

**University of South Carolina - MATCH Project - Capstone Event - July 29-30, 2008 - Keynote presentation**

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Responding to a disaster at a community level quickly and efficiently requires a mindset to anticipate what could happen and rapidly enact ways to manage those unanticipated events. The events of September 11, 2001 and the anthrax – letter attacks were both examples of events that were previously unanticipated and required quick action of the part of those in positions of responsibility and emergency response. The letter contamination incident revealed barriers to rapid action. Communication within the response community is one example. Decision-making was stymied by an inability for those involved to exchange accurate information and determine the most appropriate sources of information.

The first incidence of contamination occurred in Washington, D.C., affecting a man from Maryland who was then hospitalized in Virginia. As this man's job was to transport mail from a single post office to BWI Airport near Baltimore, there was fear that he may have been exposed by a release within the airport. Only later was it determined that he dropped off mail outside the airport, decreasing the potential effects of the event.

In all, the event led to 5 deaths, more than 33,000 people were prescribed antibiotics and millions of dollars were spent to address this conflict. The event exposed our nation's misconceptions about its level of preparedness and demonstrated the potential that a bioterrorism disaster could have on our shores.

The event has fueled the American Public Health Association's drive to build a campaign to strengthen the preparedness of the public health sector and our nation. The measure of this strength and ability to respond to disasters is measured by community resilience and the capacity to mitigate the effects of a disaster. For a small community, a disaster could be a fire at the only local supermarket. For other communities, a disaster could be of a different scale, such as an earthquake. Either could be a major disaster for a community, particularly if preparedness, prevention, response and recovery plans are not in place.

Anticipating the next disaster and preparing accordingly is a never-ending quest. As soon as a community thinks that it is prepared for what they believe is going to occur, another disaster comes along. The integration of planning and practice into communities and individual lives are keys to making this cycle more efficient. An individual mindset could be putting enough supplies into place to last two days. Getting this right in the short-term then could make it feasible for individuals and communities to get it right for three days and then six days and beyond.

With funding from the W.K. Kellogg Foundation, the APHA is enhancing community resiliency by enabling its affiliates to prepare for and respond to disasters. With at least one affiliate in every state in the U.S., many are being helped to link with other organizations and officials on a variety of levels to prepare for incidents. The APHA hopes that this will also position the Association to be seen as one that can be more involved in planning and preparation activities, and specific events such as a pandemic flu outbreak, an earthquake, tornado or similar incident.

One barrier that the APHA is striving to overcome is the dissemination of accurate disaster-response information to communities that could be affected by an incident. The Association is a self-described media advocate, working to move information to reporters. The challenge rests in media outlets focusing on the reporting of events versus sharing public health advice and direction that is vital to citizens' needs during that event.

The APHA's Annual Meeting is a time where those working in public health gather to understand how best to serve the communities in which they work and live. At the 2008 session, guest speaker Michael Mamot will address the connection between health and wealth. Mamot works on the social side of health, examining social class and money as factors leading to or preventing one's ability to receive needed medical care and health support. Mamot's research is particularly relevant to parts of the U.S. such as New Orleans, still reeling from the effect of Hurricane Katrina. The incident has pointed out the differences between those who have access to health care through social and economic privilege and those who do not. It has also emphasized the recovery stage of an event, and the preparation for post-event needs such as disaster insurance and rebuilding one's home.

Additional sessions at the Annual Meeting will include a special session on "spanning borders" and the factors that are in place that are enabling the transmission of zoonotic diseases from local settings to other parts of the world. The MATCH Project will also take center stage, featuring outcomes from the Project's investment in the 1890 land-grant institutions throughout 2008.

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