthcare. After 9/11, the Makah Tribe began working with Washington State on emergency preparedness efforts. A tribal liaison was hired, a Comprehensive Emergency Management Plan was created and a memorandum of understanding was signed by seven Washington State tribes.
British Columbia Ambulance Service (BCAS) – A Provincial Approach to Preparedness – E-Team

Christine Grist  
Manager, Operations, Emergency Management Unit, Ministry of Health

Rod Salem  
Director, Emergency Management Unit, Ministry of Health

The presenters described BCAS’s use of software called E-Team to increase preparedness at each of its 189 ambulance stations. The E-Team software was purchased from a vendor and adapted to their purposes. The primary uses of E-Team to date have been to help with disaster planning and to help control inventories of medications and other supplies.

**Planning:** The software locates stations on a map with associated logistical information. Because it allows for document sharing, E-Team is also the place where each station stores its disaster assessments and plans, and E-Team reminds stations when their plan is due for updating. This planning also includes an evaluation of which stations are likely to withstand specific types of disaster such as wildfire or earthquake and which are not, so that alternative facilities can be identified as backup stations.

**Inventory control:** A perceived shortage of certain medications led BCAS to conduct a full inventory of medications located at stations. This led to the discovery that although some stations did not have the medications they needed, others had more than enough. This led BCAS to switch to a more centralized and storage and ordering system. E-Team allows all participants to see current inventory at all stations and to share among stations as needed. This allows for more realistic ordering and allows medications that have a short shelf life to be used in a timely manner.

**Alerting:** E-team can be used to send alerts to pre-established lists via email, phone, fax and other media. Dan Banks of the Washington State Department of Health commented that the E-Team software is very similar to SECURES software used by Washington State for document sharing and alerting.

Port of Entry/Border Crossing Issues

Tanya Traverse  
Emergency Management Coordinator, Canada Border Services Agency (CBSA)

Charles Cunningham  
Agriculture Branch Chief, Office of Field Operations, US Customs and Border Protection

Traverse and Cunningham began with overviews of their agencies; the breadth of services provided; the geography of border crossings; and how first responders need to prepare for and follow rules and regulations during emergency situations when people and supplies are needed to assist on the other side of the border.¹
Emergency preparedness planning continues to benefit from plans developed in preparation for the 2010 Winter Olympics in Vancouver.

Also discussed was the importance of pre-notification at border crossings. Advance notification by email or fax when ambulances or other emergency equipment are heading to the border with the intent to cross helps provide the border staff time to pre-vet the personnel and/or equipment and to expedite the crossing—this is especially helpful when minutes can matter.

1 Appendix C, Emergency Medical Services Staff and Resources Cross Border Movement Process Checklist of the Operational Plan for Moving Emergency Medical Service Staff and Resources Across the Washington and British Columbia Border www.doh.wa.gov/Portals/1/Documents/1400/Wa-BC-EMS_Agreement.pdf provides the necessary guidance for crossing a port of entry for all responders during incident or emergency when crossing at a port of entry.

Environment Canada and US National Weather Service

Ted Buehner
Warning Coordination Meteorologist, National Weather Service – Seattle/Tacoma, Washington

David Jones
Meteorologist, Environment Canada Warning Preparedness

Buehner and Jones discussed the health impacts of hazardous weather events and the weather warning system on both sides of the border. They described the system as a “three-legged stool” consisting of detection/warning, dissemination and response—with the goal of minimizing loss of life and property.

Pacific Northwest weather is terrain-driven. Depending on topography and annual precipitation, regional weather hazards include floods, landslides, snow and ice, windstorms, wildfires, heat, drought, fog, tornadoes, lightning, large hail, dust storms, coastal flooding and avalanches.

Of these, flooding impacts the public’s health the most; nearly half of our region’s hazardous weather events are flood-related, causing health problems due to mold/mildew, debris, chemicals and contaminated water.

Other significant weather events such as snow/ice, windstorms and excessive heat impact health through loss of power/utilities; carbon monoxide poisoning; and respiratory illnesses like asthma (among many other problems).

The following “event-driven products” are used to provide information to the public:

- Outlook (“Heads up!”): Severe weather conditions are possible in a few days.
- Watch (“Get prepared!”): Severe weather conditions are possible, but not yet certain.
- Warning (“Take action!”): Severe weather conditions have begun or are imminent in your area.
- Advisory: Weather conditions are expected to cause significant inconvenience and may be hazardous.
Means of communicating weather forecasts and warnings include:

- Your federal department of weather, such as weather.gov in the US.
- Email warnings via Smartphone, Blackberry or PC.
- Social media (Twitter, etc.).
- YouTube videos, such as Canada’s “HeadsUp!”
- NOAA Weather Radio.
- Webinars.

**Laboratory Preparedness on a Global Scale**

**Eric Blank, DrPH**  
*Senior Director, Public Health Systems, Association of Public Health Laboratories*

**Chris Mangal, MPH**  
*Director, Public Health Preparedness and Response, Public Health Laboratories Association (ALPL)*

The presenters described the work of the Association of Public Health Laboratories (APHL) with an emphasis on the organization’s international efforts. The APHL works to improve the quality of laboratory practice by advocating nationally on critical laboratory issues, promoting best practices, providing training, facilitating the transfer of technology, and acting as an information broker between APHL’s 800 member laboratories and organizations such as the CDC.

The Laboratory Effectiveness Initiative is the APHL’s attempt to help laboratories remain viable in the face of budget cuts and staff reductions. This involves an assessment of which tests can be provided regionally rather than locally; arrangements for group purchasing of supplies; application of LEAN and other management strategies; and recruiting young laboratory professionals to replace members of an aging workforce.

Internationally, the APHL works closely with its Canadian counterpart, the Canadian Public Health Laboratory Network (CPHLN), with which it has a memorandum of understanding for enhanced communication and emergency support. APHL is working toward a similar agreement with Mexico. The APHL works in 25 countries helping with laboratory capacity assessments, and projects related to HIV/AIDS, food safety, newborn screening, and moving from paper data to electronic data.

**Laboratory Response Network (LRN)**

The LRN is part of the US national security structure. Its member laboratories are organized to provide back-up and support during emergencies, training, protocols, testing and safety standards. The LRN–B organizes biological laboratories into sentinel laboratories, reference laboratories and national laboratories. The APHL also helps promote the World Health Organization’s International Health Regulations. The regulations set standards for surveillance and for reporting to the World Health Organization that are recognized by 151 countries.
Crossing the Line: Planning for Healthcare Volunteer Deployment

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

Scott Carlson
Washington State MRC Coordinator
WAserv (ESAR-VHP) Program Manager
Public Health Emergency Preparedness and Response, Washington State Department of Health

Moji Obiako, MPH
Medical Reserve Corps Regional Coordinator, Region X (AK, ID, OR, WA) Division of the Civilian Volunteer Medical Reserve Corps-Office of the Surgeon General
US Department of Health & Human Services-Office of the Assistant Secretary for Health

Eric N. Gebbie, MIA, DrPH
Systems Coordinator, State Emergency Registry of Volunteers in Oregon, Oregon Health Authority-Public Health Division, Health Security, Preparedness and Response Program

The panel presented overviews of the Medical Reserve Corps (MRC) and other volunteer programs they administer or participate in, including Region X MRC partnerships, AmeriCorps/VISTA, ESAR-VHP systems and NW Citizen Corps Expo exercise.

The discussion turned to how the three agencies form and maintain relationships, working together and coordinating plans and exercises. Some successes have been:

- AmeriCorps/VISTA Program
- MRC/ESAR- VHP PNEMA TTX (August 2010)
- NW Citizen Corps Expo (August 2010 and August 2011)

These efforts have helped clarify MRC deployment, identified gaps in the PNEMA process and clarified roles.

Next steps for the group include fostering passage of Oregon Senate Bill 563 that will waive certification of healthcare workers during an emergency, provide background checks and deploy to other states.

Also discussed was the successful earthquake exercise in June 2012 that tested emergency response, as well as RSS delivery and fulfillment and, for the first time, a full-scale test of federal medical station activation.
Regional Cascadia Subduction Zone Planning: An International Catastrophe

Dan Banks
Health Emergency Management Workgroup Co-Chair
Emergency Preparedness Unit Director, Washington State Department of Health

Kirsten Brown
Director, Planning and Programs
BC Ministry of Health

Jere High, ND
Oregon State Public Health Division
Oregon Health Authority

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

Andrew Stevermer
Regional Emergency Coordinator
Assistant Secretary for Preparedness and Response (ASPR)
Department of Health and Human Services (DHHS)

The Cascadia Subduction Zone is a long, sloping fault reaching from British Columbia to California. An earthquake in this area will be devastating and will take many years to recover from. Federal, state and provincial partners participated in this session, which covered a preparedness approach they say is simple and will save lives.

British Columbia has a response plan that includes input from ministries across BC government. Initiatives underway include a nonstructural mitigation of selected healthcare facilities in the lower mainland of BC and enhanced partnerships with organizations like the Canadian Red Cross.

Oregon expects catastrophic damage to cities on the coast. Hospitals on the coast won’t be operational for months. With light damage to the east side of the state, coastal areas will rely on them for assistance. FEMA cargo planes will land at the Redmond airport in central Oregon. Field agents from all regions of the state will help to bring supplies to the coast while moving the injured inland.

Washington will also sustain severe coastal damage. Transportation infrastructure will be hugely impacted as almost everything needs to come from the I-5 corridor. While the majority of hospitals are not in the inundation zone, access to them will be damaged. Most of the response structure will be inland, with deployment of up to 10 medical teams into the affected areas.

The Public Health Agency of Canada (PHAC) takes an all-hazards approach to health emergency preparedness. They are currently conducting hazard risk vulnerability assessments, which include studying BC’s seismic risk. PHAC works closely with federal partners in Ottawa, but also works very closely with provincial/regional partners.
The US federal government has a three-year Cascadia Planning Timeline (2011-2013). Planning from a "catastrophic point of view," FEMA chose a model that includes Fatality Management Services (body recovery, victim identification, temporary mortuaries) and Public Health and Medical Services (targeted medical support to people in affected areas to avoid additional disease and injury) in its core capabilities.

Next steps for all partners include joint planning based on resource availability to determine who needs to be involved. A possible exercise in 2016 is being discussed.

Hospital Evacuations – Perhaps Not as Rare as Once Thought

Graham A. Dodd, MSc, MD, CCFP(EM), MADEM
Physician, Consultant; Kamloops, BC, Disaster, Emergency & Family Medicine Member, Emergency Services Committee, BC Medical Association

Dr. Dodd discussed the importance of planning for hospital evacuations. He described his own experiences in having to evacuate the hospital in Salmon Arm, British Columbia during severe wildfires in 1998, and how that event helped frame his thinking on this topic. By also exploring some of the successes and failures in evacuations during Katrina, Joplin and Hurricane Sandy events, he made the case that hospital evacuations are multi-layered, complex undertakings.

Some of the issues to be considered include:

- Hospitals are often already operating at capacity.
- Security issues.
- Hazardous substances.
- Medical issues.
- Tracking and logistics.

Many hospitals have plans, but most have not exercised them. This is starting to change. Hospitals must prepare for both immediate risks (earthquakes) and delayed evacuations (floods) to be successful. Plans must also be developed at facility, community and regional levels. Hospitals provide a social safety net and planning must include providing for the safety of existing patients as well as treating new patients.

Hospital staff must also understand that they may be both victims and responders in an event. Plans must include personal preparedness for staff.
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:

Barbara Rose  
*Northwest Center for Public Health Practice, University of Washington*

Poster title: “A Fast Find: A System for Searching Public Health Trainings”

Dacey Storzbach  
*Northwest Center for Public Health Practice, University of Washington*

Poster title: “Evaluation of a Community-Based Immunization Campaign: Challenges and Lessons Learned”

Robin Gardner  
*British Columbia’s Provincial Mobile Medical Unit*

Poster title: “Applications of Health Emergency Management and Business Continuity”

Lise Anne Pierce  
*Shake Out British Columbia Organizing Committee*

Poster title: “Shake Out: Present and Future”

Laura Blaske  
*Washington State Department of Health*

Poster titles: “Pacific NorthWest Border Health Alliance: Looking Back 2004-2012” and “Pacific NorthWest Border Health Alliance: Looking Forward 2013 and Beyond”

Rod Salem/Mike Smith  
*Provincial Programs, British Columbia Ambulance Service/Emergency Management Office, Washington State Department of Health*
Poster title: “Emergency Medical Services Workgroup Capabilities and Auxiliary Transport Matrix”

John Erickson
The National Alliance for Radiation Readiness, Association of State and Territorial Health Officials (ASTHO)

Poster title: “Advancing Radiological Preparedness through Collaboration”
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
10th Annual Pacific NorthWest Cross Border Workshop

Looking Back, Moving Forward:
The Next 10 Years

Vancouver, British Columbia
April 30-May 2, 2013

Tuesday, April 30, 2013
Agenda - Workgroup/Orientation Sessions

9:00-6:30 Registration

10:30-12:00 Orientation Session

Introductions: Wayne Dauphinee, Executive Director, Pacific NorthWest Border Health Alliance (PNWBHA)

PNWBHA Overview: Who We Are and What We Do - A Collaborative Approach to Healthcare and Public Health in the Pacific NorthWest
Wayne Dauphinee, Executive Director
Pacific NorthWest Border Health Alliance

International Border Response—A Collaborative Approach that is Simple, Works, and Saves Lives
Michael L. Smith, Health Emergency Medical Services Workgroup Co-Chair
EMS Coordinator, Emergency Medical Services, Terrorism and Disaster Response, Washington State Department of Health

Dan Banks, Health Emergency Management Workgroup Lead
Section Manager, Emergency Response Planning, Operations & Exercise
Public Health Emergency Preparedness and Response
Washington State Department of Health

A Comparison of US and Canadian Emergency Support Functions

Caitlin Harrison, Joint Coordination Committee Liaison
Regional Emergency Preparedness & Response Coordinator, Public Health Agency of Canada, British Columbia/Yukon Region, Canada
Andrew Stevermer, Regional Emergency Coordinator
Assistant Secretary for Preparedness and Response (ASPR)
Department of Health and Human Services (DHHS)

12:00-1:00 Lunch on Your Own

1:00-4:00 Workgroup Breakout Sessions

Track 1: Epidemiology and Surveillance
Eleni Galanis, Co-Chair (CA)
Mike Boysun, Co-Chair (US)

Track 2: Public Health Laboratories
Muhammad Morshed, Co-Chair (CA)
Romesh Gautam, Co-Chair (US)

Track 3: Health Emergency Management
Shawn Carby, Co-Chair (CA)
Nathan Weed, Co-Chair (US)
Dan Banks, Lead (US)

Track 4: Health Emergency Medical Services
Ralph Jones, Co-Chair (CA)
Rod Salem, Lead (CA)
Mike Smith, Co-Chair (US)

Track 5: Communications (no open session)
Laura Neufeld, Co-Chair (CA)
Laura Blaske, Co-Chair (US)

Track 6: Public Health Law
Fiona Gow, Co-Chair (CA)
Joyce Roper, Co-Chair (US)

Track 7: Indigenous Health
Evan Adams, MD, Co-Chair (CA)
Elizabeth, Buckingham, Co-Chair (US)

Track 8: Clinical Medical Surge Workgroup (new 2013)
Barb Fitzsimmons, Co-Chair (CA)
Sally Abbott, Co-Chair (US)

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

5:00 Dinner on your own
Wednesday, May 1, 2013
Agenda – General Session Day 1

7:00 – 4:00  Registrations
7:00 – 8:00  Continental Breakfast

8:00–9:15  Opening Ceremonies

Host
Shawn Carby, Health Emergency Management Workshop Co-Chair
Executive Director, Emergency Management Unit
British Columbia Ministry of Health

Government of British Columbia Welcome
Graham Whitmarsh, Deputy Minister
British Columbia Ministry of Health

First Nations Welcome
Gerry Oleman, Coast Mountain Salish Elder

Post the Colours
British Columbia Ambulance Service Honour Guard

9:00–9:15  Opening Remarks from the Pacific NorthWest Border Health Alliance

Garnet Matchett, PNWBHA Co-Chair
Director of Operations, Health Emergency Management Unit
Saskatchewan Ministry of Health

Wayne Turnberg, PhD, MSP., PNWBHA Co-Chair
Communicable Disease Epidemiology Director
Washington State Department of Health


Introductions: Garnet Matchett, PNWBHA Co-Chair

Julie Shouldice, Director
Office of Program Coordination and Partnerships (OPCP)
Centre for Emergency Preparedness and Response
Public Health Agency of Canada

Public Health Emergency Preparedness, Looking Back, Moving Forward
Maria Julia Marinissen, PhD, Director
Division of International Health Security
United States Health and Human Services

Jean Luc Poncelet, MD, MPH, Area Manager
Emergency Preparedness and Disaster Relief
Pan American Health Association  
World Health Organization

10:15-10:45 Networking /Transition Break

10:45-11:45 Concurrent Breakout Session

Breakout Session 1

Strategies for Successful Public Health Messaging
Introductions: Laura Neufeld, Communications Workgroup Co-Chair, Public Affairs Bureau, BC Ministry of Health Services  
Tim Church, Communications Director  
Washington State Department of Health

Laura Blaske, Communications Workgroup Co-Chair  
Public Awareness and Emergency Communications Manager  
Washington State Department of Health

Donn Moyer, Media Relations Manager  
Washington State Department of Health

Breakout Session 2

Canadian and United States Medical Surge Strategies – Discussion
Introductions: Maxine Hayes, MD, MPH, State Health Officer  
Washington State Department of Health

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

Breakout Session 3

Pertussis Epidemic Response, Washington State 2012
Introductions: Wayne Turnberg, PhD, MSP. PNWBHA Co-Chair

Chas DeBolt, RN, MPH  
Senior Epidemiologist for Vaccine-Preventable Diseases  
Washington State Department of Health

11:45-12:15 Networking/Transition Break

12:15- 1:15 Pacific NorthWest Border Health Alliance – The Past, Present & Future  
(Hosted Lunch)

Introductions: John Erickson, Past PNWBHA Co-Chair, Special Assistant, Public Health Emergency Preparedness and Response  
Washington State Department of Health
Mary Selecky, Secretary Retired
Washington State Department of Health

John Wiesman, DrPH, MPH
Secretary of Health
Washington State Department of Health

1:15-1:45 Networking/Transition Break

1:45-2:45 Pacific Northwest Health Sector Infrastructure Protection: A Dialogue with the Stakeholders

Introductions:
RADM Patrick W. O’Carroll, MD, MPH.
Joint Coordination Committee Liaison
Region X Regional Health Administrator, US Health and Human Services

Andrew Stevermer, Regional Emergency Coordinator
Assistant Secretary for Preparedness and Response (ASPR) United States Department of Health and Human Services (DHHS)

Shawn Carby, PNWBHA Joint Coordination Committee (JCC) member,
Executive Director, Emergency Management Unit
British Columbia Ministry of Health

Wayne Dauphinee, PNWBHA Executive Director
Emergency Management and Public Health Preparedness Consultant

2:45-3:15 Networking/Transition Break

3:15-4:15 Concurrent Breakout Sessions

Breakout Session 4:
Indigenous People and Public Health Emergency Preparedness in the Northwest

Introductions: Chris Williams, Co-Chair, CA-US Pan-Border Public Health Preparedness Council
Deputy Director, Public Health Emergency Preparedness and Response, Washington State Department of Health

Evan Adams, MD, Indigenous Workgroup Co-Chair,
Office of the Provincial Health Officer
British Columbia Ministry of Health

Elizabeth Buckingham, Indigenous Workgroup Co-Chair
Tribal Health Director, Makah Nation

Breakout Session 5:
BCAS – a Provincial Approach to Preparedness – E Team
Introductions: **Ralph Jones**, Workgroup Co-Chair, Health Emergency Medical Services, Emergency Management Office, British Columbia Ambulance Service

**Christine Grist**, Manager, Operations
Emergency Management Unit, Ministry of Health

**Rod Salem**, Emergency Medical Services Workgroup Co-Chair
Director, Emergency Management Unit, Ministry of Health

Breakout Session 6:

**Port of Entry /Border Crossing Issues**
Introductions: **Michael L. Smith**, Health Emergency Medical Services
Workgroup Co-Chair, EMS Coordinator, Emergency Medical Services, Terrorism and Disaster Response, Washington State Department of Health

**Tanya Traverse**, Emergency Management Coordinator
Canada Border Services Agency (CBSA)

**Charles Cunningham**, Agriculture Branch Chief
Office of Field Operations
United States Customs and Border Protection

4:15-5:30  **World Café Networking**

5:30  Dinner on your own
Thursday, May 2, 2013  
Agenda – General Session Day 2

7:00       Registration
7:00  –8:00  Continental Breakfast

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

**Garnet Matchett**, PNWBHA Co-Chair  
Director of Operations, Health Emergency Management Unit  
Saskatchewan Ministry of Health

**Wayne Turnberg**, PhD, MSP., PNWBHA Co-Chair  
Communicable Disease Epidemiology Director  
Washington State Department of Health

8:15-8:30  Reflections

**John Erickson**, Past PNWBHA Joint Coordination Committee Co-Chair,  
Special Assistant, Public Health Emergency Preparedness and Response,  
Washington State Department of Health

8:30-9:30  Environment Canada and US National Weather Service

Introductions: **Mike Harryman**, PNWBHA Joint Coordination Committee member  
State Public Health Division, Oregon's Department of Human Services

**Ted Buehner**, Warning Coordination Meteorologist  
National Weather Service – Seattle/Tacoma, Washington

**David Jones**, Meteorologist  
Environment Canada Warning Preparedness

9:30-10:00  Networking/Transition Break

10:00-11:00  Concurrent Breakout Sessions

Breakout Session 7

**Laboratory Preparedness on a Global Scale**

Introductions: **Romesh Gautom**, Public Health Laboratories Workshop Co-Chair,  
Director, Washington State Public Health Laboratories, Department of Health

**Eric Blank**, Dr.PH, Senior Director, Public Health Systems  
Association of Public Health Laboratories

**Chris Mangal**, MPH  
Director, Public Health Preparedness and Response  
Public Health Laboratories Association (ALPL)
Breakout Session 8:

Crossing the Line: Planning for Health Care Volunteer Deployment

Introductions: Cindy Gleason, Countermeasures and Training Section Management
Washington State Department of Health

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

Scott Carlson
Washington State MRC Coordinator
WAserv (ESAR-VHP) Program Manager
Public Health Emergency Preparedness and Response
Washington State Department of Health

Moji Obiako, MPH
Medical Reserve Corps Regional Coordinator,
Region X (AK, ID, OR, WA) Division of the Civilian Volunteer Medical Reserve Corps-Office of the Surgeon General
U.S. Department of Health & Human Services -Office of the Assistant Secretary for Health

10:00-11:00 Concurrent Breakout Session 8 (continued)

Eric N. Gebbie, MIA, Dr.PH, Systems Coordinator, State Emergency Registry of Volunteers in Oregon
Oregon Health Authority-Public Health Division
Health Security, Preparedness and Response Program

Breakout Session 9

Regional Cascadia Subduction Zone Planning: An International Catastrophe

Introductions: Nathan Weed, Health Emergency Management Workgroup Co-Chair, Emergency Preparedness Unit Director, Washington State Department of Health

Dan Banks, Health Emergency Management Workgroup Lead,
Section Manager, Emergency Response Planning, Operations & Exercise, Public Health Emergency Preparedness and Response
Washington State Department of Health

Jere High, ND, Oregon State Public Health Division
Oregon Health Authority, Portland, Oregon

**Kirsten Brown**, Director, Planning and Programs
British Columbia Ministry of Health, Canada

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

**Andrew Stevermer**, Regional Emergency Coordinator
Assistant Secretary for Preparedness and Response (ASPR)
Department of Health and Human Services (DHHS)

11:00-11:15 Transition Break

11:15-12:15 Hospital Evacuations – Perhaps not as Rare as Once Thought

Introductions: **Shawn Carby**, PNWBHA Joint Coordination Committee (JCC) member, Executive Director, Emergency Management Unit
British Columbia Ministry of Health

**Graham A. Dodd, MSc, MD, CCFP(EM), MADEM**
Physician, Consultant; Kamloops, BC, Disaster, Emergency & Family Medicine
Member, Emergency Services Committee, BC Medical Association

12:15-12:30 Closing Remarks/Next Steps

**Garnet Matchett**, PNWBHA Co-Chair
Director of Operations, Health Emergency Management Unit
Saskatchewan Ministry of Health

**Wayne Turnberg**, PhD, MSP. PNWBHA Co-Chair
Communicable Disease Epidemiology Director
Washington State Department of Health

**Wayne Dauphinee**, Executive Director
Pacific NorthWest Border Health Alliance
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.

Evan Adams, MD
British Columbia Ministry of Health

Dr. Evan Adams, Deputy Provincial Health Officer, was the first-ever Aboriginal Health Physician Advisor in the Office of the Provincial Health Officer, BC Ministry of Health and with the BC First Nations Health Council. Dr. Adams is a full-scholarship alumnus of St Michaels University School and of Lester B. Pearson College of the Pacific of Victoria, BC. He has a Masters of Public Health from Johns Hopkins University in Baltimore, MD, is past President of the Indigenous Physicians Association of Canada and past Director of the Division of Aboriginal Peoples’ Health, UBC Faculty of Medicine. Evan has completed 3 years of pre-med studies at the University of British Columbia (UBC), a Medical Doctorate from the University of Calgary in 2002, and a Family Practice residency (as Chief Resident) in the Aboriginal Family Practice program at St. Paul’s Hospital in Vancouver, BC. He is the 2005 winner of the (provincial) Family Medicine Resident Leadership Award from the College of Family Physicians of Canada (CFPC), and the 2005 national winner of the Murray Stalker Award from the CFPC Research and Education Foundation. Evan is Coast Salish from the Sliammon Band near Powell River, BC, Canada. Among Evan’s many achievements is his acting career that includes a starring role as Thomas Builds-The-Fire in “Smoke Signals,” and an OUTstanding Award for performance for “The Business of Fancydancing.” Additionally, he recently won a Gemini Award for co-hosting the National Aboriginal Achievement Awards 2011, along with Adam Beach.
Dan Banks, Section Manager  
Emergency Response Planning, Operations & Exercise  
Public Health Emergency Preparedness and Response  
Washington State Department of Health

Daniel (Dan) Banks is the Plans, Operations & Exercise Manager with the Washington State Department of Health, Public Health Emergency Preparedness and Response Program. In his position at Department of Health, he manages the Department of Health’s Comprehensive Emergency Management Plan, the Department’s Emergency Operations Center, the Emergency Support Function 8 (Public Health and Medical) for Washington State, and emergency response exercise program. Previously as the department’s Emergency Exercise Coordinator, he led the development of numerous State-Level Public Health Emergency Response Exercises. He has been an integral part in the development of Cross Border response planning in the Pacific Northwest. This planning has included lead planning for health and medical support to British Columbia, during 2010 Olympics and the development of annual duty officer communications drill. Dan has over 30 years’ experience in emergency response operations and exercising at the federal and state level. He holds a BA in Political Science and Geography from the University of Washington, and a MA in International Relations from California State University Stanislaus.

Akiko M. Berkman  
State MRC Coordinator/ESAR-VHP Officer  
Director of Oregon Health Authority AmeriCorps

Ms. Berkman received her Master of Public Health and her Master of Public Administration from Portland State University in Portland, Oregon. She has worked in the public health sector as a coordinator/manager and as a public health consultant since 1997. She has focused on coordinating community-based health projects as well as managing multi-level, cross sectional action teams. She has been in her current job as the State MRC Coordinator/ESAR-VHP Project Office and the Project Director for the Oregon Health Authority AmeriCorps*VISTA Partnership Project for the State of Oregon for the past 4 ½ years.

Eric C. Blank, DrPH

Dr. Blank received his B.S. degree in Bacteriology from Utah State University in 1973. He worked as the chief bacteriologist for a private environmental laboratory in Salt Lake City, Utah until 1975 when he took a position with Utah Department of Health, Bureau of Laboratories. In 1976 he became a Disease Control Specialist within the Bureau of Disease Control and Epidemiology and returned to the laboratory in 1977. In 1979, Dr. Blank went to graduate school, receiving his MPH in 1980, and his DrPH in 1982 from the University of North Carolina at Chapel Hill. After graduation, he went on to become the Medical Laboratory Services State Consultant for the Wyoming Department of Health and Medical Services. In 1985, he took the position of Assistant Laboratory Director for the Missouri State Public Health Laboratory and became the Director of that institution in 1987. He retired from that position in 2008 and worked as a consultant until 2011 when he assumed his current position of Senior Director, Public Health Systems at the Association of Public Health Laboratories (APHL).

Throughout his career, Dr. Blank has been engaged in professional activities with APHL and the Association of State and Territorial Health Officials (ASTHO). He served on the APHL board of
directors from 1994-2000, including a term as President (1998-9). He served on the ASTHO Genetics and Genomics committee from 1998-2000 and the Senior Deputies Committee from 2002-8. In 2008, Dr. Blank was given the Noble J. Swearingen Award by ASTHO, for excellence in public health administrative management. From 2006-7 he served on the Exploring Accreditation National Committee which drew up the framework for accreditation of health departments in the US. He also has extensive experience in international work having provided consultations and assessments in sub-Sahara Africa, China, South America and the US affiliated Pacific Islands, and served on a WHO consultation for the 2005 International Health Regulations. He served as the APHL/US liaison to the Canadian Public Health Laboratory Network (CPHLN) from 2005-9. Currently, he is the APHL representative to the US/Mexico Bi-national Health Commission and a member of the NASTAD Global Health Advisory Committee.

**Laura Blaske**  
**Public Awareness and Emergency Communications Manager**  
**Washington State Department of Health**

Laura Blaske is the Public Awareness and Emergency Communications Manager for the Washington State Department of Health, managing risk communication initiatives, training and resource development for the state's Public Health Emergency Preparedness and Response programs. Laura has two federal certifications as a crisis and emergency risk communication trainer from the Centers for Disease Control and Prevention (CDC), and a Certificate in Risk Communication from the Harvard School of Public Health. She regularly works with the CDC and other federal agencies on national risk communication planning and programs, and serves as a national trainer on emergency communication issues. Laura has over 20 years of experience as a communications manager including overseeing marketing, media and public relations departments for several public and private sector organizations.

**Elizabeth Buckingham**  
**Makah Health Director**

Health Director for the Makah Tribe, Ms. Buckingham has served in Health Administration since 1999 when she served as the Emergency Medical Services Coordinator for the Makah Tribe. Then Elizabeth developed inter-agency relationships with area hospitals, EMS programs, WA State Department of Health through the development of initial hospital bioterrorism planning post-9/11. Elizabeth was recruited in 2003 to serve as the Business Manager at the Makah Tribe’s Sophie Trettevick Indian Health Center (STIHC) where she served as the emergency planner for the STIHC. Ms. Buckingham served on the Makah Tribe Committee that drafted the Makah Tribe Comprehensive Emergency Management Plan in 2005. She served as the Homeland Security Representative for the Makah Tribe. Ms. Buckingham assumed the leadership role for the STIHC in 2007 as the Health Director and continues to serve at the present time. Ms. Buckingham joined the WA State Department of Health Olympic Regional Tribal-Public Health Mutual Aid Agreement workgroup with the seven area tribes and three local health jurisdictions. Ms. Buckingham serves as the Alternate Delegate representing the Makah Tribe on the Northwest Portland Area Indian Health Board and the American Indian Health Commission. She also serves as in the Northwest Pacific Cross Border Alliance as the co-chair of the Indigenous Health Work Group.
**Ted Buehner, Warning Coordination Meteorologist**  
**National Weather Service – Seattle/Tacoma, Washington**

Ted Buehner is the Warning Coordination Meteorologist for the National Weather Service (NWS) in Seattle, a key customer liaison position. He works toward enhancing the “end-to-end” forecast and warning system and decision support services by more closely tying the agency’s mission of protecting lives and property, and enhancing the region’s economy, with its customers and partners, such as the emergency management community, the media, and the marine community. Ted has been with the NWS since 1977, this position being his third tour of duty in Seattle. Ted also served one year in Boise as a forecaster, six years in Portland as a Lead Forecaster, and two years at the NWS Western Region Headquarters in Salt Lake City as the Western US marine, public and aviation program manager. Ted has a Bachelors of Science degree in Atmospheric Sciences from Oregon State University. Go Beavs!

**Shawn Carby, CD, MAL, BHSc, EMT-P Executive Director**  
**Emergency Management Unit**  
**Population Public Health Division**  
**Ministry of Health**

Shawn has been involved in prehospital and emergency healthcare, public health, and disaster health and preparedness service delivery for 30 years. Through his past experience as an emergency services and health care executive, administrator, consultant, instructor and provider he has acquired a wealth of experience in municipal, regional health authority, military and provincially operated emergency medical services, disaster and healthcare systems. Areas of responsibility have included urban, rural, and remote demographics including international disaster relief and peacekeeping deployments.

Currently, he is the Executive Director of the Emergency Management Unit, Population and Public Health, within the British Columbia Ministry of Health which oversees the coordination of health emergency response and planning for the province of British Columbia.

**Scott A. Carlson**  
**Volunteer Systems Coordinator**  
**Washington State Department of Health**

Scott 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.
Tim Church, Communications Director
Washington State Department Health

Tim Church is the director of communications for the Washington State Department of Health and a recent past president of the National Public Health Information Coalition (NPHIC). He oversees department communications including media relations, risk communications, employee communications, publications, web content and social media. Tim has an extensive communications background. He graduated from Washington State University’s Edward R. Murrow School of Communication with a degree in broadcast journalism and worked in television news for almost 15 years. He’s been a news writer, on-air reporter, producer, and managing editor. He’s also served as a public information officer for the Washington State Senate. Tim believes all communication should be clear, easy to understand, and avoid acronyms and “government speak.”

Charles W. Cunningham
Agriculture Branch Chief
US Customs and Border Protection
Office of Field Operations
Area Port of Blaine, Washington

Charles Cunningham is the US Customs and Border Protection Agriculture Branch Chief and Assistant Emergency Manager for the Area Port of Blaine, Washington. Mr. Cunningham has managerial oversight over the 50 Agriculture Specialists working on the Washington State – British Columbia border and they are responsible for the inspection, analysis and regulation relating to the importation or exportation of plants, plant products, animal products and by-products and miscellaneous articles of restricted or prohibited agricultural commodities in personal baggage, foreign mail and commercial conveyances. Our mission is to apply the laws and regulations of a wide range of federal, state and local agencies, including those relating to the admissibility of agriculture commodities and to ensure that harmful pests, diseases, and potential items of agro-terrorism do not enter the United States.

Chief Cunningham is responsible for the Pandemic Preparedness planning and training of the Customs and Border Protection Officers ensuring that they are prepared to respond to any outbreak of Highly Pathogenic Avian Influenza (A/H5N1) or Pandemic Influenza (A/H1N1).

Mr. Cunningham retired from the US Navy, graduated with a BA in Biology from the University of Rochester, earned a MA in National Security Affairs from the U.S. Naval Postgraduate School, and is a graduate of the US Army Command and General Staff College. Chief Cunningham has worked as a Plant Protection and Quarantine Officer and CBP Agriculture Specialist since 2000.

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 of 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.

**Chas DeBolt RN, MPH**  
**Senior Epidemiologist**  
**Washington State Department of Health**

Chas DeBolt RN, MPH is a Senior Epidemiologist for Washington State Department of Health. She was hired by the agency in 2005 to set up a Vaccine Preventable Disease (VPD) Epidemiologist position for the Department. Such a VPD-specific position had not existed prior to her employment. The duties of the position include activities related to two separate programs within different divisions the agency: the Office of Communicable Disease Epidemiology and the Office of Immunization/Child Profile. Chas worked in the local public health setting for 13 years with the Communicable Disease Epidemiology and Immunizations Section at Public Health – Seattle & King County. She is a graduate of Bryan Memorial Hospital School of Nursing. Her professional nursing experience included nine years of Intensive Cardiac and Medical-Surgical Care Unit nursing. She completed a BA in socio-cultural anthropology at the University of Nebraska, and later received her MPH in Epidemiology and Global Health at the University of Washington.

While employed at Public Health – Seattle & King County, she provided project mentorship for Preventive Medicine residents, an Infectious Disease Fellow, and several master level students in Nursing and Public Health. She has served as a thesis committee member for MPH candidates and as a doctoral committee member for an anthropology graduate student at the University of Washington. Since coming to the Department of Health, she was the Project Manager for two vaccine effectiveness studies funded by American Recovery and Reinvestment Act (ARRA) grants, and has worked with undergraduates on practicum projects. Chas was also a mentor for two CDC/CSTE Applied Epidemiology Fellows hosted by the agency. She is currently the agency’s principal investigator on a Tdap vaccine effectiveness and duration of protection project being conducted in collaboration with the Centers for Disease Control and Prevention (CDC) to better understand the outcomes of Tdap vaccine use in Washington State adolescents.
Dr. Graham A. Dodd  
Clinical Advisory Group of the BC Ministry of Health’s Emergency Management Unit

Dr. Dodd practiced emergency medicine in Kamloops, BC from 1998 to 2011 where served as Chief of Emergency Medicine at the Royal Inland Hospital as well as the Director of Trauma Services at the province’s third busiest trauma center. He also helped to develop the first ground-based Critical Care Transport (CCT) program for the BC Ambulance Service. He currently practices family medicine in Kamloops.

His interest in Emergency Management and Disaster Medicine began when wildfire threatened the hospital in Salmon Arm, BC and led to one of the provinces first hospital evacuations. That experience eventually led him Royal Roads University in Victoria where he completed a Master’s Degree in Disaster and Emergency Management; focusing on how to better engage physicians and hospitals in emergency management. His thesis received a Governor General of Canada’s Gold Medal nomination.

Since 2009 he has served as both regional and provincial disaster medicine consultant, including the 2009 H1N1 pandemic. He serves on the Emergency Services Committee of the BC Medical Association and the Expert Clinical Advisory Group of the BC Ministry of Health’s Emergency Management Unit.

John Erickson, Special Assistant  
Washington State Department of Health

John 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. Also serves as the principle Investigator for the CDC and ASPR 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 he was the director of the Department’s Division of Radiation Protection. John joined the Washington program in 1982 as an environmental health physicist. He moved up through the ranks within the Division becoming the director in 1996. John received his training at the University of California at Los Angeles and the University of Washington. He holds an MS degree in radiation chemistry.

Eric Gebbie, DrPH, MIA, MA  
Systems Coordinator  
Oregon State Emergency Registry of Volunteers

Eric Gebbie is the Systems Coordinator for the State Emergency Registry of Volunteers in Oregon, based in Oregon’s state Public Health Division. He has been working in public health and emergency preparedness since 1999. He has worked on these issues primarily in New York City, central New York State, Chicago, the Philippines, Arkansas, and now back home in Oregon. He holds a Doctorate in Public Health leadership (DrPH) from the University of Illinois at Chicago, a Master’s in International Affairs (MIA) from Columbia University in New York, and a Master’s degree in social anthropology from the University of St Andrews in Scotland.
Christine Grist, Manager, Operations
Emergency Management Unit, Ministry of Health

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

Caitlin 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, Caitlin is responsible for the overall leadership, management, and coordination of federal health emergency management with British Columbia, Alberta, Yukon, and Northwest Territories. Born and raised on the west coast, Caitlin is a graduate of the University of Victoria.

David Jones, Meteorologist
Environment Canada Warning Preparedness

David Jones became fascinated with weather on the slopes of Grouse Mountain in Vancouver. He attended ‘forecaster school’ with Environment Canada in Toronto and his first posting was to Halifax. An interest in broadcast meteorology led David to a weekend gig as the weather anchor at a Halifax TV station.

He returned to Vancouver in 1988, working the aviation, public, marine, satellite, and supervisor desks at the Pacific Storm Prediction Centre. More recently, David was a spokesperson for Environment Canada during the 2010 Vancouver Winter Olympic and Paralympic Games where three of his passions converged: skiing, weather and broadcasting.

His current position is ‘Warning Preparedness Meteorologist’, acting as a liaison between the weather service and the media and emergency measures organizations. With years of experience forecasting and broadcasting, David enjoys the challenge of making the weather understandable and helping people make better weather-related decisions.

Warning Preparedness Meteorologist, Environment Canada
BC Weather Vignettes on Environment Canada’s YouTube channel:
http://www.youtube.com/user/environmentcan/videos?query=weather+faq

The whole problem with the world is that fools and fanatics are always so certain of themselves, but wiser men so full of doubts. ~ Bertrand Russell

Chris Mangal, MPH Director Public Health Preparedness and Response Public Health Laboratories Association (ALPL)

Ms. Chris Mangal, MPH, is the Director of Public Health Preparedness and Response at the Association of Public Health Laboratories (APHL), where she is responsible for providing
programmatic and scientific leadership for preparedness activities for the benefit of APHL members, staff and partner organizations, such as the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security (DHS). Ms. Mangal has over 10 years of experience working to improve laboratory practice in the detection of public health threats, and to expand and enhance the relationships between APHL member laboratories and the CDC, other federal agencies, and private organizations involved in emergency preparedness and response, public health testing, policy and training. In the past 10 years, Ms. Mangal has worked closely with the CDC and other partners to strengthen the Laboratory Response Network (LRN), promote a culture of innovation and accountability, and advocate for resources to help maintain state and local preparedness.

Ms. Mangal recently completed the National Preparedness Leadership Initiative (NPLI) at Harvard University. The NPLI Program, which focuses on equipping leaders with the knowledge, skills and abilities to effectively lead during crises, is a joint venture between the Harvard School of Public Health and the Harvard John F. Kennedy School of Government. Ms. Mangal received her Master of Public Health Degree, specializing in Tropical Public Health and Communicable Diseases, from the University of South Florida. She also earned a Bachelor of Science Degree in Microbiology and Cell Science from the University of Florida.

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 U.S. 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 U.S. 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 2007–2011, 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
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.

Donn Moyer, Media Relations Manager
Washington State Department of Health

Donn Moyer is the Media Relations Manager in the Communications Office of the Washington State Department of Health. Donn joined the agency in March 2000 as a public information officer, and became Media Relations Manager in January 2001. Before joining the Washington State Department of Health, Donn spent nearly 30 years in the private sector as a broadcast journalist. The last 17 years were served as the South Sound Bureau Chief for KIRO NEWSRADIO in Seattle. His work experience provides Donn with an understanding of the differing interests in public information and the various ways to successfully deliver messages. He’s had the opportunity to use risk communication skills extensively. Donn believes there is no substitute for clear, understandable, honest messages to help explain the role of public health.

Moji Obiako
Region X MRC Regional Coordinator

With over 12 years of Public Health experience, Moji Obiako is the MRC Regional Coordinator for Region X (Alaska, Idaho, Oregon, and Washington). She offers assistance and support to the existing MRC units in the Pacific Northwest region. In addition, she aids individuals who are interested in starting an MRC unit in their local community. Moji is dedicated to working closely with individual units to advance the Surgeon General’s public health priorities and coordinate with the goals of the Division of the Civilian Volunteer Medical Reserve Corps.

Prior to becoming a Regional Coordinator, Moji enjoyed five glorious years working for the Hawaii State Department of Health in various roles: Acting Coordinator of the Hospital Preparedness Program, MRC State Coordinator, ESAR-VHP Coordinator, Senior Bioterrorism & Preparedness Planner, Health Educator, and founder of the Kauai MRC. Also, while in Hawaii, Moji established a Hawaii/Pacific Islands regional partnership with American Samoa, Guam, Federated States of Micronesia, Saipan, and Palau to improve medical and public health surge capacity within the region.

Early in her career, Moji served as an AmeriCorps National Service Volunteer with the Chicago Health Corps and Team Lead for Team Charlotte-National AIDS Fund AmeriCorps Program where she gained invaluable experience in planning, implementing, and evaluating programs including, but not limited to, communicable and infectious disease, chronic disease, maternal and child health, mental wellness; and volunteer management.

Ms. Obiako received her Bachelor of Science from the University of Illinois at Champaign-Urbana with a major in Psychology and minor in Biology. She completed her Masters of Public Health with a concentration in Maternal and Child Health at the University of Illinois at Chicago.
Moji’s interests include spending time with family, reading novels, travel, and watching sports. Moji is also an active member of her church and Toastmasters International. Moji’s outlook on life: “A day without laughter is a day wasted!” (Charlie Chaplin)

**Regional Health Administrator:**
**RADM Patrick W. O’Carroll, MD, MPH**

Patrick O’Carroll, MD, MPH, FACPM, FACMI is a Rear Admiral and Assistant Surgeon General in the U.S. Public Health Service (USPHS), serving since January 2003 as the Regional Health Administrator (RHA) for USPHS Region X (AK, ID, OR, and WA). As RHA, RADM O’Carroll serves as the region’s principal federal public health physician and scientist representing the Assistant Secretary of Health and the U.S. Department of Health and Human Services (HHS). RADM O’Carroll received his medical degree and his Masters in Public Health from Johns Hopkins University in 1983.

After training in family practice and preventive medicine, he joined CDC as an Epidemic Intelligence Service Officer, and later led the epidemiology research unit for the prevention of suicide and violence at CDC’s National Center for Injury Prevention and Control. In 1992, RADM O’Carroll began working in public health informatics. He co-led the development of CDC WONDER, was lead scientist on the CDC Prevention Guidelines Database project, and developed the nation’s first training course and textbook in public health informatics. As Associate Director for Health Informatics at CDC’s Public Health Practice Program Office, he developed and directed CDC’s Health Alert Network program. In 2001, Dr. O’Carroll was assigned to the University of Washington’s Northwest Center for Public Health Preparedness on public health informatics issues related to workforce development.

RADM O’Carroll has received numerous awards and recognition for his 27 years in the USPHS, as an epidemiologist, informatician, program director and leader. He holds Affiliate Professor appointments in the Departments of Epidemiology and Health Services at the University of Washington (UW) School of Public Health, and in the Division of Biomedical Informatics and Medical Education, UW School of Medicine.

**Gerry Oleman – First Nation Welcome**

Gerry Oleman is an Elder and Consultant from the Coast Mountain Salish people from Shalalth BC. He now resides in Vancouver, BC.

**Jean Luc Poncelet, MD, MPH, Area Manager**  
**Emergency Preparedness and Disaster Relief**  
**Pan American Health Association**  
**World Health Organization**

Dr. Jean Luc Poncelet is presently directing the program responsible for all issues related to Emergency Response and Disaster Risk Reduction of the Pan American Health Organization which is also the regional office of the World Health Organization for Latin America and the Caribbean. He has actively participated in almost all major emergencies that have affected the Western Hemisphere since 1986 by either leading health field response, or in its sub-regional or regional capacity to coordinate international health assistance in support to member states. He
has elaborated or participated in the elaboration of many technical publication produced by PAHO/WHO as well as in high level courses such as LIDERES a course for senior management in health disaster management.

Dr. Poncelet is a national of Belgium, Medical Doctor, Master in Public Health and Specialist in Tropical Medicine. He worked as General Practitioner before assuming public health responsibilities in disaster management. He has been recruited by PAHO/WHO in 1986 and is now the Area Manager for Emergency Preparedness and Disaster Relief since 2002.

Rod Salem, Director
Emergency Management Unit, Ministry of Health
Director, Emergency Management Office
British Columbia Ambulance Service

Rod has been with BCAS since 2006 where he worked with the Integrated Public Safety Unit for the 2010 Olympics. From 1990 to 2006 he was with Emergency Management British Columbia as a Regional Manager based in Terrace BC from 1990 to 1994 when he transferred to Kamloops. The EMBC career was filled with numerous experiences in Search and Rescue, major interface wild land fires, floods, winter storms and much more. From 1978 to 1990 Rod was an Emergency Medical Technical in Alberta, with the highlight of responding to the Evergreen Trailer Court during the July 31, 1987 Edmonton Tornado. Through his 39-year working career in Public Safety 16 of them he volunteered as firefighter in Alberta and BC

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

Mary C. Selecky served as Secretary of the Washington State Department of Health from March 1999 to April 2013, serving under Governor Jay Inslee and former Governors Gary Locke and Chris Gregoire. Prior to working for the state, Mary served for 20 years as administrator of the Northeast Tri-County Health District in Colville, Washington.

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

Mary received the American Medical Association’s 2010 Nathan Davis Award for Outstanding Government Service. She served two terms as president of the Association of State and Territorial Health Officials, receiving the 2004 McCormack Award for excellence in public health, and has served on the Board of Directors of the National Association of City and County Health Officials. A graduate of the University of Pennsylvania, she’s been a Washington State resident since 1974.
Julie Shouldice, Director | Directrice
Office of Program Coordination and Partnerships (OPCP) | Bureau des partenariats et de la coordination des programmes (BPCP)
Centre for Emergency Preparedness and Response
Centre de mesures et d’interventions d’urgence
Public Health Agency of Canada | Agence de la santé publique du Canada

Julie Shouldice is the Director of the Officer of Program Coordination and Partnerships, strategic policy and stakeholder relationships for the Centre for Emergency Preparedness and Response at the Public Health Agency of Canada. Prior to this position, Ms. Shouldice worked for the Canadian International Development Agency in a number of portfolios, but primarily international humanitarian assistance and food aid programming. She has represented Canada in numerous international fora, including leading the Canadian negotiation team to the Food Aid Convention renegotiation, leading delegations to the Executive Board of the United Nations World Food Programme and participating in delegations to the Executive Committee of the United Nations High Commissioner for Refugees. She was also deployed to Haiti following the earthquake in 2010 as Canada’s Senior Humanitarian Advisor. Prior to joining CIDA, Ms. Shouldice worked for the World Food Programme in Bangladesh and Burundi, and for the Organisation for Security and Cooperation in Europe in Croatia. Ms. Shouldice has an MA from the University of Ulster in Northern Ireland and has published on the evaluation of peace-building programs and practice.

Michael L. Smith, EMS Coordinator
Emergency Medical Services, Terrorism and Disaster Response
Washington State Department of Health

Michael L. Smith, MPA, BS, Washington State Department of Health, EMS Terrorism and Disaster Response Consultant that coordinate the Washington State Department of Health Emergency Medical Service (EMS) Terrorism and Disaster Response Program 2003-2013

Smith developed, organized and managed the Operational Plan for Moving Emergency Medical Service Staff and Resources Across the Washington and British Columbia Border. As an EMS coordinator and technical assistant, he attends the Canada – United States Pan Border Public Health Preparedness Council (PBPHPC). Co-lead to the Pacific Northwest Border Health Alliance EMS workgroup. Coordinates the interoperable communications project for the EMS Cross Border work group. Coordinates the EMS Resources Matrix. Served 22 years with the United State Air Force Survival, Evasion, Resistance and Escape (SERE) program. (USAF Retired)

Andrew Stevermer, Regional Emergency Coordinator
Assistant Secretary for Preparedness and Response (ASPR)
United States Department of Health and Human Services (DHHS)

Andy Stevermer is a Regional Emergency Coordinator assigned to the Department of Health and Human Services in Seattle, WA. He has responsibility to support preparedness and response to health and medical emergencies throughout the Pacific Northwest. In addition, he has extensive experience responding to a variety of disasters, and has previously served as an Emergency Coordinator with the Centers for Disease Control, Department of Homeland Security and the Office of Emergency Response within the Department of Health and Human
Services. Andy has participated in and led numerous federal field responses domestically and internationally. He served as the first US Health and Human Services ASPR Liaison Officer to the Public Health Agency of Canada from 2008 to 2010.

Tanya Traverse  
Emergency Management Coordinator  
Pacific Region  
Canada Border Services Agency

Tanya Traverse has been employed with the Canada Border Services Agency for close to 14 years and has held a variety of positions. Presently, she works as the Emergency Management Coordinator for the Pacific Region, which encompasses both BC and Yukon, of the Canada Border Services Agency.

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.

Graham Whitmarsh, Deputy Minister  
British Columbia Ministry of Health

Graham Whitmarsh brought 17 years of international business experience to the BC Public Service when he joined in 2007. He has had an extensive and successful international business career in Europe, the United States and Canada.

His skills as a CEO and senior executive have been applied in the software and airline industries including British Aerospace, Sabre Airline Solutions, Mercury Scheduling Systems, and Harmony Airways. Graham began his career as a Nuclear Submarine Officers in the Royal Navy following his BSc Hons in Engineering from the University of Leeds.

Graham was recruited in April 2007 as the Head of the Climate Action Secretariat to bring his innovative perspective and leadership skills to the global challenge of climate change. In January 2009, Graham was appointed to the position of Associate Deputy Minister of Revenue, to facilitate the successful integration of Revenue into the Ministry of Finance. On April 1, 2009, Graham assumed the position of Deputy Minister of Finance and Secretary to Treasury Board.
On March 14, 2011, Graham was appointed to the position of Deputy Minister, Ministry of Health.

John Wiesman, DrPH, MPH, Secretary of Health
Washington State Department of Health

John Wiesman, DrPH, MPH was appointed Secretary of Health by Governor Jay Inslee and joined the Department of Health in April 2013. He’s an accomplished transformational leader with more than 22 years of local public health experience.

John has been passionate about public health since reading a 1983 *Time* magazine article about disease detectives tracking Legionnaire Disease, toxic shock syndrome and HIV. It was the impetus for him to enter the profession.

He has worked in four local public health departments in Washington and Connecticut. He started his public health career in Connecticut in 1986 and was in its first group trained to provide HIV counseling and testing. During his career John has:

- Transformed health departments from providing individual clinical services to implementing policies, systems and environmental changes that make healthy choices easier and less expensive.
- Partnered with a community clinic to provide integrated primary care and behavioral health.
- Transformed Clark County Public Health into a first responder organization.

John also worked at the University of Washington, School of Public Health as a project director on a back pain outcome assessment team grant.

He earned his doctor of public health (DrPH) in public health executive leadership from the University of North Carolina-Chapel Hill in 2012. He received his master of public health (MPH) in chronic disease epidemiology from Yale University in 1987 and his bachelor of arts (BA) in biology from Lawrence University in Wisconsin in 1983.

John was born and raised in Wisconsin. He and his husband have lived in Washington State since 1989.
Appendix C

2013 Pacific Northwest Border Health Alliance Workshop Evaluation
158 Participants, 46 Submissions (Response Rate = 29%)

1. Where is your work location?
   Total responses (N): 45 Did not respond: 1

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>British Columbia</td>
<td>13</td>
<td>28.89%</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Yukon Territory</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Alaska</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Idaho</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Montana</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Oregon</td>
<td>5</td>
<td>11.11%</td>
</tr>
<tr>
<td>Washington</td>
<td>27</td>
<td>60.00%</td>
</tr>
<tr>
<td>Canada First Nation</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>US Tribe</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other:</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

2. What type of organization/agency do you work for?
   Total responses (N): 46 Did not respond: 0

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local/Regional Government</td>
<td>3</td>
<td>6.52%</td>
</tr>
<tr>
<td>State/Provincial/Territorial Government</td>
<td>26</td>
<td>56.52%</td>
</tr>
<tr>
<td>Federal Government</td>
<td>10</td>
<td>21.74%</td>
</tr>
<tr>
<td>Hospital or Community Clinic</td>
<td>1</td>
<td>2.17%</td>
</tr>
<tr>
<td>Military</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>First Nation / Tribal Affiliation</td>
<td>1</td>
<td>2.17%</td>
</tr>
<tr>
<td>College or University</td>
<td>2</td>
<td>4.35%</td>
</tr>
<tr>
<td>Business</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other:</td>
<td>3</td>
<td>6.52%</td>
</tr>
</tbody>
</table>
### 3. What days/sessions of the workshop did you attend? (Please mark all that apply)

<table>
<thead>
<tr>
<th>Session</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, April 30 (Orientation Session)</td>
<td>26</td>
<td>56.52%</td>
</tr>
<tr>
<td>Tuesday, April 30 (Workgroup Breakout Session)</td>
<td>38</td>
<td>82.61%</td>
</tr>
<tr>
<td>Wednesday May 1 (General Session Day 1)</td>
<td>41</td>
<td>89.13%</td>
</tr>
<tr>
<td>Thursday, May 2 (General Session Day 2)</td>
<td>37</td>
<td>80.43%</td>
</tr>
<tr>
<td>I did not attend the workshop</td>
<td>1</td>
<td>2.17%</td>
</tr>
</tbody>
</table>

Total responses (N): 46 Did not respond: 0

### 4. What workgroup breakout session did you attend on Tuesday, April 30?

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology and Surveillance</td>
<td>4</td>
<td>9.09%</td>
</tr>
<tr>
<td>Public Health Laboratories</td>
<td>4</td>
<td>9.09%</td>
</tr>
<tr>
<td>Health Emergency Management</td>
<td>11</td>
<td>25.00%</td>
</tr>
<tr>
<td>Emergency Medical Services</td>
<td>4</td>
<td>9.09%</td>
</tr>
<tr>
<td>Communications</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Public Health Law</td>
<td>2</td>
<td>4.55%</td>
</tr>
<tr>
<td>Indigenous Health</td>
<td>6</td>
<td>13.64%</td>
</tr>
<tr>
<td>Clinical Medical Surge</td>
<td>3</td>
<td>6.82%</td>
</tr>
<tr>
<td>Floated between different workgroup meetings</td>
<td>1</td>
<td>2.27%</td>
</tr>
<tr>
<td>I did not attend a workgroup breakout session</td>
<td>9</td>
<td>20.45%</td>
</tr>
</tbody>
</table>

Total responses (N): 44 Did not respond: 2

### 5. The workshop workgroup breakout session that you attended on Tuesday, April 30 provided a valuable forum for exchange of ideas and information.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>19</td>
<td>42.22%</td>
</tr>
<tr>
<td>Agree</td>
<td>16</td>
<td>35.56%</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>2.22%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>I did not attend a workgroup breakout session</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. There was enough time during your workgroup breakout session to meet its objectives.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>10</td>
<td>22.22%</td>
</tr>
<tr>
<td>Agree</td>
<td>22</td>
<td>48.89%</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>4.44%</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>4.44%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>I did not attend a workgroup breakout session</td>
<td>9</td>
<td>20.00%</td>
</tr>
</tbody>
</table>

Total responses (N): 45 Did not respond: 1

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

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>17</td>
<td>38.64%</td>
</tr>
<tr>
<td>Agree</td>
<td>24</td>
<td>54.55%</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>4.55%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>2.27%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Total responses (N): 44 Did not respond: 2

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

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>25</td>
<td>58.14%</td>
</tr>
<tr>
<td>Agree</td>
<td>16</td>
<td>37.21%</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>4.65%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Total responses (N): 43 Did not respond: 3

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

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>5</td>
<td>11.11%</td>
</tr>
<tr>
<td>Agree</td>
<td>26</td>
<td>57.78%</td>
</tr>
<tr>
<td>Undecided</td>
<td>6</td>
<td>13.33%</td>
</tr>
</tbody>
</table>

Total responses (N): 45 Did not respond: 1
4. Disagree
5. Strongly Disagree
6. I did not attend the World Cafe Poster Session

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

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>8</td>
</tr>
<tr>
<td>Agree</td>
<td>20</td>
</tr>
<tr>
<td>Undecided</td>
<td>14</td>
</tr>
<tr>
<td>Disagree</td>
<td>3</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
</tr>
</tbody>
</table>

10. The elimination of hosted continental breakfasts and lunch (sit-down and take-away) is an acceptable solution in reducing workshop operating costs.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>11</td>
</tr>
<tr>
<td>Agree</td>
<td>24</td>
</tr>
<tr>
<td>Undecided</td>
<td>4</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
</tr>
</tbody>
</table>

11. If a cross border workshop is held next year what would your venue preference be?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland, OR</td>
<td>20</td>
</tr>
<tr>
<td>Spokane, WA</td>
<td>6</td>
</tr>
<tr>
<td>Tacoma, WA</td>
<td>1</td>
</tr>
<tr>
<td>Bellingham, WA</td>
<td>17</td>
</tr>
<tr>
<td>Other:</td>
<td>2</td>
</tr>
</tbody>
</table>

12A. Sorted by Country: If a cross border workshop is held next year what would your venue preference be?

<table>
<thead>
<tr>
<th>Country</th>
<th>Canadian Respondents</th>
<th>US Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingham, WA</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Olympia, WA</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
12. Please indicate the format you would like to see for the next cross border workshop.

<table>
<thead>
<tr>
<th>Format</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 day workshop (same as this year's workshop)</td>
<td>29</td>
<td>63.04%</td>
</tr>
<tr>
<td>2 day workshop</td>
<td>15</td>
<td>32.61%</td>
</tr>
<tr>
<td>1 day workshop</td>
<td>1</td>
<td>2.17%</td>
</tr>
<tr>
<td>Other:</td>
<td>1</td>
<td>2.17%</td>
</tr>
</tbody>
</table>

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

1) A system for cross-credentialing of healthcare personnel that really works and affords air-tight liability protection for responders and facilities
2) Accomplishments
3) Action items status
4) Although not a workshop focus or theme, I think having a session on food safety would be a good addition.
5) Beyond the Borders -- Pan Border work
6) Cascadia Subduction Zone Earthquake/Tsunami Planning
7) Compatibility of crisis standards of care when patients are moving across borders, -- how do we differ? How will decisions be made? who makes them?
8) Continue with the introduction of clinical health into the health emergency management topics
9) Continued work on clinical medical surge issues.
10) Continuing with the work of the workgroups and cross-over to better assure coordination between workgroups.
11) Food protection and bio-security
12) Food Security
13) Getting more physicians involved in disaster readiness -- how do we do it? can we create materials to distribute to key groups that will make our case?
14) Indigenous health, communications.
15) Information on tribal issues
16) Keep a climate change session on the agenda.
17) Learning more about how each partner organization operates. I would like leadership to do a panel discussing similarities and differences in response operations.
18) Liability and cross licensing
19) More information from the national government agencies
20) More on earthquake preparedness and response
21) Next steps
22) Novel influenza (e.g. an influenza H7N9 scenario) would be good to discuss. What did we learn from 2009 H1N1 that will inform our response to the next novel influenza?

NOTE: Chi2=.84 (No statistical difference between country responses)
23) PNWER and any other similar cross-border organizations
24) Special needs population; patient movement; exercise development involving multisystem partners
25) Surge capacity and other issues relevant to communicable disease emergencies.
26) Surveillance approaches using electronic medical records and electronic laboratory reporting capabilities.
27) Sustainability and future of the workshops
28) Tribal preparedness
29) Volunteer management, cross-border disease outbreak investigation, and use of international disaster response standards/tools.
30) Work group updates

14. What did you like most about this workshop?

Total responses (N): 31 Did not respond: 15
1) Access to the Speaker Ready room and AV staff was very helpful.
2) All of it!
3) All of the sessions were interesting and engaging. (No duds!)
4) Chance to network and build contacts
5) Enjoyed the chance to network with colleagues.
6) Excellent and informative talks
7) Exchange of ideas and knowledge
8) Getting a retrospective of the PNWBHA - interesting to hear about its origins and reflect on how far it has come in a decade.
9) Healthy exchange of ideas, clear presentation of information, and (for the most part) informative and engaging speakers.
10) I thought Dr. Dodd's presentation was just cracker-jack! He embodies the physician as emergency responder, and is able to speak the right language to make his case. Working inside a hospital and knowing how it works makes a big difference, but he is able to communicate the issues beyond the walls of the facility with great clarity.
11) Information on medical surge strategies from the US States and Canada Provinces
12) Interactive/time for questions
13) Interdisciplinary connections
14) Learning what others are doing.
15) Networking
16) Networking and making connections.
17) Networking opportunity
18) Networking with cross border colleagues
19) Networking, entertaining and informative speakers
20) Opportunities for networking and planning.
21) Opportunity for networking
22) opportunity to network
23) Some of the presentations were great -- such as the risk communication presentation!
24) The ability to network.
25) The challenging discussions during the epidemiology workgroup breakout session. Opportunities for face to face discussions with cross border public health colleagues. Fantastic venue!
26) The opportunity to meet colleagues. The opportunity to learn about activities in areas of preparedness outside of my own.
27) The robust interactive dialogue
28) The US and Canadian counterparts, i.e. US CBP/CBSA
The weather health impacts session was the best - very interactive and informative. The speakers were great! How can we bring them back?

The workshops

Two presentations particularly stood out: 1) Weather related disasters and 2) hospital evacuations

Valuable general and break out sessions! Best Cross Borders conference I've attended!

Very informative sessions. Networking.

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

Total responses (N): 21 Did not respond: 25

1) 2-day workshop: Eliminate the orientation, have the breakout sessions on the morning of the first day and plenary sessions in the afternoon, and plenary sessions all of the second day.

2) Complementary Wi-Fi in the rooms to do prep work.

3) Continue including a variety of topics and demonstrating how cross-border partnerships for businesses and all hazards planning include public health.

4) Dedicated funding and return of the 2013 Management Team - Gail, Carrie nd Jocelyn.

5) Evening entertainment one night would be great...local talent

6) Fuller descriptions of the breakout sessions purposes.

7) Hold them every other year with workgroup calls in between. The sessions are getting stale.

8) I am not sure how that can be done. This year's was the best. An excellent venue...well arranged and organized. Great agenda.

9) I answered that eliminating the breakfasts and lunches would be OK, but I truly feel that having to afford people the time to leave the venue and get seated, get served, etc., in a timely fashion may actually eliminate the benefit of any cost-savings. I think adding the cost of breakfast and lunch to the registration form (not just including it in the fee), so people can see it and sign up for it makes it transparent as a cost and I'm sure they would place convenience of having it all in one place over having to leave and get those meals on their own.

10) I think by allowing less time for things like the poster event and breaks would mean the conference could be accomplished in two days. Make breakfast and lunch working sessions. For example, the workgroups could be scheduled early-morning and incorporate the breakfast. The presentation of awards could be done at lunch; I'm not trying to play down the importance of recognizing jobs well-done, but I think it took more time than was needed.

11) I think the more concrete the better. Perhaps it would be useful to make it similar to a tabletop: a scenario could be distributed before the meeting and the breakout sessions could dissect different aspects (epi, communications, legal) of the same scenario and report back on the issues identified to the larger group.

12) Internationally recognized speaker/s on climate change, lessons learned from natural events in China, Thailand, Japan, New Jersey, elsewhere.

13) It may entice Idaho, Montana, Alberta, etc.

14) It was really good......not sure I have any suggestions other than engaging the same caliber of speakers and addressing similar topics involving public health, EMS, healthcare and tribal partners.

15) More planning as in the Health Emergency Management breakout session, and more poster presentations.

16) None

17) None - this year was the best yet!

18) None at this time.
19) Possible discussion of doing a "mock" cross border run for agencies to make sure they know what to do when the time arrives so everything happens flawlessly.

20) Post mortem of a real life event

21) Shorter and more focused on actual operations.

22) Shorter breaks.

23) The continental breakfast and lunch keep people together, and allow timely starts of the sessions with optimum attendance for the entire session. Holding the workshop in less expensive cities would likely cut a lot off the costs.

24) Try the eastside

25) We should attempt to find a way to better engage some of the jurisdictions that are unable to attend the workshop due to travel restrictions.
Appendix D
List of Registered Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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