

Day 1, Track 5, Education and Training in Disaster Medicine

National Disaster Life Support

David Burich

NDLS Regional Coordinator

Yale New Haven Center for Emergency Preparedness and Disaster Response

In 2003, the American Medical Association (AMA), in partnership with four major medical centers and three national health organizations, established the National Disaster Life Support (NDLS) training program to better prepare health care professionals and emergency response personnel for mass casualty events. The overarching goal is to standardize emergency response training nationwide and strengthen our nation's public health system.

The NDLS courses stress a comprehensive all-hazards approach to help physicians and other health professionals deal with catastrophic emergencies from terrorist acts as well as from explosions, fires, natural disasters (such as hurricanes and floods), and infectious diseases, which are much more likely to occur.

In large-scale mass casualty events, physicians and other health care workers must be knowledgeable of the need for efficient coordination among local, state, and federal emergency response efforts; how to protect themselves and others from further harm; how to communicate effectively with other emergency personnel and the media; and how to address the unique psychological impacts and related social chaos that may ensue. By completing these courses, clinicians will better understand their integrated roles in the broader disaster response system.

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NDLS Regional Coordinator

Yale New Haven Center for Emergency Preparedness and Disaster Response

David Burich is a Family Nurse Practitioner working with the Yale New Haven Center for Emergency Preparedness and Disaster Response as the Clinical Education Coordinator and is the Regional Coordinator for the National Disaster Life Support program. Mr. Burich has been involved in EMS and disaster response since 1972 as a paramedic, EMS Instructor, Fire Fighter, HazMat Technician, and as a member of the CT-1 DMAT team.

Day 1, Track 6, National Emergency Management

The Role of the Federal Government in Consequence Management

Stewart Smith, MPH, FACCP

Division Manager, Emergency Preparedness and Response

Anteon Corporation

The importance of military involvement to catastrophic disasters cannot be overstated. The terrorist attacks that occurred September 11, 2001 and more recently the devastating aftermath of Hurricane Katrina make it very clear that the environment we operate in has changed significantly from what it was just a few years ago. Oceans that use to protect our homeland from external threats can sometimes become the threat themselves. We have become keenly aware that we are vulnerable to attacks from within as well as from breezes off the Gulf Coast that can quickly marshal Mother Nature's forces into life taking events.

In April 2002, the President and Secretary of Defense called for the creation of USNORTHCOM to unify the military defense of our homeland and to coordinate the Department of Defense's support to civil authorities. This presentation will provide a basic overview of the military's role in disaster response with added emphasis on military medicine's contribution to consequence management activities.

Stewart Smith, MPH, FACCP

Division Manager, Emergency Preparedness and Response

Anteon Corporation

Stewart Smith is currently a Division Manager for Anteon Corporation where he manages strategic planning and business development for Federal, regional, state, local, and international markets through leading a geographically dispersed team of individuals to pursue business opportunities throughout the U.S., Canada, Europe, and Asia in the field of emergency preparedness and response. A retired Navy Commander, Medical Service Corps Officer, his previous military work history spans over 25 years of progressive assignments that includes Chief of the Joint Regional Medical Plans and Operations Division for the North American Aerospace Defense Command and the United States Northern Command (NORAD-USNORTHCOM), Surgeons Directorate; Director of International Health Operations Policy, Homeland Defense, and Contingency Planning Policy for the Assistant Secretary of Defense for Health Affairs; and Branch Chief for the Joint Staff, Health Services Support Division.

Mr. Smith holds graduate degrees in Public Health Management and Policy from the Yale School of Medicine, Department of Public Health and Epidemiology; and the Naval War College in National Security and Strategic Studies. He is a Doctoral Candidate in Complex Emergencies and Disaster Management at Tulane University, and holds Adjunct Professor appointments at the Uniformed Services University of the Health Sciences and Tulane University.

Mr. Smith is the co-founder of and President-elect to the American College of Contingency Planners (ACCP). His particular areas of interest and expertise include strategic medical planning; domestic consequence management operations, the National Disaster Medical System (NDMS), and the National Response Plan (NRP) with a focus on complex emergencies and calamitous events (including medical operations in the WMD/asymmetrical environment); and finally, international Weapons of Mass Destruction medical countermeasures policy. Stewart was selected as the first American to chair the North Atlantic Treaty Organization's (NATO's) Biomedical Defense Advisory Committee (BIOMEDAC); holding that appointment from 2003-2005.

Day 2, Track 3, Hospital Emergency Management

Creating Hospital Emergency Capacity in Post Tsunami Sri Lanka

Lawrence Stock, MD, FACEP

Associate Clinical Professor, UCLA School of Medicine
Assistant Medical Director, Emergency Department
Antelope Valley Hospital, Lancaster, CA

The Indian Ocean Tsunami created wide spread death and destruction. The island country of Sri Lanka was greatly impacted along most of its coast line. This talk will detail how one area in coastal Sri Lanka responded to the collapse of its hospital. Local and international professionals worked in concert to stabilize the health situation by setting up a temporary field hospital with an emergency room and integrated paramedic ambulance service to a higher level of care hospital.

Lawrence Stock, MD, FACEP

Associate Clinical Professor, UCLA School of Medicine
Assistant Medical Director, Emergency Department
Antelope Valley Hospital, Lancaster, CA

Dr. Lawrence Stock is an emergency medicine physician from California. He trained at Harbor UCLA Medical Center and is a Clinical Faculty member of the emergency department at Harbor. He is an Associate Clinical Professor at the UCLA School of Medicine and Assistant Medical Director of the emergency department at Antelope Valley Hospital in Lancaster, California. He is a diplomat and examiner of the American Board of Emergency Medicine.

Dr. Stock has been involved in volunteer emergency relief work internationally since 1996. He has worked in Bosnia, Albania, Kosovo, the Thai Burma Border, Liberia, and Sri Lanka. His work has been in association with medium to small scale NGOs. Dr. Stock is a volunteer physician and board member of the Global Health Access Program (ghap.org).

Day 2, Track 7, Clinical Disaster Medicine

Terrorism and Disasters: Treating Acute Stress and Preventing Psychological Dysfunction

Steven Berkowitz, M.D., Steven Southwick, M.D., Steven Marans, Ph.D.

Many more individuals exposed to episodes of terrorism and disaster suffer from psychiatric and psychological symptoms and disorders than medical and physical symptoms and illnesses. For instance, 21 months after Hurricane Andrew, in a survey of 1029 high school students there continued to be high levels of Posttraumatic stress symptoms and evidence of increasing emotional and behavioral problems. (Shaw et al, 1996). And in NYC 6 weeks after the attacks on the World Trade Center among 1008 adults interviewed, 7.5 percent reported symptoms consistent with a diagnosis of current PTSD related to the attacks, and 9.7 percent reported symptoms consistent with current depression (with "current" defined as occurring within the previous 30 days) (Marshall, et. al, 2004) These and other findings make it imperative that Crisis mental health services for potentially traumatized individuals be instituted and evaluated.

Currently, multiple models of crisis intervention are in use episodes of mass violence and disasters and yet none has demonstrated efficacy due to a number factors including issues around the difficulties of evaluation under very complex circumstances. However, several basic principles have been agreed upon that should be employed. These include:

1. Provision of appropriate and useful information
2. Psycho-education
3. Protocols for engagement and follow up contact

Each of the above three areas requires thoughtful consideration and multi-agency collaboration to be effectively implemented in a manner that will reach the largest number of people.

This presentation will submit a model of intervention developed by the Connecticut Trauma Response Program and the National Center for Children Exposed to Violence (NCCEV) at the Yale Child Study Center

Shaw J, Applegate B, Schorr C (1996), Twenty-one month follow-up study of school-age children exposed to Hurricane Andrew. *J Am Acad Child Adolesc Psychiatry* 35:359–364

Marshall, Randall D; Galea, Sandro. Science for the community: Assessing mental health after 9/11. *Journal of Clinical Psychiatry*. Vol 65(Suppl1) 2004, 37-43. *Physicians Postgraduate Press, US*

Dr. Steven Berkowitz, M.D.

Dr. Steven Berkowitz, M.D. is the Medical Director of the NCCEV and the Associate Director of the Connecticut Trauma Response Program. He has served on several federal committees developing a consensus on crisis response for mass violence and disaster and has published several articles on Crisis Intervention.

Dr. Steven Marans Ph.D.

Dr. Steven Marans Ph.D. is a Professor at the Yale Child Study Center, the Director of the NCCEV and founder of the Child Development Community Policing Program, a collaborative crisis intervention program replicated throughout the country. He served on the President's Commission on Mental Health Response for Terrorist Acts convened after 9/11.

Dr. Steven Southwick, M.D.

Dr. Steven Southwick, M.D. is a Professor of Psychiatry at the Yale School of Medicine and Director of the Clinical Neuroscience Division of the National Center for PTSD. He has participated in the development of crisis intervention plans for the Connecticut, the U.S. government and the Veteran's Administration.

Dr. Steven Bunney, M.D.

Dr. Steven Bunney, M.D. is Chair of the Department of Psychiatry at the Yale School of Medicine and was instrumental in the development of the Crisis Response Program for the State of Connecticut