

Pandemic Flu Preparedness Exercises: An Interview with Dorothy Teeter

Dorothy Frost Teeter is Interim Director & Health Officer, Public Health Seattle and King County, State of Washington. King County includes Seattle, Redmond, Bellevue, Renton, Auburn, and 34 other cities.

What are your goals for your pandemic flu preparedness exercises?

A pandemic influenza outbreak could take a terrible toll on our communities. Our preparedness focuses on four goals. The overarching goal is to limit illness and death. The others are to preserve continuity of government, minimize social disruption, and minimize economic loss. You can't have a perfect balance of all those things, but we're keeping all of them in mind in our planning.

The reality we're facing is that there will be no way to fully prevent illness and death. We're working closely with the health-care community to assess our capacity to respond to a flu pandemic. How many hospital beds, physicians, exam rooms, and consulting nurses do we have? What are all the health-care resources that we have in our county, and how can we think about them in a different way to respond to a health crisis? Thinking through all of those aspects, how we might reconfigure our resources in a pandemic flu crisis? What are the gaps we'll have to address?

We must keep core government services operating - like police, fire, utilities, transportation - to maintain essential services for everyone in our communities. In a pandemic, people will be more dependent on government than ever, and we need to ensure that we will have the plans in place and staff identified to deliver and sustain the services that will keep people safe and our community functioning.

To minimize social disruptions, we're emphasizing public education and outreach. We want the public to understand the steps we may have to take to stop the spread of disease. We're thinking through what might happen if, for instance, we have to close schools and stadiums, and posting our plans and information on our web site. We want to strengthen our communities. We have people from many countries here, speaking over 100 languages, so we need to make sure that everyone has the information they need to prepare for and survive in a pandemic.

We need to minimize economic loss for individuals and businesses. We are working with the business community so they can create contingency plans if their workforce or distribution networks are severely impacted in a pandemic.

We'll be testing these concepts in our exercises. We have to look at all our goals. We may limit illness and death, for instance, but what will happen with social disruptions?

How have you convinced communities in your area to go forward with training?

Internally, we started working on this issue over a year ago. Listening to the CDC, we realized that pandemic flu could become a very big issue. For public health, responding to pan flu is very different from responding to an earthquake. Over weeks and months, the impact of pandemic flu is both broad and sustained. It would put a strain on nearly every sector of society. Our preparation for this requires both a new depth of planning within our own department, but also the breadth of engagement across our community, including schools, businesses, and other government agencies.

We began working in growing concentric circles. First, we engaged our county executive with the issues. He saw the need to involve businesses in our local communities, and he helped us connect with CEOs. We engaged businesses by posing the potential scenarios, and asking what they saw as the things that they'd have to address.

Community education is an important part of our efforts. We're presenting information and projections about the potential impacts to businesses, schools, community organizations and health-care providers. It's prompting them to consider sobering questions, including how they'll operate when they lose a third or more of their workforce for 6-8 weeks either because they're sick, someone in their family is sick, they're frightened to come to work, or because school has been suspended.

We've listened to our community partners about what they need from us to plan and prepare. In response to their needs, we've provided education, guidance documents, examples of best practices in their sectors, continual contact and information sharing, and in the case of business and health-care sectors, played the role of a convener for industry peers.

We haven't conducted any preparedness exercises yet because we're still in the process of working through the implications for the various sectors of government, emergency management, and health-care.

What have you learned so far about vulnerabilities or lack of preparedness for pandemic flu that surprised you?

The pandemic flu scenario is so different from everything else that the entire preparedness effort is surprising, not so much in the sense of preconceptions but rather in the sense of the systemic nature of the planning it requires. For example, you may decide not to shut down businesses, but if you shut down schools many parents and caregivers will stay home, and businesses may shut down as a result.

A good surprise is the incredibly active level of engagement that we're getting. People are used to thinking collaboratively and creatively in our community. The media focus on pandemic flu has been of great assistance because it's validated what we're saying and doing. Even though they know it could be milder than the most dire projections, no one believes that we should ignore the risks.

Of course, there are serious issues. We're getting honest and candid comments about problems such as legal liability. As we saw, this was a real problem with the Hurricane Katrina response. Our local medical professionals have asked us to help them address these liability issues now, before we need their assistance. To the extent we can solve those problems, it would be much easier for everyone to plan, prepare, and act effectively.

Where are you getting funding for your exercises?

Presently, King County is seeking additional funding from the federal government, as we have some existing resources to conduct tabletops but not enough for a full-scale exercise. In terms of the national pandemic flu plan, we were disappointed in the funding allocated for local and state health. There's not enough resources dedicated for local jurisdictions to get prepared, work with local partners, develop a plan and keep it up to date, test it, and keep ourselves ready to respond.

What about the emotional side of a crisis?

In addition to technical response, a huge area of concern and focus is risk communication, and increasing the resilience of our community. We have a strategy within our plan about risk communication: from training leaders who will be out-front talking to a worried public, to anticipating questions and developing messages that are understandable and credible, to building risk communications as a central function into our response plans.

We're also exploring the need for family support services and human services over and above health-care services. We're talking with the Red Cross, local crisis clinics, and the mental-health system to assist with the emotional and psychological toll that pandemic flu would take.

What advice do you have for other communities?

Engage and support your health-care and business communities in continuity planning. I think these aspects of planning are now appearing on many people's radar screens; we're receiving a number of calls from other communities about our work in these areas.

The companies that will quickly grasp the potential impact of pandemic flu are those with international interests, and more specifically, the ones who had had direct experience in responding to SARS. Pandemic flu is a much nastier scenario than SARS, and it's the awareness of the devastating impacts it could cause which has put it on the minds of business continuity planners.

How will you get buy-in from senior government leaders to take action based on the results of the exercises?

It's difficult to answer this question now because we haven't yet designed our pan flu exercises or decided what challenges the exercises will pose to top officials. What I can say is that our senior officials are already actively engaged in preparedness planning overall and pan flu in particular.

The real test will be in ensuring agreement among senior officials to support difficult public policy positions such as closing schools when a pandemic is underway.

What do you expect your communities to learn as a result of the training?

Exercises always test our planning assumptions and reveal our strengths and our gaps.

What do you see as the biggest problems to solve on the road to real preparedness for pandemic flu?

The greatest worry is whether the health-care system has the personnel, space, and equipment capacity to care for all the sick.



Crisis Simulations International, LLC
1673A SW Montgomery Drive
Portland, OR 97201 USA

West Coast Phone: (503) 248-2233
East Coast Phone: (305) 205-5042

email: info@crisissimulations.com
web: www.crisissimulations.com